Research Update -- August 16, 2018

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Telemental Health Delivery of Skills Training in Affective and Interpersonal Regulation (STAIR) for Rural Women Veterans Who Have Experienced Military Sexual Trauma.

Brandon J. Weiss Kathryn Azevedo Katie Webb Julia Gimeno Marylene Cloitre

This pilot study assessed the feasibility, acceptability, and initial efficacy of a skills-focused treatment delivered via video teleconferencing (VTC) to women veterans living in rural areas who had experienced military sexual trauma (MST). The Skills Training in Affective and Interpersonal Regulation (STAIR) program focuses on teaching emotion management and interpersonal skills in 8 to 10 sessions. The STAIR program may be a good fit for individuals in rural areas for whom social isolation and low social support are particularly problematic. Clinic-to-clinic VTC was used to connect a STAIR therapist with veterans for weekly individual therapy sessions. The participants (n = 10) reported high satisfaction with the intervention and would recommend the program to others. There were significant pretreatment to posttreatment improvements in social functioning, Hedge's g = 1.41, as well as in posttraumatic stress disorder symptoms, Hedge's g = 2.35; depression, Hedge's g = 1.81; and emotion regulation, Hedge's g = 2.32. This is the first report of the successful application of a skills-focused treatment via VTC for women veterans.

Cognitive reappraisal moderates the relationship between PTSD symptoms and alcohol use over time in post-9/11 U.S. military veterans.

Darrin M. Aase, Stephanie M. Gorka, Justin E. Greenstein, Eric Proescher, ... K. Luan Phan

Highlights
• Seventy-one post-9/11 veterans were evaluated at least three times over 12 months.
• Measures of alcohol use, post-traumatic stress disorder (PTSD) symptoms, and emotion regulation were completed.
• PTSD symptoms were associated with greater alcohol use.
• At low reappraisal, greater PTSD symptoms were associated with more alcohol use.
• There was no association between PTSD symptoms and alcohol use at high reappraisal.

Abstract

Background

Rates of comorbid alcohol use disorder (AUD) and posttraumatic stress disorder (PTSD) are increasing among post-9/11 veterans, and emotion regulation problems have been identified as a feature of both disorders. However, no studies to date have explored how individual differences in emotion regulation may moderate the relationship between PTSD symptoms and alcohol use. We evaluated how two core emotion regulation strategies – one adaptive (i.e., cognitive reappraisal) and one maladaptive (i.e., expressive suppression) are related to PTSD symptoms and alcohol use over one-year.

Methods

A total of 71 post-9/11 veterans (12 female, 59 male) completed a baseline screening and at least two follow-up assessments over the course of 12 months which included measures of emotion regulation, PTSD symptoms, and alcohol use. A mixed growth model was utilized to determine if changes in PTSD symptoms covaried with alcohol use over time and whether this relation was moderated by frequency of use of emotion regulation strategies.

Results

In general, higher PTSD symptoms were significantly associated with greater alcohol use, but cognitive reappraisal moderated this relationship. Specifically, at low cognitive reappraisal, greater PTSD symptoms were associated with greater alcohol use. At high cognitive reappraisal, there was no significant association between PTSD symptoms and alcohol use.

Conclusions

Findings from the present study suggest that baseline individual differences in cognitive reappraisal influence the relation between PTSD symptoms and alcohol use. For post-9/11 veterans, high levels of cognitive reappraisal may serve as a protective factor against ongoing alcohol use.

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https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usy186/5067287

Deployment and Smokeless Tobacco Use Among Active Duty Service Members in the U.S. Military.

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Introduction

The prevalence of smokeless tobacco use among U.S. active duty service members has been much higher than in the U.S. general population. The association between deployment and smokeless tobacco use has not been well studied. We investigated the association between deployment and smokeless tobacco use among U.S. active duty service members. We also evaluated the modification effects from other factors related to smokeless tobacco use on the deployment-smokeless tobacco use association.

Materials and Methods

Eligible active duty service members stationed at two military installations (Fort Bragg, NC, USA and Lackland Air Force Base, TX, USA) were recruited from July 2015 to May 2016. Each participant completed a self-administered questionnaire. Multivariable logistic regression was used to assess the association between deployment and smokeless tobacco use and estimated odds ratio (OR) and 95% confidence interval (CI). Stratified analysis was performed to evaluate modification effects from other commonly known factors related to smokeless tobacco use in military, specifically, cigarette smoking status, use among family members (family history of use), perception of harm, and use among military peers.

Results

Out of 2,465 study participants who completed the questionnaire, 548 were smokeless tobacco users. Service members who had been deployed to a combat zone had 1.39 fold (95% CI = 1.03–1.87) increased odds of using smokeless tobacco than those who never deployed to a combat zone. The odds of smokeless tobacco use among those who had been deployed once, twice, three times and four or more times to a combat zone were 1.27 (95% CI = 0.91–1.78), 1.30 (95% CI = 0.85–1.99), 2.49 (95% CI = 1.45–4.28), and 2.88 (95% CI = 1.71–4.86), respectively, with a significant dose–response trend (p for trend <0.0001). Further, subjects who served in combat units during deployment exhibited more than two-fold increased odds of use as compared with those who had never been deployed (OR = 2.03, 95% CI = 1.41–2.93). In stratified analysis, the association between deployment and smokeless tobacco use was only present among subjects who never smoked cigarettes, those without family history of smokeless tobacco use, and those who had low perception of harm of use.

Conclusions

Military deployment was associated with smokeless tobacco use among active service members. However, the influence of military deployment on smokeless tobacco use was not equally strong on all service members. Subjects who never smoked cigarettes, who had no family history of use and who had low perception of harm were the most susceptible subgroups to deployment-related smokeless tobacco use. This study has implications to identify high-risk subgroups to reduce smokeless tobacco use in the U.S. military.

Cognitive reappraisal moderates the relationship between PTSD symptoms and alcohol use over time in post-9/11 U.S. military veterans.

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Highlights
• Seventy-one post-9/11 veterans were evaluated at least three times over 12 months.
• Measures of alcohol use, post-traumatic stress disorder (PTSD) symptoms, and emotion regulation were completed.
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• At low reappraisal, greater PTSD symptoms were associated with more alcohol use.
• There was no association between PTSD symptoms and alcohol use at high reappraisal.

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Rates of comorbid alcohol use disorder (AUD) and posttraumatic stress disorder (PTSD) are increasing among post-9/11 veterans, and emotion regulation problems have been identified as a feature of both disorders. However, no studies to date have explored how individual differences in emotion regulation may moderate the relationship between PTSD symptoms and alcohol use. We evaluated how two core emotion regulation strategies – one adaptive (i.e., cognitive reappraisal) and one maladaptive

(i.e., expressive suppression) are related to PTSD symptoms and alcohol use over one-year.

Methods
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Conclusions
Findings from the present study suggest that baseline individual differences in cognitive reappraisal influence the relation between PTSD symptoms and alcohol use. For post-9/11 veterans, high levels of cognitive reappraisal may serve as a protective factor against ongoing alcohol use.

Predeployment predictors of psychiatric disorder-symptoms and interpersonal violence during combat deployment.

Rosellini AJ, Stein MB, Benedek DM, Bliese PD, Chiu WT, Hwang I, Monahan J, Nock MK, Sampson NA, Street AE,, Zaslavsky AM, Ursano RJ, Kessler RC

BACKGROUND:
Preventing suicides, mental disorders, and noncombat-related interpersonal violence during deployment are priorities of the US Army. We used predeployment survey and administrative data to develop actuarial models to identify soldiers at high risk of these

outcomes during combat deployment.

METHODS:
The models were developed in the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) Pre-Post Deployment Study, a panel study of soldiers deployed to Afghanistan in 2012-2013. Soldiers completed self-administered questionnaires before deployment and one (T1), three (T2), and nine months (T3) after deployment, and consented to administrative data linkage. Seven during-deployment outcomes were operationalized using the postdeployment surveys. Two overlapping samples were used because some outcomes were assessed at T1 (n = 7,048) and others at T2-T3 (n = 7,081). Ensemble machine learning was used to develop a model for each outcome from 273 predeployment predictors, which were compared to simple logistic regression models.

RESULTS:
The relative improvement in area under the receiver operating characteristic curve (AUC) obtained by machine learning compared to the logistic models ranged from 1.11 (major depression) to 1.83 (suicidality).The best-performing machine learning models were for major depression (AUC = 0.88), suicidality (0.86), and generalized anxiety disorder (0.85). Roughly 40% of these outcomes occurred among the 5% of soldiers with highest predicted risk.

CONCLUSIONS:
Actuarial models could be used to identify high risk soldiers either for exclusion from deployment or preventive interventions. However, the ultimate value of this approach depends on the associated costs, competing risks (e.g. stigma), and the effectiveness to-be-determined interventions.
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Insufficient Sleep Syndrome: Is it time to classify it as a major noncommunicable disease?

Chattu VK, Sakhamuri SM, Kumar R, Spence DW, BaHammam AS, Pandi-Perumal SR

Over the last three to four decades, it has been observed that the average total number of hours of sleep obtained per night by normal individuals have decreased. Concomitantly, global figures indicate that insufficient sleep is associated with serious adverse health and social outcomes. Moreover, insufficient sleep has been linked to seven of the fifteen leading causes of death. Additionally, current evidence suggests that sleep plays a significant role in determining cognitive performance and workplace productivity. There is a great need for a systematic analysis of the economic impact of insufficient sleep, particularly given current evidence that this phenomenon, as well as the poor sleep hygiene practices which produce it, is increasing worldwide. This paper takes the view that health authorities around the world need to raise the general awareness of benefits of sleep. There is considerable scope for research into both the public health impact as well as the macroeconomic consequences of insufficient sleep syndrome (ISS). Additionally, various models which estimate the undiagnosed burden of ISS on the GDP (gross domestic product) are needed to prioritize health issues and to highlight the national policies that are necessary to combat this medical problem. Sleep insufficiency has been declared to be a 'public health epidemic'; therefore, we propose ISS as a potential noncommunicable disease. This review elaborates on this topic further, exploring the causes and consequences of insufficient sleep, and thus providing a perspective on the policies that are needed as well as the research that will be required to support and justify these policies.

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Military Sexual Assault as a Mediator of the Association Between Posttraumatic Stress Disorder and Depression Among Lesbian, Gay, and Bisexual Veterans.

Carrie L. Lucas, Jeremy T. Goldbach, Mary Rose Mamey, Sara Kintzle, Carl Andrew Castro

Lesbian, gay, and bisexual (LGB) civilians report higher rates of sexual assault, posttraumatic stress disorder (PTSD), and depression compared to their heterosexual counterparts. In this study, we compared military sexual assault (MSA), PTSD, and depression in LGB individuals and their non-LGB peers in two community samples of

veterans (N = 2,583). Participants were selected for inclusion if they identified as LGB (n = 110) and were matched 1 to 3 on gender and age with non-LGB veterans (n = 330). Chi-square analyses showed significant differences for LGB veterans compared to non-LGB veterans for experiencing MSA (32.7% vs. 16.4%, respectively), p < .001; probable PTSD (41.2% vs. 29.8%, respectively), p = .039; and probable depression (47.9% vs. 36.0%, respectively), p = .039. Multivariable logistic regression analyses showed LGB veterans were 1.93 times more likely to have experienced MSA compared to non-LGB veterans, 95% CI [1.30, 2.88], p = .001. The experience of MSA significantly mediated associations with probable PTSD, odds ratio (OR) = 1.43, 95% CI [1.13, 1.80], p = .003, and probable depression, OR = 1.32, 95% CI [1.07, 1.64], p = .009. As the experience of MSA fully mediates the presence of PTSD and depression among LGB veterans, we highly recommend health providers assess for MSA among LGB veterans, especially those who meet clinical thresholds for PTSD and depression.

Common mental disorders among US army aviation personnel: Prevalence and return to duty.

Thomas W. Britt, James S. McGhee, Martin D. Quattlebaum

Objectives
Assess the prevalence of US Army aviation personnel with common mental disorders, the percentage that return to duty following mental health treatment, and predictors of return to duty.

Methods
Examined the prevalence over a 5-year period. The percentage of personnel who were granted a waiver to return to flying duty following treatment was also determined.

Results
The results revealed a 5-year prevalence of 0.036 (95% CI = 0.034–0.038) for personnel experiencing one or more of the mental disorders (N = 1,155). Prevalence was highest for adjustment disorders and for nonpilot participants. Overall, personnel were granted a

waiver 55.3% of the time and suspended or disqualified 44.7% of the time. Waivers were more likely to be granted for an adjustment disorder and for pilots.

Conclusions
Discussion focuses on the importance of aviation personnel receiving mental health treatment when problems are not severe to maximize the likelihood of returning to duty.

A Qualitative Examination of VA Chaplains' Understandings and Interventions Related to Moral Injury in Military Veterans.

Kent D. Drescher, Joseph M. Currier, Jason A. Nieuwsma, Wesley McCormick, Timothy D. Carroll, Brook M. Sims, Christine Cauterucio

This study examines VA chaplains' understandings of moral injury (MI) and preferred intervention strategies. Drawing qualitative responses with a nationally-representative sample, content analyses indicated that chaplains' definitions of MI comprised three higher order clusters: (1) MI events, (2) mechanisms in development of MI, and (3) warning signs of MI. Similarly, chaplains' intervention foci could be grouped into three categories: (1) pastoral/therapeutic presence, (2) implementing specific interventions, and (3) therapeutic processes to promote moral repair. Findings are discussed related to emerging conceptualizations of MI, efforts to adapt existing evidence-based interventions to better address MI, and the potential benefits of better integrating chaplains into VA mental health service delivery.

Cannabis Use and Anxiety Sensitivity in Relation to Physical Health and Functioning in Post-9/11 Veterans.

Kate L. Stewart, Samantha G. Farris, Kristina M. Jackson, Brian Borsari, Jane Metrik

Frequency of cannabis use and cognitive vulnerabilities such as anxiety sensitivity (i.e., the fear of bodily sensations), have been independently linked with poor physical health, however the interplay between these health-mental health processes may compound poor physical health and functioning in cannabis users. Thus, the current study evaluated the direct and interactive effects of cannabis use frequency and anxiety sensitivity on physical health and functioning among cannabis-using veterans. Participants (N = 138) were post-9/11 United States veterans recruited from a Veterans Affairs hospital who reported cannabis use in the past 6 months. Cannabis use frequency in the past month and anxiety sensitivity were significantly negatively correlated with perceived overall physical health. There was a significant interaction between cannabis use frequency and anxiety sensitivity, such that more frequent cannabis use was associated with poorer overall health and role functioning due to health problems among veterans with higher anxiety sensitivity (but not lower). Findings suggest that anxiety sensitivity is a cognitive vulnerability linked to poor perceived physical health and impairment among frequent cannabis users and could be targeted, along with cannabis use, for health-promotion in cannabis users.

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Care of Veterans in a Non-Veteran Health Administration Hospital: What is the Status of Nursing Practice after Continuing Education?

Gina Maiocco Lya M. Stroupe Anthea Rhoades Billie Vance

Aims/Objectives
The objectives of this study were to identify how civilian nurses are caring for military veterans following mandatory continuing education (CE) on veterans' mental health needs and to describe challenges nurses are facing in provision of that care.

Background
Veterans and military personnel experience mental health conditions at a high rate and are increasingly receiving care in civilian healthcare facilities. Non-military providers may not be prepared to address this population's challenging needs. Military culture may influence the presentation of mental health conditions thus critical assessment points by non-military medical personnel may be missed. Education is touted internationally as a means to address deficits but research is lacking to support that statement.

Methods
Adhering to research reporting guidelines, 115 of a proposed 322 civilian nurses in a tertiary hospital volunteered to complete a one-time online survey that contained quantitative and demographic questions. Forty of 115 nurses went on to complete the qualitative query. Descriptive statistics summarized quantitative results and constant comparative analysis was applied to qualitative responses for theme identification.

Results
The study was stopped early due to reports of violence from veterans upon nurses. Results showed CE did not change documentation of military status. Following mandatory CE, civilian nurses continued to describe uncertainty in how to adapt care, on how to interact with veterans, and in how to deal with violence.

Conclusion
The status of care to veterans remains insufficient, but nurses are asking critical questions on how to update practice. Additional support and research in the clinical setting is needed to promote a safe caring environment.

Relevance to Clinical Practice: Continuing education alone may not advance care of the veteran. A multi-prong approach to include mandatory documentation of military status and coaching of providers by those experienced with the military way of life may be used to augment staff preparedness.

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Military and Premilitary Trauma, Attachment Orientations, and Posttraumatic Stress Disorder Severity Among Male and Female Veterans.

Jenny A. Bannister Frederick G. Lopez Deleene S. Menefee Peter J. Norton Jill Wanner

Samples in prior studies examining attachment theory in the military have been predominantly composed of male combat veterans. Given the rates of sexual trauma among female veterans and differences in the association between attachment and posttraumatic stress disorder (PTSD) severity for sexual trauma survivors, it was necessary to consider the attachment characteristics of veterans within a mixed-sex sample. Participants were a mixed-sex veteran sample seeking inpatient trauma-related treatment (N = 469). Using independent samples t tests, we examined sex differences in attachment. Consistent with our hypothesis, women reported a higher level of attachment anxiety than did men, t(351) = −2.12, p = .034. Women also reported a higher level of attachment avoidance, t(351) = −2.44, p = .015. Using hierarchical regression, we examined the contribution of attachment anxiety and avoidance to PTSD severity, partialing out variance accounted for by demographic variables and traumatic experiences. Consistent with our hypotheses, attachment avoidance predicted PTSD severity on the Clinician-Administered PTSD Scale for DSM-IV (CAPS), β = .20, p < .001, and the PTSD Checklist–Civilian Version (PCL-C), β = .18, p < .001. Attachment anxiety did not predict CAPS severity but did predict PCL-C severity, β = .11, p = .020. These results suggest the association between attachment avoidance and PTSD is not exclusive to combat trauma and may apply more generally to the larger veteran population. Higher levels of attachment anxiety and avoidance among female veterans potentially implicate the presence of greater attachment fearfulness among this particular subpopulation of veterans.

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Depression among military spouses: Demographic, military, and service member psychological health risk factors.

Carrie J. Donoho Cynthia LeardMann Christopher A. O'Malley Kristen H. Walter Lyndon A. Riviere John F. Curry Amy B. Adler

Background
More than a decade of war has strained service members and their families and the
psychological health of military spouses is a concern. This study uses data from the
largest study of military families in the United States to examine the demographic,
military-specific, and service member mental health correlates of probable diagnosis of
major depressive disorder (MDD) among military spouses.

Methods
Data were from service member-spouse dyads from all branches of the U.S. military.
Demographic and military-specific factors were assessed using administrative
personnel records and survey data.

Results
Of the 9,038 spouses, 4.9% had a probable diagnosis of MDD. In unadjusted models,
spouses of service members who deployed and experiencecd combat-related events,
were enlisted, had a probable posttraumatic stress disorder (PTSD) diagnosis, or
screened positive for alcohol misuse were more likely to screen positive for MDD. In
adjusted models, only spouses married to enlisted service members or those with PTSD
had increased risk for MDD. Other demographic and military-related factors associated
with MDD in spouses included less educational attainment, unemployment, having four
or more children, and having prior military service (although not currently serving in the
military) in the adjusted models.

Conclusions
Findings characterize demographic, military, and service member psychological health
factors that are associated with depression among military spouses. These findings
imply that deployment alone may not negatively affect military spouses, but rather it
may be the mental health impact on the service member, especially PTSD that
increases the odds for MDD among military spouses.

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Irving Hwang John Monahan Matthew K. Nock Nancy A. Sampson Amy E. Street

Alan M. Zaslavsky Robert J. Ursano Ronald C. Kessler

Predeployment predictors of psychiatric disorder-symptoms and interpersonal violence during combat deployment.

Background
Preventing suicides, mental disorders, and noncombat-related interpersonal violence during deployment are priorities of the US Army. We used predeployment survey and administrative data to develop actuarial models to identify soldiers at high risk of these outcomes during combat deployment.

Methods
The models were developed in the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) Pre-Post Deployment Study, a panel study of soldiers deployed to Afghanistan in 2012–2013. Soldiers completed self-administered questionnaires before deployment and one (T1), three (T2), and nine months (T3) after deployment, and consented to administrative data linkage. Seven during-deployment outcomes were operationalized using the postdeployment surveys. Two overlapping samples were used because some outcomes were assessed at T1 (n = 7,048) and others at T2–T3 (n = 7,081). Ensemble machine learning was used to develop a model for each outcome from 273 predeployment predictors, which were compared to simple logistic regression models.

Results
The relative improvement in area under the receiver operating characteristic curve (AUC) obtained by machine learning compared to the logistic models ranged from 1.11 (major depression) to 1.83 (suicidality).The best-performing machine learning models were for major depression (AUC = 0.88), suicidality (0.86), and generalized anxiety disorder (0.85). Roughly 40% of these outcomes occurred among the 5% of soldiers with highest predicted risk.

Conclusions
Actuarial models could be used to identify high risk soldiers either for exclusion from deployment or preventive interventions. However, the ultimate value of this approach depends on the associated costs, competing risks (e.g. stigma), and the effectiveness to-be-determined interventions.

Minority representation, tokenism, and well-being in army units.

Alycia L. U. Perez & Tatiana V. Strizhko

Racial and ethnic diversity is increasing in the US Army and women are moving into more combat roles. This puts minority soldiers at risk for being underrepresented in their work units. Tokenism theory predicts that when a work group has less than 15% representation in a social group, the numerically underrepresented minority (i.e., token) members are subject to three disadvantages: higher visibility, informal isolation, and role encapsulation. In the Army, where many companies contain small numbers of women and racial minorities, some soldiers may face additional stressors and constraints. We explored psychosocial, organizational, and health outcomes of all identifiable token women (N = 4,425) and Black soldiers (N = 5,040). Tokens were remarkably similar to non-tokens and majority soldiers on outcomes such as coping skills, adaptability, organizational trust, sleep, substance use, and pain. The intersection of token status in terms of race and gender was not related to any appreciable differences. One potential explanation is the shared Army culture that emphasizes group unity and the importance of the mission above individual characteristics and goals. The Army depends on cohesion, organizational identification, and commitment to the group in order to reduce stress and anxiety, and to maximize combat performance. For soldiers who have internalized this culture, it could be easier to see past individual differences such as gender and race and identify others in the unit as fellow soldiers primarily.

Distress tolerance but not impulsivity predicts outcome in concurrent treatment for posttraumatic stress disorder and substance use disorder.

Hannah C. Levy, Sonya G. Wanklyn, Andrew C. Voluse & Kevin M. Connolly

Posttraumatic stress disorder (PTSD) and substance use disorder (SUD) commonly co-occur. Emerging research suggests that both distress tolerance and impulsivity may underlie this comorbidity. However, to our knowledge no studies have examined whether these 2 constructs predict outcome in PTSD-SUD treatment. The current study investigated whether pretreatment distress tolerance and impulsivity predicted posttreatment PTSD and cravings severity in a sample of 70 Veterans receiving concurrent treatment for PTSD and SUD in a residential day treatment program. Veterans completed measures of symptom severity before and after treatment. Results demonstrated that pretreatment distress tolerance predicted posttreatment PTSD severity while controlling for pretreatment PTSD. By contrast, pretreatment impulsivity was not predictive of posttreatment PTSD while controlling for pretreatment values. Neither distress tolerance nor impulsivity predicted posttreatment cravings severity. The findings support the notion that distress tolerance may help to explain the co-occurrence of PTSD and SUD and suggest that targeting this construct in PTSD-SUD treatment may be important for successful outcomes.

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Examination of the PC-PTSD in previously deployed Air Force Medical Service personnel.

Anthony P. Tvaryanas, Genny M. Maupin, Edward D. White, Valarie M. Schroeder & Heather J. Mahaney

This study assessed the performance of the PC-PTSD in diagnosing postdeployment posttraumatic stress disorder (PTSD) in a cohort of Air Force Medical Services personnel (N = 18,530). The prevalence of PTSD in the cohort was 5.18% based on medical record data. The area under the receiver operating characteristic curve was

0.69, indicating poor classification accuracy. Sensitivity was 47.55%, specificity was 90.68%, positive predictive value was 21.79%, and negative predictive value was 96.94%. The positive and negative likelihood ratios were 5.10 and 0.58, respectively. Several risk factors were found to be associated with a diagnosis of postdeployment PTSD: being a nurse, being enlisted in the medical service career field, being enlisted in the mental health service career field, those over age 30, being a member of the Active Duty service component, and having one's first deployment be to Iraq. Being an officer was found to be a protective characteristic. These factors could potentially improve screening for PTSD among Air Force healthcare personnel.

Examination of posttraumatic stress disorder symptom networks using clinician-rated and patient-rated data.

Moshier, S. J., Bovin, M. J., Gay, N. G., Wisco, B. E., Mitchell, K. S., Lee, D. J., . . . Marx, B. P.

Network theory, which conceptualizes psychiatric disorders as networks of interacting symptoms, may provide a useful framework for understanding psychopathology. However, questions have arisen regarding the stability and generalizability of network analytic methods, with some researchers arguing that symptom networks have limited replicability. The aim of this study was to evaluate assessment modality as one possible source of instability in the estimation of posttraumatic stress disorder (PTSD) symptom networks. We estimated two cross-sectional DSM–5 PTSD symptom networks in 378 U.S. veterans: one using data from a clinician-rated assessment instrument (Clinician-Administered PTSD Scale for DSM–5; CAPS-5) and one using data from a self-rated questionnaire (the PTSD Checklist for DSM–5; PCL-5). We calculated centrality indices, conducted community structure analyses, and compared the strength and structure of the networks. The CAPS-5 and PCL-5 symptom networks were highly similar, challenging the notion that network methods produce unreliable results due to estimations consisting primarily of measurement error. Furthermore, each network contained distinct symptom communities that only partially overlapped with the DSM–5 PTSD symptom clusters. These findings may provide guidance for future revisions of

the DSM, suggest hypotheses about how PTSD symptoms interact, and inform recent debate about replicability of psychopathology symptom networks. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

A randomized controlled trial of three smartphone apps for enhancing public mental health.

David Bakkera, Nikolaos Kazantzis, Debra Rickwood, Nikki Rickard

Highlights
• Many mental health smartphone apps are available to the public, but very few have been studied.
• All three mental health apps tested improved users' mental wellbeing.
• MoodMission and MoodKit users experienced decreases in depression.
• All three apps exerted effects by improving users' coping self-efficacy.

Abstract
Many smartphone applications (apps) for mental health (MHapps) are available to the public. However, few have been the subject of a randomized controlled trial (RCT), and the change processes that are hypothesized to mediate claimed effects have not been previously studied. This RCT compared the efficacy of three publicly available MHapps to a waitlist control condition in a community sample, in which no MHapp was provided. The three MHapps included cognitive behavioural therapy (CBT) toolkit app MoodKit, mood tracking app MoodPrism, and CBT strategy app MoodMission. Participants were randomly allocated to each condition, completed a baseline assessment, downloaded their allocated MHapp, and completed a second assessment 30 days later, with n = 226 included in final analyses (81% female; M age = 34 years). Compared to the control condition, all MHapp groups experienced increases in mental wellbeing, MoodKit and MoodMission groups experienced decreases in depression, and no groups experienced effects on anxiety. Mediated regressions revealed that increasing coping self-efficacy, rather than emotional self-awareness or mental health literacy, was the underlying process contributing to effects on mental health for all three MHapps. MHapps appear

to be an effective solution for improving public mental health, notably by improving users' confidence in their ability to cope.

Links of Interest

For the first time, domestic violence will be a crime under military law
https://www.militarytimes.com/news/pentagon-congress/2018/08/09/for-the-first-time-domestic-violence-will-be-a-crime-under-military-law/

Facebook Use During Deployment: Bane or Boon?
http://www.pdhealth.mil/news/blog/facebook-use-during-deployment-bane-or-boon

With Short, Intense Sessions, Some Patients Finish Therapy in Just Weeks
https://www.nytimes.com/2018/08/13/health/ocd-concentrated-therapy-cbt.html

What's it like for military families who have to move so often? Meet the Snelsons
https://www.tampabay.com/news/military/macdill/What-s-it-like-for-military-families-who-have-to-move-so-often-Meet-the-Snelsons_170720973

The U.S. military's no-good, very bad tweets
https://www.washingtonpost.com/blogs/post-partisan/wp/2018/08/10/the-u-s-militarys-no-good-very-bad-tweets/

Under new law, military kids get sex assault protections
https://www.militarytimes.com/news/pentagon-congress/2018/08/13/under-new-law-military-kids-get-sex-assault-protections/

Why Military Veterans Are Turning to Archaeology
https://www.nationalgeographic.com/culture-exploration/2018/08/military-veterans-archaeology-shaker-dig-explorer-digventures/

Resource of the Week -- [The Purple Heart: Background and Issues for Congress](#)

From the Congressional Research Service (via Federation of American Scientists):

> The Purple Heart is one of the oldest and most recognized American military medals, awarded to Service members who were killed or wounded by enemy action. The conflicts of the last decade have greatly increased the number of Purple Hearts awarded to Service members.
>
> Events over the past few years have spurred debate on the eligibility criteria for the Purple Heart. Shootings on U.S. soil and medical conditions such as traumatic brain injury (TBI) and posttraumatic stress disorder (PTSD) have prompted changes to the eligibility requirements for the Purple Heart. Some critics believe that these changes may lessen the value of the medal and the sacrifices of past recipients on the battlefield. In the past, efforts to modify the Purple Heart's eligibility requirements were contentious, and veterans groups were very vocal concerning eligibility changes.
>
> While medal requirements are often left to the military and executive branch to decide, Congress is showing increased interest and involvement in Purple Heart eligibility, utilizing its constitutional power "To Make Rules for the Government and Regulation of the land and naval Forces" (U.S. Constitution, Article I, Section 8, clause 14). The Carl Levin and Howard P. "Buck" McKeon National Defense Authorization Act for Fiscal Year 2015 (P.L. 113-291) included language that expands eligibility for the Purple Heart.
>
> Previous debates have raised several questions about the Purple Heart. In some respects, how an event is defined can determine eligibility: Is a servicemember the victim of a crime or a terrorist attack? Conversely, arguing that killed or wounded servicemembers "should" be eligible for the Purple Heart can redefine an event: Is the servicemember an advisor to a foreign military or a combatant? Are PTSD and other mental health conditions adequate injuries to warrant the Purple Heart? These are questions that Congress might consider if it chooses to act on this issue.

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