



## CDP Research Update -- January 9, 2014

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- Resource of the Week: VA Caregiver Support - Diagnosis Care Sheets

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[http://www.rand.org/pubs/research\\_reports/RR297.html](http://www.rand.org/pubs/research_reports/RR297.html)

### **Understanding the Cost and Quality of Military-Related Education Benefit Programs**

by Paco Martorell, Peter Bergman

RAND Corporation, 2013

Since the 1944 passage of the original GI Bill following World War II, the military has provided veterans with a collection of financial aid benefits designed to help them attend college. While research has shown that these programs have helped many veterans acquire a college education, less is known about the impact of more recent educational benefits for veterans. This is especially true of the Post-9/11 GI Bill, which, in conjunction with a number of other assistance programs, has afforded veterans new educational opportunities. The Post-9/11 GI Bill offers tuition subsidies paid directly to institutions, a housing allowance tied to cost of living, and a book stipend, which in combination are usually more generous than preceding GI Bills. However, issues such as rising tuition costs; an increasing presence of low-quality, for-profit institutions that target veterans; and a potentially confusing array of benefit options could mitigate the impact of these programs on the recruitment, retention, and human capital development of service members. This report contextualizes these issues and formulates a research agenda to address them.

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[http://www.fas.org/irp/doddir/dod/jp1\\_05.pdf](http://www.fas.org/irp/doddir/dod/jp1_05.pdf)

### **Religious Affairs in Joint Operations**

Joint Chiefs of Staff (via Federation of American Scientists)

20 November 2013

This publication provides doctrine for religious affairs in joint operations. It also provides information on the chaplain's roles as the principal advisor to the joint force commander (JFC) on religious affairs and a key advisor on the impact of religion on military operations. It further provides information on the chaplain's role of delivering and facilitating religious ministries in joint operations.

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<http://www.ncbi.nlm.nih.gov/pubmed/24371510>

Eur J Psychotraumatol. 2013 Dec 20;4. doi: 10.3402/ejpt.v4i0.21369.

### **Learning from traumatic experiences with brief eclectic psychotherapy for PTSD.**

Gersons BP, Schnyder U

Brief eclectic psychotherapy for PTSD (BEPP) is an evidence-based therapeutic approach that combines and integrates elements from psychodynamic, cognitive-behavioral, and directive psychotherapy. Psychoeducation is done jointly with the patient and his or her partner. Exposure, a structured writing task, and memorabilia are used to help patients accessing, feeling and expressing their suppressed emotions related to the traumatic experience. In the domain of meaning stage, patients will learn how they and their view of the world have changed, and that they have become "sadder but wiser". Much emphasis is put on the vulnerability of human beings. Finally, an individually tailored farewell ritual is done to end treatment, to reunite with loved ones, and to go on with life.

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<http://www.sciencedirect.com/science/article/pii/S0887618513002211>

### **Comorbidity in the prediction of Cognitive Processing Therapy treatment outcomes for combat-related posttraumatic stress disorder.**

D. Lloyd, R.D.V. Nixon, T. Varker, P. Elliott, D. Perry, R.A. Bryant, M. Creamer, D. Forbes

Journal of Anxiety Disorders, Available online 21 December 2013

This paper examines clinical predictors of posttraumatic stress disorder (PTSD) treatment outcomes following Cognitive Processing Therapy (CPT) in Australian military veterans. Fifty nine treatment seeking veterans were enrolled in a randomized controlled trial comparing 12 sessions of CPT (n = 30) with usual treatment (n = 29) at three community-based veterans counseling centers. PTSD and key co-morbidities (depression, anxiety, anger and alcohol use) were measured. Growth curve modeling was used to examine factors which influenced PTSD severity post-treatment. For the CPT condition, baseline anger was the only co-morbidity predictive of change in PTSD severity over time. Participants with higher anger scores showed less of a decrease in PTSD severity over time. Higher anxiety in participants in treatment as usual was significantly associated with better treatment gains. This research suggests that veterans experiencing high levels of anger might benefit from targeted anger reduction strategies to increase the effectiveness of CPT treatment for PTSD.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21876/abstract>

### **An Examination of Successful Soldier Postdeployment Transition From Combat to Garrison Life.**

Fink, D. S., Gallaway, M. S. and Millikan, A. M.

Journal of Traumatic Stress

Article first published online: 24 DEC 2013

Previous studies have shown that combat exposures and deployment-related stressors have negative implications on soldiers' postdeployment health and well-being. The current study aimed to examine the individual and combined effects of organizational and social support on the success of soldiers' postdeployment reintegration. In this study, 2,922 U.S. soldiers were surveyed from a brigade combat team at 90–120 days postdeployment, measuring soldiers' perceptions of postdeployment transition home, occupational and social support, stigma and barriers associated with accessing behavioral health care, and previous behavioral health care. Logistic regression analysis indicated that soldiers reporting a positive postdeployment transition home (n = 1,776; 61%) was significantly associated with leadership perceptions, adjusted odds ratio (AOR) = 1.19, 95% confidence interval (CI) [1.02, 1.39], unit cohesion, AOR = 1.29, 95% CI [1.09, 1.53], personal support, AOR = 1.37, 95% CI [1.23, 1.52], perceived levels of stigma, AOR = 0.73, 95% CI [0.65, 0.82] barriers to accessing care, AOR = 0.86, 95% CI [0.76, 0.97], and previously accessing behavioral health care, AOR = 0.34, 95% CI [0.28, 0.43]. These findings suggest redeploying soldiers may benefit from programs aimed at improving self-efficacy and coping through fostering occupational and social support, with special concern taken to reduce stigma and barriers to care across the Army.

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<http://www.maneyonline.com/doi/abs/10.1179/1559689313Z.0000000005?journalCode=msi>

### **The Art Museum as Trauma Clinic: A Veteran's Story.**

Blake J. Ruehrwein

Conservation & Museum Studies

Volume 8 Issue 1-2 (November, 2013), pp. 36-46

More than 2 million U.S. troops have deployed to Iraq and Afghanistan since 2001, and almost one third have reported symptoms of PTSD, severe depression, or traumatic brain injury. Can museums be a place to teach people how to avoid the trauma of war or deal with it in a healthy manner? The collaboration between artist Krzysztof Wodiczko, war veterans, and a Contemporary art museum offers evidence that they can. This article looks at the museum as a form of clinic through a 2009 project at the Institute of Contemporary Art/Boston. Results show that museums can act as a public forum for the interactions required for veterans to pick up the pieces from disabling traumatizations. Museums can offer modes of healing for millions of Americans that suffer from trauma, and can contribute to the therapeutic

recovery of valued members of our society, thus enabling them to become positively contributing active citizens.

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<http://onlinelibrary.wiley.com/doi/10.1002/mpr.1411/abstract>

### **Advancing psychotherapy and evidence-based psychological interventions.**

Emmelkamp, P. M.G., David, D., Beckers, T., Muris, P., Cuijpers, P., Lutz, W., Andersson, G., Araya, R., Banos Rivera, R. M., Barkham, M., Berking, M., Berger, T., Botella, C., Carlbring, P., Colom, F., Essau, C., Hermans, D., Hofmann, S. G., Knappe, S., Ollendick, T. H., Raes, F., Rief, W., Riper, H., Van Der Oord, S. and Vervliet, B.

International Journal of Methods in Psychiatric Research

Volume 23, Issue S1, pages 58–91, January 2014

Psychological models of mental disorders guide research into psychological and environmental factors that elicit and maintain mental disorders as well as interventions to reduce them. This paper addresses four areas. (1) Psychological models of mental disorders have become increasingly transdiagnostic, focusing on core cognitive endophenotypes of psychopathology from an integrative cognitive psychology perspective rather than offering explanations for unitary mental disorders. It is argued that psychological interventions for mental disorders will increasingly target specific cognitive dysfunctions rather than symptom-based mental disorders as a result. (2) Psychotherapy research still lacks a comprehensive conceptual framework that brings together the wide variety of findings, models and perspectives. Analysing the state-of-the-art in psychotherapy treatment research, “component analyses” aiming at an optimal identification of core ingredients and the mechanisms of change is highlighted as the core need towards improved efficacy and effectiveness of psychotherapy, and improved translation to routine care. (3) In order to provide more effective psychological interventions to children and adolescents, there is a need to develop new and/or improved psychotherapeutic interventions on the basis of developmental psychopathology research taking into account knowledge of mediators and moderators. Developmental neuroscience research might be instrumental to uncover associated aberrant brain processes in children and adolescents with mental health problems and to better examine mechanisms of their correction by means of psychotherapy and psychological interventions. (4) Psychotherapy research needs to broaden in terms of adoption of large-scale public health strategies and treatments that can be applied to more patients in a simpler and cost-effective way. Increased research on efficacy and moderators of Internet-based treatments and e-mental health tools (e.g. to support “real time” clinical decision-making to prevent treatment failure or relapse) might be one promising way forward. Copyright © 2013 John Wiley & Sons, Ltd.

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<http://online.liebertpub.com/doi/abs/10.1089/neu.2013.3173>

### **Functional Status Following Blast-Plus-Impact Complex Concussive Traumatic Brain Injury in Evacuated United States Military Personnel.**

Dr. Christine L. MacDonald, Dr. Ann M Johnson, Elliot C Nelson, Nicole J Werner, Raymond Fang, Dr. Stephen Flaherty, and Dr. David L Brody

Journal of Neurotrauma

Online Ahead of Editing: December 24, 2013

Fundamental questions remain unanswered about the longitudinal impact of blast-plus-impact complex traumatic brain injuries (TBI) from wars in Iraq and Afghanistan. This prospective, observational study investigated measures of clinical outcome in US military personnel evacuated to Landstuhl Regional Medical Center (LRMC) in Germany following such 'blast-plus' concussive TBIs. Glasgow Outcome Scale-Extended assessments completed 6-12 months after injury indicated a moderate overall disability in 41/47 (87%) 'blast-plus' TBI subjects and substantial but smaller number (11/18, 61%,  $p=0.018$ ) of demographically similar US military controls without TBI evacuated for other medical reasons. Cognitive function assessed with a neuropsychological test battery was not different between 'blast-plus' TBI subjects and controls; performance of both groups was generally in the normal range. No subject was found to have focal neurological deficits. However, 29/47 (57%) of 'blast-plus' TBI subjects met all criteria for post-traumatic stress disorder (PTSD) vs. 5/18 (28%) of controls ( $p=0.014$ ). PTSD was highly associated with overall disability; 31/34 patients with PTSD vs. 19/31 patients that did not meet full PTSD criteria had moderate to severe disability ( $p=0.0003$ ). Symptoms of depression were also more severe in the TBI group ( $p=0.05$ ), and highly correlated with PTSD severity ( $r=0.86$ ,  $p<0.0001$ ). Thus, in summary, high rates of PTSD and depression but not cognitive impairment or focal neurological deficits were observed 6-12 months after concussive blast-plus-impact complex TBI. Overall disability was substantially greater than typically reported in civilian non-blast concussive ('mild') TBI patients, even with polytrauma. The relationship between these clinical outcomes and specific blast-related aspects of brain injuries vs. other combat-related factors remains unknown.

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<http://www.sciencedirect.com/science/article/pii/S0735675713009030>

### **National Differences Between Emergency Department and Ambulatory Visits for Suicidal Ideation, Attempts and Depression.**

Bharath Chakravarthy, MD, MPH, Shannon Toohey, MD, Yalda Rezaimehr, MD, Craig Anderson, MPH, PhD, Wirachin Hoonpongsimanont, MD, Michael Menchine, MD, Shahram Lotfipour, MD, MPH

The American Journal of Emergency Medicine, Available online 26 December 2013

#### Background

Many suicidal and depressed patients are seen in emergency departments (ED), while outpatient visits for depression remain high.

#### Study Objective

To determine a relationship between the incidence of suicidal and depressed patients presenting to emergency departments and the incidence of depressed patients presenting to outpatient clinics. The secondary objective is to analyze trends among suicidal patients.

#### Methods

The NHAMCS (National Hospital Ambulatory Medical Care Survey) and NAMCS (National Ambulatory Medical Care Survey) were screened to provide a sampling of emergency department and outpatient visits respectively. Suicidal and depressed patients presenting to EDs were compared to depressed patients presenting to outpatient clinics. Subgroup analyses included age, gender, race/ethnicity, method of payment, regional variation and urban versus rural distribution.

#### Results

ED visits for depression (1.16% of visits in 2002) and suicide attempts (0.51% of visits in 2002) remained stable over the years. Office visits for depression decreased from 3.14% of visits in 2002 to 2.65% of visits in 2008. Non-Latino Whites had a higher percentage of ED visits for depression, suicide attempt and office visits for depression than other groups. The percent of ED visits for suicide attempt resulting in hospital admission decreased by 2.06% per year.

#### Conclusion

From 2002-2008 the percentage of outpatient visits for depression decreased while ED visits for depression and suicide remained stable. When examined in the context of a decreasing prevalence of depression among adults<sup>1</sup>, we conclude that an increasing percentage of the total patients with depression are being evaluated in the ED, versus outpatient clinics.

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[http://uknowledge.uky.edu/dnp\\_etds/4/](http://uknowledge.uky.edu/dnp_etds/4/)

### **Military Tobacco Dependence Treatment: Implications of Treatment Type on Abstinence and Weight Management Ability**

Briscoe, Bradley A.

DNP Practice Inquiry Projects

University of Kentucky, 2013

Military readiness, employer productivity and individual health are all significantly impacted by high rates of tobacco use. Current research, to date, suggests that use of brief, individually tailored behavioral modification strategies through group therapy may be most effective in smoking cessation. The objective of this Practice Inquiry Project was to explore aspects of tobacco use the U.S. military population and examine potential relationships between type of treatment, smoking abstinence, and maintenance of body weight (e.g. avoid weight gain) among those seeking tobacco use cessation. The

findings of this project can provide guidance on enhancing current tobacco cessation efforts to enable long-term tobacco use abstinence while maintaining body weight among U.S. Navy & Marine (as well as other U.S. military) personnel.

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<http://psycnet.apa.org/psycinfo/2013-44223-001/>

### **Web-Based PTSD Training for Primary Care Providers: A Pilot Study.**

Samuelson, Kristin W.; Koenig, Christopher J.; McCamish, Nicole; Choucroun, Gerard; Tarasovsky, Gary; Bertenthal, Daniel; Seal, Karen H.

Psychological Services, Dec 23 , 2013

Veterans with posttraumatic stress disorder (PTSD) symptoms frequently present to primary care providers (PCPs) and are reluctant to seek out or accept referrals to specialty mental health care. Most PCPs have not been trained to assess for and manage symptoms of PTSD. Web-based programs are increasingly used for medical education, but there are no published evaluations of online PTSD trainings for PCPs. We developed a 70-min Web-based training that focused on military-related PTSD for PCPs practicing in Veterans Affairs (VA) hospitals, but was applicable to PCPs treating veterans and other trauma-exposed patients outside VA settings. The training consisted of four modules: (1) Detection and Assessment; (2) Comorbid Conditions and Related Problems; (3) Pharmacological Interventions; and (4) Psychotherapeutic Interventions. Clinical vignettes dramatized key training concepts. Seventy-three PCPs completed the training and assessments pre- and posttraining and 30 days later. Paired t tests compared change in PTSD-related knowledge and comfort with PTSD-related skills, and qualitative methods were used to summarize participant feedback. After the training, mean knowledge score improved from 46% to 75% items correct, with sustained improvement at 30 days. Thirty days posttraining, PCPs reported significantly greater comfort regarding PTSD-related skills assessed; 47% reported using training content in their clinical practice. Qualitatively, PCPs appreciated the flexibility of asynchronous, self-paced online modules, but suggested more interactive content. Given the numerous barriers to specialty mental health treatment, coupled with a preference among veterans with PTSD for accessing treatment through primary care, improving PTSD competency among PCPs may help better serve veterans' mental health needs. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

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<http://psycnet.apa.org/psycinfo/2013-44222-001/>

### **Perceived Organizational Support, Posttraumatic Stress Disorder Symptoms, and Stigma in Soldiers Returning From Combat.**

Kelley, Christie L.; Britt, Thomas W.; Adler, Amy B.; Bliese, Paul D.

Psychological Services, Dec 23 , 2013



Research has shown that perceived organizational support (POS), or how much employees believe their organizations value their contributions and well-being, is an important predictor of employee mental health outcomes. To support employee mental health in high-risk occupations, organizations may want to identify variables that explain the relationship between POS and posttraumatic stress disorder (PTSD). Using a longitudinal design and a military sample, the present study found a relationship between POS and stigma as well as PTSD symptoms. Stigma partially mediated the relationship between POS at Time 1 and PTSD symptoms at Time 2. The partial mediation indicates that a supportive environment may also create a climate of reduced stigma in which soldiers may be comfortable addressing PTSD symptoms. Both results suggest positive actions that organizations can take to support employee mental health. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

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<http://www.omicsgroup.org/journals/eye-movement-desensitisation-and-reprocessing-treatment-of-posttraumatic-stress-disorder-comorbid-disorders-and-personality-traits-2167-1222.1000S4-003.pdf>

### **Eye Movement Desensitisation and Reprocessing Treatment of Posttraumatic Stress Disorder, Comorbid Disorders and Personality Traits: A Case Series with 12 Month Follow Up.**

Laugharne J, Kullack C and Stanley S

Trauma & Treatment

Eye movement desensitisation and reprocessing is an established treatment for posttraumatic stress disorder. Patients with posttraumatic stress disorder have elevated rates of comorbid psychiatric disorders and personality disorder. This paper reports on a series of seven cases of posttraumatic stress disorder, drawn from a secondary level care outpatient clinic, for which systematic clinical data was recorded using validated instruments, before and after treatment with eye movement desensitisation and reprocessing and at 12 month follow-up. All patients improved significantly in terms of posttraumatic stress disorder symptoms. There were significant reductions in paranoid, depressive and borderline traits post treatment and at follow-up. There was a reduction in comorbid psychiatric diagnoses and in personality disorder diagnoses post treatment and maintained at follow-up. These results suggest that eye movement desensitisation and reprocessing may be effective in treating comorbid disorders as well as PTSD and indicate a need for further studies with appropriate controls.

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<http://psycnet.apa.org/psycinfo/2013-44744-001/>

### **Treatment Utilization Among OEF/OIF Veterans Referred for Psychotherapy for PTSD.**

DeViva, Jason C.

Psychological Services, Dec 23 , 2013

Despite high levels of positive screening for mental health complaints, research indicates that veterans of Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) seek mental health care at low rates. The

purpose of this study was to examine treatment utilization in 200 consecutive OEF/OIF referrals to a PTSD specialist for psychotherapy. This study also examined the relationships between treatment engagement/completion and numerous demographic and clinical variables. This chart-review study identified whether referrals were seen at all and whether they completed psychotherapy (as defined by documented mutual agreement between therapist and referral). Chi-square analyses and t tests were performed to determine whether engagement and completion were related to gender, age, marital status, race, employment, school enrollment, branch of service, time since most recent deployment, number of deployments, service-connection rating, medication prescription, substance use and depressive disorder comorbidity, referral source, TBI screening results, and presence of pain problems and legal issues. Of 200 consecutively referred OEF/OIF veterans, 75 were never seen, 86 were seen at least once without completing, and 24 completed psychotherapy. Being married and employed and older age were associated with higher likelihood of completing therapy. Completers received significantly more sessions of psychotherapy than those who were seen without completing, but the 2 groups did not differ in the types of therapy received. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

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<http://www.sciencedirect.com/science/article/pii/S0022395613003713>

**An examination of the relationship between anger and suicide risk through the lens of the interpersonal theory of suicide.**

Kirsten A. Hawkins, Jennifer L. Hames, Jessica D. Ribeiro, Caroline Silva, Thomas E. Joiner, Jesse R. Cogle

Journal of Psychiatric Research, Available online 25 December 2013

Research has implicated a relationship between anger and suicidality, though underlying mechanisms remain unclear. The current study examined this relationship through the lens of the interpersonal theory of suicide (ITS). According to the ITS, individuals who experience thwarted belongingness, perceived burdensomeness, and elevated acquired capability for suicide are at increased risk for death by suicide.. The relationships between anger and these variables were examined and these variables were examined as potential mediators between anger and suicidal ideation and behavior. Additionally, exposure to painful and provocative events was examined as a potential mediator between anger and acquired capability. As part of intake at a community mental health clinic, 215 outpatients completed questionnaires assessing depression, suicidal ideation, anger, perceived burdensomeness, thwarted belongingness, and acquired capability. Regression analyses revealed unique relationships between anger and both thwarted belongingness and perceived burdensomeness, covarying for depression. The association between anger and acquired capability trended toward significance. The links between anger and suicidal ideation and behavior were fully mediated by thwarted belongingness and perceived burdensomeness, but this effect was driven by perceived burdensomeness. Additionally, the link between anger and acquired capability was fully mediated by experience with painful and provocative events. In conclusion, results suggest that anger is uniquely associated with perceived burdensomeness and thwarted belongingness. Anger is associated with suicidal ideation and behavior via perceived burdensomeness and with greater acquired capability for suicide via experiences with painful and provocative events. Treatment for problematic anger may be beneficial to decrease risk for suicide.

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<http://psycnet.apa.org/psycinfo/2013-44752-001/>

**The Efficacy of an Opportunistic Cognitive Behavioral Intervention Package (OCB) on Substance Use and Comorbid Suicide Risk: A Multisite Randomized Controlled Trial.**

Morley, Kirsten C.; Haber, Paul S.; Tucker, Peter; Sitharthan, Thiagarajan

Journal of Consulting and Clinical Psychology, Dec 23 , 2013

**Objective:**

People with substance use disorders who present with suicidal behavior are at high risk of subsequent suicide. There are few effective treatments specifically tailored for this population that diminish this risk. We aimed to assess the impact of an opportunistic cognitive behavioral intervention package (OCB) among adult outpatients with a substance use and comorbid suicide risk.

**Method:**

A randomized controlled trial was conducted across 2 sites in which 185 patients presenting with suicide risk and concurrent substance use received either OCB (8 sessions plus group therapy) or treatment as usual (TAU) over a 6-month period. Primary outcomes were suicidal behavior (suicide attempts, suicidal intent and presence of suicide ideation) and level of drug and alcohol consumption. Secondary outcomes were changes in psychological measures of suicide ideation, depression, anxiety, and self-efficacy.

**Results:**

There were no completed suicides, and only 2 participants reported suicide attempts at follow-up. Suicide ideation, alcohol consumption, and cannabis use fell over time but no significant Treatment × Time differences were found. There were also no differences between OCB and TAU over time on psychological measures of depression, anxiety, or self-efficacy. Suicide ideation at 6-month follow-up was predicted by cannabis use and higher scores on the Brief Psychiatric Rating Scale at baseline.

**Conclusions:**

The opportunistic cognitive behavioral intervention package did not appear to be beneficial in reducing suicide ideation, drug and alcohol consumption, or depression relative to treatment as usual. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

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<http://www.sciencedirect.com/science/article/pii/S0887618513002235>

**Unique Relations among Anxiety Sensitivity Factors and Anxiety, Depression, and Suicidal Ideation.**

Nicholas P. Allan, Daniel W. Capron, Amanda M. Raines, Norman B. Schmidt

Journal of Anxiety Disorders, Available online 26 December 2013

Anxiety sensitivity (AS) is composed of three lower-order dimensions, cognitive concerns, physical concerns, and social concerns. We examined the relations between AS dimensions using a more adequate assessment of subscales (ASI-3) than has previously been used, and measures of anxiety and mood disorders as well as suicidal ideation in a sample of 256 (M age = 37.10 years, SD = 16.40) treatment-seeking individuals using structural equation modeling. AS cognitive concerns was uniquely associated with generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), major depressive disorder (MDD), post-traumatic stress disorder (PTSD), and suicidal ideation. AS physical concerns was uniquely associated with OCD, social anxiety disorder (SAD), panic disorder (PD), and specific phobia. AS social concerns was uniquely associated with SAD, GAD, OCD, and MDD. These results highlight the importance of considering the lower-order AS dimensions when examining the relations between AS and psychopathology.

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<http://www.sciencedirect.com/science/article/pii/S0306460313004383>

### **The effect of successful and unsuccessful smoking cessation on short-term anxiety, depression, and suicidality.**

Daniel W. Capron, Nicholas P. Allan, Aaron M. Norr, Michael J. Zvolensky, Norman B. Schmidt

Addictive Behaviors, Available online 26 December 2013

Research on the mental health effects of quitting smoking is limited. Smokers with mental illness appear to be at a higher risk of unsuccessful smoking cessation. Recent work suggests they are at elevated risk for post-cessation increases in anxiety, depression and suicidal ideation. The current study tested the effects of successful and unsuccessful smoking cessation on short-term psychopathology in 192 community participants. Smoking cessation outcomes were classified using expired carbon monoxide levels that were taken at quit week, 1 and 2 week follow-up and 1 month follow-up. We found no psychopathology increases in participants who successfully quit smoking. For individuals struggling to quit our results partially supported a recently proposed struggling quitters hypothesis. However, the vast majority of individuals posited to be vulnerable by the struggling quitters hypothesis did not experience clinically significant increases in psychopathology. These findings have implications for clinicians whose clients are interested in smoking cessation.

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<http://www.ingentaconnect.com/content/afap/ajp/2013/00000067/00000004/art00001>

### **Self-Blame and Suicidal Ideation Among Combat Veterans.**

Author: Ross, Colin A.

Source: American Journal of Psychotherapy, Volume 67, Number 4, 2013 , pp. 309-322(14)

Suicide, attempted suicide, and suicidal ideation are serious problems in the military, particularly among combat veterans. Self-blame and guilt are recognized risk factors for suicide in military personnel. The

author describes his clinical experience with suicidal combat veterans, the role of self-blame in their suicidal ideation, and a series of core negative self-beliefs common in this population. Under the theme of self-blame, the author discusses: the locus-of-control shift; precombat trauma; suicide as murder of the self; survivor guilt; self-blame for death of a fellow soldier; self-blame for being raped by a fellow soldier; and several other forms of self-blame that contribute to suicidal ideation. He provides examples of treatment strategies and clinical interventions for each of these reasons for self-blame.

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<http://cpx.sagepub.com/content/early/2014/01/03/2167702613514563.abstract>

### **The Four-Function Model of Nonsuicidal Self-Injury: Key Directions for Future Research.**

Kate H. Bentley, Matthew K. Nock, and David H. Barlow

Clinical Psychological Science 2167702613514563, first published on January 3, 2014

Nonsuicidal self-injury is receiving increasing attention in empirical and clinical realms. Indeed, the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders designated nonsuicidal self-injury as a condition that requires further study, which signals possible future official adoption. Despite growing interest in this perplexing phenomenon, much remains unknown about why nonsuicidal self-injury occurs, including fundamental features of its etiology and underlying mechanisms. In addition, no evidence-based interventions that directly target this maladaptive behavior currently exist. The recently developed, empirically supported four-function model posits that nonsuicidal self-injury is maintained by four distinct reinforcement processes. In this review, we used the four-function model to guide the understanding of important unanswered questions and suggest much-needed studies for future research in the field of self-injury.

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### **Links of Interest**

Psychiatrist Awarded for Treating Special Forces

<http://www.military.com/daily-news/2013/12/24/psychiatrist-awarded-for-treating-special-forces.html>

Melatonin May Help Sleep Problems in People With High Blood Pressure Who Take Beta-Blockers

<http://nccam.nih.gov/research/results/spotlight/1126913>

The Military Psychologist -- October 2013 | Vol. 28, No. 3 (APA Division 19 newsletter)

<http://www.apadivisions.org/division-19/publications/newsletters/military/2013/10/index.aspx>

Son's suicide sets Alaska couple on new path

<http://www.stripes.com/news/us/son-s-suicide-sets-alaska-couple-on-new-path-1.260526>

Top Military Health Stories Of 2013

<http://www.forbes.com/sites/rebeccaruiz/2013/12/31/top-military-health-stories-of-2013/>

From the Pentagon to life in a van

[http://articles.philly.com/2014-01-06/news/45885460\\_1\\_veterans-day-homeless-veterans-hogg](http://articles.philly.com/2014-01-06/news/45885460_1_veterans-day-homeless-veterans-hogg)

Masculinity, sleep deprivation lead to health, safety issues

[http://www.eurekalert.org/pub\\_releases/2014-01/ps-msd010914.php](http://www.eurekalert.org/pub_releases/2014-01/ps-msd010914.php)

Mental disorders in mid-life and older adulthood more prevalent than previously reported

[http://www.eurekalert.org/pub\\_releases/2014-01/jhub-mdi010814.php](http://www.eurekalert.org/pub_releases/2014-01/jhub-mdi010814.php)

Scientists find a new mechanism underlying depression

[http://www.eurekalert.org/pub\\_releases/2014-01/thuo-sfa010814.php](http://www.eurekalert.org/pub_releases/2014-01/thuo-sfa010814.php)

Adults with mental illness have lower rate of decline in smoking

[http://www.eurekalert.org/pub\\_releases/2014-01/tjnj-awm010214.php](http://www.eurekalert.org/pub_releases/2014-01/tjnj-awm010214.php)

Study: 'Living Room' offers alternative treatment for emotional distress

Patients perceive nonclinical care setting as 'helpful and positive'

[http://www.eurekalert.org/pub\\_releases/2014-01/du-sr010714.php](http://www.eurekalert.org/pub_releases/2014-01/du-sr010714.php)

California Guard veteran fights back against military suicides

[http://www.army.mil/article/117945/California\\_Guard\\_veteran\\_fights\\_back\\_against\\_military\\_suicides/](http://www.army.mil/article/117945/California_Guard_veteran_fights_back_against_military_suicides/)

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**Resource of the Week: [VA Caregiver Support -- Diagnosis Care Sheets](#)**

We know what you are thinking. You don't speak Latin, and you don't have a medical degree. But you still need to understand the medical condition of the Veteran you care for and how to manage it. VA created plain-language care sheets to give you the bottom line on managing the medical condition for the Veteran you love.



# VA Caregiver Support

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Help Near Home

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Additional Resources

Caregiver Chronicles

## Diagnosis Care Sheets

We know what you are thinking. You don't speak Latin, and you don't have a medical degree. But you still need to understand the medical condition of the Veteran you care for and how to manage it. VA created plain-language care sheets to give you the bottom line on managing the medical condition for the Veteran you love.

We are continuing to add new care sheets to the website on a regular basis. If there is a specific diagnosis care sheet you're looking for and would like to see it added to our list, please e-mail Margaret Kabat at [Margaret.Kabat@va.gov](mailto:Margaret.Kabat@va.gov) to let us know.

[Alzheimer's Disease](#) (PDF)

[Post-Traumatic Stress Disorder \(PTSD\)](#) (PDF)

[Traumatic Brain Injury \(TBI\)](#) (PDF)

[Multiple Sclerosis \(MS\)](#) (PDF)

[Amyotrophic Lateral Sclerosis \(ALS\)](#) (PDF)

[Family Caregivers Guide to Intimacy](#) (PDF)

[Family Caregivers Guide to Parkinson's](#) (PDF)

### NEED HELP?

Find your local Caregiver Support Coordinator



Zip Code

Go

How can we help you? I need help with:



Make a selection..

Go

SIGN UP FOR EMAIL UPDATES TO STAY INFORMED

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