

CDP



Research Update -- November 15, 2018

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https://www.ptsd.va.gov/publications/ctu_docs/ctu_v12n5.pdf

CLINICIAN'S TRAUMA UPDATE Online

Issue 12(5), OCTOBER 2018

National Center for PTSD (VA)

CTU-Online includes brief updates on the latest clinically relevant research. Content on treatment and assessment is emphasized. Publications on other topics are included if the content has significant clinical implications.

<https://jamanetwork.com/journals/jama/fullarticle/2714537>

Screening and Behavioral Counseling Interventions to Reduce Unhealthy Alcohol Use in Adolescents and Adults: US Preventive Services Task Force Recommendation Statement

US Preventive Services Task Force

JAMA. 2018;320(18):1899-1909

doi:10.1001/jama.2018.16789

Importance

Excessive alcohol use is one of the most common causes of premature mortality in the United States. From 2006 to 2010, an estimated 88 000 alcohol-attributable deaths occurred annually in the United States, caused by both acute conditions (eg, injuries from motor vehicle collisions) and chronic conditions (eg, alcoholic liver disease). Alcohol use during pregnancy is also one of the major preventable causes of birth defects and developmental disabilities.

Objective

To update the US Preventive Services Task Force (USPSTF) 2013 recommendation on screening for unhealthy alcohol use in primary care settings.

Evidence Review

The USPSTF commissioned a review of the evidence on the effectiveness of screening to reduce unhealthy alcohol use (defined as a spectrum of behaviors, from risky drinking to alcohol use disorder, that result in increased risk for health consequences) morbidity, mortality, or risky behaviors and to improve health, social, or legal outcomes; the accuracy of various screening approaches; the effectiveness of counseling interventions to reduce unhealthy alcohol use, morbidity, mortality, or risky behaviors and to improve health, social, or legal outcomes; and the harms of screening and behavioral counseling interventions.

Findings

The net benefit of screening and brief behavioral counseling interventions for unhealthy alcohol use in adults, including pregnant women, is moderate. The evidence is insufficient to assess the balance of benefits and harms of screening and brief behavioral counseling interventions for unhealthy alcohol use in adolescents.

Conclusions and Recommendation

The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use. (B recommendation) The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening and brief behavioral counseling interventions for alcohol use in primary care settings in adolescents aged 12 to 17 years. (I statement)

<https://www.liebertpub.com/doi/10.1089/tmj.2018.0084>

Methodology for Evaluating Models of Telemental Health Delivery Against Population and Healthcare System Needs: Application to Telemental Healthcare for Rural Native Veterans.

Jay H. Shore, Cynthia W. Goss, Nancy K. Dailey, and Byron D. Bair

Telemedicine and e-Health

Online Ahead of Print: August 21, 2018

<http://doi.org/10.1089/tmj.2018.0084>

Background:

Rural American Indian and Alaska Native (AI/AN) Veterans face exceptional barriers to receiving quality mental healthcare. We aimed to identify models of in-person and telemental health service delivery with promise for adaptation and wide dissemination to rural AI/AN Veterans.

Methods:

Our method for matching specific populations with models of care includes (1) selecting frameworks that represent the healthcare organization's goals, (2) identifying relevant service delivery models for the target population(s), (3) assessing models against the selected frameworks, and (4) summarizing findings across models. We applied this approach to rural AI/AN Veteran populations.

Results:

Searches identified 13 current models of service delivery for rural AI/AN Veteran, rural AI/AN, and general rural Veteran populations. These models were assessed against

four frameworks—the U.S. Department of Veterans Affairs' Office of Rural Health's Promising Practices, Veterans Health Administration's Guide to Mental Health Services, the Institute for Healthcare Improvement's Triple Aim Framework, and the American Indian Telemental Health Clinic framework.

Discussion:

The one model used for service delivery for rural AI/AN Veterans increases access and is patient-centered but lacks operational feasibility. Models for rural AI/ANs also increase access and are patient-centered but generally lack effectiveness evaluations. Models for rural Veterans demonstrate beneficial effects on mental health outcomes but do not emphasize cultural adaptations to diverse populations.

Conclusions:

Our approach to selecting models of service delivery considers the needs of operational partners as well as target populations and emphasizes large-scale implementation alongside effectiveness. Pending further testing, this approach holds promise for wider application.

<https://www.ncbi.nlm.nih.gov/pubmed/29161165>

Subst Use Misuse. 2018 Apr 16;53(5):800-807. doi: 10.1080/10826084.2017.1385632. Epub 2017 Nov 21

Alcohol Misuse in Reserve Soldiers and their Partners: Cross-Spouse Effects of Deployment and Combat Exposure.

Vest BM, Heavey SC, Homish DL, Homish GG

BACKGROUND:

Military deployment and combat are associated with worse outcomes, including alcohol misuse. Less is known about how these experiences affect soldiers' spouses.

OBJECTIVE:

The study objective was to explore relationships between deployment, combat exposure, and alcohol misuse; especially cross-spouse effects (effect of one partner's experiences/behavior on the other partner), which has been under-examined in military samples.

METHODS:

U.S. Army Reserve/National Guard soldiers and their partners completed a questionnaire covering physical and mental health, military service and substance use. Negative binomial regression models examined number of deployments and combat exposure individually for alcohol misuse and frequent heavy drinking (FHD). In additional models, we examined combat exposure's role on alcohol outcomes, controlling for the soldiers' number of deployments, PTSD symptoms, age, and in cross-spouse models, alcohol use and FHD. We considered individuals' deployment experiences related to their alcohol outcomes and to their spouses' alcohol outcomes.

RESULTS:

The study sample included male soldiers with current/lifetime military service ($n = 248$) and their female partners. Combat exposure was related to FHD (RR: 1.01, $p < .05$, 95% CI: 1.01, 1.01) among male soldiers while controlling for PTSD symptoms, number of deployments, and age. Female partners of male soldiers were more likely to engage in FHD (RR: 1.01, $p < .05$, 95% CI: 1.01, 1.01) if their spouse experienced combat.

CONCLUSIONS:

Our results demonstrate that male soldiers and their spouses are at increased risk of FHD if the soldier experienced combat. This points to the need for better screening, particularly of spouses of soldiers, whose alcohol misuse may be overlooked.

<https://link.springer.com/article/10.1007/s12671-018-1047-4>

Prevalence of Mental Health Problems and Willingness to Participate in a Mindfulness Treatment: an Examination Among Veterans Injured in Combat.

Adrian J. Bravo, Katie Witkiewitz, Michelle L. Kelley, Jason C. Redman

Mindfulness

First Online: 10 November 2018

<https://doi.org/10.1007/s12671-018-1047-4>

Numerous studies have demonstrated that combat-exposed military veterans are at risk for numerous psychiatric disorders and rates of comorbid mental health and substance use disorders are high. Veterans wounded in combat are a particularly high-risk group of military veterans; however, treatment services are often underutilized among this group and it is unclear whether an online treatment program that targets emotional and

physical distress (including mental health symptoms and substance use disorders) would be appealing to veterans wounded in combat. The goal of the current study was to conduct formative research on whether veterans wounded in combat would be interested in an online mindfulness-based treatment to help them cope with emotional and physical discomfort. We recruited veterans from the Combat Wounded Coalition (n = 163; 74.2% non-Hispanic white, 95.7% male) to complete an online survey of mental health and substance use disorder symptoms and willingness to participate in mindfulness treatment. The majority of participants reported significant mental health symptoms and indicated that they would be willing to participate in mindfulness treatment, either at the VA (54.0%) or online (59.5%). Those with problems in multiple health domains and lower self-compassion were significantly more likely to express interest in treatment and likely to represent a very high need group of veterans. The development of a mindfulness-based treatment for this group of individuals could be very helpful in reducing mental health symptoms and improving quality of life among wounded warriors.

<https://www.sciencedirect.com/science/article/pii/S1389945718304350>

Sleep extension reduces pain sensitivity.

Guido Simonelli, Janna Mantua, Mary Gad, Maria St Pierre, ... Vincent F. Capaldi

Sleep Medicine

Available online 8 November 2018

<https://doi.org/10.1016/j.sleep.2018.10.023>

Highlights

- Sleep extension increases pain tolerance in normally sleeping individuals.
- The improvement in pain tolerance following sleep extension correlates with individuals' subjective sleep debt.

Abstract

Insufficient sleep increases pain sensitivity in healthy individuals. Additionally, extending sleep (e.g., increasing nocturnal sleep time or adding a mid-day nap) has been shown to restore pain sensitivity to baseline levels in sleep deprived/restricted individuals. Whether sleep extension can reduce pain sensitivity beyond baseline levels in non-sleep restricted/deprived individuals remains unknown. In a sample of 27 healthy, pain-free, normally-sleeping individuals (17 males, mean age ~24 yrs), we examined the

impact of five nights of sleep extension on pain sensitivity. Pain threshold (elapsed time until the participant reported pain) and pain tolerance (total time the participant kept the hand submerged in the cold water) were measured using the Cold Pressor Task. Further, we assessed the extent to which self-reported sleep amount in relation to the minimal subjective sleep requirement for adequate performance (sleep credit) was associated with pain sensitivity changes. On average individuals slept almost 2 extra hours per night. Our results indicate that sleep extension increases pain tolerance beyond baseline levels. However, sleep extension did not impact pain threshold. We also found that individuals with a smaller sleep credit (i.e., those who habitually obtain less sleep than they feel they need) experienced greater increases in pain tolerance after extending sleep. The present findings suggest that sleep extension may increase pain tolerance but not pain threshold in healthy individuals who normally sleep the recommended amount. Our findings also support the idea that sleep credit may be a strong indicator of sleep debt in the context of pain sensitivity.

<https://www.sciencedirect.com/science/article/pii/S1552526018335209>

Military-related risk factors for dementia.

Heather M. Snyder, Roxana O. Carare, Steven T. DeKosky, Mony J. de Leon, ... Maria C. Carrillo

Alzheimer's & Dementia

Available online 8 November 2018

<https://doi.org/10.1016/j.jalz.2018.08.011>

Introduction

In recent years, there has been growing discussion to better understand the pathophysiological mechanisms of traumatic brain injury and post-traumatic stress disorder and how they may be linked to an increased risk of neurodegenerative diseases including Alzheimer's disease in veterans.

Methods

Building on that discussion, and subsequent to a special issue of Alzheimer's & Dementia published in June 2014, which focused on military risk factors, the Alzheimer's Association convened a continued discussion of the scientific community on December 1, 2016.

Results

During this meeting, participants presented and evaluated progress made since 2012 and identified outstanding knowledge gaps regarding factors that may impact veterans' risk for later life dementia.

Discussion

The following is a summary of the invited presentations and moderated discussions of both the review of scientific understanding and identification of gaps to inform further investigations.

<https://link.springer.com/article/10.1007/s11910-018-0908-5>

Untangling PTSD and TBI: Challenges and Strategies in Clinical Care and Research.

Rebecca C. Hendrickson, Abigail G. Schindler, Kathleen F. Pagulayan

Current Neurology and Neuroscience Reports

December 2018, 18:106

<https://doi.org/10.1007/s11910-018-0908-5>

Purpose of Review

Traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) can result from similar injuries and can result in similar symptoms, such as problems with sleep, concentration, memory, and mood. Although PTSD and persistent sequelae due to a TBI (PST) have generally been viewed as pragmatically confounded but conceptually separable entities, we examine emerging evidence emphasizing the breadth of overlap in both clinical presentation and underlying pathophysiology between PST and PTSD.

Recent Findings

New evidence underscores the poor specificity of symptoms to etiology and emphasizes the potential, after both physical brain injury and traumatic stress, for changes in each of the three interacting systems that coordinate the body's response to the experience or expectation of major injury—the immune, endocrine, and neuromodulatory neurotransmitter systems.

Summary

A view of PTSD and PST sharing common pathophysiologic elements related to the CNS response to acute injury or threat carries important implications for research and clinical care.

<https://capmh.biomedcentral.com/articles/10.1186/s13034-018-0252-1>

A systematic review of wellbeing in children: a comparison of military and civilian families.

Victoria Williamson, Sharon A. M. Stevelink, Eve Da Silva, and Nicola T. Fear

Child and Adolescent Psychiatry and Mental Health

201812:46

<https://doi.org/10.1186/s13034-018-0252-1>

Background

Children in military families have uniquely different childhood experiences compared to their civilian peers, including a parent in employment and a stable familial income, frequent relocations, indirect exposure to and awareness of conflict, and extended separation from parents or siblings due to deployment. However, whether children from military families have poorer wellbeing than non-military connected children is not well understood.

Method

We conducted a systematic review to explore the relationship between military family membership (e.g. parent or sibling in the military) and child wellbeing compared to non-military connected controls. Searches for this review were conducted in September 2016 and then updated in February 2018.

Results

Nine studies were identified, eight were cross-sectional. All studies utilised self-report measures administered in US school settings. On the whole, military connected youth were not found to have poorer wellbeing than civilian children, although those with deployed parents and older military connected children were at greater risk of some adjustment difficulties (e.g. substance use, externalising behaviour). Although only assessed in two studies, having a sibling in the military and experiencing sibling

deployment was statistically significantly associated with substance use and depressive symptoms.

Conclusions

This study is unique in its direct comparison of military and non-military connected youth. Our results highlight the need to examine the impact of military service in siblings and other close relatives on child wellbeing. Given the adverse impact of poor mental health on child functioning, additional research is needed ensure appropriate, evidence-based interventions are available for youth in military families.

<https://link.springer.com/article/10.1007/s40865-018-0096-7>

“About Face” for Delinquent Youth: Military Service as a Turning Point Across the Life Course.

Elizabeth L. Gloyd, Wanda E. Leal

Journal of Developmental and Life-Course Criminology

First Online: 07 November 2018

<https://doi.org/10.1007/s40865-018-0096-7>

Purpose

The current study explores how military service can influence later criminal offending, as informed by the age-graded theory of informal social control. Specifically, the current study is testing whether military service in adulthood acts as a turning point for delinquent youths. We build off previous literature by implementing a research design that addresses important gaps in this literature, such as a more recent military population and comparing self-reported criminal offending to police contacts. Both include overall crime measures and specific crime categories. This study also examines differences in self-reported offending and arrests for different the types of service within the military.

Methods

The current study uses a nationally representative sample of delinquent youths from the Add Health. We employ propensity score matching and logistic regression to test the effects of military service on self-reported criminal offending and arrests.

Results

Our results suggest that military service reduces future overall self-reported criminal offending for delinquent youths. However, the only specific category of crime influenced is drug arrests. Additionally, we find that those in the military reserves are substantially more likely to engage in drug crime than those with active duty service.

Conclusions

The findings of the current study not only address many gaps in the current literature but also postulate a reason for the mixed findings in the literature. In addition, the results indicate that the criminal justice system may treat military servicemen and servicewomen differently than those with no military service on minor forms of crime. Limitations and policy implications are also discussed.

<https://www.sciencedirect.com/science/article/pii/S0191886918305737>

Emotion dysregulation mediates the relationship between trauma type and PTSD symptoms in a diverse trauma-exposed clinical sample.

Alexa M. Raudales, Nicole A. Short, Norman B. Schmidt

Personality and Individual Differences

Volume 139, 1 March 2019, Pages 28-33

<https://doi.org/10.1016/j.paid.2018.10.033>

Background

Research has explored the influence of trauma type on emotion dysregulation and the role of emotion dysregulation in posttraumatic stress disorder (PTSD). However, it remains unclear whether trauma types differentially impact emotion dysregulation, and whether this in turn contributes to elevated PTSD. The current study tested whether trauma type is related to PTSD symptoms via emotion dysregulation.

Methods

Trauma-exposed community members (n = 209) completed a semi-structured clinical interview and self-reported on emotion regulation, trauma exposure, PTSD symptoms, and negative affect.

Results

Interpersonal trauma, sexual assault in particular, is associated with greater emotion

dysregulation. Furthermore, emotion dysregulation mediates the effects of trauma type on PTSD symptoms for sexual assault but not other trauma types, and effects remained significant after covarying for negative affectivity. More recent and chronic trauma was not associated with greater emotion dysregulation.

Conclusions

This study underscores the importance of emotion dysregulation in PTSD development and maintenance. Findings may be used for the development of interventions targeting emotion regulation as a malleable risk factor for PTSD, especially for sexual assault victims.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22337>

Prevalence of Posttraumatic Stress Disorder and Psychological Comorbidities Among U.S. Active Duty Service Members, 2006–2013.

Kristen H. Walter, Jordan A. Levine, Robyn M. Highfill-McRoy, Melissa Navarro, Cynthia J. Thomsen

Journal of Traumatic Stress

First published: 06 November 2018

<https://doi.org/10.1002/jts.22337>

Among active duty service members, posttraumatic stress disorder (PTSD) diagnoses have increased dramatically since 2000. Because psychiatric comorbidity is more common for PTSD than for other mental health disorders, we examined the prevalence estimates of disorders comorbid or trimorbid with PTSD in this study. The medical records of 523,626 female and male active duty Sailors and Marines who entered the U.S. military between 2006 and 2013 were examined for diagnoses of PTSD and 14 potentially comorbid disorders. Results showed that 1.8% of military members had a PTSD diagnosis; among those with PTSD, 83.3% had a comorbid mental health disorder, and 62.2% had a third (i.e., trimorbid) disorder. Most frequently, PTSD co-occurred with depressive disorder (49.0%), adjustment disorder (37.0%), generalized anxiety disorder (36.1%), and alcohol use disorder (26.9%). All disorders we examined were significantly more likely to be diagnosed in service members with PTSD than in those without PTSD, odds ratios = 1.52–29.63. For service members with PTSD, comorbid mental health disorders are the rule rather than the exception. Consequently,

it is important that clinicians also assess for other disorders and select treatment options that address both PTSD and comorbid conditions.

<http://psycnet.apa.org/record/2018-56152-006>

Addressing the impact of racism on veterans of color: A race-based stress and trauma intervention.

Carlson, M., Endlsey, M., Motley, D., Shawahin, L. N., & Williams, M. T.

Psychology of Violence

2018; 8(6), 748-762

<http://dx.doi.org/10.1037/vio0000221>

Objective:

Veterans of color represent a unique intersection of individuals at risk of experiencing racialized discrimination during their military service and of developing negative mental health outcomes. At the same time, there has been little guidance for Department of Veterans Affairs (VA) health-care providers in how to address these clinical issues in a culturally competent manner. This article describes a group-based intervention targeting race-based stress and trauma among veterans implemented at 4 different sites.

Method:

The authors describe the development and application of this intervention, including information about development of the group and general aims as well as the process of implementing the group across settings.

Results:

The authors address broad factors to consider when implementing the group, including navigating diversity dimensions within the group and addressing provider cultural competence and identity. Finally, the authors review recommendations for future directions for implementing the group within and outside of a VA setting, seeking institutional support for the group, and developing measures to assess the efficacy of the group.

Conclusions: The intervention described in this article has the potential to serve as a model for development of similar interventions both within VA health-care centers and

non-VA health-care settings. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<https://jramc.bmj.com/content/early/2018/10/31/jramc-2018-001048>

History of Military Psychology.

Hacker Hughes J, McCauley M, Wilson L

Journal of the Royal Army Medical Corps
Published Online First: 09 November 2018
doi: 10.1136/jramc-2018-001048

Military psychology is a specialist discipline within applied psychology. It entails the application of psychological science to military operations, systems and personnel. The specialty was formally founded during World War I in the UK and the USA, and it was integral to many early concepts and interventions for psychological and neuropsychological trauma. It also established a fundamental basis for the psychological assessment and selection of military personnel. During and after World War II, military psychology continued to make significant contributions to aviation psychology, cognitive testing, rehabilitation psychology and many models of psychotherapy. Military psychology now consists of several subspecialties, including clinical, research and occupational psychology, with the latter often referred to in the USA as industrial/organisational psychology. This article will provide an overview of the origins, history and current composition of military psychology in the UK, with select international illustrations also being offered.

<https://www.tandfonline.com/doi/abs/10.1080/02699052.2018.1542508>

Comorbid TBI-depression costs in veterans: a chronic effect of neurotrauma consortium (CENC) study.

C. E. Dismuke-Greer, M. Gebregziabher, A. L. Byers, D. Taber, N. Axon, K. Yaffe & L. E. Egede

Brain Injury

Published online: 07 Nov 2018

DOI: 10.1080/02699052.2018.1542508

Background:

The U.S. Veterans Health Administration (VHA) provides depression treatment to veterans with Traumatic Brain Injury (TBI). VHA costs of comorbid TBI-depression were estimated by Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) status over 14 years.

Methods:

VHA-USING veterans with TBI DIAGNOSED IN 2000–2010 were followed through FY2014. TBI severity was determined using the Department of Defense criteria. Depression was identified by the Elixhauser algorithm. Generalized linear and seemingly unrelated regression models were used to estimate the impact of depression on annual per veteran and total VHA inpatient, outpatient, and pharmaceutical costs, by OEF/OIF status.

Results:

A total of 66.57% of pre-OEF/OIF and 87.46% of OEF/OIF veterans had depression. Depression was estimated to increase annual total (\$1,847), outpatient (\$1,558), and pharmaceutical (\$287) costs for pre-OEF/OIF, and \$1,228, \$1,685, and \$191 for OEF/OIF veterans. However, depression was estimated to lower annual inpatient costs by \$648 per OEF/OIF veteran. The annual VHA cost for all veterans with comorbid TBI-depression was estimated at \$1,101,329,953.

Conclusions:

The estimated annual cost for Veterans with comorbid TBI-depression was more than \$1 billion. TBI and depression screening/treatment may result in reduced inpatient VHA costs in OEF/OIF veterans exposed to TBI. VHA policymakers should consider screening for TBI and depression in pre-OEF/OIF veterans.

<https://www.pagepressjournals.org/index.php/hpr/article/view/7393/7582>

The role of the psychologist in the veterans administration's patient aligned care team and huddle: A review, practical recommendations, and a call to action.

Rodrigo Velezmoro

Health Psychology Research
Vol 6, No 1 (2018)
<https://doi.org/10.4081/hpr.2018.7393>

The Veterans Administration (VA)'s Patient Aligned Care Team (PACT) model has been a cornerstone of primary care in the VA healthcare system and has indicated the need for an organizational cultural shift towards interdisciplinary care. Most of the focus in PACT has been on the traditional providers of the medical model, with little attention focused on the role of the psychologist. This paper examines how psychologists can assist in the PACT model and, in particular, within the team VA huddle. Literature on the PACT model, mental health in PACT, and the advantages of the huddle are reviewed. Lessons learned within a large VA clinic are also discussed. Psychologists' ability to be a clinician, teambuilder, and system specialist is discussed and how it benefits the PACT and the huddling process. Practical recommendations are made for how to best assist during the huddle, and how to advocate for both the huddle, and for a broader cultural shift in care.

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0207282>

Offending behaviour, health and wellbeing of military veterans in the criminal justice system.

Roxanna Short , Hannah Dickson, Neil Greenberg, Deirdre MacManus

PLOS ONE

Published: November 9, 2018

<https://doi.org/10.1371/journal.pone.0207282>

Background

A small but significant proportion of military veterans become involved in the criminal justice system (CJS) after leaving service. Liaison and Diversion (L&D) services aim to identify vulnerable offenders in order to provide them with the health/welfare support they need, and (where possible) divert them away from custody. An administrative database of L&D service-users was utilised to compare the needs of veterans with those of non-veteran L&D service-users.

Method

National data collected from 29 L&D services in 2015–2016 was utilised. Of the 62,397 cases, 1,067 (2%) reported previous service in the Armed Forces, and 48,578 had no previous service history. The associations between veteran status and socio-demographic characteristics, offending behaviour, health- and mental health-problems were explored. The associations between specific types of offending and mental health problems within the veterans in the sample were also investigated.

Results

Veterans tended to be older, and less likely to be unemployed than non-veterans, but just as likely to have unstable living arrangements (including homelessness). Veteran status was associated with increased levels of interpersonal violence, motoring offences, anxiety disorders and hazardous drinking patterns. Veteran status was associated with decreased levels of acquisitive offending, schizophrenia, ADHD, and substance misuse. Among veterans, the presence of an anxiety disorder (umbrella term which included GAD, Phobias, PTSD etc.) was associated with increased interpersonal violence, alcohol misuse was associated with increased motoring offences, and substance use was associated with increased acquisitive offending.

Conclusions

Our study indicates that among offenders in the CJS who have been identified as needing health or welfare support, veterans differ from non-veterans in terms of their health and welfare needs and offending behaviour. These differences may be influenced by the impact of military service and the transition into civilian life. Our findings support the identification of military personnel within the CJS to provide appropriate interventions and support to improve outcomes and reduce offending.

<https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2018.17090995>

Doubly Randomized Preference Trial of Prolonged Exposure Versus Sertraline for Treatment of PTSD.

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American Journal of Psychiatry

Published Online: 19 Oct 2018

<https://doi.org/10.1176/appi.ajp.2018.17090995>

Objective:

The authors examined the effect of patient treatment preference on the differential effectiveness of prolonged exposure and sertraline for the treatment of posttraumatic stress disorder (PTSD).

Method:

In a doubly randomized preference trial, 200 patients with PTSD viewed standardized treatment rationales prior to randomization. Patients were first randomized to choice of treatment or no choice. Those assigned to no choice were then randomized to prolonged exposure or sertraline. Acute treatment was 10 weeks, with 24-month follow-up. Interviewer-rated PTSD symptom severity was the main outcome measure, and depression, anxiety, and functioning were assessed as additional outcomes.

Results:

Patients preferred prolonged exposure over sertraline (number needed to benefit [NNTB]=4.5). Using intent-to-treat analyses (N=200), both prolonged exposure and sertraline showed large gains that were maintained over 24 months. Although no differential effect was observed on interviewer-rated PTSD severity, there was a significant benefit of prolonged exposure over sertraline on interview-rated loss of PTSD diagnosis (NNTB=7.0), responder status (NNTB=5.7), and self-reported PTSD, depression, and anxiety symptoms and functioning (effect sizes, 0.35–0.44). Patients who received their preferred treatment were more likely to be adherent, lose their PTSD diagnosis (NNTB=3.4), achieve responder status (NNTB=3.4), and have lower self-reported PTSD, depression, and anxiety symptoms (effect sizes, 0.40–0.72).

Conclusions:

Prolonged exposure and sertraline confer significant benefits for PTSD, with some evidence of an advantage for prolonged exposure. Giving patients with PTSD their preferred treatment also confers important benefits, including enhancing adherence.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/cpp.2344>

Heterogeneity of Treatment Dropout: PTSD, Depression and Alcohol Use Disorder Reductions in PTSD and AUD/SUD Treatment Non-Completers.

Derek D. Szafranski Daniel F. Gros Ron Acierno Kathleen T. Brady Therese K. Killeen Sudie E. Back

Clinical Psychology & Psychotherapy

First published: 12 November 2018

<https://doi.org/10.1002/cpp.2344>

Treatment dropout is often assumed to be due to worsening or lack of symptom improvement, despite minimal research examining symptom change among treatment dropouts. Thus, the present study examined symptom change in veterans who discontinued evidence-based treatment for comorbid posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD). Participants were veterans who completed at least 1 session of a 12-session Concurrent Treatment of PTSD and Substance Use Disorders using Prolonged Exposure (COPE) for comorbid PTSD/AUD. The study analyses investigated the forty three percent of the sample (n = 22) that did not complete the full 12-session protocol and were therefore considered treatment dropouts. Symptom changes in PTSD, AUD and depression were examined among dropouts using two methods: 1) clinically significant change criteria and 2) good end-state criteria. Results indicated that a significant proportion of treatment dropouts displayed clinically significant improvement and/or met good end-state criteria for PTSD (40-59%), AUD (66%) and depression (45-68%) prior to dropping out. The results revealed that participants who displayed symptom improvement attended more treatment sessions and completed more imaginal exposures than participants who did not experience significant improvement. Together, the findings add to a growing body of literature suggesting that a large proportion of treatment dropouts may actually improve. Although preliminary, the findings challenge the notion that treatment dropout is always associated with negative outcomes.

<https://www.sciencedirect.com/science/article/pii/S1087079218300741>

Insomnia and mortality: a meta-analysis.

Nicole Lovato, PhD Leon Lack, PhD

Sleep Medicine Reviews

Available online 11 November 2018

<https://doi.org/10.1016/j.smr.2018.10.004>

The purpose of this review was to evaluate the strength of evidence for a relationship between risk of mortality and frequent and ongoing insomnia using a meta-analytic

strategy.

Seventeen studies, including a total of 36,938,981 individuals followed up for a mean of 11.6 years, reporting the investigation of the association between mortality and frequent (≥ 3 nights/week), ongoing (≥ 1 month) insomnia were identified.

There was no difference in the odds of mortality for those individuals with symptoms of insomnia when compared to those without symptoms (OR= 1.06, 95%CI=0.61-1.84, $p=.84$). This finding was echoed in the assessment of the rate of mortality in those with and without symptoms of insomnia using the outcomes of multivariate models, with the most complete adjustment for potential confounders, as reported by the individual studies included in this meta-analysis (HR= 1.07, 95%CI=.96-.1.19, $p=.22$). Additional analyses revealed a tendency for an increased risk of mortality associated with hypnotic use.

The current evidence reinforces the use of cognitive therapy, within a CBTi framework, as a frontline non-pharmacological treatment for insomnia to reassure patients their longevity will not be impacted as a consequence of suffering from insomnia.

<https://academic.oup.com/sleep/article-abstract/41/11/zsy166/5078613>

Habitual light exposure relative to circadian timing in delayed sleep-wake phase disorder.

John Wilson, IV, Kathryn J Reid, Rosemary I Braun, Sabra M Abbott, Phyllis C Zee

Sleep

Volume 41, Issue 11, 1 November 2018,

<https://doi.org/10.1093/sleep/zsy166>

Study Objectives

To compare melatonin timing, a well-validated marker for endogenous circadian phase, and habitual light-exposure patterns in adults with delayed sleep-wake phase disorder (DSWPD) and intermediate chronotype controls.

Methods

Twelve individuals with DSWPD (five females, mean age: 31.1) and 12 age-matched controls (six females, mean age: 33.6) underwent a minimum of 7 days of light and

activity monitoring followed by an inpatient hospital stay, where blood was taken to assess melatonin timing (calculated as dim light melatonin onset—DLMO). Habitual light-exposure patterns were then compared with a human phase-response curve (PRC) to light.

Results

Relative to clock time, individuals with DSWPD had a later light-exposure pattern compared with controls, but their light-exposure pattern was earlier relative to DLMO. According to the human PRC to light, individuals with DSWPD had less daily advancing light exposure compared with controls. The primary difference was seen in the late portion of the advancing window, in which individuals with DSWPD were exposed to fewer pulses of light of equivalent duration and intensity compared with controls.

Conclusions

Diminished advancing light exposure may play a role in the development and perpetuation of delayed sleep-wake timing in individuals with DSWPD. Enhancing light exposure during the later portion of the advancing window represents an innovative and complementary strategy that has the potential to improve the effectiveness of bright light therapy in DSWPD.

Links of Interest

Thank you for your service. Now what?

<https://www.popularmechanics.com/technology/infrastructure/a23508621/veterans-work-after-military/>

New HBO documentary puts a much-needed face to complex veteran struggles with PTSD

<https://www.militarytimes.com/off-duty/military-culture/2018/11/12/new-hbo-documentary-puts-a-face-to-the-complexities-of-veteran-struggles-with-ptsd/>

Dear Media: A Veteran With PTSD Isn't More Likely To Be A Mass Shooter

<https://taskandpurpose.com/veteran-suicide-giffords-data/>

To drink, or not to drink

<https://health.mil/News/Articles/2018/11/09/To-drink-or-not-to-drink>

The role of PTSD in mass shootings: Let's separate myth from reality

<http://www.latimes.com/science/sciencenow/la-sci-sn-ptsd-mass-shootings-20181110-story.html>

Ex-Marine Gunman Never Sought Help from VA, Wilkie Says

<https://www.military.com/daily-news/2018/11/09/ex-marine-gunman-never-sought-help-va-wilkie-says.html>

As more female vets head to Congress, there's a new push to change VA's male-focused motto

<https://www.militarytimes.com/news/pentagon-congress/2018/11/08/as-more-female-vets-head-to-congress-lawmakers-update-efforts-to-change-vas-motto/>

What we owe the Vietnam Veterans who stayed

<https://warontherocks.com/2018/11/what-we-owe-the-vietnam-veterans-who-stayed/>

This app by a veteran-owned start-up is spotlighted on Veterans Day

<https://www.militarytimes.com/2018/11/11/check-out-apples-veterans-day-app/>

Young Veterans Hunt for Community as Older Generations Dwindle

<https://www.military.com/daily-news/2018/11/11/young-vets-hunt-community-older-generations-dwindle.html>

Where in the World is PHCoE?

<http://pdhealth.mil/news/blog/where-world-phcoe>

Caregivers of ailing veterans face greater challenges. Here's how you can help

<https://www.sun-sentinel.com/opinion/fl-op-col-help-caring-for-veterans-11132018-story.html>

The Army has a new screening policy for leaders who work with recruits, cadets and sexual assault survivors

<https://www.armytimes.com/news/your-army/2018/11/14/the-army-has-a-new-screening-policy-for-leaders-who-work-with-recruits-cadets-and-sexual-assault-survivors/>

Millions in Cost Overruns Hit Effort to Merge VA, Military Health Records

<https://www.military.com/daily-news/2018/11/14/millions-cost-overruns-hit-effort-merge-va-military-health-records.html>

Marijuana-PTSD study reaches target enrollment of 76 veterans

<https://www.stripes.com/news/us/marijuana-ptsd-study-reaches-target-enrollment-of-76-veterans-1.556639>

Resource of the Week: [Veterans in America Podcast](#)

New podcast from the RAND Corporation:

Veterans in America is a special limited-series podcast produced by the RAND Corporation that addresses issues that matter to American veterans, their friends, and their families. Join hosts Stephanie O'Neill and David Gorn as they talk with veterans and their families about their experiences, and with the researchers who are working to help make their lives better.



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