



CDP Research Update -- March 30, 2017

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- Resource of the Week: Psych Health Evidence Briefs (DoD Deployment Health Clinical Center)

<http://www.tandfonline.com/doi/full/10.1080/02699931.2017.1303452>

Anxiety, depression, and the suicidal spectrum: a latent class analysis of overlapping and distinctive features.

Matthew C. Podlogar, Megan L. Rogers, Ian H. Stanley, Melanie A. Hom, Bruno Chiurliza, and Thomas E. Joiner

Cognition And Emotion

Published online: 20 Mar 2017

<http://dx.doi.org/10.1080/02699931.2017.1303452>

Anxiety and depression diagnoses are associated with suicidal thoughts and behaviours. However, a categorical understanding of these associations limits insight into identifying dimensional mechanisms of suicide risk. This study investigated anxious and depressive features through a lens of suicide risk, independent of diagnosis. Latent class analysis of 97 depression, anxiety, and suicidality-related items among 616 psychiatric outpatients indicated a 3-class solution, specifically: (1) a higher suicide-risk

class uniquely differentiated from both other classes by high reported levels of depression and anxious arousal; (2) a lower suicide-risk class that reported levels of anxiety sensitivity and generalised worry comparable to Class 1, but lower levels of depression and anxious arousal; and (3) a low to non-suicidal class that reported relatively low levels across all depression and anxiety measures. Discriminants of the higher suicide-risk class included borderline personality disorder; report of worthlessness, crying, and sadness; higher levels of anxious arousal and negative affect; and lower levels of positive affect. Depression and anxiety diagnoses were not discriminant between higher and lower suicide risk classes. This transdiagnostic and dimensional approach to understanding the suicidal spectrum contrasts with treating it as a depressive symptom, and illustrates the advantages of a tripartite model for conceptualising suicide risk.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22175/abstract>

Integrated Treatment of PTSD and Substance Use Disorders: Examination of Imaginal Exposure Length.

Mills, A. C., Badour, C. L., Korte, K. J., Killeen, T. K., Henschel, A. V. and Back, S. E.

Journal of Traumatic Stress

First published: 22 March 2017

DOI: 10.1002/jts.22175

Efforts to improve the efficiency of prolonged exposure (PE) therapy for posttraumatic stress disorder (PTSD) have demonstrated that reducing the length of imaginal exposures does not negatively affect treatment outcome. A recent adaptation of PE, called Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure [COPE], integrates substance use disorder treatment with PE in the same timeframe (twelve 90-minute sessions, 8 of which include imaginal exposure). The current study, which represents a subanalysis of a larger randomized controlled trial, examined how the length of imaginal exposures (nonrandomized and measured continually) related to PTSD, substance use, and depression in a sample of military veterans (N = 31) who completed the COPE treatment. Participants completed an average of 11.5 of the 12 therapy sessions and 7.2 of the 8 imaginal exposures during treatment. Results of 3 linear mixed models indicate that PTSD, substance use, and depressive symptoms all improved over the course of treatment (p s < .001; η^2 ranged

between .17 and .40), and that the length of imaginal exposures did not significantly interact with any outcome. Although preliminary, the findings suggest that it may be feasible to shorten imaginal exposures without mitigating treatment gains. Implications for treatment are discussed.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22174/abstract>

Treating Veterans With PTSD and Borderline Personality Symptoms in a 12-Week Intensive Outpatient Setting: Findings From a Pilot Program.

Meyers, L., Voller, E. K., McCallum, E. B., Thuras, P., Shallcross, S., Velasquez, T. and Meis, L.

Journal of Traumatic Stress

First published: 22 March 2017

DOI: 10.1002/jts.22174

Rates of comorbidity between borderline personality disorder and posttraumatic stress disorder (PTSD) are high in veteran populations, and clinicians are hesitant to treat PTSD given high rates of suicidality. Given promising early work integrating dialectical behavior therapy (DBT) and prolonged exposure (PE) therapy, we created a 12-week intensive outpatient program combining these two treatments. PE and DBT were provided concurrently to 33 veterans with PTSD symptoms and BPD symptoms at a large, midwestern Veteran Affairs medical center. Approximately half of the participants were male, with the majority identifying as Caucasian. Participants' ages ranged from 23 to 58 years, with a mean age of 43.21 years. The full-model of DBT was provided; PE was provided twice weekly for approximately 6 weeks of the program. Of participants, 22 veterans successfully completed the program with no dropout during PE. Large pre- to posttreatment effect sizes were found for decreases in PTSD symptoms ($d = 1.61$) and dysfunctional coping styles ($d = 1.55$), and an increase in the use of DBT skills ($d = 1.02$). A moderate effect size was found in the decrease of suicidal ideation ($d = 0.64$). The results of this pilot program suggest that PTSD can be safely and effectively treated among veterans with comorbid symptoms of borderline personality disorder through the combination of concurrent intensive DBT and PE.

Love Yourself as a Person, Doubt Yourself as a Therapist?

Nissen-Lie, H. A., Rønnestad, M. H., Høglend, P. A., Havik, O. E., Solbakken, O. A., Stiles, T. C., and Monsen, J. T.

Clinical Psychology & Psychotherapy

First published: 9 October 2015

DOI: 10.1002/cpp.1977

Objective

There are reasons to suggest that the therapist effect lies at the intersection between psychotherapists' professional and personal functioning. The current study investigated if and how the interplay between therapists' ($n = 70$) professional self-reports (e.g., of their difficulties in practice in the form of 'professional self-doubt' and coping strategies when faced with difficulties) and presumably more global, personal self-concepts, not restricted to the professional treatment setting (i.e., the level of self-affiliation measured by the Structural Analysis of Social Behaviour (SASB) Intrex, Benjamin, 1996), relate to patient ($n = 255$) outcome in public outpatient care.

Method

Multilevel growth curve analyses were performed on patient interpersonal and symptomatic distress rated at pre-, post- and three times during follow-up to examine whether change in patient outcome was influenced by the interaction between their therapists' level of 'professional self-doubt' and self-affiliation as well as between their therapists' use of coping when faced with difficulties, and the interaction between type of coping strategies and self-affiliation.

Results

A significant interaction between therapist 'professional self-doubt' (PSD) and self-affiliation on change in interpersonal distress was observed. Therapists who reported higher PSD seemed to evoke more change if they also had a self-affiliative introject. Therapists' use of coping strategies also affected therapeutic outcome, but therapists' self-affiliation was not a moderator in the interplay between therapist coping and patient outcome.

Conclusion

A tentative take-home message from this study could be: 'Love yourself as a person, doubt yourself as a therapist'. Copyright © 2015 John Wiley & Sons, Ltd.

Key Practitioner Messages

- The findings of this study suggest that the nature of therapists' self-concepts as a person and as a therapist influences their patients' change in psychotherapy.
- These self-concept states are presumably communicated through the therapists' in-session behaviour.
- The study noted that a combination of self-doubt as a therapist with a high degree of self-affiliation as a person is particularly fruitful, while the combination of little professional self-doubt and much positive self-affiliation is not.
- This finding, reflected in the study title, 'Love yourself as a person, doubt yourself as a therapist', indicates that exaggerated self-confidence does not create a healthy therapeutic attitude.
- Therapist way of coping with difficulties in practice seems to influence patient outcome.
- Constructive coping characterized by dealing actively with a clinical problem, in terms of exercising reflexive control, seeking consultation and problem-solving together with the patient seems to help patients while coping by avoiding the problem, withdrawing from therapeutic engagement or acting out one's frustrations in the therapeutic relationship is associated with less patient change.

<http://onlinelibrary.wiley.com/doi/10.1002/cpp.1999/abstract>

Rumination, Entrapment and Suicide Ideation: A Mediational Model.

Teismann, T., and Forkmann, T.

Clinical Psychology & Psychotherapy

First published: 11 December 2015

DOI: 10.1002/cpp.1999

Rumination has been shown to be positively associated with suicide ideation. Yet, only few studies have attempted to explain potential mediators of this association.

Perceptions of entrapment are a core component of recent psychological models of suicidality and might mediate the relationship between rumination and suicide ideation.

Possible mediator effects were investigated in an online sample (n = 142) and a clinical sample (n = 226) of adults receiving outpatient psychotherapy. Results demonstrated

that perceptions of entrapment fully mediated the association between ruminative thinking and suicide ideation. However, the reverse relationship, where the association between entrapment and suicide ideation is mediated by ruminative thinking, was not supported. These findings suggest that the relationship between rumination and suicide ideation is explained by perceptions of entrapment. Theoretical and clinical implications are discussed. Copyright © 2015 John Wiley & Sons, Ltd.

Key Practitioner Message

- Ruminative thinking and perceptions of entrapment are associated with suicidal ideation and suicidal behavior.
- Perceptions of entrapment fully mediate the association between ruminative thinking and suicide ideation.
- Clinically, it could be useful to incorporate perceptions of entrapment into the psychosocial risk assessment of persons contemplating suicide.

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2017.303693>

Sexual Assault Victimization and Mental Health Treatment, Suicide Attempts, and Career Outcomes Among Women in the US Army.

Anthony J. Rosellini, PhD, Amy E. Street, PhD, Robert J. Ursano, MD, Wai Tat Chiu, MS, Steven G. Heeringa, PhD, John Monahan, PhD, James A. Naifeh, PhD, Maria V. Petukhova, PhD, Ben Y. Reis, PhD, Nancy A. Sampson, BA, Paul D. Bliese, PhD, Murray B. Stein, MD, Alan M. Zaslavsky, PhD, and Ronald C. Kessler, PhD

American Journal of Public Health

Accepted on: Jan 20, 2017

doi: 10.2105/AJPH.2017.303693

Objectives.

To examine associations of administratively recorded sexual assault victimization during military service with subsequent mental health and negative career outcomes among US Army women controlling for nonrandom victimization exposure.

Methods.

We used data from the Army Study to Assess Risk and Resilience in Servicemembers to apply propensity score methods to match all 4238 female Regular Army soldiers with

administratively recorded sexual assault victimization during 2004 to 2009 to 5 controls per case with similar composite victimization risk. We examined associations of this victimization measure with administratively recorded mental health treatment, suicide attempt, and Army career outcomes over the subsequent 12 months by using survival analysis for dichotomous outcomes and conditional generalized linear models for continuous outcomes.

Results.

Women with administratively recorded sexual assault had significantly elevated odds ratios (ORs) of subsequent mental health treatment (any, OR = 2.5; 95% confidence interval [CI] = 2.4, 2.6; specialty, OR = 3.1; 95% CI = 2.9, 3.3; inpatient, OR = 2.8; 95% CI = 2.5, 3.1), posttraumatic stress disorder treatment (any, OR = 6.3; 95% CI = 5.7, 6.9; specialty, OR = 7.7; 95% CI = 6.8, 8.6; inpatient, OR = 6.8; 95% CI = 5.4, 8.6), suicide attempt (OR = 3.0; 95% CI = 2.5, 3.6), demotion (OR = 2.1; 95% CI = 1.9, 2.3), and attrition (OR = 1.2; 95% CI = 1.1, 1.2).

Conclusions.

Sexual assault victimization is associated with considerable suffering and likely decreased force readiness.

<https://link.springer.com/article/10.1007/s11920-017-0773-y>

Sleep Disturbance in Posttraumatic Stress Disorder: Epiphenomenon or Causal Factor?

Rebecca C. Cox
Breanna M. Tuck
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Current Psychiatry Reports

First Online: 20 March 2017

DOI: 10.1007/s11920-017-0773-y

Purpose of Review

The goal of this review is to integrate recent findings on sleep disturbance and PTSD, examine sleep disturbance as a causal factor in the development of PTSD, and identify future directions for research, treatment, and prevention.

Recent Findings

Recent research highlights a relationship between both objective and subjective sleep

disturbance and PTSD across diverse samples. Sleep disturbance also predicts PTSD over time. Finally, treatments targeting sleep disturbance lead to decreased PTSD symptoms, while standard PTSD treatments conclude with residual sleep disturbance.

Summary

Sleep disturbance may be more than a mere epiphenomenon of PTSD. Future research examining the causal role of sleep disturbance in the development of PTSD, as well as the utility of targeting sleep disturbance in prevention and treatment, is necessary to fully understand the likely bidirectional relationship between sleep disturbance and PTSD.

<https://www.ncbi.nlm.nih.gov/pubmed/28337154>

Front Psychiatry. 2017 Mar 8;8:35. doi: 10.3389/fpsy.2017.00035. eCollection 2017

The Reciprocal Relationship between Suicidality and Stigma.

Carpiniello B, Pinna F

INTRODUCTION:

Although suicidality is frequently the cause of stigma, it is conversely true that stigma may be the cause of suicidality. The present paper focuses on the complex relationships that exist between suicidal behavior and stigmatizing attitudes.

METHODS:

A narrative review of the topic will be presented on the basis of the relevant literature collected from an electronic search of PubMed, ISI Web of Knowledge, and Scopus databases, using stigma, public stigma, structural stigma, perceived stigma, self-stigma, suicide, attempted suicide, and suicidality as key words.

RESULTS:

A negative perception is frequently held of suicidal people, labeling them as weak and unable to cope with their problems, or selfish. Individuals who have attempted suicide are subject to similar processes of stigmatization and "social distancing"; insurance policies include an exclusion clause against death by suicide. Subjects with a direct personal experience of depression or suicide strongly endorse a feeling of self-stigma; those who have attempted suicide are often ashamed and embarrassed by their behavior and tend to hide the occurrence as much as possible. Similar processes are

observed among family members of subjects who have committed suicide or made a suicide attempt, with a higher perceived stigma present in those bereaved by suicide. Perceived or internalized stigma produced by mental or physical disorders, or through belonging to a minority group, may represent a significant risk factor for suicide, being severely distressing, reducing self-esteem and acting as a barrier in help-seeking behaviors.

CONCLUSION:

With the aim of preventing suicide, greater efforts should be made to combat the persisting stigmatizing attitudes displayed toward mental disorders and suicide itself. Indeed, the role of stigma as a risk factor for suicide should further motivate and spur more concerted efforts to combat public stigma and support those suffering from perceived or internalized stigma. Experts and scientific societies should form an alliance with the media in an effort to promote a marked change in the societal perception of mental health issues and suicide. As stigma may result in severe consequences, specialist care and psychological interventions should be provided to populations submitted to stigma.

<https://www.ncbi.nlm.nih.gov/pubmed/26094841>

Nurs Forum. 2016 Jul;51(3):173-9. doi: 10.1111/nuf.12135. Epub 2015 Jun 11

Veterans in Transition: Implications for Nurse Educators.

Dyar KL

Recently the United States military has begun strategic reductions in force and as a result many veterans are utilizing education benefits to transition from combat to classroom. During this transitional period, veterans entering nursing programs may struggle to transition from the combat experience to the college campus. Barriers to transition can include stigma, difficulty with peer relationships, differences in military and nursing education structure, and personal and financial responsibilities. Regardless of these barriers, this population, which may include highly trained combat medics and corpsmen, may also bring assets gained through military training and experience that can enhance the nursing profession. These strengths include teamwork, perseverance, ability to focus on assignments, global awareness, and increased self-efficacy. Nursing education research is lacking in the area of combat veterans transitioning into nursing programs, prompting the concern that nursing education is not prepared to meet the

needs of this unique population. Gaining better understanding of the barriers to transition and strengths gained through combat can aid the nurse educator in better meeting the needs of this unique population of students. © 2015 Wiley Periodicals, Inc.

<https://link.springer.com/article/10.1007/s10597-017-0132-9>

Homecoming of Citizen Soldiers: Postdeployment Problems and Service Use Among Army National Guard Soldiers.

James Griffith

Community Mental Health Journal

First Online: 24 March 2017

DOI: 10.1007/s10597-017-0132-9

The present study described the types and amount of problems and services sought among returned deployed Army National Guard soldiers (4568 soldiers in 50 units). The study responds to gaps in the research literature to better understand community intervention needs of reservists. About half (48%) of the soldiers reported one or two problems, mostly those of psychological well-being, such as feelings of anger and frustration, upsetting memories, and troubled sleep (34% of the study sample), followed by problems of social support (18%), alcohol use (17%), feelings of isolation including suicidal thoughts (13%), and financial difficulties (11%). Having engaged in direct combat and having wounded or killed someone showed positive relationships with reported problems. One-third (35%) of soldiers who reported having used services went to one service and, generally, soldiers went to services related to their expressed problems. Variance in self-reported problems explained by service use was low, suggesting unsought postdeployment services.

<http://jramc.bmj.com/content/early/2017/03/20/jramc-2016-000712>

A systematic review of the effectiveness of alcohol brief interventions for the UK military personnel moving back to civilian life.

Sarah Wigham, A Bauer, S Robalino, J Ferguson, A Burke, D Newbury-Birch

Journal of the Royal Army Medical Corps
Published Online First: 20 March 2017
doi: 10.1136/jramc-2016-000712

Background

Higher levels of alcohol consumption have been observed in the UK armed forces compared with the general population. For some, this may increase the risk of using alcohol as a coping strategy when adjusting to multiple life events occurring when moving back into civilian life.

Method

A systematic review was conducted to determine the effectiveness of alcohol brief interventions for military personnel during transition. Electronic databases including Medline, Central, Healthcare Management Information Consortium (HMIC) and Embase, and grey literature, were searched. Two reviewers independently assessed potential studies for inclusion, extracted data and assessed quality of selected articles using an established instrument.

Results

Ten studies met criteria for inclusion. Studies were synthesised narratively. Interventions were heterogeneous, and bias within studies may have acted to increase or decrease their reported effectiveness. The findings suggest some evidence for effectiveness of self-administered web-based interventions, involving personalised feedback over a number of sessions, and system-level electronic clinical reminders. All studies were from the USA. Delivery of interventions by a clinician during motivational interviews was most effective for those with post-traumatic stress disorder symptoms.

Conclusions

A UK trial of web-based interventions with personalised feedback is recommended.

<http://online.liebertpub.com/doi/abs/10.1089/brain.2016.0433>

Assessing the Impact of Post Traumatic Stress Symptoms on Resting State Function Networks in a Military Chronic Mild Traumatic Brain Injury Sample.

Dr. Dominic E. Nathan, Mrs. Julie F Bellgowan, Dr. Louis M. French, Dr. Jonathan P. Wolf, Dr. Terry Oakes, Dr. Jeannine B Mielke, Ms. Elyssa B. Sham, Dr. Wei Liu, and Dr. Gerard Riedy

Brain Connectivity
March 2017, ahead of print
doi:10.1089/brain.2016.0433

The relationship between post traumatic stress disorder (PTSD) and chronic symptoms of mild traumatic brain injury (mTBI) is difficult to discern and poorly understood. An accurate differential diagnosis, assessment and treatment of mTBI and PTSD is challenging due to significant symptom overlap and the absence of clearly established biomarkers. The objective of this work is to examine how post traumatic stress influences task-free brain networks in chronic mTBI subjects. Control subjects (N=44) were compared with chronic mTBI subjects with low (N=58, PCLC total<30), medium (N=124, PCLC total = 31-49) and high (N=105, PCLC total \geq 60) post traumatic stress symptoms (PTSS). The results indicate significant differences in Brodmann area 10 for all mTBI subject groups, indicating potential mTBI related disruptions with regulation of emotions and decision-making. The effects of PTSS were observed in the anterior cingulate, and parahippocampus suggesting possible disruptions pertaining to memory regulation, encoding and retrieval. The overall results indicate the presence of aberrant connectivity patterns between controls and chronic mTBI subjects with low, medium and high PTSS. Furthermore, the findings suggest a disruption in attention relating to a network of brain regions involved with emotional regulation and memory coding, rather than a fear related response. Taken together, the results suggest these regions form a network that could be a target for future research pertaining to PTSD and chronic mTBI. Furthermore, the use of clinical measures, task based imaging studies or multimodal imaging could help further elucidate specific neural correlates of PTSS and mTBI.

<http://psycnet.apa.org/journals/ccp/85/4/297/>

Characterizing spouse/partner depression and alcohol problems over the course of military deployment.

Erbes, Christopher R.; Kramer, Mark; Arbisi, Paul A.; DeGarmo, David; Polusny, Melissa A.

Journal of Consulting and Clinical Psychology
Vol 85(4), Apr 2017, 297-308
<http://dx.doi.org/10.1037/ccp0000190>

Objective:

Spouse/partners of military personnel demonstrate elevated levels of distress during military deployments, yet there is insufficient information about courses of adjustment over time. The current study identified trajectories of depression and alcohol use problems and predictors of those trajectories across the deployment cycle.

Method:

National Guard soldiers (N = 1973) and spouses/intimate partners (N = 1020) completed assessments of risk/protective factors and baseline measures of mental health functioning 2 to 5 months prior to soldiers' 1-year deployments (Time 1) to Kuwait/Iraq in support of Operation New Dawn or Afghanistan in support of Operation Enduring Freedom. Partners' mental health was reassessed at 4 months (Time 2) and 8 months (Time 3) after soldiers deployed, and both spouses/partners and soldiers were reassessed 2–3 months postdeployment (Time 4).

Results:

Latent class growth modeling of partner depression symptoms over time revealed 4 groups: Resilience (79.9%), Deployment Distress (8.9%), Anticipatory Distress (8.4%), and Post-Deployment Distress (2.7%). Three alcohol misuse trajectories were identified: Resilience (91.3%), Deployment Onset (5.4%), and Deployment Desistance (3.3%). Predeployment predictors of partners' depression symptom trajectories varied by group and included soldier reports of stressors and social support and partner levels of neuroticism, introversion, disconstraint, and reported stressors. Predeployment predictors of alcohol misuse trajectories varied by group, and included soldier levels of alcohol misuse as well as partner neuroticism, disconstraint, and family readiness.

Conclusions:

Delineating and predicting trajectories of partner adjustment can allow for better targeted interventions toward those most at risk for heightened distress or alcohol problems over the deployment cycle. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

<http://psycnet.apa.org/journals/ccp/85/4/403>

**Health care contact and suicide risk documentation prior to suicide death:
Results from the Army Study to Assess Risk and Resilience in Servicemembers
(Army STARRS).**

Ribeiro, Jessica D.; Gutierrez, Peter M.; Joiner, Thomas E.; Kessler, Ronald C.; Petukhova, Maria V.; Sampson, Nancy A.; Stein, Murray B.; Ursano, Robert J.; Nock, Matthew K.

Journal of Consulting and Clinical Psychology
Vol 85(4), Apr 2017, 403-408
<http://dx.doi.org/10.1037/ccp0000178>

Objective:

Prior research has shown that a substantial portion of suicide decedents access health care in the weeks and months before their death. We examined whether this is true among soldiers.

Method:

The sample included the 569 Regular Army soldiers in the U.S. Army who died by suicide on active duty between 2004 and 2009 compared to 5,690 matched controls. Analyses examined the prevalence and frequency of health care contacts and documentation of suicide risk (i.e., the presence of prior suicidal thoughts and behaviors) over the year preceding suicide death. Predictors of health care contact and suicide risk documentation were also examined.

Results:

Approximately 50% of suicide decedents accessed health care in the month prior to their death, and over 25% of suicide decedents accessed health care in the week prior to their death. Mental health encounters were significantly more prevalent among suicide decedents (4 weeks: 27.9% vs. 7.9%, $\chi^2 = 96.2$, $p < .001$; 52 weeks: 59.4% vs. 33.7%, $\chi^2 = 120.2$, $p < .001$). Despite this, risk documentation was rare among suicide decedents (4 weeks: 13.8%; 52 weeks: 24.5%). Suicide decedents who were male, never married, and non-Hispanic Black were less likely to access care prior to death. Number of mental health encounters was the only predictor of suicide risk documentation among decedents at 4 weeks (OR = 1.14) and 52 weeks (OR = 1.05) prior to their death.

Conclusions:

Many soldiers who die by suicide access health care shortly before death, presenting an opportunity for suicide prevention. However, in most cases, there was no documentation of prior suicidal thoughts or behaviors, highlighting the need for improvements in risk detection and prediction. Increasing the frequency, scope, and accuracy of risk assessments, especially in mental health care settings, may be particularly useful. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

<http://www.sciencedirect.com/science/article/pii/S0022399916304640>

The natural history of sleep disturbance among OEF/OIF veterans with TBI and PTSD and the role of proxy variables in its measurement.

Paul R. King, Kerry T. Donnelly, Gary Warner, Michael Wade, Wilfred R. Pigeon

Journal of Psychosomatic Research
Volume 96, May 2017, Pages 60-66
<http://dx.doi.org/10.1016/j.jpsychores.2017.03.012>

Objective

Sleep disturbance crosscuts post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). Though previous cross-sectional findings demonstrate a compounding effect of PTSD and TBI comorbidity, relatively little is known about the longitudinal trajectory of sleep-related complaints in veterans with TBI history and current PTSD symptoms. In this study, we explored patterns and predictors of sleep complaints in a sample of combat veterans with and without TBI and PTSD.

Methods

Secondary analysis of data gathered during a longitudinal study of U.S. veterans of Operations Enduring and Iraqi Freedom (OEF/OIF) with and without TBI. Data from a subsample of 291 participants with sleep self-report data were analyzed using multinomial logistic regression logit testing and linear mixed models.

Results

Over an 18-month period, we observed an average 23–28% reduction in sleep symptoms in our sample as measured by two proxy scales, with the bulk of change (12–14% overall reduction) detected at the first six-month follow-up assessment. TBI history emerged, overall, as the most prominent predictor of worse general sleep symptoms, though baseline PTSD and pain status also demonstrated an association with worse sleep symptoms.

Conclusion

Whereas changes in PTSD symptoms over time were associated with worsening sleep symptoms, improvement in sleep reports was most consistently predicted by the passage of time. Our data also provide preliminary support for using three-to-four core

items (i.e., trouble sleeping, changes in sleep, fatigue, and nightmares) to screen for sleep complaints in veterans with TBI and PTSD and/or track sleep-related outcomes.

<http://journals.sagepub.com/doi/abs/10.1177/0022042617701255>

Recent Overdose Experiences in a Community Sample of Military Veterans Who Use Opioids.

Enrique R. Pouget, Alex S. Bennett, Luther Elliott, Andrew Rosenblum, Peter C. Britton

Journal of Drug Issues

First Published March 22, 2017

DOI 10.1177/0022042617701255

Rising rates of overdose mortality underscore the importance of understanding and preventing overdose. We developed a seven-item scale for the assessment of nonfatal opioid-related overdose experiences, adding items on others' perceptions of whether the participant had overdosed and whether an intervention was attempted to frequently used criteria. We administered the scale to 240 primarily male and minority veterans, recruited using venue-based and chain-referral sampling, who separated from the military post-9/11 and reported current opioid use. The items were internally consistent, and correlated well with overdose risk behaviors ($r = .13-.45$). The new scale detected overdose events in a significantly higher proportion of participants (36.5%) than that using either self-report criterion (18.2%) or difficulty breathing and losing consciousness criteria (23.8%). These experiences or perceptions should be investigated to inform and better tailor the development of more effective overdose prevention and response programs.

<http://psycnet.apa.org/journals/ccp/85/4/297/>

Characterizing spouse/partner depression and alcohol problems over the course of military deployment.

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Results:

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Conclusions:

Delineating and predicting trajectories of partner adjustment can allow for better targeted interventions toward those most at risk for heightened distress or alcohol problems over the deployment cycle. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

<http://www.sciencedirect.com/science/article/pii/S0306460317301235>

The impact of military service and traumatic brain injury on the substance use norms of Army Reserve and National Guard Soldiers and their spouses.

J.A. Devonish, D.L. Homish, B.M. Vest, R.C. Daws, R.A. Hoopsick, G.G. Homish

Addictive Behaviors

Available online 24 March 2017

<http://dx.doi.org/10.1016/j.addbeh.2017.03.012>

Introduction

Traumatic brain injury (TBI) and substance use are highly prevalent conditions among military populations. There is a significant body of evidence that suggests greater approval of substance use (i.e., norms) is related to increased substance use. The objective of this work is to understand the impact of TBI and military service on substance use norms of soldiers and their partners. Data are from the baseline assessment of Operation: SAFETY, an ongoing, longitudinal study of US Army Reserve/National Guard (USAR/NG) soldiers and their partners.

Methods

Multiple regression models examined associations between alcohol, tobacco, illicit drug use, and non-medical use of prescription drug (NMUPD) norms within and across partners based on current military status (CMS) and TBI.

Results

Male USAR/NG soldiers disapproved of NMUPD, illicit drug use and tobacco use. There was no relation between military status and alcohol use. Among females, there was no relation between CMS and norms. The NMUPD norms of wives were more likely to be approving if their husbands reported TBI symptoms and had separated from the military. Husbands of soldiers who separated from the military with TBI had greater approval of the use of tobacco, NMUPD, and illicit drugs.

Conclusion

Overall, there is evidence to suggest that, while generally disapproving of substance use, soldiers and partners become more accepting of use if they also experience TBI and separate from the military. Future research should examine the longitudinal influence of TBI on substance use norms and subsequent changes in substance use over time.

<https://link.springer.com/article/10.1007/s11910-017-0744-z>

Post-Traumatic Sleep-Wake Disorders.

Tatyana Mollayeva, Andrea D'Souza, Shirin Mollayeva, Angela Colantonio

Current Neurology and Neuroscience Reports

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All living organisms that face a traumatic life event are susceptible to sleep-wake disturbances. Stress, which can result in trauma, evokes a high level of physiological arousal associated with sympathetic nervous system activation, during both sleep and wakefulness. Heredity, sex hormones, early losses, developmental factors and intra- and interpersonal conflicts, contribute to the level of baseline physiological arousal, producing either subclinical, clinical or complex clinical traits, acutely and at any time after exposure to a traumatic event. The risk of acute sleep-wake disturbances becoming disorders and syndromes depends on the type of traumatic event and all of the aforementioned factors. Taken together, with consideration for behavioural and environmental heterogeneity, in research, will aid identification and understanding of susceptibility factors in long-term sleep and wakefulness pathology after exposure to traumatic events.

<https://msrc.fsu.edu/sites/msrc.fsu.edu/files//MSRC%20White%20paper%20ML%20social%20media%20research.pdf>

Social Media and Machine Learning in Suicide Prevention

Kelly Soberay, MA & Nora Mund, BA

For the Military Suicide Research Consortium

March 15, 2017

Suicide is a leading cause of death in military personnel (WHO, 2016). Current practices in predicting suicide attempts are limited in timing and accuracy (Bentley et al., 2016; Chang et al., 2016; Franklin et al., 2016; Ribeiro et al., 2016). Identifying

individuals at risk for suicide with the use of machine learning in social media posts and medical databases are new approaches to suicide prevention.

Links of Interest

Four veterans living with PTSD reveal the disorder's many faces

<http://www.pbs.org/newshour/updates/four-veterans-living-ptsd-reveal-disorders-many-faces/>

Sleepless in Space: Therapy Helps Astronauts Snooze

<http://www.space.com/36165-therapy-helps-astronauts-sleep.html>

Former Navy sailor says she was forced out after filing sexual harassment claim against superior

<http://www.theday.com/military/20170327/former-navy-sailor-says-she-was-forced-out-after-filing-sexual-harassment-claim-against-superior>

Lawmaker: Military has 'a cultural problem of abuse'

<http://www.militarytimes.com/articles/adam-smith-military-cultural-problem-nude-photos>

Army Researcher: Sleep, Readiness Go Hand in Hand

<https://www.defense.gov/News/Article/Article/1127928/army-researcher-sleep-readiness-go-hand-in-hand>

Mobile Apps in Military Mental Health Care

<http://www.pdhealth.mil/news/blog/mobile-apps-military-mental-health-care>

Chaplain Group: Army's Diversity Directive an 'Assault' on Beliefs

<http://www.military.com/daily-news/2017/03/29/chaplain-group-armys-diversity-directive-assault-on-beliefs.html>

Disgraceful gun bill endangers veterans: Army vet

<http://www.usatoday.com/story/opinion/2017/03/29/gun-bill-endangers-mentally-ill-veterans-suicide-army-vet-column/99740790/>

Suicide Often Leaves Mental, Physical Woes in Surviving Spouse

https://medlineplus.gov/news/fullstory_164229.html

Natural chemical helps brain adapt to stress

<https://www.sciencedaily.com/releases/2017/03/170329140945.htm>

Alcohol use in veterans with schizophrenia less common than thought; no level safe

<https://www.sciencedaily.com/releases/2017/03/170328145320.htm>

Most remaining smokers in US have low socioeconomic status

<https://www.sciencedaily.com/releases/2017/03/170324104933.htm>

Psychological interventions to cut traumatic memories: Tetris or Candy Crush?

<https://www.sciencedaily.com/releases/2017/03/170328092411.htm>

Sleep deprivation impairs ability to interpret facial expressions

<https://www.sciencedaily.com/releases/2017/03/170323132524.htm>

Resource of the Week: [Psych Health Evidence Briefs](#) (DoD Deployment Health Clinical Center)

DHCC produces expert-reviewed evidence briefs on existing and potential treatments for psychological health conditions that are commonly experienced by service members. Psych Health Evidence Briefs provide summaries of the available scientific evidence and clinical guidance to inform providers, patients and others who may have questions about the effectiveness of these treatments.

Each brief includes:

- An introduction of the treatment or topic, including a brief description of the treatment and the potential mechanisms of action
- Guidance from existing VA/DoD evidence-based clinical practice guidelines (CPGs) when available
- Identification and summaries of reviews conducted by organizations recognized as employing rigorous methodology with similar grading systems as the VA/DoD CPGs
- For treatments with an emerging or inconsistent evidence base, a systematic literature search is conducted
- A conclusion that summarizes what is known and what has yet to be determined, as well as guidance about adoption



Acamprosate for Alcohol Use Disorder



Ayahuasca for Posttraumatic Stress Disorder



Brief Alcohol Interventions for Unhealthy Alcohol Use



Cognitive Processing Therapy for Posttraumatic Stress Disorder



Prolonged Exposure Therapy for Posttraumatic Stress Disorder

For information on the methodology behind the evidence briefs, visit the [Methodology](#) page.

[Vote for the next Psych Health Evidence Brief topic!](#)

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