



CDP Research Update -- August 22, 2013

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- **Research Tip of the Week: Military Sexual Assault LibGuide**

<http://psycnet.apa.org/journals/ser/10/3/342/>

The “PE coach” smartphone application: An innovative approach to improving implementation, fidelity, and homework adherence during prolonged exposure.

Reger, Greg M.; Hoffman, Julia; **Riggs, David**; Rothbaum, Barbara O.; Ruzek, Josef; **Holloway, Kevin M.**; Kuhn, Eric

Psychological Services, Vol 10(3), Aug 2013, 342-349.

Prolonged exposure (PE) is an empirically supported treatment that is being disseminated broadly to providers in the Department of Veterans Affairs and Department of Defense. Innovative methods are needed to support the implementation, dissemination, and patient and provider adherence to PE. The PE Coach is a smartphone application (app) designed to mitigate barriers to PE implementation. PE Coach is installed on the patient's phone and includes a range of capabilities for use during the PE session and after each session to support the treatment. Functions include the ability to audio record treatment sessions onto the patient's device, to construct the in vivo hierarchy on the device, to record completed homework exercises, to review homework adherence, and to track symptom severity over time. The app also allows sessions and homework to be scheduled directly in the app, populating the device calendar with patient reminder notifications. In the final session, a visual display of symptom improvement and habituation to items on the in vivo hierarchy is presented. These capabilities may significantly improve convenience, provider implementation and adherence, and patient compliance with treatment. Future research is needed to test whether PE Coach is useful and effective. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://www.ptsd.va.gov/professional/newsletters/research-quarterly/v24n2-3.pdf>

Understanding Research on the Epidemiology of Trauma and PTSD

Special Double Issue of the PTSD Research Quarterly

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Geisel School of Medicine at Dartmouth and
Department of Veterans Affairs National Center for PTSD

VOLUME 24/NO. 2-3 – 2013

This is the final entry in our recent, occasional series on the epidemiology of trauma and PTSD around the world. Past issues have reviewed progress in Latin America, the Middle East, and Japan. The present issue emphasizes research in North America most strongly but also includes research from around the world. This issue of the Research Quarterly encompasses the epidemiology of trauma as well as that of PTSD and includes research on both civilian and military populations. In addition, we attempt to educate the reader about definitional issues in epidemiologic research and the influences yielded by changes in the American Psychiatric Association's Diagnostic and Statistical Manual over time. Because of this breadth, this review is being published as a special double issue (2013, Numbers 2 and 3).

<http://www.dol.gov/wb/trauma/>

Trauma-Informed Care for Women Veterans Experiencing Homelessness: A Guide for Service Providers

U.S. Department of Labor, Women's Bureau

Trauma-Informed Care for Women Veterans Experiencing Homelessness: A Guide for Service Providers, also known as the "Trauma Guide," was created to address the psychological and mental health needs of women veterans. The guide is also a compilation of best practices aimed at improving effectiveness in engaging female veterans. Written for service providers, the guide offers observational knowledge and concrete guidelines for modifying practices with the goal of increasing re-entry outcomes.

Trauma-Informed Care for Women Veterans Experiencing Homelessness includes:

User's Guide

A handbook offering information on the experiences and needs of female veterans, what it means to provide trauma-informed care, and resources for staff training and education.

Organizational Self-Assessment for Providers Serving Female Veterans

A manual of best practices that can be integrated into daily programming for homeless female veterans.

Resource Lists

Compilations of provider-targeted materials, videos, and websites on a variety of topics, including: female veterans, homelessness and trauma, cultural competence, trauma-informed services, participant involvement, and self-care.

<http://www.ncbi.nlm.nih.gov/pubmed/23944726>

Am Fam Physician. 2013 Aug 15;88(4):231-8.

Management of common sleep disorders.

Ramar K, Olson EJ.

Source: Mayo Clinic, Rochester, MN, USA.

Sleep disorders are common and affect sleep quality and quantity, leading to increased morbidity. Patients with sleep disorders can be categorized as those who cannot sleep, those who will not sleep, those with excessive daytime sleepiness, and those with increased movements during sleep. Insomnia, defined as difficulty initiating or maintaining sleep that results in daytime impairment, is diagnosed using history findings and treated with cognitive behavior therapy, with or without sleep hypnotics. Restless legs syndrome is characterized by an urge to move the legs that worsens with rest, is relieved by movement, and often occurs in the evening or at night. Restless legs syndrome is treated based on the frequency of symptoms. Narcolepsy is characterized by excessive sleepiness, cataplexy, hypnagogic or hypnopompic hallucinations, and sleep paralysis. It is diagnosed using a sleep log or actigraphy, followed by overnight polysomnography and a multiple sleep latency test. Narcolepsy is treated with stimulants, such as modafinil; selective serotonin reuptake inhibitors; or gamma hydroxybutyric acid (sodium oxybate). Patients with snoring and witnessed apneas may have obstructive sleep apnea, which

is diagnosed using overnight polysomnography. Continuous positive airway pressure is the most common and effective treatment for obstructive sleep apnea. Rapid eye movement sleep behavior disorder is characterized by increased muscle tone during rapid eye movement sleep, resulting in the patient acting out dreams with possible harmful consequences. It is diagnosed based on history and polysomnography findings, and treated with environmental safety measures and melatonin or clonazepam.

<http://www.ncbi.nlm.nih.gov/pubmed/23945981>

JAMA Psychiatry. 2013 Aug 14. doi: 10.1001/jamapsychiatry.2013.234. [Epub ahead of print]

Impact of Cognitive Behavioral Therapy for Social Anxiety Disorder on the Neural Dynamics of Cognitive Reappraisal of Negative Self-beliefs: Randomized Clinical Trial.

Goldin PR, Ziv M, Jazaieri H, Hahn K, Heimberg R, Gross JJ.

Source: Department of Psychology, Stanford University, Stanford, California.

IMPORTANCE

Cognitive behavioral therapy (CBT) for social anxiety disorder (SAD) is thought to enhance cognitive reappraisal in patients with SAD. Such improvements should be evident in cognitive reappraisal-related prefrontal cortex responses.

OBJECTIVE

To determine whether CBT for SAD modifies cognitive reappraisal-related prefrontal cortex neural signal magnitude and timing when implementing cognitive reappraisal with negative self-beliefs.

DESIGN

Randomized clinical trial of CBT for SAD vs wait-list control group during a study that enrolled patients from 2007 to 2010. SETTING University psychology department.

PARTICIPANTS

Seventy-five patients with generalized SAD randomly assigned to CBT or wait list.

INTERVENTION

Sixteen sessions of individual CBT for SAD.

MAIN OUTCOME MEASURES

Negative emotion ratings and functional magnetic resonance imaging blood oxygen-level dependent signal when reacting to and cognitively reappraising negative self-beliefs embedded in autobiographical social anxiety situations.

RESULTS

During reactivity trials, compared with wait list, CBT produced (1) greater reduction in negative emotion

ratings and (2) greater blood oxygen-level dependent signal magnitude in the medial prefrontal cortex. During cognitive reappraisal trials, compared with wait list, CBT produced (3) greater reduction in negative emotion ratings, (4) greater blood oxygen level-dependent signal magnitude in the dorsolateral and dorsomedial prefrontal cortex, (5) earlier temporal onset of dorsomedial prefrontal cortex activity, and (6) greater dorsomedial prefrontal cortex-amygdala inverse functional connectivity.

CONCLUSIONS AND RELEVANCE

Modulation of cognitive reappraisal-related brain responses, timing, and functional connectivity may be important brain changes that contribute to the effectiveness of CBT for social anxiety. This study demonstrates that clinically applied neuroscience investigations can elucidate neurobiological mechanisms of change in psychiatric conditions.

TRIAL REGISTRATION clinicaltrials.gov Identifier: NCT00380731.

<http://www.ncbi.nlm.nih.gov/pubmed/23945193>

Restor Neurol Neurosci. 2013 Aug 14. [Epub ahead of print]

Learning, memory and brain plasticity in posttraumatic stress disorder: Context matters.

Flor H, Nees F.

Source: Department of Cognitive and Clinical Neuroscience, Central Institute of Mental Health, Medical Faculty Mannheim, Heidelberg University, Mannheim, Germany.

We review evidence from our laboratory that suggests that in addition to enhanced cue conditioning and delayed cue extinction disturbed contextual learning may play an important role in the development and maintenance of posttraumatic stress disorder. Based on data from a longitudinal sample of rescue workers at high risk for posttraumatic stress disorder and data on single trauma exposed persons with and without posttraumatic stress disorder we show the crucial role of the hippocampus for contextual memory and impaired contextual learning along with enhanced cue conditioning and delayed extinction in PTSD. Using structural and functional magnetic resonance imaging we confirmed animal data on the role of the hippocampus in contextual and the importance of the amygdala in cue conditioning and the role of the frontal cortex in extinction. Genetic variants related to the modulation of the hypothalamus-pituitary-adrenal axis are associated with cue and genetic variants related to calcium signaling and memory processes and the regulation of the stress response are associated with context conditioning. These genes also play a role in PTSD. Further research needs to identify the predictive nature of these learning processes and plastic brain changes and their interaction with genetic characteristics changes for the transition into PTSD and its maintenance. A further focus needs to be on the identification of learning and memory mechanisms and the associated brain plasticity across disorders.

<http://www.ncbi.nlm.nih.gov/pubmed/23942480>

J Med Internet Res. 2013 Aug 13;15(8):e165. doi: 10.2196/jmir.2460.

Internet-based early intervention to prevent posttraumatic stress disorder in injury patients: randomized controlled trial.

Mouthaan J, Sijbrandij M, de Vries GJ, Reitsma JB, van de Schoot R, Goslings JC, Luitse JS, Bakker FC, Gersons BP, Olf M.

Source: Center for Anxiety Disorders, Research Group Psychotrauma, Department of Psychiatry, Academic Medical Center, Amsterdam, Netherlands. j.mouthaan@amc.uva.nl.

BACKGROUND:

Posttraumatic stress disorder (PTSD) develops in 10-20% of injury patients. We developed a novel, self-guided Internet-based intervention (called Trauma TIPS) based on techniques from cognitive behavioral therapy (CBT) to prevent the onset of PTSD symptoms.

OBJECTIVE:

To determine whether Trauma TIPS is effective in preventing the onset of PTSD symptoms in injury patients.

METHODS:

Adult, level 1 trauma center patients were randomly assigned to receive the fully automated Trauma TIPS Internet intervention (n=151) or to receive no early intervention (n=149). Trauma TIPS consisted of psychoeducation, in vivo exposure, and stress management techniques. Both groups were free to use care as usual (nonprotocolized talks with hospital staff). PTSD symptom severity was assessed at 1, 3, 6, and 12 months post injury with a clinical interview (Clinician-Administered PTSD Scale) by blinded trained interviewers and self-report instrument (Impact of Event Scale-Revised). Secondary outcomes were acute anxiety and arousal (assessed online), self-reported depressive and anxiety symptoms (Hospital Anxiety and Depression Scale), and mental health care utilization. Intervention usage was documented.

RESULTS:

The mean number of intervention logins was 1.7, SD 2.5, median 1, interquartile range (IQR) 1-2. Thirty-four patients in the intervention group did not log in (22.5%), 63 (41.7%) logged in once, and 54 (35.8%) logged in multiple times (mean 3.6, SD 3.5, median 3, IQR 2-4). On clinician-assessed and self-reported PTSD symptoms, both the intervention and control group showed a significant decrease over time ($P < .001$) without significant differences in trend. PTSD at 12 months was diagnosed in 4.7% of controls and 4.4% of intervention group patients. There were no group differences on anxiety or depressive symptoms over time. Post hoc analyses using latent growth mixture modeling showed a significant decrease in PTSD symptoms in a subgroup of patients with severe initial symptoms (n=20) ($P < .001$).

CONCLUSIONS:

Our results do not support the efficacy of the Trauma TIPS Internet-based early intervention in the

prevention of PTSD symptoms for an unselected population of injury patients. Moreover, uptake was relatively low since one-fifth of individuals did not log in to the intervention. Future research should therefore focus on innovative strategies to increase intervention usage, for example, adding gameplay, embedding it in a blended care context, and targeting high-risk individuals who are more likely to benefit from the intervention.

TRIAL REGISTRATION:

International Standard Randomized Controlled Trial Number (ISRCTN): 57754429;
<http://www.controlled-trials.com/ISRCTN57754429> (Archived by WebCite at <http://webcitation.org/6FeJtJyD>).

<http://www.ncbi.nlm.nih.gov/pubmed/23942055>

Psychol Med. 2013 Aug 13:1-10. [Epub ahead of print]

A longitudinal examination of psychosocial impairment across the anxiety disorders.

Naragon-Gainey K, Gallagher MW, Brown TA.

Source: Center for Anxiety and Related Disorders, Boston University, Boston, MA, USA.

BACKGROUND:

Anxiety disorders are highly prevalent disorders associated with substantial psychosocial impairment, but few studies have examined impairment within specific anxiety disorders. Furthermore, it is unclear how change in different types of anxiety has an impact on change in impairment, particularly given high rates of co-morbidity. The current study assessed the temporal associations of impairment and symptoms of three common anxiety disorders in a large, diagnostically heterogeneous clinical sample. Method Data were collected from 606 treatment-seeking individuals at an anxiety clinic, most of whom subsequently enrolled in cognitive-behavioral therapy. Symptoms of panic, social anxiety and generalized anxiety disorder (GAD), as well as levels of impairment, were assessed three times over 2 years. In addition to examining levels of impairment across diagnostic groups, latent growth modeling was used to evaluate the longitudinal associations of anxiety symptoms and impairment.

RESULTS:

Those with a principal diagnosis of GAD reported higher levels of impairment in some domains at baseline; however, at follow-up assessments individuals with social anxiety disorder reported greater impairment than those with panic disorder. Anxiety symptoms and impairment both declined over time. Change in all three anxiety symptoms was closely associated with change in impairment, but only GAD remained a significant (positive) predictor of change in impairment after accounting for co-morbidity.

CONCLUSIONS:

Impairment and all three anxiety disorders were closely associated, both cross-sectionally and

longitudinally. Because change in GAD was most specifically related to change in impairment, treatment for those with multiple anxiety disorders could focus on treating GAD symptoms first or treating transdiagnostic processes.

<http://www.ncbi.nlm.nih.gov/pubmed/23941102>

Am J Health Promot. 2013 Aug 13. [Epub ahead of print]

Social Support May Protect Against Development of Posttraumatic Stress Disorder: Findings from the Heart and Soul Study.

Dinenberg RE, McCaslin SE, Bates MN, Cohen BE.

Purpose

No prospective studies have examined the association of poor social support and development of posttraumatic stress disorder (PTSD) in patients with chronic illness. This study addresses this knowledge gap.

Design

This prospective study examines the relationship of social support to the subsequent development of PTSD during a 5-year period. Setting . San Francisco Veterans Affairs Medical Center.

Subjects

A total of 579 participants with cardiovascular disease did not have PTSD at baseline and returned for the 5-year follow-up examination.

Measures

PTSD measured by Computerized Diagnostic Interview Schedule for DSM-IV. Social support measured by Interpersonal Support Evaluation List (ISEL).

Analysis

Unconditional ordered logistic regression analyses were performed to yield the odds ratio of developing PTSD for a one-standard-deviation change in ISEL score.

Results

Of 579 participants who did not have PTSD at baseline, approximately 6.4% (n = 37) developed PTSD. Higher baseline perceived social support was strongly protective against development of PTSD (OR = .60, p = .001). Results remained significant after adjustment for age, sex, race, income, and depression (OR = .69, p = .04). Of social support types examined, the "tangible" and "belonging" domains were most strongly associated with future PTSD status.

Conclusion

Social support may impact development of PTSD. Interventions that optimize social support may be part of a PTSD prevention program designed to help individuals at risk of developing PTSD.

http://trace.tennessee.edu/utk_graddiss/1706/

Overseeing Supervisees Treating Clients Exhibiting Suicidal Behaviors: Its Impact on Clinical Supervisors

Michael Girard Catalana

PhD diss., University of Tennessee, 2013

Individuals at risk of suicide often seek mental health treatment (Brook, Klap, Liao, & Wells, 2006; Moscicki, 2001; Souminen, Isometsa, Martunnen, Ostamo, & Lonqvist, 2004). The clinicians who treat these individuals experience significant levels of stress (Knox, Burkard, Bentzler, Schaack, & Hess, 2006; Ruskin, Sakinofsky, Bagby, Dickens, & Sousa, 2004). Clinical supervisors are an important resource for clinicians (Chemtob, Hamada, Bauer, Kinney, & Torigoe, 1988a; Kleespies, Smith, & Becker, 1990; Knox et al., 2006; Maltzberger, 1992; Ruskin et al., 2004). Researchers recently acknowledged that overseeing clinicians whose client exhibited suicidal behavior is also stressful (Catalana, 2012; Hoffman, 2009; Sanger, 2010). Using the Impact of Events Scale-Revised (IES-R) (Weiss & Marmar, 1997), this dissertation examined the impact of stress on clinical supervisors. A group of 17 supervisors reported they experienced symptoms of stress related to intrusion, avoidance, and hyperarousal and experienced the impact by those related to intrusion and avoidance. Findings suggest clinical supervisors are impacted by suicidal behaviors in the treatment dyad and when confronted with the event exhibit symptoms related to Post Traumatic Stress Disorder, Acute Stress Disorder, and portray components of compassion fatigue. Implications for clinical supervisors and counselor educators are discussed. Conclusions to this study caution clinical supervisors to be aware of the impact stress may have and encourages mental health institutions to support clinical supervisors by reviewing their response to suicidal behavior.

<http://dx.doi.org/10.4236/psych.2013.48092>

Clinical EFT as an Evidence-Based Practice for the Treatment of Psychological and Physiological Conditions.

Dawson Church

Psychology, 4, 645-654.

Emotional Freedom Techniques (EFT) has moved in the past two decades from a fringe therapy to widespread professional acceptance. This paper defines Clinical EFT, the method validated in many research studies, and shows it to be an “evidence-based” practice. It describes standards by which therapies may be evaluated, such as those of the American Psychological Association (APA) Division 12 Task Force, and reviews the studies showing that Clinical EFT meets these criteria. Several research

domains are discussed, summarizing studies of: 1) psychological conditions such as anxiety, depression, phobias, and posttraumatic stress disorder (PTSD); 2) physiological problems such as pain and autoimmune conditions; 3) professional and sports performance; and 4) the physiological mechanisms of action of Clinical EFT. The paper lists the conclusions that may be drawn from this body of evidence, which includes 23 randomized controlled trials and 17 within-subjects studies. The three essential ingredients of Clinical EFT are described: exposure, cognitive shift, and acupressure. The latter is shown to be an essential ingredient in EFT's efficacy, and not merely a placebo. New evidence from emerging fields such as epigenetics, neural plasticity, psychoneuroimmunology, and evolutionary biology confirms the central link between emotion and physiology, and points to somatic stimulation as the element common to emerging psychotherapeutic methods. The paper outlines the next steps in EFT research, such as smartphone-based data gathering, large-scale group therapy, and the use of biomarkers. It concludes that Clinical EFT is a stable and mature method with an extensive evidence base. These characteristics have led to growing acceptance in primary care settings as a safe, rapid, reliable, and effective treatment for both psychological and medical diagnoses.

<http://arizona.openrepository.com/arizona/handle/10150/297772?mode=full>

Staying Connected on the Home Front: Communication and Well-Being of Civilian Spouses During Deployment

Tolhurst, Nicole Alexis

Honors College – Psychology
University of Arizona
2013

In this study, I examined the associations of communication frequency via asynchronous (i.e., email/internet, postal mail) and synchronous communication methods (i.e., commercial telephone, DSN telephone, military exchange provided phone, military video phone, and video teleconference) as associated with marital quality and psychological well-being in civilian wives during their service member husbands' deployment (N = 2,230). I used a relational dialectics perspective to suggest that the relationship between communication frequency and well-being would be curvilinear such that increased communication frequency is beneficial up to a point where it then becomes detrimental for well-being. I found this curvilinear relationship for synchronous communication methods and marital quality, but synchronous communication was not significantly associated with psychological well-being. For asynchronous communication, although I expected curvilinear effects I found a positive linear relationship for both marital quality and psychological well-being. Overall, this study suggests that increased communication is not always better for well-being of civilian spouses during deployment periods.

<http://jama.jamanetwork.com/article.aspx?articleid=1728712>

Preventing Suicide's Ripple Effects Takes Coordinated Effort

Bridget M. Kuehn, MSJ

JAMA. 2013;310(6):570-571

The anguished cries from the family of a wife and mother who killed herself with an intentional drug overdose still ring in the ears of Richard McKeon, PhD, MPH, a former psychiatric emergency services clinician who is now chief of the Suicide Prevention Branch at the Substance Abuse and Mental Health Services Administration (SAMHSA).

In the years that followed, McKeon and his colleagues worked with one of the woman's daughters as she repeatedly attempted suicide. "The anguish is always there," said McKeon at a SAMHSA event in June promoting the National Strategy on Suicide Prevention.

<http://www.sciencedirect.com/science/article/pii/S0376871613003037>

Alcohol Use and Trauma Exposure among Male and Female Veterans Before, During, and After Military Service.

Michelle L. Kelley, Jennifer Runnals, Matthew R. Pearson, Marinell Miller, John A. Fairbank, Mira Brancu, VA Mid-Atlantic MIRECC Women Veteran's Workgroup

Drug and Alcohol Dependence, Available online 13 August 2013

Background

The present study examined lifespan and combat-related trauma exposure as predictors of alcohol use among male and female veterans. Posttraumatic stress and depressive symptoms were examined as mediators of the effects of trauma exposure on alcohol use.

Methods

Data were examined from 1825 (1450 male, 375 female) veterans and active duty service members who took part in a multi-site research study conducted through the Department of Veterans Affairs Mid-Atlantic Mental Illness Research, Education and Clinical Centers (VISN 6 MIRECC).

Results

For both men and women, depressive symptoms significantly mediated the effects of non-combat trauma exposure experienced before, during and after the military, as well as combat- exposure, on alcohol use. With posttraumatic stress symptoms, the models for men and women differed. For men, the effects of non-combat trauma exposure during and after military service, and combat exposure, on alcohol use were mediated by PTSD symptoms; however, for women, PTSD symptoms did not mediate these relationships.

Conclusion

Findings are discussed in the context of potential gender differences in response to trauma such as use of alcohol to cope with traumatic events.

<http://ctx.sagepub.com/content/12/3/32.short>

Coming Home to Friendly Fire.

Victor Ray

Contexts Summer 2013 vol. 12 no. 3 32-37

In an age of ongoing military conflict, more and more veterans survive battle wounds only to find they return home to face psychological wounds. Why aren't they seeking the mental health services offered by the Veterans' Association and other groups?

<http://jap.sagepub.com/content/19/4/205.abstract>

Competency-Based Training for PMH Nurse Generalists: Inpatient Intervention and Prevention of Suicide.

Cheryl Puntil, Janet York, Barbara Limandri, Pamela Greene, Eric Arauz, and Deborah Hobbs

Journal of the American Psychiatric Nurses Association July/August 2013 19: 205-210

Suicide is the tenth leading cause of death in the United States. Approximately 90,000 psychiatric mental health (PMH) nurse generalists work in hospitals in the United States, mostly on inpatient psychiatric units where the most acutely suicidal patients are hospitalized. Although competencies have been developed for mental health clinicians in assessing and managing suicide risk, there are no standard competencies for PMH nurse generalists. Widely accepted nursing practices do not meet suicide-specific standards of care or evidence-based criteria. Although both the Commission on Collegiate Nursing Education Essentials for Baccalaureate Education and the Quality and Safety Education for Nurses competencies stress the necessity for comprehensive assessment, safe clinical practices, patient-centered care, evidence-based interventions, and interprofessional communication and collaboration, there are no specific requirements for suicide prevention training in educational and clinical programs. The American Psychiatric Nurses Association has an opportunity to provide leadership in developing, implementing, and evaluating competency-based training for nurses and partner with the national effort to increase the competencies in suicide prevention in the behavioral health workforce.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22143/abstract>

Depression and Exposure to Suicide Predict Suicide Attempt.

Nanayakkara, S., Misch, D., Chang, L. and Henry, D.

Depression and Anxiety

Article first published online: 15 AUG 2013

Objective

To examine the role of depression and exposure to peer or family suicide and their interaction as risk factors for adolescent suicide attempts.

Methods

The study used the public-use data set of the National Longitudinal Study of Adolescent Health (Add Health), which is a nationally representative stratified sample of U.S. high school students. Sample size was 4,719. Analyses predicted suicide attempts from preexisting depression and exposure to suicide of a friend or family member, controlling for previous suicide attempts, exposure, and depression.

Results

The greatest risk for future suicide attempts (relative risk = 3.3), was attributable to an attempt in the preceding year, controlling for preexisting and current depression and exposure. There was a main effect of exposure with the next highest relative risk of 3.2. A similar risk ratio, 3.2, was found for the difference between no depression and current severe depression, controlling for past depression and attempts. There was no evidence of an interaction between exposure to a peer or family member suicide attempt and depression. Supplementary analyses found that exposure to a friend or family member suicide attempt or completed suicide each added significantly to risk for adolescents regardless of depression levels.

Conclusion

Exposure to suicidal behavior in a friend or family member poses risk equivalent to the risk posed by becoming severely depressed. Attending to such risks could benefit clinical practice with adolescence and public health suicide prevention efforts.

<http://onlinelibrary.wiley.com/doi/10.1111/acem.12188/abstract>

Evaluating Current Patterns of Assessment for Self-harm in Emergency Departments: A Multicenter Study.

Jeffrey M. Caterino, Ashley F. Sullivan, Marian E. Betz, Janice A. Espinola, Ivan Miller, Carlos A. Camargo, Edwin D. Boudreaux

Academic Emergency Medicine

Volume 20, Issue 8, pages 807–815, August 2013

Objectives

The objective was to describe self-harm assessment practices in U.S. emergency departments (EDs) and to identify predictors of being assessed.

Methods

This was a prospective observational cohort study of adults presenting to eight U.S. EDs. A convenience sample of adults presenting to the EDs during covered research shifts was entered into a study log. Self-harm assessment was defined as ED documentation of suicide attempt; suicidal ideation; or nonsuicidal self-injury thoughts, behaviors, or both. Institution characteristics were compared relative to percentage assessed. To identify predictive patient characteristics, multivariable generalized linear models were created controlling for weekend presentation, time of presentation, age, sex, and race and ethnicity.

Results

Among 94,354 charts, self-harm assessment ranged from 3.5% to 31%, except for one outlying site at 95%. Overall, 26% were assessed (11% excluding the outlying site). Current self-harm was present in 2.7% of charts. Sites with specific self-harm assessment policies had higher assessment rates. In the complete model, adjusted risk ratios (aRR) for assessment included age ≥ 65 years (0.56, 95% confidence interval [CI] = 0.35 to 0.92) and male sex (1.17, 95% CI = 1.10 to 1.26). There was an interaction between these variables in the smaller model (excluding outlying site), with males < 65 years of age being more likely to be assessed (aRR = 1.14, 95% CI = 1.02 to 1.37).

Conclusions

Emergency department assessment of self-harm was highly variable among institutions. Presence of specific assessment policies was associated with higher assessment rates. Assessment varied based upon patient characteristics. The identification of self-harm in 2.7% of ED patients indicates that a substantial proportion of current risk of self-harm may go unidentified, particularly in certain patient groups.

<http://dl.acm.org/citation.cfm?id=2488196>

An integrated framework for suicide risk prediction.

Truyen Tran, Dinh Phung, Wei Luo, Richard Harvey, Michael Berk, Svetha Venkatesh

KDD '13 Proceedings of the 19th ACM SIGKDD international conference on Knowledge discovery and data mining

Pages 1410-1418

Suicide is a major concern in society. Despite of great attention paid by the community with very substantive medico-legal implications, there has been no satisfying method that can reliably predict the

future attempted or completed suicide. We present an integrated machine learning framework to tackle this challenge. Our proposed framework consists of a novel feature extraction scheme, an embedded feature selection process, a set of risk classifiers and finally, a risk calibration procedure. For temporal feature extraction, we cast the patient's clinical history into a temporal image to which a bank of one-side filters are applied. The responses are then partly transformed into mid-level features and then selected in l1-norm framework under the extreme value theory. A set of probabilistic ordinal risk classifiers are then applied to compute the risk probabilities and further re-rank the features. Finally, the predicted risks are calibrated. Together with our Australian partner, we perform comprehensive study on data collected for the mental health cohort, and the experiments validate that our proposed framework outperforms risk assessment instruments by medical practitioners.

<http://link.springer.com/article/10.1007/s11920-013-0389-9>

The Link Between Suicide and Insomnia: Theoretical Mechanisms.

W. Vaughn McCall, Carmen G. Black

Topical Collection on Sleep Disorders

Current Psychiatry Reports

August 2013, 15:389

Insomnia has been established as a risk factor for depression and mental illness for decades, but a growing body of evidence has recently exposed insomnia to be an independent risk factor for suicide that encompasses all age ranges. This discovery has invigorated investigation to elucidate the relationship between insomnia and suicide, and over 20 studies reinforcing this association in adults have been published since 2010 alone. This article analyzes relevant research and emphasizes studies published within the last three years with the intent of proposing theoretical mechanisms explaining the link between suicide and insomnia. These mechanisms may then be used as targets for future investigation of treatment.

<https://dspace.iup.edu/bitstream/handle/2069/2044/Margaret.C.Stewart.pdf>

Examining the Impact of Selected New Media on Spousal Relationships in the Military

Margaret C. Stewart

A Dissertation Submitted to the School of Graduate Studies and Research in Partial Fulfillment of the Requirements for the Degree

Doctor of Philosophy

Indiana University of Pennsylvania
August 2013

The United States Armed Forces were once comprised primarily of single young men. The military began to diversify as servicemen married and started families. As women joined the service a growth in military partnerships and dual - parent military households became increasingly prevalent. With these changes, coupled with the recent wars in Iraq and Afghanistan, challenges were realized about maintaining marital and family norms in balance with professional duties. The contemporary era of wars is hallmarked by longer tours and reoccurring deployments, further complicating the work - life balance for military personnel. This decade of wars parallels with innovation of new media and staggering societal adoption of online platforms for social networking and information - sharing. The trials and tribulations of deployment for military members and their loved ones require distinct efforts to communicate during extensive periods of time apart. With these modern outlets available to facilitate relational communication remotely, this study set forth to examine the impact of new media on spousal relationships in the military. Interviews with ten military spouses who experienced deployment indicated five themes regarding their use of new media: (1) mobility, (2) monitoring and surveillance, (3) community, (4) utility, and (5) uncertainty and urgency.

<http://psycnet.apa.org/psycinfo/2013-28550-001/>

A Meta-Analysis of the Relationship Between Job Burnout and Secondary Traumatic Stress Among Workers With Indirect Exposure to Trauma.

Cieslak, Roman; Shoji, Kotaro; Douglas, Allison; Melville, Erin; Luszczynska, Aleksandra; Benight, Charles C.

Psychological Services, Aug 12 , 2013

The study provides a systematic review of the empirical evidence for associations between job burnout and secondary traumatic stress (STS) among professionals working with trauma survivors, indirectly exposed to traumatic material. Differences in the conceptualization and measurement of job burnout and STS were assumed to moderate these associations. A systematic review of literature yielded 41 original studies, analyzing data from a total of 8,256 workers. Meta-analysis indicated that associations between job burnout and STS were strong (weighted $r = .69$). Studies applying measures developed within the compassion fatigue framework (one of the conceptualizations of job burnout and STS) showed significantly stronger relationships between job burnout and STS, indicating a substantial overlap between measures (weighted $r = .74$; 55% of shared variance). Research applying other frameworks and measures of job burnout (i.e., stressing the role of emotional exhaustion) and STS (i.e., focusing on symptoms resembling posttraumatic stress disorder or a cognitive shift specific for vicarious trauma) showed weaker, although still substantial associations (weighted $r = .58$; 34% of shared variance). Significantly stronger associations between job burnout and STS were found for: (a) studies conducted in the United States compared to other countries; (b) studies using English-language versions

of the questionnaires compared to other-language versions, and (c) research in predominantly female samples. The results suggest that, due to high correlations between job burnout and STS, there is a substantial likelihood that a professional exposed to secondary trauma would report similar levels of job burnout and STS, particularly if job burnout and STS were measured within the framework of compassion fatigue. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://www.ncbi.nlm.nih.gov/pubmed/23953170>

Psychiatry Res. 2013 Aug 13. pii: S0165-1781(13)00344-2. doi: 10.1016/j.psychres.2013.06.028. [Epub ahead of print]

Cognitive behavioural therapy with behavioural analysis for pharmacological treatment-resistant chronic insomnia.

Okajima I, Nakamura M, Nishida S, Usui A, Hayashida KI, Kanno M, Nakajima S, Inoue Y.

Source: Japan Somnology Center, Neuropsychiatric Research Institute, Tokyo, Japan; Department of Somnology, Tokyo Medical University, Tokyo, Japan; Yoyogi Sleep Disorder Center, Tokyo, Japan.
Electronic address: okajima@somnology.com.

This study aimed to determine whether (1) cognitive behavioural therapy with behavioural analysis for insomnia (CBTi-BA) is more effective for insomnia and co-morbid depressive symptoms than treatment as usual (TAU) and (2) whether CBTi-BA promotes earlier reduction of the daily dose of hypnotic medication in chronic insomnia resistant to pharmacological treatment. A total of 63 patients with chronic insomnia aged 20-77 years who already received hypnotic medication regularly were assigned to two interventions: combined therapy or TAU alone. The subjects provided demographic information and completed self-rating scales for insomnia and depressive symptoms. After treatment, the combined therapy group showed significant decreases in the symptoms of both insomnia and depression and significant reductions in the daily dose of hypnotic medication compared with the group receiving TAU alone. In the combined therapy group, 71% of the participants reported a reduction in insomnia to normal levels and 79% succeeded in decreasing the daily dose of hypnotics to 50% or less of the baseline dose. These results revealed that CBTi-BA can reduce insomnia and depressive symptoms as well as the daily dose of hypnotic medication in patients with chronic insomnia resistant to pharmacological treatment.

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<http://www.ncbi.nlm.nih.gov/pubmed/23952603>

Health Expect. 2013 Aug 19. doi: 10.1111/hex.12119. [Epub ahead of print]

Patients' and clinicians' experiences and perceptions of the primary care management of insomnia: qualitative study.

Davy Z, Middlemass J, Siriwardena AN.

Source: School of Health and Social Care, College of Social Science, University of Lincoln, Lincoln, UK.

BACKGROUND:

Insomnia is common leading to patients with sleep problems often presenting to primary care services including general practice, community pharmacies and community mental health teams. Little is known about how health professionals in primary care respond to patients with insomnia.

AIM:

We aimed to explore health professionals' and patients' experiences and perceptions of the management of insomnia in primary care.

DESIGN:

We used a qualitative design and thematic approach.

SETTING:

Primary care in Nottinghamshire and Lincolnshire.

METHOD:

We undertook focus groups and one-to-one interviews with a purposive sample of health professionals and adults with insomnia.

RESULTS:

We interviewed 28 patients and 23 health professionals. Practitioners focused on treating the cause of insomnia rather than the insomnia itself. They described providing stepped care for insomnia, but this focused on sleep hygiene which patients often disregarded, rather than cognitive behavioural therapy for insomnia (CBT-I). Practitioners were ambivalent towards hypnotic drugs but often colluded with patients to prescribe to avoid confrontation or express empathy. Patients sometimes took hypnotics in ways that were not intended, for example together with over-the-counter medication. Practitioners and patients were sometimes but not always concerned about addiction. Practitioners sometimes prescribed despite these concerns but at other times withdrew hypnotics abruptly without treating insomnia. Both patients and practitioners wanted more options and better training for the management of insomnia in primary care.

CONCLUSION:

A better understanding of the current approaches and difficulties in the management of insomnia will help to inform more therapeutic options and health professional training.

<http://www.ncbi.nlm.nih.gov/pubmed/23949486>

Curr Psychiatry Rep. 2013 Sep;15(9):389. doi: 10.1007/s11920-013-0389-9.

The link between suicide and insomnia: theoretical mechanisms.

McCall WV, Black CG.

Source: Department of Psychiatry and Health Behavior, Medical College of Georgia, Georgia Regents University, 997 St. Sebastian Way, Augusta, GA, 30912, USA, wmccall@gru.edu.

Insomnia has been established as a risk factor for depression and mental illness for decades, but a growing body of evidence has recently exposed insomnia to be an independent risk factor for suicide that encompasses all age ranges. This discovery has invigorated investigation to elucidate the relationship between insomnia and suicide, and over 20 studies reinforcing this association in adults have been published since 2010 alone. This article analyzes relevant research and emphasizes studies published within the last three years with the intent of proposing theoretical mechanisms explaining the link between suicide and insomnia. These mechanisms may then be used as targets for future investigation of treatment.

<http://www.ncbi.nlm.nih.gov/pubmed/23953024>

J Affect Disord. 2013 Aug 14. pii: S0165-0327(13)00500-4. doi: 10.1016/j.jad.2013.06.020. [Epub ahead of print]

Predictors and moderators of response to internet-delivered Interpersonal Psychotherapy and Cognitive Behavior Therapy for depression.

Donker T, Batterham PJ, Warmerdam L, Bennett K, Bennett A, Cuijpers P, Griffiths KM, Christensen H.

Source: Black Dog Institute, Sydney, Australia; University of New South Wales, Sydney, Australia; Department of Clinical Psychology, VU University, Amsterdam, The Netherlands; EMGO Institute for Health and Care Research, VU University and VU University Medical Center, Amsterdam, The Netherlands. Electronic address: T.Donker@unsw.edu.au.

BACKGROUND:

By identifying which predictors and moderators lead to beneficial outcomes, accurate selection of the best initial treatment will have significant benefits for depressed individuals.

METHOD:

An automated, fully self-guided randomized controlled internet-delivered noninferiority trial was conducted comparing two new interventions (Interpersonal Psychotherapy [IPT; n=620] and Cognitive Behavioral Therapy [CBT; n=610]) to an active control intervention (MoodGYM; n=613) over a period of

4 weeks to spontaneous visitors of an internet-delivered therapy website (e-couch). A range of putative predictors and moderators (socio-demographic characteristics [age, gender, marital status, education level], clinical characteristics [depression/anxiety symptoms, disability, quality of life, medication use], skills [mastery and dysfunctional attitudes] and treatment preference) were assessed using internet-delivered self-report measures at baseline and immediately following treatment and at six months follow-up. Analyses were conducted using Mixed Model Repeated Measures (MMRM).

RESULTS:

Female gender, lower mastery and lower dysfunctional attitudes predicted better outcome at post-test and/or follow-up regardless of intervention. No overall differential effects for condition on depression as a function of outcome were found. However, based on time-specific estimates, a significant interaction effect of age was found. For younger people, internet-delivered IPT may be the preferred treatment choice, whereas older participants derive more benefits from internet-delivered CBT programs.

LIMITATIONS:

Although the sample of participants was large, power to detect moderator effects was still lacking.

CONCLUSIONS:

Different e-mental health programs may be more beneficial for specific age groups. The findings raise important possibilities for increasing depression treatment effectiveness and improving clinical practice guidelines for depression treatment of different age groups.

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http://www.hsrd.research.va.gov/publications/esp/partner_violence.pdf

Intimate Partner Violence: Prevalence Among U.S. Military Veterans and Active Duty Servicemembers and a Review of Intervention Approaches.

NC Durham, JM Gierisch, A Shapiro, NN Grant, HA King, JR MCDuffie, JW Williams

U.S. Department of Veterans Affairs

Evidence-Based Synthesis Program

August 2013

Key Points

The overall prevalence of 12-month IPV perpetration among active duty servicemembers was 22 percent, and victimization was 30 percent. Both estimates had high heterogeneity.

Among active duty populations, moderator analysis by era of service, IPV severity, and gender all showed group differences, but each pooled subgroup estimate also had high heterogeneity. Thus, the variability in prevalence is likely due to a combination of factors.

Of the 12 studies that assessed IPV among Veterans, only 5 assessed IPV perpetration. Populations and outcomes were too heterogeneous to meta-analyze. The prevalence of IPV perpetration within the last year ranged considerably (15% to 60%). However, samples consisted of specialized populations (e.g., Veterans seeking relationship help, newly returning OEF/OIF Veterans referred to behavioral health) with a high mental health burden, or were gender-specific samples.

Only eight studies assessed IPV victimization among Veterans. None of these studies provided estimates for male Veterans, and only two provided an estimate of 12-month prevalence; estimates ranged from 7 percent to 12 percent. Among women Veterans, the prevalence of lifetime IPV victimization was 35 percent. The estimate had high heterogeneity, but limited data precluded moderator analysis to query for subgroup differences.

Links of Interest

In Afghanistan, redeployed U.S. soldiers still coping with demons of post-traumatic stress
http://www.washingtonpost.com/world/in-afghanistan-redeployed-us-soldiers-still-coping-with-demons-of-post-traumatic-stress/2013/08/18/27c18e96-0058-11e3-8294-0ee5075b840d_story.html

Bully Prevention Resources for Military Families
http://www.health.mil/News_And_Multimedia/News/detail/13-08-16/Bully_Prevention_Resources_for_Military_Families.aspx

The Marine's Secret Weapon: Coffee
<http://atwar.blogs.nytimes.com/2013/08/16/the-marines-secret-weapon-coffee/>

What Military Caregivers Need to Know about Assistive Technologies
<http://www.extension.org/pages/68593/what-military-caregivers-need-to-know-about-assistive-technologies>

Researchers identify biomarkers for possible blood test to predict suicide risk
http://www.eurekalert.org/pub_releases/2013-08/iu-rib081913.php

Suicide prevention: Resiliency key to overcoming threat to Army ranks
http://www.army.mil/article/101335/Suicide_prevention_Resiliency_key_to_overcoming_threat_to_Army_ranks/

CSF2 sees culture of resilience growing in Army family
http://www.army.mil/article/109529/CSF2_sees_culture_of_resilience_growing_in_Army_family/

How to Answer Security Clearance Question on Psychological Health
http://www.health.mil/blog/13-08-21/How_to_Answer_Security_Clearance_Question_on_Psychological_Health.aspx

Research Tip of the Week: [Military Sexual Assault LibGuide](#)

LibGuides are customized subject-oriented pathfinders created by librarians (mainly at academic libraries) to help with research. Typically, they contain annotated links to websites, government documents, journal articles, etc.

This particular guide was created by Vicki Tate, who is head of the government documents department at the University of South Alabama Library. It contains links to “materials published by a federal agency or at the behalf of a federal agency,” including GAO reports, congressional hearings, relevant government and DoD agencies, surveys, etc.

The screenshot shows the University of South Alabama University Library website. The header features the USA logo and the text "University of South Alabama University Library". Below the header, there is a navigation menu with options like "HOME", "GOVERNMENT DOCUMENTS", "CONGRESSIONAL HEARINGS", "POLICIES & REGULATIONS", "SURVEYS", "GAO REPORTS", and "ARTICLES". The main content area is divided into several sections:

- FEDERAL DEPOSITORY LIBRARY:** Includes the USA logo and text stating "The University of South Alabama Libraries have been a Federal Depository since 1968."
- About this Guide:** A text box explaining that the guide was created as a supplement to a display in the Government Documents Dept. (2nd Floor South) during the Fall of 2013, reflecting government documents materials available to the University of South Alabama community.
- My Profile:** A section featuring a portrait of Vicki Tate, the creator of the guide, along with her contact information and a "Send Email" link.
- DOCUMENTS LINKS:** A list of links including "USA Government Documents Home Page", "Law & Government Documents Databases", and "Government Databases & Registries".
- General Resources: Government-related Databases:** A list of resources such as "Air University Library Index to Military Periodicals (AULIMP)", "DTIC Online", "GAO Reports & Testimonies", and "ProQuest Congressional Publications".

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