



CDP Research Update -- August 11, 2016

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<https://content.govdelivery.com/accounts/USVHA/bulletins/15aaa45>

PTSD Monthly Update -- Talking to Your Doctor About PTSD

National Center for PTSD
 U.S. Department of Veterans Affairs
 August 2016

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

- Have had nightmares about it or thought about it when you did not want to?
- Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?

- Were constantly on guard, watchful, or easily startled?
- Felt numb or detached from others, activities, or your surroundings?

If you answered "yes" to any three items, you should think about seeing your primary care provider or a mental health provider. Here's some information to help you prepare for your appointment, and what to expect.

<http://onlinelibrary.wiley.com/doi/10.1002/cpp.2030/abstract>

A Semantic Corpus Comparison Analysis of Couple-Focused Interventions for Problematic Alcohol Use.

Emily C. Soriano, Kelly E. Rentscher, Michael J. Rohrbaugh, Matthias R. Mehl

Clinical Psychology & Psychotherapy

First published: 2 August 2016

DOI: 10.1002/cpp.2030

Incorporating spouses into interventions for problematic alcohol use is associated with increased efficacy; yet, little is known about the therapeutic processes that may explain these effects. In a study of partner language use during couple-focused alcohol interventions, we utilized a linguistic corpus comparison tool, Wmatrix, to identify semantic themes that differentiated couples with successful and unsuccessful treatment outcomes and may therefore also reflect potential change processes. Thirty-three couples participated in a randomized control trial of Family Systems Therapy (FST) or Cognitive Behavioural Therapy (CBT). Linguistic comparisons of partners' speech during the therapy sessions suggested that drinks and alcohol was a significant differentiating semantic theme. Specifically, patients and spouses in FST with successful outcomes used more language related to drinks and alcohol than patients and spouses in FST with unsuccessful outcomes. Post-hoc analyses of context suggested that, in FST, successful spouses spoke less about the patient's drinking and more about alcohol in general (without reference to an individual) than unsuccessful spouses. Conversely, spouses in CBT with successful outcomes used less language related to drinks and alcohol than spouses in CBT with unsuccessful outcomes. In CBT, successful spouses spoke more about the patient's and couple's drinking and less about the spouse's and other people's drinking than unsuccessful spouses. Results emphasize the role of spouse behaviour—in this case indexed via language use—in alcohol treatment outcomes. Findings also suggest potentially distinct therapeutic processes in FST and CBT and highlight the utility of linguistic corpus comparison methods in couple-focused intervention research. Copyright © 2016 John Wiley & Sons, Ltd.

<http://www.tandfonline.com/doi/full/10.1080/16506073.2016.1212396>

Impact of imagery rescripting on adverse self-defining memories and post-recall working selves in a non-clinical sample: a pilot study.

Soljana Çili , Sharon Pettit , Lusia Stopa

Cognitive Behaviour Therapy

Published online: 29 Jul 2016

DOI:10.1080/16506073.2016.1212396

Imagery rescripting (ImRS) effectively targets intrusive images and symptoms in a number of disorders, but the mechanisms of change behind it are not yet clear. This study investigated the impact of ImRS on the characteristics of adverse self-defining memories and post-recall working selves in a non-clinical sample. In the first session, participants recalled an adverse memory and completed state self and affect measures. Then they attended an ImRS session and a follow-up session one week later. Participants rated their memory as less negative, less distressing and less important for their sense of self at follow-up compared to the first session. They also reported higher state self-esteem and positive affect, as well as reduced negative affect and anxiety after recalling the memory. Results suggest that, by modifying the meaning of adverse memories, ImRS may facilitate their integration with individuals' sense of self and reduce the negative impact that they have on individuals' online representation of the self when retrieved. An implication of these findings is that cognitive-behavioural therapy may need to conceptualise the self in broader terms, moving beyond core beliefs. To complement this, research could focus on changes in patients' sense of self in order to understand the mechanisms through which interventions like ImRS work.

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22347/abstract>

Evidence for the Propositions of the Interpersonal Theory of Suicide Among a Military Sample.

Silva, C., Hagan, C. R., Rogers, M. L., Chiurliza, B., Podlogar, M. C., Hom, M. A., Tzoneva, M., Lim, I. C. and Joiner, T. E.

Journal of Clinical Psychology

First published: July 2016

DOI: 10.1002/jclp.22347

Objective

Although the interpersonal theory of suicide may explain the elevated suicide risk among military service members, past explorations have been equivocal. This study aimed to

investigate the propositions of the interpersonal theory in a sample of U.S. Army recruiters.

Method

Participants (N = 3,428) completed self-report measures assessing the interpersonal theory's constructs (i.e., thwarted belongingness (TB), perceived burdensomeness (PB), acquired capability for suicide), current suicidal ideation, agitation, and insomnia. History of depression was obtained from medical records.

Results

Hierarchical multiple regression analyses revealed that the interaction between TB and PB was associated with current suicidal ideation, controlling for depression, agitation, and insomnia. This effect was especially notable among those with high capability for suicide.

Conclusion

Findings provide support for the interpersonal theory in a large, diverse military sample. It may be advantageous to assess and therapeutically address TB and PB among at-risk service members.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00270>

Seeking Safety Pilot Outcome Study at Walter Reed National Military Medical Center.

Lisa M. Najavits; R. Gregory Lande; Cynthia Gragnani; Debra Isenstein; Martha Schmitz

Military Medicine

Volume 181 Issue 8, August 2016, pp. 740-746

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00270>

Post-traumatic stress disorder (PTSD) and substance use disorder are two of the most prominent psychiatric disorders among military service members. Seeking Safety (SS) is an evidence-based behavioral therapy model for this comorbidity. This article reports results of a study of SS conducted in a military setting. Our pilot trial addressed outcomes, feasibility, and satisfaction. SS was conducted as is to evaluate its impact without adaptation for military culture. The sample was 24 outpatient service members (from the Army, Navy, Air Force, and Marines) with 33% minority representation. Inclusion criteria were current PTSD and/or SUD. Ten clinicians participated in this study after receiving SS training. Results showed significant improvements on most outcomes, including substance use on the Brief Addiction Monitor; PTSD symptoms on the PTSD Checklist—Military Version (total and criterion D); and the Trauma Symptom Checklist-40 (sexual abuse trauma index and anxiety subscale); functioning on the Sheehan Disability Scale (total and family subscale); psychopathology on the Zung Depression Scale total; the Behavior and Symptom Identification Scale (BASIS)-24 (total and subscales depression functioning, emotional lability, and psychosis); and the Brief Symptom

Inventory-18 (total and anxiety subscale); and coping on the Coping Self-Efficacy Scale (total). Satisfaction was strong. Discussion includes methodology limitations and next steps.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00267>

Dialectical Behavior Therapy Training and Desired Resources for Implementation: Results From a National Program Evaluation in the Veterans Health Administration.

Sara J. Landes; Monica M. Matthieu; Brandy N. Smith; Lindsay R. Trent; Allison L. Rodriguez; Janet Kemp; Caitlin Thompson

Military Medicine

Volume 181 Issue 8, August 2016, pp. 747-752

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00267>

Context:

Little is known about nonresearch training experiences of providers who implement evidence-based psychotherapies for suicidal behaviors among veterans.

Evidence Acquisition:

This national program evaluation identified the history of training, training needs, and desired resources of clinicians who work with at-risk veterans in a national health care system. This sequential mixed methods national program evaluation used a post-only survey design to obtain needs assessment data from clinical sites (N = 59) within Veterans Health Administration (VHA) facilities that implemented dialectical behavior therapy (DBT). Data were also collected on resources preferred to support ongoing use of DBT.

Results:

While only 33% of clinical sites within VHA facilities reported that staff attended a formal DBT intensive training workshop, nearly 97% of participating sites reported having staff who completed self-study using DBT manuals. Mobile apps for therapists and clients and templates for documentation in the electronic health records to support measurement-based care were desired clinical resources.

Conclusion:

Results indicate that less-intensive training models can aid staff in implementing DBT in real-world health care settings. While more training is requested, a number of VHA facilities have successfully implemented DBT into the continuum of care for veterans at risk for suicide.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00671>

Psychophysiological Investigation of Combat Veterans with Subthreshold Post-traumatic Stress Disorder Symptoms.

Michelle Costanzo; Tanja Jovanovic; Seth D. Norrholm; Rochelle Ndiongue; Brian Reinhardt; Michael J. Roy

Military Medicine

Volume 181 Issue 8, August 2016, pp. 793-802

DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00671>

Objective:

Military service members (SMs) with subthreshold combat-related post-traumatic stress disorder (PTSD) symptoms often have clinically significant functional impairment, even though they do not meet full PTSD criteria. We therefore assessed the psychophysical responses of SMs, upon their return from Afghanistan or Iraq, to a fear conditioning paradigm to better understand the biological underpinnings of symptom severity.

Methods:

Heart rate (HR), skin conductance, electromyography startle, and respiratory rate (RR) were monitored throughout three distinct phases of the paradigm—fear acquisition, fear inhibition, and fear extinction—while plasma catecholamines (epinephrine, norepinephrine, and dopamine) were measured at the end of fear inhibition.

Results:

Those with higher PTSD symptom severity demonstrated elevations in HR and startle response to danger cues; elevated self-reported depression and anxiety; impaired functional status; poor skin conductance discrimination between danger and safety; and increases in HR and RR during fear extinction. Moreover, an inverse relationship was seen between plasma dopamine and HR during fear inhibition for those with high symptoms.

Conclusion:

Overall, the physiological responses we observed in our subthreshold PTSD population parallel what has been previously observed in full PTSD, making a case for addressing subthreshold PTSD symptoms in combat veterans.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00122>

Alcohol Use and Reasons for Drinking as Risk Factors for Suicidal Behavior in the U.S. Army.

Holly B. Herberman Mash; Carol S. Fullerton; Tsz Hin H. Ng; Matthew K. Nock; Gary H. Wynn; Robert J. Ursano

Military Medicine

Volume 181 Issue 8, August 2016, pp. 811-820

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00122>

Objective:

High levels of alcohol use and alcohol-related problems are associated with suicidal behaviors (i.e., seriously considering and/or attempting suicide) in military and civilian populations. Examination of reasons for drinking alcohol may identify subgroups of soldiers who may either be at risk for suicidal behaviors or resilient to suicidality.

Method:

We examined the associations among reasons for drinking, level of alcohol use, and past year suicidality in 3,813 U.S. Army soldiers using the Department of Defense Survey of Health-Related Behaviors among Active Duty Military Personnel.

Results:

Six percent of soldiers reported suicidal thoughts and behaviors within the past year. Those who reported the highest level of alcohol use were more likely to have seriously considered and/or attempted suicide. Drinking to avoid rejection/“fit in” was associated with suicidality, even after adjusting for level of alcohol consumption, post-traumatic stress disorder, and depression. Although unadjusted analyses revealed a relation of pleasure-seeking drinking motives to suicidality, this association did not remain significant after controlling for covariates.

Conclusions:

Drinking to avoid rejection/“fit in” is associated with suicidality above overall alcohol consumption. Screening for this reason for drinking may be useful for suicide prediction and prevention.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00404>

Reporting Military Sexual Trauma: A Mixed-Methods Study of Women Veterans' Experiences Who Served From World War II to the War in Afghanistan.

Kristina B. Wolff; Peter D. Mills

Military Medicine

Volume 181 Issue 8, August 2016, pp. 840-848

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00404>

Since 2004, there has been increased effort to reduce military sexual trauma (MST) in the U.S. military. Although MST covers a range of inappropriate behaviors, the majority of research, treatment, and outreach are focused on sexual assault and the experiences of individuals serving in Afghanistan and Iraq. During a study on veterans' involvement in a national peace organization, participants were asked about their military experiences. Veterans served from World War II to current conflicts in Iraq and Afghanistan. Emerging out of the responses were descriptions of women's experiences with MST, barriers to reporting incidents of sexual misconduct and sexual assault, and the challenges they faced when seeking care. Data were gathered using anonymous questionnaires and semi-structured interviews. Out of 52 female veterans, the majority (90%) was subjected to at least one form of MST, and 15% (8) attempted to report the incident(s). Over half of the assailants were of a higher rank than the survivors. The majority of veterans remained silent due to lack of options to report, the status of perpetrators, and fear of retaliation. These data provide a glimpse into the challenges many women veterans faced when seeking assistance reporting incidents or obtaining health care for their MST.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00302>

Parenting Stress After Deployment in Navy Active Duty Fathers.

Abigail M. Yablonsky; Guofen Yan; Linda Bullock

Military Medicine

Volume 181 Issue 8, August 2016, pp. 854-862

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00302>

Military fathers are being deployed, and leaving their families, for greater lengths of time and more frequently than ever before. The purpose of this study was to examine the impact of recent deployment on parenting stress in U.S. Navy fathers with young children. Of the 111 participants who completed the one-time study questionnaire at a large military outpatient clinic on the Eastern seaboard, 67.6% had returned from a ship-based deployment. Regression analyses were performed, using the Parenting Stress Index as the outcome variable, deployment elements (such as time away from home in the past 5 years) as predictors, and adjusting for other factors such as post-traumatic stress disorder (PTSD) and depression. Higher perceived threat and greater warfare exposure were both associated with increased parenting stress ($p < 0.05$) in the unadjusted model. These associations were greatly attenuated and no longer significant after adjustment for depression. In addition, rates of positive screens for PTSD and depression (17.1%) in this sample were higher than in other recent studies. In summary, these data indicate that various deployment factors are associated with increased parenting stress in Navy fathers back from deployment within the past year; these relationships are largely explained by depressive symptoms. Clinical implications are discussed.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00333>

Intimate Partner Maltreatment Recidivism in U.S. Air Force Families.

Sarah L. Coley; Randy J. McCarthy; Joel S. Milner; LaJuana Ormsby; Wendy J. Travis

Military Medicine

Volume 181 Issue 8, August 2016, pp. 926-930

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00333>

Research has demonstrated that perpetrator characteristics (gender, age, and military status) and incident characteristics (perpetrator substance use and initial incident severity) are associated with intimate partner maltreatment recidivism. This study assessed whether these variables were associated with intimate partner maltreatment recidivism in U.S. Air Force families during a 16-yr period (1997–2013). During the study period, 21% of the intimate partner maltreatment perpetrators in the U.S. Air Force committed more than one incident of maltreatment. In terms of perpetrator characteristics, male perpetrators reoffended more than female perpetrators, younger perpetrators reoffended more than older perpetrators, and active duty perpetrators reoffended more than civilians. Whether a perpetrator was enlisted or an officer was not associated with the likelihood of recidivism. In terms of incident characteristics, substance use (which was mainly alcohol use) during an initial maltreatment incident was associated with recidivism, but the severity of perpetrators' initial maltreatment incident was not. However, for perpetrators who reoffended, the severity of their initial incident was associated with the severity of subsequent incidents. On the basis of these findings, the need for targeted interventions to reduce intimate partner maltreatment recidivism is discussed.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22121/full>

The Association of Combat Exposure With Postdeployment Behavioral Health Problems Among U.S. Army Enlisted Women Returning From Afghanistan or Iraq.

Rachel Sayko Adams, Ruslan V. Nikitin, Nikki R. Wooten, Thomas V. Williams, Mary Jo Larson

Journal of Traumatic Stress

First published: July 2016

DOI: 10.1002/jts.22121

An association between combat exposure and postdeployment behavioral health problems has been demonstrated among U.S. military service members returning from Afghanistan or Iraq in predominantly male samples, yet few studies have focused on the experiences of women. Using data from the longitudinal, observational Substance Use and Psychological Injury Combat

(SUPIC) Study, we explored the self-report of 4 combat exposure items and postdeployment behavioral health screening results for 42,397 Army enlisted women who had returned from Afghanistan or Iraq from fiscal years 2008 through 2011. We ran multivariate logistic regression models to examine how a constructed composite combat exposure score (0, 1, 2, 3+) was associated with screening positive postdeployment for posttraumatic stress disorder (PTSD), depression, and at-risk drinking among active duty (AD) and National Guard/Reserve (NG/R) women. AD and NG/R women commonly reported being wounded, injured, assaulted, or hurt (17.3% and 29.0%, respectively). In all 6 multivariate models, Army women with any report of combat exposure had increased odds of the behavioral health problem (i.e., PTSD, depression, or at-risk drinking). The magnitude of the association between combat exposure and PTSD was most striking, indicating increased odds of PTSD as combat exposure score increased. AD and NG/R women with a combat exposure score of 3+ had increased odds of PTSD, 20.7, 95% confidence interval (CI) [17.0, 25.1] and 27.8, 95% CI [21.0, 36.9], respectively. Women who report combat exposure may benefit from early prevention and confidential intervention to promote postdeployment health and reduce long-term behavioral health problems.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12285/full>

Investigating the Interaction Between Sleep Symptoms of Arousal and Acquired Capability in Predicting Suicidality.

Hochard, K. D., Heym, N. and Townsend, E.

First published: 2 August 2016

DOI: 10.1111/sltb.12285

Heightened arousal significantly interacts with acquired capability to predict suicidality. We explore this interaction with insomnia and nightmares independently of waking state arousal symptoms, and test predictions of the Interpersonal Theory of Suicide (IPTS) and Escape Theory in relation to these sleep arousal symptoms. Findings from our e-survey (n = 540) supported the IPTS over models of Suicide as Escape. Sleep-specific measurements of arousal (insomnia and nightmares) showed no main effect, yet interacted with acquired capability to predict increased suicidality. The explained variance in suicidality by the interaction (1%–2%) using sleep-specific measures was comparable to variance explained by interactions previously reported in the literature using measurements composed of a mix of waking and sleep state arousal symptoms. Similarly, when entrapment (inability to escape) was included in models, main effects of sleep symptoms arousal were not detected yet interacted with entrapment to predict suicidality. We discuss findings in relation to treatment options suggesting that sleep-specific interventions be considered for the long-term management of at-risk individuals.

<http://www.sciencedirect.com/science/article/pii/S002239561630187X>

Posttraumatic stress symptoms across the deployment cycle: A latent transition analysis.

Alyssa M. Boasso, Maria M. Steenkamp, Jonathan L. Larson, Brett T. Litz

Journal of Psychiatric Research

Available online 5 August 2016

doi:10.1016/j.jpsychires.2016.08.002

Our objective was to examine symptom-level changes in the course in posttraumatic stress disorder (PTSD) across the deployment cycle among combat-exposed Marines, and to determine the degree to which combat exposure and post-deployment stressor exposure predicted PTSD symptom profile transitions. We examined PTSD symptoms in a cohort of U.S. Marines (N = 892) recruited for the Marine Resiliency Study (MRS). Marines deployed as one battalion infantry unit to Afghanistan in 2010 and were assessed pre-deployment and one, five, and eight months post-deployment. We employed latent transition analysis (LTA) to examine Marines' movement across PTSD symptom profiles, determined by latent class analysis (LCA). LCAs revealed a 3-class solution one month pre-deployment, a 4-class solution at five months post-deployment, and a 3-class solution at eight months post-deployment. LTA revealed notable movement between classes over time, which depended chiefly on pre-deployment symptom presentation. Marines who reported few pre-deployment symptoms either maintained these low levels or returned to low levels by eight months. Marines who reported a moderate number of symptoms at pre-deployment had variable outcomes; 50% had reductions by eight months, and those who reported numbing symptoms at five months post-deployment tended to report more symptoms at eight months. Marines who reported more PTSD symptoms prior to deployment retained more symptoms eight months post-deployment. Combat exposure and post-deployment stressor exposure predicted profile transitions. Examining transitions between latent class membership over time revealed prognostic information about Marines' eight-month PTSD outcomes. The extent of pre-deployment PTSD symptoms was particularly informative of likely PTSD outcomes.

<http://onlinelibrary.wiley.com/doi/10.1002/cpp.1969/abstract>

Cognitive–Behavioural Therapy and Psychodynamic Psychotherapy in the Treatment of Combat-Related Post-Traumatic Stress Disorder: A Comparative Effectiveness Study.

Levi, O., Bar-Haim, Y., Kreiss, Y., and Fruchter, E.

Clinical Psychology & Psychotherapy
First published: 20 July 2015
DOI: 10.1002/cpp.1969

This study compared the effectiveness of two psychotherapy approaches for treating combat veterans with chronic post-traumatic stress disorder (PTSD): cognitive-behavioural therapy (CBT) and psychodynamic psychotherapy (PDT). These treatments are routinely used by the Unit for Treatment of Combat-Related PTSD of the Israel Defense Forces (IDF). IDF veterans with chronic PTSD were assigned to either CBT (n = 148) or PDT (n = 95) based on the nature of their complaint and symptoms. Psychiatric status was assessed at baseline, post-treatment and 8–12 months follow-up using the Clinician-Administered PTSD Scale, the PTSD Questionnaire, the Montgomery and Asberg Depression Rating Scale and the Psychotherapy Outcome Assessment and Monitoring System-Trauma Version assessment questionnaire. Both treatment types resulted in significant reduction in symptoms and with improved functioning from pre-treatment to post-treatment, which were maintained at follow-up. No differences between the two treatments were found in any the effectiveness measures. At post-treatment, 35% of the CBT patients and 45% of the PDT patients remitted, with no difference between the groups. At follow-up, remission rates were 33% and 36% for the CBT and PDT groups, respectively. The study recommends further randomized controlled trials to determine treatment efficacy. Copyright © 2015 John Wiley & Sons, Ltd.

<http://link.springer.com/article/10.1007/s10880-016-9464-9>

Primary Care Behavioral Health Provider Training: Systematic Development and Implementation in a Large Medical System.

Anne C. Dobmeyer, Christopher L. Hunter, Meghan L. Corso, Matthew K. Nielsen, Kent A. Corso, Nicholas C. Polizzi, Jay E. Earles

Journal of Clinical Psychology in Medical Settings
First online: 02 August 2016
DOI 10.1007/s10880-016-9464-9

The expansion of integrated, collaborative, behavioral health services in primary care requires a trained behavioral health workforce with specific competencies to deliver effective, evidence-informed, team-based care. Most behavioral health providers do not have training or experience working as primary care behavioral health consultants (BHCs), and require structured training to function effectively in this role. This article discusses one such training program developed to meet the needs of a large healthcare system initiating widespread implementation of the primary care behavioral health model of service delivery. It details the Department of Defense's experience in developing its extensive BHC training program, including challenges of addressing personnel selection and hiring issues, selecting a model for training, developing and

implementing a phased training curriculum, and improving the training over time to address identified gaps. Future directions for training improvements and lessons learned in a large healthcare system are discussed.

<http://www.healio.com/psychiatry/journals/jpn/2016-8-54-8/%7B0537074f-e7b0-42c0-9d63-564e0e914b0f%7D/nonpharmacological-alternatives-to-benzodiazepine-drugs-for-the-treatment-of-anxiety-in-outpatient-populations-a-literature-review>

Nonpharmacological Alternatives to Benzodiazepine Drugs for the Treatment of Anxiety in Outpatient Populations: A Literature Review.

Lois M. Platt, MS, PMHNP-BC, LCPC; Amy Irene Whitburn, BS; Alexander G. Platt-Koch, BS, NSCA-CPT; Ronald L. Koch, RPh, PhD

Journal of Psychosocial Nursing and Mental Health Services
August 2016 - Volume 54 · Issue 8: 35-42
DOI: 10.3928/02793695-20160725-07

Overuse of benzodiazepine drugs to treat anxiety, mood, and sleep disorders is a growing problem in clinical practice. GABAergic medications (benzodiazepine drugs in particular) have side effects, drug interactions, and the potential to create tolerance and dependence in users. GABA-enhancing dietary supplements have similar and unique risks. Natural, non-chemical, anxiolytic treatments exist and can be safely recommended to patients. Three such treatments have been the focus of study in the past 20 years: mindfulness, meditation, and yoga. Growing evidence exists that these treatments can be safely recommended to patients with anxiety.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12285/full>

Investigating the Interaction Between Sleep Symptoms of Arousal and Acquired Capability in Predicting Suicidality.

Hochard, K. D., Heym, N. and Townsend, E.

Suicide and Life-Threatening Behavior
First published: 2 August 2016
DOI: 10.1111/sltb.12285

Heightened arousal significantly interacts with acquired capability to predict suicidality. We explore this interaction with insomnia and nightmares independently of waking state arousal symptoms, and test predictions of the Interpersonal Theory of Suicide (IPT) and Escape

Theory in relation to these sleep arousal symptoms. Findings from our e-survey (n = 540) supported the IPTS over models of Suicide as Escape. Sleep-specific measurements of arousal (insomnia and nightmares) showed no main effect, yet interacted with acquired capability to predict increased suicidality. The explained variance in suicidality by the interaction (1%–2%) using sleep-specific measures was comparable to variance explained by interactions previously reported in the literature using measurements composed of a mix of waking and sleep state arousal symptoms. Similarly, when entrapment (inability to escape) was included in models, main effects of sleep symptoms arousal were not detected yet interacted with entrapment to predict suicidality. We discuss findings in relation to treatment options suggesting that sleep-specific interventions be considered for the long-term management of at-risk individuals.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12284/full>

Describing and Measuring the Pathway to Suicide Attempts: A Preliminary Study.

Millner, A. J., Lee, M. D. and Nock, M. K.

Suicide and Life-Threatening Behavior

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DOI: 10.1111/sltb.12284

To die by suicide, one must think about suicide, make a plan, and then carry it out. Prior research has examined the presence and predictors of these outcomes; however, virtually no studies have characterized how these steps unfold along the pathway to suicide. A novel instrument was administered to 30 recent suicide attempters. Results revealed that although the median onset for suicidal ideation occurs 1 to 5 years prior to attempting, the median for 6 of the 10 steps measured was within 6 hours of attempting. Overall, 86.5% of proximal planning steps took place within 1 week of attempting and 66.6% occurred within 12 hours.

<http://www.sciencedirect.com/science/article/pii/S000579671630122X>

Perceived burdensomeness and suicide ideation in adult outpatients receiving exposure therapy for anxiety disorders.

Tobias Teismann, Thomas Forkmann, Dajana Rath, Heide Glaesmer, Jürgen Margraf

Behaviour Research and Therapy

Volume 85, October 2016

doi:10.1016/j.brat.2016.07.011

Perceived burdensomeness is considered a proximal risk factor for suicide ideation. However, there is a lack of prospective studies. Furthermore, it is unclear in as much psychotherapy for anxiety disorders is associated with a decrease in suicide ideation. A total of 105 adult outpatients suffering from panic disorder, agoraphobia, or specific phobia received manualized exposure-therapy. Perceived burdensomeness was considered as predictor of suicide ideation concurrently, after the fourth and the tenth therapy session and posttreatment – controlling for baseline symptom distress, suicide ideation, number of therapy sessions and age. Furthermore, pre-to post-changes in suicide ideation and perceived burdensomeness were assessed. Perceived burdensomeness emerged as a significant predictor of suicidal ideation concurrently and after the fourth and the tenth therapy session, but not at the end of therapy. Treatment had no effect on suicide ideation and only a marginal effect on perceptions of burdensomeness. In conclusion, the current study highlights the importance of perceptions of burdensomeness in understanding suicide ideation.

<http://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201600099>

Can E-Mail Reminders Sustain Training Gains From Continuing Education?

Molly Adrian, Ph.D., Aaron R. Lyon, Ph.D.

Psychiatric Services

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There is increasing recognition that provision of ongoing contact and posttraining support is essential to the successful implementation of new practices; however, this can easily increase the cost of training by 50% or more. Efficient methods for supporting trainees after initial training are needed. The overarching aim of the study reported here was to evaluate whether the addition of an e-mail reminder system to a traditional professional development model can enhance its effects and result in detectable, sustained changes in practitioner knowledge and attitudes.

<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201500290>

Prevalence of Alcohol Misuse and Follow-Up Care in a National Sample of OEF/OIF VA Patients With and Without TBI.

Joel Grossbard, Ph.D., Carol A. Malte, M.S.W., Gwen Lapham, Ph.D., M.S.W., Kathleen Pagulayan, Ph.D., Aaron P. Turner, Ph.D., Anna D. Rubinsky, Ph.D., M.S., Katharine A. Bradley, M.D., M.P.H., Andrew J. Saxon, M.D., Eric J. Hawkins, Ph.D.

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Objective:

Information on prevalence and management of alcohol misuse among Afghanistan and Iraq veterans with traumatic brain injury (TBI) is limited. This study compared rates of alcohol misuse and follow-up care—brief intervention (BI) and addiction treatment—among Afghanistan and Iraq veterans with and without TBI receiving care from the Department of Veterans Affairs (VA).

Methods:

The sample included veterans ages 18 and older screened with the Alcohol Use Disorders Identification Test alcohol consumption questions (AUDIT-C) in 2012 who received VA health care in the prior year (N=358,417). Overall and age-specific estimates of alcohol misuse (AUDIT-C score ≥ 5) were compared for men and women with and without TBI by logistic regression. BI and addiction treatment after screening were compared between groups by using multivariable logistic regression.

Results:

Alcohol misuse was higher among men with TBI than among men without TBI (20.3%, 95% confidence interval [CI]=19.9–20.8, versus 16.4%, CI=16.3–16.6) and among women with TBI than among women without TBI (6.8%, CI=5.8–8.1, versus 5.6%, CI=5.4–5.8); younger (age <30) patients with TBI had the highest rates. BI rates did not differ by TBI status (76.4%–80.2%). Addiction treatment rates for those with severe misuse were higher among those with TBI (men, 20.0%, CI=18.4–21.6, versus 15.4%, CI=14.9–15.9; women, 36.6%, CI=21.8–51.3, versus 21.1%, CI=18.2–24.0).

Conclusions:

Alcohol misuse is common among Iraq and Afghanistan veterans with TBI, particularly young men. BI rates were high and did not vary by TBI status, although addiction treatment rates were higher among patients with TBI than among those without TBI.

<http://www.ingentaconnect.com/content/springer/jcogp/2016/00000030/00000002/art00004>

Model-Consistent Cognitive Behavioral Therapy Supervision: A Case Study of a Psychotherapy-Based Approach.

Waltman, Scott H.

Journal of Cognitive Psychotherapy
Volume 30, Number 2; pp. 120-130
DOI: <http://dx.doi.org/10.1891/0889-8391.30.2.120>

There is a great need for training in cognitive behavioral therapy (CBT) for community clinicians who work in public mental health systems where resources are low and demands are high. Researchers have found that simply attending intensive CBT workshops will not result in adherent or competent CBT being delivered, rather ongoing CBT supervision/consultation has been found to be associated with the best training outcomes. Psychotherapy-based approaches to supervision have recently received some attention for their value in providing experiential learning. What follows is a case example of a community clinician who had little previous training in CBT and following an intensive training and 16 weeks of CBT supervision had substantial gains in her CBT adherence and competency ratings. Recommendations such as the value of experiential learning are discussed.

<http://www.ingentaconnect.com/content/springer/jcogp/2016/00000030/00000002/art00001>

Does the Theoretical Perspective of Exposure Framing Matter? Acceptance, Fear Reduction/Cognitive Reappraisal, and Values-Framing of Exposure for Social Anxiety.

Bluett, Ellen J.; Landy, Lauren L.; Twohig, Michel P.; Arch, Joanna J.

Journal of Cognitive Psychotherapy
Volume 30, Number 2, 2016; pp. 77-93
DOI: <http://dx.doi.org/10.1891/0889-8391.30.2.77>

Exposure-based therapy represents a first line treatment for anxiety disorders, but it is often underused. One target for improving client engagement is manipulating the theoretical perspective from which exposure is framed. Ninety-six adults with elevated social anxiety were enrolled in a two-session exposure therapy intervention. Participants were randomized to one of four conditions: (a) fear reduction/cognitive reappraisal, (b) acceptance, (c) personal values, or (d) experimental control. The first three included brief psychoeducation and condition-specific experiential exercises and rationale; all four included in-session speech exposure and between-session exposure for homework. Results revealed that compared to the experimental control, the three active conditions reported significantly higher treatment credibility, initial in-vivo exposure engagement, and improvement in social anxiety symptoms. The three active conditions showed few differences among themselves. This study demonstrates that a brief exposure intervention using a credible rationale led to initial engagement in exposure therapy and improvement in social anxiety symptoms.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2016.1213211>

Medical Decision Making for Suicidal Patients in Military Integrated Primary Care Settings.

Viktor Koltko & Marjan Ghahramanlou-Holloway

Military Behavioral Health

Published online: 05 Aug 2016

<http://dx.doi.org/10.1080/21635781.2016.1213211>

Internal behavioral health consultants in primary care settings are on the frontline of suicide risk assessment, management, and treatment within military healthcare. In this capacity, internal behavioral health consultants must quickly determine (a) the patient's suicide risk level, (b) the treatment setting most suitable for the patient, and (c) brief intervention strategies appropriate to the primary care setting. The decisions required of internal behavioral health consultants by Department of Defense healthcare policies are considered. Two prominent historical methods of medical decision making are reviewed, and these models are applied to the treatment of suicidal patients in military primary care settings.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12282/full>

Suicide Risk Among Wounded U.S. Service Members.

Reger, M. A., Smolenski, D. J., Skopp, N. A., Metzger-Abamukong, M. J., Kang, H. K., Bullman, T. A. and Gahm, G. A.

Suicide and Life-Threatening Behavior

First published: 5 August 2016

DOI: 10.1111/sltb.12282

The association between suicide and combat injuries sustained during the wars in Iraq and Afghanistan was examined. A retrospective population-based cohort design was conducted using official military records to identify combat injuries (October 7, 2001, to December 31, 2007). Those who were injured during combat had higher crude suicide rates than those who deployed and were not injured (incidence rate ratio [IRR] = 1.50; confidence interval [CI] = 1.06, 2.12), or never deployed (IRR = 1.46; CI = 1.04, 2.06). After adjusting for demographics, these findings were no longer statistically significant. Although our data did not support an elevated suicide risk among wounded service members, additional research is needed to examine the impact of injury severity.

Links of Interest

CBT most effective treatment for repeat self-harm

<http://www.healio.com/psychiatry/suicide/news/online/%7Ba5986951-5515-4dee-802a-a0ecbf453f3a%7D/cbt-most-effective-treatment-for-repeat-self-harm>

Veteran wants to know: Does talk therapy even work?

<http://www.marinecorpstimes.com/story/military/advice/kevlar-for-the-mind/2016/08/06/veteran-wants-know-does-talk-therapy-even-work/88001282/>

Blood biomarkers in psychiatry

[http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(16\)30176-6/fulltext](http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(16)30176-6/fulltext)

PTSD more likely to affect people in affluent countries, scientists say

<https://www.theguardian.com/society/2016/jul/27/post-traumatic-stress-disorder-ptsd-more-likely-to-affect-people-in-affluent-countries-scientists-say>

Americans think more than half of vets have mental problems, survey says

<http://www.militarytimes.com/story/veterans/2016/07/25/americans-think-more-than-half-vets-have-mental-problems-survey-says/87101004/>

VA secretary: Same-day primary care, mental health appointments coming

<http://www.airforcetimes.com/story/veterans/2016/07/26/va-secretary-promises-same-day-primary-care-mental-health-appointments/87569666/>

Sesame Street for Military Families Website Encourages Routines and Self-Expression

<http://www.dcoe.mil/MediaCenter/News/details/16-08-09/Sesame-Street-for-Military-Families-Website-Encourages-Routines-and-Self-Expression.aspx>

Depression Can Stalk Families Through Generations

https://medlineplus.gov/news/fullstory_160354.html

Plenty of light during daytime reduces the effect of blue light screens on night sleep

<https://www.sciencedaily.com/releases/2016/08/160810104246.htm>

Economic burden of undiagnosed sleep apnea in US is nearly \$150 billion per year

<https://www.sciencedaily.com/releases/2016/08/160808115623.htm>

Resource of the Week: CDP's [Learn Now](#) collection of educational resources

The Learn Now section of CDP's website "is dedicated to providing knowledge, resources and support that providers can use right now. The links below lead to a variety of resources that allow providers to enhance their skills immediately." You'll find self-paced e-learning courses, PE session notes, webcasts, podcasts, videos, and links to features on the [CDP blog](#).

LEARN NOW TRAINING DISORDERS TREATMENTS RESOURCES MILITARY CULTURE ABOUT CDP

Learn Now

The Center for Deployment Psychology's website is intended to assist providers in the implementation and use of evidence-based therapies. This section is dedicated to providing knowledge, resources and support that providers can use right now. The links below lead to a variety of resources that allow providers to enhance their skills immediately.

Self-paced eLearning Courses

- ▶ Rates of Psychological Issues in the U.S. Military
- ▶ Military Cultural Competence
- ▶ Prolonged Exposure Therapy
- ▶ More Online Courses

PE Session Notes

- ▶ PE Session 1 (10:28 min)
- ▶ PE Session ~6 Hot Spots (7:08 min)
- ▶ Final PE Session (4:49 min)
- ▶ More PE Session Notes

Newest Stories

Free CE/CME/CNEs for Watching Joining...
2 months 5 days ago

New Military Culture Homepage
6 months 4 days ago

Watch 2015 Joining Forces Wellness Wee...
8 months 1 week ago

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Also, while the CDP continues providing face-to-face training events around the country, we've been adding more and more online offerings to our schedule. [Keep an eye on upcoming webinars of potential interest.](#)

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