

CDP



Research Update -- July 26, 2018

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- Resource of the Week -- Military Psychology - Special Issue on Sexual Harassment and Sexual Assault in the US Military

<https://www.ncbi.nlm.nih.gov/pubmed/30025180>

J Trauma Stress. 2018 Jul 19. doi: 10.1002/jts.22316. [Epub ahead of print]

Predictors of Posttraumatic Stress Disorder, Anxiety Disorders, Depressive Disorders, and Any Mental Health Condition Among U.S. Soldiers and Marines, 2001-2011.

Levin-Rector A, Hourani LL, Van Dorn RA, Bray RM, Stander VA, Cartwright JK, Morgan JK, Trudeau J, Lattimore PK

Understanding mental health disorder diagnosis and treatment seeking among active-duty military personnel is a topic with both clinical and policy implications. It has been well documented in military populations that individual-level military experience, including deployment history and combat exposure, influences mental health outcomes, but the impact of unit-level factors is less well understood. In the current study, we used administrative longitudinal data to examine a comprehensive set of unit- and individual-level predictors of posttraumatic stress disorder (PTSD), non-PTSD anxiety disorders, depressive disorders, and overall mental health diagnoses among Army and Marines Corps personnel. Using Cox survival models for time-dependent variables, we analyzed time from military accession (between January 1, 2001 and December 31, 2011) until first mental health diagnosis for 773,359 soldiers and 332,093 Marines. Prior diagnosis of a substance abuse disorder during one's military career, hazard ratios (HRs) = 1.68-3.10, and cumulative time spent deployed, HRs = 1.11-2.04, were the most predictive risk factors for all outcomes. Male sex, HRs = 0.35-0.57, and officer rank, HRs = 0.13-0.23, were the most protective factors. Unit-level rate of high deployment stress was a small but significant predictor of all outcomes after controlling for individual-level deployment history and other predictors, HRs = 1.01-1.05. Findings suggest both unit- and individual-level risk and protective factors of mental health diagnoses associated with treatment seeking. Clinical, including mental health assessment and management, and policy implications related to the military environment and the individual as it relates to mental health disorders are discussed.

<http://jcs.m.aasm.org/ViewAbstract.aspx?pid=31319>

Responsiveness of Veterans Affairs Health Care System to Zolpidem Safety Warnings.

Kim HM, Gerlach LB, Yosef M, Stano C, Conroy DA, Valenstein M, Pfeiffer PN, Sales AE, Zivin K.

Journal of Clinical Sleep Medicine
2018;14(7):1135–1141

Study Objectives

Sedative hypnotic medications are routinely prescribed for insomnia treatment, but have been associated with significant risks of morning-after impairment. We evaluated responsiveness in the Veterans Health Administration (VHA) facilities to two drug safety warnings recommending against high-dose zolpidem use—a 2007 Veterans Administration Pharmacy Benefits Management Service warning and a 2013 Food and Drug Administration (FDA) warning.

Methods

We used interrupted time-series design to assess how the two warnings influenced prescribing within the VHA in outpatients from 2005 to 2014. We assessed two outcomes: monthly outpatient use of (1) higher-than-recommended dose of zolpidem among zolpidem users and (2) any-dose zolpidem among all VHA users. In sensitivity analyses, we compared zolpidem prescribing to prescribing other sleep medications not subject to safety warnings.

Results

After the 2007 VHA warning, high-dose zolpidem use decreased significantly among both sexes from approximately 10% to 2%. Following the 2013 FDA warning, high-dose zolpidem use declined again; however, approximately half of women Veterans remained on high doses. Overall zolpidem use nearly quadrupled between the 2007 VHA and 2013 FDA warnings, but the overall use declined after the 2013 FDA warning. Increase in sedating antidepressant use was seen after the FDA warning, suggesting potential substitution.

Conclusions

Higher than recommended dose use within the VHA decreased after each zolpidem high dose warning. Although overall use also decreased after the FDA warning, almost 50% of high-dose use among women Veterans is concerning. Different strategies to communicate the warnings should be examined.

See also (Commentary): [Patterns of Zolpidem Use in Male and Female Veterans Following Revised FDA Dosing Guidelines.](#)

<http://jcsn.aasm.org/ViewAbstract.aspx?pid=31326>

Cognitive Behavioral Therapy for Insomnia Reduces Fear of Sleep in Individuals With Posttraumatic Stress Disorder.

Kanady JC, Talbot LS, Maguen S, Straus LD, Richards A, Ruoff L, Metzler TJ, Neylan TC.

Journal of Clinical Sleep Medicine
2018;14(7):1193–1203

Study Objectives

Our study aims were to examine (1) the association between fear of sleep and posttraumatic stress disorder (PTSD) symptoms, (2) the association between fear of sleep and subjective and objective insomnia symptoms and disruptive behaviors during sleep, and (3) whether fear of sleep decreases following cognitive behavioral therapy for insomnia (CBT-I).

Methods

Forty-five adults with PTSD and insomnia participated in the study. Fear of sleep was assessed using the Fear of Sleep Inventory; PTSD symptoms were assessed using the Clinician Administered PTSD Scale; and sleep disturbance symptoms were assessed using the Insomnia Severity Index, polysomnography, sleep diaries, and the Pittsburgh Sleep Quality Index Addendum for PTSD. Participants were randomly assigned to 8 weeks of CBT-I (n = 29) or a waitlist control condition (n = 16).

Results

Greater fear of sleep was associated with greater PTSD symptom severity, greater nightmare frequency, and greater hypervigilance intensity. Greater fear of sleep was associated with decreased wake after sleep onset (WASO), reduced total sleep time, and greater disruptive nocturnal behaviors. Following CBT-I, there was a significant reduction in fear of sleep compared to the waitlist condition. These improvements persisted 6 months later.

Conclusions

Fear of sleep was related to sleep disturbances specific to trauma rather than “classic” insomnia symptoms. Unexpectedly, greater fear of sleep was associated with reduced

WASO. These results may be related to having a truncated sleep period and thus more consolidated sleep. Fear of sleep decreased following CBT-I despite not being a permissible target for this research protocol and not being related to insomnia symptoms.

Clinical Trial Registration

Registry: ClinicalTrials.gov; Name: Treating People with Post-traumatic Stress Disorder with Cognitive Behavioral Therapy for Insomnia; Identifier: NCT00881647; URL: <https://clinicaltrials.gov/ct2/show/NCT00881647>

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usy169/5051960>

Energy Beverage Use Among U.S. Service Members.

Selasi Attipoe Liam Delahanty, MC, USN Mark Stephens, MC, USN (Ret.) Patricia A Deuster

Military Medicine

Published: 11 July 2018

<https://doi.org/10.1093/milmed/usy169>

Introduction

The use of energy drinks (ED) or shots (ES) is becoming increasingly popular in U.S. beverage market. In addition, young, physically active males, such as active-duty enlistees represent a prime target for the advertising of ED/ES; however, the exact mechanisms and safety of these products have come under scrutiny. This cross-sectional, exploratory, web-based survey among U.S. service members describes the prevalence of ED/ES use as well as common side effects and safety of these products among self-reported users.

Materials and Methods

A convenience sample of U.S. military members (n = 1,706; response rate = 7%) was used to conduct a cross-sectional, exploratory, web-based survey of ED/ES usage among U.S. military members. Main outcome measures included: (1) prevalence of ED/ES use, (2) perceived effects associated with use, and (3) differences among subgroups.

Results

Among all respondents, 50% reported consuming ED and 16% reported consuming ES at least once a month. Young, male, enlisted and members of operational military units were significantly more likely to indicate use of ED/ES at least once within the past 30 days than other groups, and were more likely to co-ingest ED and alcohol. Self-reported reasons for using ED included needing an energy boost (77%) and increasing mental alertness (52%). Perceived increases in mental alertness, heart rate, and mental endurance were the most commonly reported effects of ED/ES consumption. About a third (36%) perceived energy beverages and dietary supplements to be safe; while more than half (53%) reported not discussing ED, ES, vitamins/minerals, DS, caffeine, or alcohol use with their healthcare provider(s).

Conclusion

Military Service members fit the targeted age and gender demographic of many marketing campaigns for ED/ES products, and many perceive these beverages as safe to use. The possible problems associated with overuse/reliance on ED/ES products, particularly relating to operational force readiness, merit further investigation.

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usy162/5051962>

Predictors of Postdeployment Prescription Opioid Receipt and Long-term Prescription Opioid Utilization Among Army Active Duty Soldiers.

Rachel Sayko Adams, MPH Cindy Parks Thomas Grant A Ritter Sue Lee, MS
Mayada Saadoun, MPH Thomas V Williams, MS USA (Ret.) Mary Jo Larson, MPA

Military Medicine

Published: 11 July 2018

<https://doi.org/10.1093/milmed/usy162>

Introduction

Little is known about long-term prescription opioid utilization in the Military Health System. The objectives of this study were to examine predictors of any prescription opioid receipt, and predictors of long-term opioid utilization among active duty soldiers in the year following deployment.

Materials and Methods

The analytic sample consisted of Army active duty soldiers returning from deployment to Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn in fiscal years 2008–2014 (N = 540,738). The Heckman probit procedure was used to jointly examine predictors of any opioid prescription receipt and long-term opioid utilization (i.e., an episode of 90 days or longer where days-supply covered at least two-thirds of days) in the postdeployment year. Predictors were based on diagnoses and characteristics of opioid prescriptions.

Results

More than one-third of soldiers (34.8%, n = 188,211) had opioid receipt, and among those soldiers, 3.3% had long-term opioid utilization (or 1.1% of the cohort, n = 6,188). The largest magnitude predictors of long-term opioid utilization were receiving a long-acting opioid within the first 30 days of the episode, diagnoses of chronic pain (no specified source), back/neck pain, or peripheral/central nervous system pain, and severe pain score in vital records.

Conclusions

Soldiers returning from deployment were more likely to receive an opioid prescription than the overall active duty population, and 1.1% initiated a long-term opioid episode. We report a declining rate of opioid receipt and long-term opioid utilization among Army members from fiscal years 2008–2014. This study demonstrates that the most important predictors of opioid receipt were not demographic factors, but generally clinical indicators of acute pain or physical trauma.

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usy164/5051963>

STAIR Group Treatment for Veterans with PTSD: Efficacy and Impact of Gender on Outcome.

Christie Jackson Brandon J Weiss Marylene Cloitre

Military Medicine

Published: 11 July 2018

<https://doi.org/10.1093/milmed/usy164>

Introduction

Group Skills Training in Affective and Interpersonal Regulation (STAIR) is an evidence-

based, manualized treatment for individuals with post-traumatic stress symptoms, that focuses on improving functioning through mood management (e.g., emotion regulation) and relationship skills development. To date, no study has evaluated the potential benefit of group STAIR among Veterans. Feasibility of delivering STAIR in a mixed-gender group format and the potential impact of gender on outcome were examined.

Materials and Methods

Participants (n = 39) were Veterans enrolled in a post-traumatic stress disorder (PTSD) Clinic at a large VA Medical Center. Veterans participated in one of four mixed-gender STAIR groups and completed self-report questionnaires of PTSD symptoms and general psychological distress at pre-treatment and post-treatment. Institutional review board approval was obtained for this study.

Results

There was significant pre-treatment to post-treatment improvements in PTSD symptoms as measured by the Post-traumatic Stress Checklist (PCL) (Cohen's $d = 0.91$), as well as in general psychological distress as measured by the Brief Symptom Inventory (BSI) (Cohen's $d = 0.90$). Change in PTSD symptoms from pre-treatment to post-treatment did not differ across gender. However, the interaction between gender and time on change in (BSI) was significant, where change in general psychological distress significantly decreased from pre-treatment to post-treatment for male Veterans but not for female Veterans.

Conclusion

The results from this study demonstrate the feasibility and initial effectiveness of STAIR delivered in a mixed-gender group format for Veterans with PTSD. It should be noted, however, that male Veterans benefited more from this approach than female Veterans. The findings suggest the value of investigating Veterans' attitudes and beliefs about the benefits and drawbacks of mixed-gender group therapy for trauma-related difficulties.

<https://www.sciencedirect.com/science/article/pii/S1049386717306473>

Mental Health Screening Results Associated with Women Veterans' Ratings of Provider Communication, Trust, and Care Quality.

Catherine Chanfreau-Coffinier, Howard S. Gordon, C. Amanda Schweizer, Bevanne A. Bean-Mayberry, ... Elizabeth M. Yano

Women's Health Issues

Available online 14 July 2018

<https://doi.org/10.1016/j.whi.2018.05.004>

Background

Identifying factors influencing patient experience and communication with their providers is crucial for tailoring comprehensive primary care for women veterans within the Veterans Health Administration. In particular, the impact of mental health (MH) conditions that are highly prevalent among women veterans is unknown.

Methods

From January to March 2015, we conducted a cross-sectional survey of women veterans with three or more primary care and/or women's health visits in the prior year at 12 Veterans Health Administration sites. Patient measures included ratings of provider communication, trust in provider, and care quality; demographics, health status, health care use; and brief screeners for symptoms of depression, anxiety, and posttraumatic stress disorder. We used multivariate models to analyze associations of patient ratings and characteristics.

Results

Among the 1,395 participants, overall communication ratings were high, but significant variations were observed among women screening positive for MH conditions. In multivariate models, high communication ratings were less likely among women screening positive for multiple MH conditions compared with patients screening negative (odds ratio, 0.43; $p < .001$). High trust in their provider and high care ratings were significantly less likely among women with positive MH screens. Controlling for communication, the effect of MH on trust and care ratings became less significant, whereas the effect of communication remained highly significant.

Conclusions

Women veterans screening positive for MH conditions were less likely to give high ratings for provider communication, trust, and care quality. Given the high prevalence of MH comorbidity among women veterans, it is important to raise provider awareness about these differences, and to enhance communication with patients with MH symptoms in primary care.

<http://journals.sagepub.com/doi/abs/10.1177/0093854818784617>

Development of a Sexual Assault Event Typology Based on Event Attributes.

LA Perry, TJ Dover, SL Lancaster, NE Allen, TG Keel...

Criminal Justice and Behavior

Article first published online: July 17, 2018

<https://doi.org/10.1177/0093854818784617>

The current study utilizes data from a national violent crime database to develop a set of classifications for sexual assault events. It expands upon previous typology literature by focusing on behaviors exhibited during a sexual assault incident rather than offender motive. This is an important distinction as law enforcement personnel need to begin their work of suspect development prior to when the offender is actually identified. The current study uses information about incidents that involve sexual offenders who were not necessarily in mental health treatment programs and/or custody. This approach enables the examination of incidents that have not been investigated in previous typology research. Twelve indicator variables were used to examine 4,476 incidents in which adult males offended against adult females. Seven event groups were identified through latent class analysis. Results indicate that level of violence, offender approach, additional sexual activity, and trauma location were class defining event attributes.

<https://academic.oup.com/painmedicine/advance-article-abstract/doi/10.1093/pm/pny133/5054579>

Bidirectionality of Pain Interference and PTSD Symptoms in Military Veterans: Does Injury Status Moderate Effects?

Sharon Y Lee, MS Lucy Finkelstein-Fox, MS Crystal L Park, PhD Carolyn M Mazure, PhD Tania B Huedo-Medina, PhD Rani Hoff, PhD

Pain Medicine,

Published: 16 July 2018

<https://doi.org/10.1093/pm/pny133>

Objective

Pain and post-traumatic stress disorder (PTSD) symptoms are strongly correlated in veteran populations. Arguments for which one condition predicts or worsens the other condition have gone in both directions. However, research addressing this issue has been primarily limited to cross-sectional studies rather than examinations of a potential bidirectional relationship between pain interference and PTSD symptoms over time. In addition, no studies have examined deployment injury status as potentially moderating this bidirectional effect in veterans. To address these gaps in the literature, the present longitudinal study examined whether there is a bidirectional relationship between pain interference and PTSD symptoms in a sample of male and female veterans returning from Operation Iraqi Freedom, Operation Enduring Freedom, or Operation New Dawn (N = 729) and whether deployment injury status moderates this relationship.

Methods

Participants completed phone interviews regarding pain interference and PTSD symptoms at three time points, each three months apart.

Results

Pain interference at Time 1 predicted worse PTSD symptoms at Time 2 for the subset of veterans who sustained injuries during deployment (n = 381) but not for veterans with pain interference who did not sustain injuries (n = 338). From Time 1 to Time 3, elevations in PTSD symptoms were mediated by pain interference for injured veterans; in contrast, PTSD symptoms did not appear to drive changes in pain interference in either group.

Conclusions

These results indicate that physical symptom management should be a crucial target of psychological intervention for returning veterans with PTSD symptoms and deployment-related injuries.

<http://journals.sagepub.com/doi/abs/10.1177/0706743718787792>

Mental Health Service Utilization in Depressed Canadian Armed Forces Personnel.

FL Thériault, BG Garber, F Momoli, W Gardner...

The Canadian Journal of Psychiatry
Article first published online: July 17, 2018
<https://doi.org/10.1177/0706743718787792>

Background:

Major depression is prevalent, impactful, and treatable in military populations, but not all depressed personnel seek professional care in a given year. Care-seeking patterns (including the use of primary vs. specialty care) and factors associated with the likelihood of mental health service utilization in depressed military personnel are poorly understood.

Methods:

Our sample included 520 Regular Force respondents to the 2013 Canadian Forces Mental Health Survey. All study participants had past-year major depression. Subjects reported whether they had spoken about their mental health with at least one health professional in the past 12 months. We used multivariate Poisson regression to explore factors associated with past-year mental health service use.

Results:

Three-quarters of Canadian military personnel with past-year depression had sought mental health care in the previous 12 months. Among care-seeking personnel, 70% had seen a psychologist or psychiatrist, while 5% had exclusively received care from a primary care physician. Belief in the effectiveness of mental health care was the factor most strongly associated with care seeking. Female gender, functional impairments, and psychiatric comorbidities were also associated with care seeking. Surprisingly, stigma perceptions had no independent association with care seeking.

Conclusions:

The proportion of depressed Canadian Armed Forces personnel who seek professional care and who access specialty mental health care is higher than in most other populations. However, an important minority of patients are not accessing health services. Efforts to further increase mental health service utilization in the Canadian military should continue to target beliefs about the effectiveness of mental health care.

<https://www.sciencedirect.com/science/article/pii/S0010440X18301160>

Comparing clinical characteristics and treatment outcomes between Veterans and non-Veterans with hoarding disorder.

Catherine R. Ayers, Mary E. Dozier, James O.E. Pittman, Tina L. Mayes, Elizabeth W. Twamley

Comprehensive Psychiatry

Volume 86, October 2018

Available online 17 July 2018.

<https://doi.org/10.1016/j.comppsy.2018.07.005>

Highlights

- Veterans with hoarding have more medical and psychiatric comorbidities than non-Veterans.
- Veterans with hoarding are more likely than non-Veterans to have depression and PTSD.
- Veterans with hoarding have similar attrition and treatment response as non-Veterans.

Abstract

Background

Because Veterans have higher rates of mental health conditions and both physical and mental health comorbidities are known to affect treatment outcomes, the purpose of this investigation was to compare the rates of risk factors for poor hoarding treatment outcomes between Veterans and non-Veterans with hoarding disorder (HD). This is the first study to investigate differences between Veterans and non-Veterans with HD.

Material and methods

Baseline data were used from three different treatment studies of adults with hoarding disorder ($n = 159$). Demographic characteristics, baseline hoarding symptom severity, baseline medical and psychiatric comorbidities, and treatment attrition and response were compared between Veterans and non-Veterans.

Results

Veterans were significantly less likely to be employed than non-Veterans. Veterans did not report significantly more severe hoarding symptoms at baseline when compared to non-Veterans. Veterans reported having a greater mean number of overall medical and psychiatric comorbidities. Veterans were more likely than non-Veterans to meet criteria for major depressive disorder and post-traumatic stress disorder. There was no significant difference in the rate of attrition between Veterans and non-Veterans and Veterans were not significantly more likely to be classified as treatment responders.

Conclusion

Many similarities were observed between the two groups, including demographic characteristics, hoarding symptom severity, and rates of treatment response. Given that Veterans with HD may suffer from greater medical and psychiatric comorbidities, clinicians should ensure that their clients are receiving adequate medical care and that any other psychiatric comorbidities should be addressed in conjunction for treatment with HD.

<https://academic.oup.com/jamia/advance-article-abstract/doi/10.1093/jamia/ocy086/5054573>

Online peer support groups for family caregivers: are they reaching the caregivers with the greatest needs?

Esther M Friedman Thomas E Trail Christine Anne Vaughan Terri Tanielian

Journal of the American Medical Informatics Association

Published: 16 July 2018

<https://doi.org/10.1093/jamia/ocy086>

Background

Online peer support groups are an increasingly common venue for caregivers supporting disabled family members to exchange informational, emotional, and instrumental support. We know very little, however, about who uses these groups and whether they are reaching those with the greatest needs.

Objective

To examine whether caregiving factors (ie, caregiving demands and strain, competing demands, access to support and services, and other caregiving characteristics) are related to online community support use and intensity of use.

Method

This study used data from a new survey of family caregivers who provide care to disabled military veterans. We used logistic regression models to examine the likelihood of online community support group usage and intensity of use as a function of a variety of caregiving factors.

Results

Those with greater caregiving demands were more likely to use online peer support. Specifically, helping the care recipient with more activities was associated with a statistically significantly greater likelihood of visiting an online community support group. Caring for a veteran with a neurological or psychological condition, which, in prior work, suggests more complex care needs, was also positively and significantly related to visiting an online community support group. Hours of care and several other caregiving factors were related to intensity of use.

Conclusions

We show that family caregivers with the most caregiving demands are most engaged with online support communities. This suggests that online communities could be used to support the most vulnerable family caregivers. The implications of this work for online support systems are discussed.

<https://www.sciencedirect.com/science/article/pii/S0741832917310030>

The Longitudinal Effects of Military Spouses' Concern and Behaviors Over Partner Drinking on Relationship Functioning.

Lindsey M. Rodriguez, Clayton Neighbors, Karen Chan Osilla, Thomas E. Trail

Alcohol

Available online 17 July 2018

<https://doi.org/10.1016/j.alcohol.2018.07.004>

Highlights

- Research is beginning to disentangle why heavy drinking is a strain on relationships.
- This research explores concern about partner drinking as an important factor.
- Participants were 234 military spouses concerned about their partner's drinking.
- Concern about partner drinking was related to poorer relationship functioning.
- This was mediated by punishing and rewarding sobriety regulation strategies.

Abstract

Among those in close relationships, the perception that one's partner has a drinking problem is more strongly related to detriments in relationship quality than are the actual rates of the partner's drinking. The current study extends this work by examining the effects of this perception on relationship functioning longitudinally and whether this

association is mediated by changes in how one behaves in response to their partner's drinking. Spouses and partners of military service members who were concerned about their partner's drinking (N=234) completed a baseline survey and a follow-up assessment five months later. Structural equation modeling was used to prospectively examine the association between concern about partner drinking and relationship functioning (i.e., relationship quality, conflict, communication patterns), and the mediated effect of regulation strategies. Results suggested that changes in participant concern were related to changes in relationship functioning, and these changes were mediated by changes in punishment and rewarding sobriety regulation strategies. This research suggests that concern about partner drinking is linked with poorer relationship functioning partly because of the increased use of punishment and the decreased use of rewarding sobriety.

<https://www.ncbi.nlm.nih.gov/pubmed/30035552>

Psychol Trauma. 2018 Jul 23. doi: 10.1037/tra0000360. [Epub ahead of print]

Evidence-based psychotherapy completion and symptom improvement among returning combat veterans with PTSD.

Myers US, Haller M, Angkaw AC, Harik JM, Norman SB

OBJECTIVE:

Despite the availability of evidence-based psychotherapy (EBP) for posttraumatic stress disorder (PTSD) in the Veterans Health Administration, treatment completion rates are low and not all veterans benefit from these treatments. Understanding factors associated with PTSD EBP completion and symptom improvement is critical to improving completion rates and effectiveness.

METHOD:

This chart review study used the Andersen Behavioral Model to examine whether predisposing characteristics (nonmodifiable characteristics such as demographics), enabling factors (modifiable logistic variables that can facilitate or impede treatment use), and need factors (clinical characteristics such as symptom severity or comorbidities) predicted treatment completion or symptom improvement following PTSD EBP treatment among 82 Iraq and Afghanistan combat veterans. Logistic regression was used to examine treatment completion, and repeated measures analysis of

variance was used to examine changes in PTSD and depression symptoms following treatment.

RESULTS:

EBP completers had greater improvement in PTSD symptoms than did EBP dropouts. Need factors (lack of comorbid substance use disorders and having problems with family members/significant others) were related to treatment completion, whereas enabling resources (receiving individual rather than group treatment) were related to symptom improvement.

CONCLUSIONS:

This is one of the first studies to use a comprehensive model to examine factors relevant to treatment completion and symptom improvement. Results suggest that nonmodifiable predisposing characteristics do not drive treatment completion and symptom improvement, underscoring the potential importance of targeting enabling resources and needs factors for intervention.

(PsychINFO Database Record (c) 2018 APA, all rights reserved).

<https://www.ncbi.nlm.nih.gov/pubmed/30027449>

Soc Psychiatry Psychiatr Epidemiol. 2018 Jul 19. doi: 10.1007/s00127-018-1562-6.
[Epub ahead of print]

Contribution of traumatic deployment experiences to the burden of mental health problems in Canadian Armed Forces personnel: exploration of population attributable fractions.

Born JA, Zamorski MA

PURPOSE:

Mental health problems are prevalent after combat; they are also common in its absence. Estimates of deployment-attributability vary. This paper quantifies the contribution of different subtypes of occupational trauma to post-deployment mental health problems.

METHODS:

Participants were a cohort of 16,193 Canadian personnel undergoing post-deployment

mental health screening after return from the mission in Afghanistan. The screening questionnaire assessed post-traumatic stress disorder, depression, panic disorder, generalized anxiety disorder, and exposure to 30 potentially traumatic deployment experiences. Logistic regression estimated adjusted population attributable fractions (PAFs) for deployment-related trauma, which was treated as count variables divided into several subtypes of experiences based on earlier factor analytic work.

RESULTS:

The overall PAF for overall deployment-related trauma exposure was 57.5% (95% confidence interval 44.1, 67.7) for the aggregate outcome of any of the four assessed problems. Substantial PAFs were seen even at lower levels of exposure. Among subtypes of trauma, exposure to a dangerous environment (e.g., receiving small arms fire) and to the dead and injured (e.g., handling or uncovering human remains) had the largest PAFs. Active combat (e.g., calling in fire on the enemy) did not have a significant PAF.

CONCLUSIONS:

Military deployments involving exposure to a dangerous environment or to the dead or injured will have substantial impacts on mental health in military personnel and others exposed to similar occupational trauma. Potential explanations for divergent findings in the literature on the extent to which deployment-related trauma contributes to the burden of mental disorders are discussed.

<https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-018-1101-z>

The association of depression and all-cause and cause-specific mortality: an umbrella review of systematic reviews and meta-analyses.

Myrela O. Machado, Nicola Veronese, Marcos Sanches, Brendon Stubbs, Ai Koyanagi, Trevor Thompson, Ioanna Tzoulaki, Marco Solmi, Davy Vancampfort, Felipe B. Schuch, Michael Maes, Giovanni A. Fava, John P. A. Ioannidis and André F. Carvalho

BMC Medicine

2018; 16:112

<https://doi.org/10.1186/s12916-018-1101-z>

Background

Depression is a prevalent and disabling mental disorder that frequently co-occurs with a

wide range of chronic conditions. Evidence has suggested that depression could be associated with excess all-cause mortality across different settings and populations, although the causality of these associations remains unclear.

Methods

We conducted an umbrella review of systematic reviews and meta-analyses of observational studies. PubMed, PsycINFO, and Embase electronic databases were searched through January 20, 2018. Systematic reviews and meta-analyses that investigated associations of depression and all-cause and cause-specific mortality were selected for the review. The evidence was graded as convincing, highly suggestive, suggestive, or weak based on quantitative criteria that included an assessment of heterogeneity, 95% prediction intervals, small-study effects, and excess significance bias.

Results

A total of 26 references providing 2 systematic reviews and data for 17 meta-analytic estimates met inclusion criteria (19 of them on all-cause mortality); data from 246 unique studies (N = 3,825,380) were synthesized. All 17 associations had $P < 0.05$ per random effects summary effects, but none of them met criteria for convincing evidence. Associations of depression and all-cause mortality in patients after acute myocardial infarction, in individuals with heart failure, in cancer patients as well as in samples from mixed settings met criteria for highly suggestive evidence. However, none of the associations remained supported by highly suggestive evidence in sensitivity analyses that considered studies employing structured diagnostic interviews. In addition, associations of depression and all-cause mortality in cancer and post-acute myocardial infarction samples were supported only by suggestive evidence when studies that tried to adjust for potential confounders were considered.

Conclusions

Even though associations between depression and mortality have nominally significant results in all assessed settings and populations, the evidence becomes weaker when focusing on studies that used structured interviews and those that tried to adjust for potential confounders. A causal effect of depression on all-cause and cause-specific mortality remains unproven, and thus interventions targeting depression are not expected to result in lower mortality rates at least based on current evidence from observational studies.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.22674>

**Exposure to suicide and suicide bereavement among women firefighters:
Associated suicidality and psychiatric symptoms.**

Melanie A. Hom, Ian H. Stanley, Sally Spencer-Thomas, Thomas E. Joiner

Journal of Clinical Psychology

2018;1–19

<https://doi.org/10.1002/jclp.22674>

Objective

To examine experiences with suicide exposure and bereavement among women firefighters.

Methods

Women firefighters (N = 266, Mage = 37.64y) completed self-report measures assessing their experiences with suicide exposure, history of suicidality, current psychiatric symptoms, and suicide risk.

Results

Three-fourths (74.4%) of participants reported knowing someone who had died by suicide; of these participants, 31.3% reported losing a fellow firefighter to suicide. Exposure to suicide during one's firefighting career was associated with more severe psychiatric symptoms and suicide risk. Greater impact of a suicide death was significantly associated with more severe current suicide risk, even after controlling for prior suicidality and other psychiatric symptoms.

Conclusions

Women firefighters exposed to suicide during their careers may experience more severe psychiatric symptoms and increased suicide risk as compared to their counterparts without this exposure. In particular, women firefighters who are more severely impacted by a suicide loss may be at increased suicide risk.

<http://psycnet.apa.org/record/2017-51809-001>

Labeling of deployment sexual harassment experiences among male and female veterans.

Dardis, C. M., Vento, S. A., Gradus, J. L., & Street, A. E.

Psychological Trauma: Theory, Research, Practice, and Policy

2018; 10(4), 452-455.

<http://dx.doi.org/10.1037/tra0000330>

Objective:

Victims' conceptualizations of traumatic experiences can impact screening responses and decisions to utilize health care. Despite experiencing events constituting sexual harassment, many victims do not label their experiences as such. In the military, specific situational factors (e.g., occurred on-duty, higher ranking harasser) and victim appraisals of experiences (e.g., offensive, threatening) have been associated with increased labeling of sexual harassment. However, no research has examined sexual harassment labeling among those deployed in recent Afghanistan and Iraq conflicts, where the context of harassment may differ from peacetime settings. The purpose of the present study was to examine frequencies of labeling sexual harassment during deployment, factors associated with labeling, and associations between labeling and perceived need for and use of mental health services.

Method:

2,348 veterans (51% women, 49% men) drawn from a random sample of veterans deployed in support of the wars in Afghanistan and Iraq completed a mail survey.

Results:

Women were significantly more likely than men to label experiences as harassment. Whereas appraisals of events were associated with both women's and men's labeling, situational factors were only associated with women's labeling. Among women, labeling was associated with a greater perceived need for and use of mental health services among those who experienced nonassaultive harassment.

Conclusions:

These results confirm the importance of using behavioral language when screening for experiences of harassment among veterans returning from deployment. We discuss

strategies for addressing labeling in the context of mental health treatment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<https://www.ncbi.nlm.nih.gov/pubmed/30010380>

Psychol Trauma. 2018 Jul 16. doi: 10.1037/tra0000394. [Epub ahead of print]

Acts of omission, altered worldviews, and psychological problems among military veterans.

Williams CL, Berenbaum H

OBJECTIVE:

The present study explored acts of omission (i.e., inactions) among military service members. We also investigated whether the meanings and interpretations that service members assign to their actions and inactions, particularly alterations to their conceptualization of themselves, others, and the world (i.e., altered worldviews) would be associated with psychological problems (specifically, depression, suicidality, posttraumatic stress disorder [PTSD], and alcohol use).

METHOD:

A sample of 50 Iraq/Afghanistan military veterans (8% female) completed questionnaires measuring their (in)actions and the meanings and interpretations attached to those (in)actions. They also completed questionnaires measuring PTSD, depression, suicidality, alcohol use, and combat/postcombat experience.

RESULTS:

Higher levels of acts of omission were associated with higher levels of altered worldviews and psychological problems. Altered worldviews were strongly associated with PTSD, depression, and suicidality, even after taking into account age, gender, combat/postcombat experiences, and guilt/shame.

CONCLUSION:

Altered worldviews and acts of omission were strongly associated with psychological problems.

(PsycINFO Database Record(c) 2018 APA, all rights reserved).

<https://www.tandfonline.com/doi/abs/10.1080/13557858.2018.1494823>

Mental health care utilization and stigma in the military: comparison of Asian Americans to other racial groups.

Kasi M. Chu, Shawn M. S. Garcia, Hela Koka, Gary H. Wynn & Tzu-Cheg Kao

Ethnicity & Health

Published online: 19 Jul 2018

<https://doi.org/10.1080/13557858.2018.1494823>

Objective:

To investigate race disparities in the US Military among Asian, White, Black, Native American and Other, seeking mental health care in the context of stigma defined by perceived damage to career.

Design:

Using 2008 survey data taken from US military personnel, mental disorders including depression, generalized anxiety disorder, suicidal ideation, suicidal attempt and post-traumatic stress disorder serious psychological distress (as defined in Kessler – 6), as well as seeking mental health care in past 12 months and stigma were dichotomized and weighted logistic regression models were used.

Results:

A significant race disparity existed in seeking mental health care when data were stratified by stigma and depression adjusted for demographic variables. Compared to Asians with depression that perceived stigma, Blacks were more likely to seek mental health care (OR with 95% confidence interval for Asians: 3.97[2.21, 7.15], Black: 9.25[6.02, 14.20], $p < .005$) adjusting for demographic variables. Similar results held for other mental disorders with the exception of suicide attempts and serious psychological distress. Compared to Asians with serious psychological distress who did not perceive stigma, only Whites were more likely to seek mental health care (OR for Asians: 3.27[2.15, 4.97], White: 6.47[4.60, 9.11], $p < .005$). Among those without a mental health disorder, regardless of the presence or absence of perceived stigma, there was no disparity between any two race groups in seeking mental health care.

Conclusion:

Among individuals having perceived stigma with mental health disorders, Asian

American active-duty personnel may be less likely to use mental health care when compared to non-Asian peers.

<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-5843-5>

An exploratory case study of environmental factors related to military alcohol misuse.

Susan I. Woodruff, Suzanne L. Hurtado, Cynthia M. Simon-Arndt and Jessica Lawrenz

BMC Public Health

2018; 18:902

<https://doi.org/10.1186/s12889-018-5843-5>

Background

Alcohol misuse has been an ongoing issue for the US Armed Services, with the Marine Corps maintaining the highest levels of problematic drinking. Broad environmental, social, and policy factors play an important role in alcohol misuse but are rarely studied as objective measures.

Methods

This case study used a pattern-matching approach to examine the associations between objective on- and off-base community environmental risk and protective factors and 4 objective alcohol-related outcomes at 3 large Marine Corps installations. The study utilized existing aggregated data from Marine Corps electronic data sources and information from internet searches of installation and community services and characteristics. Installation-level alcohol misuse outcomes included the rates of personnel receiving non-medical alcohol services, combined inpatient and outpatient alcohol-related primary diagnoses, alcohol-related domestic violence, and driving under the influence arrests. Installation-level environmental correlates included dollars spent on alcohol sales, density of alcohol outlets, extent of alternative activities, and installation and off-base sociodemographic factors.

Results

In general, younger age, enlisted pay grade, and being stationed overseas were related with higher rates of alcohol-related problems among Marines. Greater on-base alcohol sales (both in bars and stores), as well as a greater density of restaurants and bars that serve alcohol, were associated with alcohol misuse outcomes. Several community

factors were also associated with alcohol misuse. The hypothesized protective effects of alternative activities were inconsistent.

Conclusions

Findings suggest that environmentally-oriented strategies, particularly restricting on-base sales of alcohol, may help to reduce alcohol-related harm in the Marine Corps.

<https://www.tandfonline.com/doi/abs/10.1080/00332747.2017.1402569>

An Examination of Social Support and PTSD Treatment Response During Prolonged Exposure.

Matthew Price, Cynthia Luethcke Lancaster, Daniel F. Gros, Alison C. Legrand, Katherine van Stolk-Cooke & Ron Acierno

Psychiatry: Interpersonal and Biological Processes

Published online: 18 Jul 2018

<https://doi.org/10.1080/00332747.2017.1402569>

Objective:

Posttraumatic stress disorder (PTSD) results from exposure to traumatic events. Social support is negatively related to PTSD symptoms in cross-sectional and longitudinal studies. It is unclear, however, if social support is associated with treatment response for PTSD. The current study evaluated the extent to which social support was associated with PTSD treatment response among treatment-seeking veterans receiving prolonged exposure (PE). It was hypothesized that social support would improve PTSD treatment response and that PTSD symptom reduction would improve social support.

Method:

A total of 123 veterans were recruited from a Veterans Affairs Medical Center and evaluated for PTSD, diagnostic-related symptoms, and social support. All participants received PE. Data were analyzed using mixed-effects models.

Results:

Findings suggested that elevated social support during treatment was associated with greater reductions in PTSD symptoms during treatment. Social support also increased during treatment. Increases in social support were not moderated by PTSD symptoms during treatment.

Conclusions:

These findings suggest that social support and PTSD symptoms are related throughout treatment. Social support moderated the change in PTSD symptoms, whereas PTSD symptoms did not moderate changes in social support.

Links of Interest

Senators Continue Call for Family Suicide Data Release

<https://www.military.com/daily-news/2018/07/19/senators-continue-call-family-suicide-data-release.html>

PHCoE at APA 2018

<http://pdhealth.mil/news/blog/phcoe-apa-2018>

Mental disorders most frequent medical diagnosis among servicemembers just before separation, Pentagon study says

<https://www.stripes.com/news/mental-disorders-most-frequent-medical-diagnosis-among-servicemembers-just-before-separation-pentagon-study-says-1.539022>

Understanding Cognitive Behavioral Therapy

<https://www.nhmagazine.com/August-2018/Understanding-Cognitive-Behavioral-Therapy/>

Which military base has the highest risk of sexual assault? The Pentagon isn't saying yet.

<https://www.militarytimes.com/news/pentagon-congress/2018/07/20/which-military-base-has-the-highest-risk-of-sexual-assault-the-pentagon-isnt-saying-yet/>

He said, she said: The battle over maternity leave at this Army leadership school

<https://www.armytimes.com/news/your-army/2018/07/20/he-said-she-said-the-battle-over-maternity-leave-at-this-army-leadership-school/>

Sleep On Fleek: Supercharging The Business (& Brandscape) Of Snooze

<https://www.forbes.com/sites/katiebaron/2018/07/23/sleep-on-fleek-supercharging-the-business-brandscape-of-snooze/#1287f43f2511>

2nd lieutenant is Alabama National Guard's first black female pilot

<https://www.armytimes.com/news/your-army/2018/07/24/2nd-lieutenant-is-alabama-national-guards-first-black-female-pilot/>

V.A. Shuns Medical Marijuana, Leaving Vets to Improvise

<https://www.nytimes.com/2018/07/25/us/marijuana-veterans.html>

Resource of the Week -- [Military Psychology - Special Issue on Sexual Harassment and Sexual Assault in the US Military](#)

(Volume 30, Issue 3; May-June 2018)

[Introduction to the special issue on sexual harassment and sexual assault in the US military.](#)

Dave R. McCone, Cynthia J. Thomsen & Janice H. Laurence

Pages: 175-180 | DOI: 10.1080/08995605.2018.1479550

[The historical roots and future directions for military law and policies on rape and sexual assault.](#)

Julie K. Carson & Brad R. Carson

Pages: 181-192 | DOI: 10.1037/mil0000180

[Challenges to evaluating US military policy on sexual assault and sexual harassment.](#)

Laura L. Miller, Coreen Farris & Kayla M. Williams

Pages: 193-205 | DOI: 10.1080/08995605.2017.1421821

[Sexual assault and sexual harassment at the US military service academies.](#)

Judith E. Rosenstein, Karin De Angelis, Dave R. McCone & Marjorie H. Carroll

Pages: 206-218 | DOI: 10.1080/08995605.2017.1422950

[Victims of sexual harassment and sexual assault in the military: Understanding risks and promoting recovery.](#)

Margret E. Bell, Christina M. Dardis, Stephanie A. Vento & Amy E. Street

Pages: 219-228 | DOI: 10.1037/mil0000144

[Longitudinal prediction of sexual harassment and sexual assault by male enlisted Navy personnel.](#)

Valerie A. Stander, Cynthia J. Thomsen, Lex L. Merrill & Joel S. Milner
Pages: 229-239 | DOI: 10.1037/mil0000171

[Sexual assault prevention in the military: Key issues and recommendations.](#)

Christine A. Gidycz, Joel Wyatt, Nathan W. Galbreath, Stephen H. Axelrad & Dave R. McCone
Pages: 240-251 | DOI: 10.1080/08995605.2018.1489663

[The impact of leadership on sexual harassment and sexual assault in the military.](#)

Anne G. Sadler, Douglas R. Lindsay, Samuel T. Hunter & David V. Day
Pages: 252-263 | DOI: 10.1080/08995605.2017.1422948

[The readiness imperative for reducing sexual violence in the US armed forces: Respect and professionalism as the foundation for change.](#)

Margaret Klein & Jessica A. Gallus
Pages: 264-269 | DOI: 10.1080/08995605.2017.1422949

[Developing systems that promote veterans' recovery from military sexual trauma: Recommendations from the Veterans Health Administration national program implementation.](#)

Melissa Ming Foynes, Kerry Makin-Byrd, W. Christopher Skidmore, Matthew W. King, Margret E. Bell & Julie Karpenko
Pages: 270-281 | DOI: 10.1080/08995605.2017.1421818

[Conclusion of the special issue on sexual harassment and sexual assault in the US military: What have we learned, and where do we go from here?](#)

Cynthia J. Thomsen, David R. McCone & Jessica A. Gallus
Pages: 282-293 | DOI: 10.1080/08995605.2018.1479551

Shirl Kennedy
Research Editor
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
240-535-3901