



CDP Research Update -- June 12, 2014

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<http://www.ncbi.nlm.nih.gov/pubmed/24901060>

Crisis. 2014 Jan 1;35(3):193-201.

A CBT-Based Psychoeducational Intervention for Suicide Survivors.

Wittouck C, Van Autreve S, Portzky G, van Heeringen K

Background:

Bereavement following suicide is associated with an increased vulnerability for depression, complicated grief, suicidal ideation, and suicide. There is, however, a paucity of studies of the effects of interventions in suicide survivors.

Aims:

This study therefore examined the effects of a cognitive behavioral therapy (CBT)-based psychoeducational intervention on depression, complicated grief, and suicide risk factors in suicide survivors.

Method:

In total, 83 suicide survivors were randomized to the intervention or the control condition in a cluster randomized controlled trial. Primary outcome measures included maladaptive grief reactions, depression, suicidal ideation, and hopelessness. Secondary outcome measures included grief-related cognitions and coping styles.

Results:

There was no significant effect of the intervention on the outcome measures. However, the intensity of symptoms of grief, depressive symptoms, and passive coping styles decreased significantly in the intervention group but not in the control group.

Conclusion:

The CBT-based psychoeducational intervention has no significant effect on the development of complicated grief reactions, depression, and suicide risk factors among suicide survivors. The intervention may, however, serve as supportive counseling for suicide survivors.

<http://www.ncbi.nlm.nih.gov/pubmed/24899765>

Sleep. 2014 Apr 1;37(4):775-783.

Altered Emotion Perception in Insomnia Disorder.

Kyle SD, Beattie L, Spiegelhalder K, Rogers Z, Espie CA.

STUDY OBJECTIVES:

Chronic insomnia is a prevalent sleep disorder that negatively affects daytime functioning and confers risk for the future development of psychiatric disorder. Patients with insomnia often report problems with emotion regulation and impaired social interactions. Moreover, experimental sleep loss in healthy adults is associated with altered reactivity to and interpretation of emotional information. In the current study, we investigated socioemotional processing in patients with chronic insomnia disorder relative to healthy good sleepers.

DESIGN:

Between-groups comparison.

SETTING:

Sleep Research Laboratory.

PARTICIPANTS:

Patients with well-defined psychophysiological insomnia (PI; n = 16), free from psychiatric disorder, and an age- and sex-matched control group of good sleepers (GS; n = 15).

INTERVENTIONS: N/A.

MEASUREMENT AND RESULTS:

All participants completed a facial expression recognition task, between 18:00 and 19:00, requiring participants to categorize and rate the intensity of four emotional expression categories: anger, fear, happiness, and sadness. People with PI did not differ from GS with respect to categorization of facial expressions. However, in terms of intensity judgements, across all emotion categories, patients tended to rate faces as less emotionally intense (Cohen's $d = 0.70$). Specifically, they rated expressions displaying sadness and fear as significantly less emotionally intense than healthy GS (both $P < 0.05$; Cohen's $d = 0.77$ and 0.89 , respectively). Measures of sleepiness (Psychomotor Vigilance Test, Karolinska Sleepiness Scale) or self-reported sleep were not reliably associated with emotional intensity ratings. However, anxiety and depression were negatively related to intensity ratings.

CONCLUSION: For the first time we show that chronic insomnia is associated with reduced ratings of emotion intensity for face expressions displaying sadness and fear. Further work is required to elucidate possible mechanisms and pathways underlying insomnia-related emotional impairment.

<http://www.ncbi.nlm.nih.gov/pubmed/24901325>

J Head Trauma Rehabil. 2014 Jun 4. [Epub ahead of print]

Traumatic Brain Injury and Psychogenic Seizures in Veterans.

Salinsky M, Storzbach D, Goy E, Evrard C

OBJECTIVE:

To evaluate a proposed seizure etiology of traumatic brain injury (TBI) as a risk factor for psychogenic nonepileptic seizures (PNESs), the effect of reported TBI severity on the diagnosis of PNES versus epileptic seizures (ESs), and the potential moderating role of posttraumatic stress disorder (PTSD).

PARTICIPANTS, SETTING:

Veterans with a diagnosis of PNES or ES during epilepsy monitoring at a Veterans Affairs Medical Center. **DESIGN:** Retrospective review of seizure type, proposed seizure etiology, TBI severity, and PTSD.

MAIN OUTCOMES:

Both PNES and ES groups were compared for TBI history and severity, and prior diagnosis of PTSD.

RESULTS:

Traumatic brain injury was the proposed seizure etiology for 57% of 67 PNES patients versus 35% of 54 ES patients ($P < .05$). It was mild in 87% of PNES patients and 37% of ES patients ($P < .001$). Posttraumatic stress disorder increased the likelihood of diagnosing PNES versus ES in Veterans with mild TBI as the proposed seizure etiology.

CONCLUSIONS:

Veterans with PNES commonly cite a TBI as the cause for seizures. Mild TBI was strongly associated with PNES versus ES. Posttraumatic stress disorder may moderate the development of PNES in Veterans with a history of mild TBI. Clinicians caring for Veterans with seizures may use these results in selecting patients for early diagnostic evaluation.

<http://pb.rcpsych.org/content/early/2014/05/21/pb.bp.113.046474.abstract>

Demographic and clinical characteristics of UK military veterans attending a psychological therapies service.

Clarissa M. Giebel, Paul Clarkson¹ and David Challis

The Psychiatric Bulletin

Published online ahead of print June 5, 2014

Aims and method To investigate the demographic and clinical characteristics of subgroups of UK veterans attending a dedicated psychological therapies service following the Improving

Access to Psychological Therapies (IAPT) treatment model. Veterans accessing a newly established service in the north-west were categorised into three groups: early service leavers, those with a physical disability, and substance and/or alcohol misusers. Anxiety, depression and social functioning were measured pre- and post-treatment.

Results Veterans vary in their demographic and clinical characteristics as well as in treatment efficacy, as measured by the post-treatment scores on probable depression and anxiety. Therapy appears to be most effective in early service leavers, whereas veterans with a physical disability or a substance or alcohol misuse problem tend not to do as well in terms of symptoms of depression or anxiety.

Clinical implications This study highlights the importance of targeting different veteran subgroups for dedicated psychological therapy.

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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-13-00308>

Military Inpatient Residential Treatment of Substance Abuse Disorders: The Eisenhower Army Medical Center Experience.

Scott R. Mooney, PhD; COL Philip A. Horton, MS USA; COL John H. Trakowski, MS USA; Janet H. Lenard, EdD, LCSW; Mark R. Barron, PhD; CPT Peggy V. Nave, MS USA; Melissa S. Gautreaux, MS; Heather D. Lott

Military Medicine

Volume 179 Issue 6, June 2014, pp. 674-678

Opened in 2009, the Dwight D. Eisenhower Army Medical Center Inpatient Residential Treatment Facility (RTF) is the largest and most well-established inpatient substance use disorder treatment facility in the Department of Defense. The RTF is a 28-day inpatient treatment program that employs evidence-based practices and is based on Alcoholics/Narcotics Anonymous principles that are incorporated with a hybrid of military daily structure regime including early morning physical training. Family involvement is encouraged. The RTF is staffed by a multidisciplinary team specializing in addictions and admits Active/Activated Service Members (SMs) from all Service branches, typically those who have failed other military/civilian substance use disorder programs. Eighty-seven percent of SMs referred to the program successfully commenced, with continuous sobriety observed in over half of SMs 6 months later,

and 1 year relapse rates comparable to other alcohol treatment programs. Limitations of our program evaluation efforts, lessons learned, and recommendations for the way ahead are shared.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-13-00327>

Driving Difficulties Among Military Veterans: Clinical Needs and Current Intervention Status.

Elizabeth Possis, PhD; Thao Bui, PhD; Margaret Gavian, PhD; Jennie Leskela, PhD; Effie Linardatos, PhD; Jennifer Loughlin, PhD; Thad Strom, PhD

Military Medicine

Volume 179 Issue 6, June 2014, pp. 633-639

Military personnel deployed to Iraq and Afghanistan often develop mental health difficulties, which may manifest as problematic driving behavior. Veterans may be more likely to engage in risky driving and to subsequently be involved in motor vehicle accidents and fatalities. This article reviews literature on driving difficulties among military veterans and evaluates available research on the potential pathways that underlie risky driving behavior. Current interventions for problematic driving behaviors are considered, and the necessity of modifying these interventions to address the unique difficulties encountered by military veterans is highlighted. The review concludes with a discussion of clinical implications of these findings and identification of possible avenues for future research and intervention.

<http://scholarworks.lib.csusb.edu/etd/39/>

Effects of Life Events on the Onset of Delayed Post-Traumatic Stress Disorder in Aging Combat Veterans

Meaghan L. Martin

Thesis, Master of Social Work (June 2014)

California State University - San Bernardino

This research examined life events that affect the onset of delayed Post-Traumatic Stress Disorder in aging combat veterans. A common result from experiencing combat trauma is Post-Traumatic Stress Disorder. There is a rapidly growing veteran population experiencing delayed

onset Post-Traumatic Stress Disorder. The occurrence of additional life stressors may increase the likelihood that someone will develop Post-Traumatic Stress Disorder in response to a prior traumatic event. Participants of the study were combat veterans over the age of 65. Qualitative data were gathered from interviewing participants on life events they have experienced since combat exposure as well as Post-Traumatic Stress Disorder symptoms. Findings suggested that life events contribute to the delayed onset of Post-Traumatic Stress Disorder in aging combat veterans. Understanding the development and causes of delayed Post-Traumatic Stress Disorder will help social work practice develop and move forward with programs to improve the quality of life for aging veterans.

<http://onlinelibrary.wiley.com/doi/10.1111/nuf.12097/abstract>

The Lived Experience of Female Veterans Deployed to the Gulf War II.

Conard, P. and Scott-Tilley, D.

Nursing Forum

Article first published online: 5 JUN 2014

Purpose

The purpose of this inquiry is to discover the experiences of female veterans in order to understand the impacts of combat on their physical and mental health, and to shed light on directions for future research. The research question for this inquiry is: What is the lived experience of female combat veterans who deployed to Iraq and Afghanistan from 2001 through 2013?

Methods

The methodology used in this qualitative inquiry is a descriptive phenomenological approach using Husserl's philosophical framework. Colaizzi's method was used for data analysis.

Findings

Analysis revealed seven themes: living in constant fear while deployed, combat has different meanings, bringing the war home, fear of being forever changed, disrespect from fellow military members, physical health—for better or worse, and combat has rewarding experiences.

Conclusion

Early detection and assessment is crucial to providing interventions to military veterans to reduce the invisible wound of war, posttraumatic stress disorder, and ultimately increase the quality of life.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-13-00340>

An Epidemiological Assessment of Reintegration and Behavioral Health Risk at Joint Base Lewis-McCord, Washington.

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Military Medicine

Volume 179 Issue 6, June 2014, pp. 594-601

Soldiers from a brigade at Joint Base Lewis-McChord, Washington, were alleged to have committed numerous crimes, including murder of civilians, during a recent deployment. This study was done to assist the command with (1) analyzing the climate and challenges facing redeploying Soldiers; (2) assessing behavioral risk at both individual and unit levels through targeted reintegration screening; and (3) recommending mitigating strategies to enhance current reintegration processes and reduce the level of high-risk behavior among Soldiers following deployment. The findings from this public health investigation suggest levels of risk and major areas of concern during the redeployment period varied across battalions within the brigade and that risk stratification postdeployment was not correlated with discernible differences in predeployment indicators. Acts of violence were limited to the deployment and immediate postdeployment periods and were allegedly perpetrated by a very small number of Soldiers.

<http://contentdm.washburnlaw.edu/cdm/ref/collection/wlj/id/6261>

Balancing the Reasonable Requirements of Employers and Veterans Living with Traumatic Brain Injury—The Modern U.S. Military's 'Signature Injury' Is a Game Changer.

Michael L. Fessinger

Washburn Law Journal, Vol. 53 (2013-2014), p. 327-363

Historically, U.S. veterans disabled while on active duty have endured the effects of their disabilities long after the public praise and admiration for their sacrifice has faded. Compounding this unfortunate reality are the challenges disabled veterans face beyond those associated with their physical and mental recovery. Reintegration into the job market is difficult as the United States continues its efforts to raise the national employment rate. Further, homelessness remains a problem for veterans. The U.S. Department of Veterans Affairs ("VA"), marred with a reputation of inefficiency and ineffectiveness, has been bluntly described as a "failure" and a "national embarrassment," and the infamous disability claims backlog has recently garnered outrage.

...

Further complicating matters are the challenges that employers face when hiring and employing this group of veterans. TBI encompasses a myriad of symptoms that occur in varying combinations on a case-by-case basis, meaning that employers cannot accurately predict the kinds of accommodations affected veterans may require in the workplace. Embedded in this uncertainty are various employer considerations, including the cost of accommodation, the adverse consequences that the accommodation may have on the overall workplace, and the outside pressure from private and governmental organizations to hire veterans.¹⁶ Employers must also consider various federal civil rights and employment-related statutes, such as the Americans with Disabilities Act (“ADA”), the Uniformed Services Employment and Reemployment Rights Act (“USERRA”), and the Family and Medical Leave Act (“FMLA”), in order to avoid exposure to liability when employing veterans coping with TBI.

<http://www.ncbi.nlm.nih.gov/pubmed/24891564>

J Aging Health. 2014 Jun 2. pii: 0898264314534893. [Epub ahead of print]

Veteran Status and Men's Later-Life Cognitive Trajectories: Evidence from the Health and Retirement Study.

Brown MT, Wilmoth JM, London AS.

OBJECTIVE:

The aim of this study is to determine the extent to which men's later-life cognitive trajectories vary by veteran status.

METHOD:

We use Health and Retirement Study data to estimate growth curve models examining men's later-life cognitive trajectories by veteran status, war service status, and period of service. Analyses control for early-life characteristics that influence selection into military service and later-life cognition, and mid- to late-life characteristics that potentially mediate the relationship between military service and later-life cognition.

RESULTS:

Veterans have higher cognition scores relative to nonveterans around retirement age, but their cognition scores decline more rapidly with increasing age, such that cognition scores are similar in both groups among the oldest old. Veterans who served during the Korean War have lower cognition scores around retirement age, but less steep age-related declines, than veterans who served during World War II.

DISCUSSION:

Findings are discussed in relation to the extant literature, future research, potential service needs, and study limitations.

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<http://www.sciencedirect.com/science/article/pii/S0304394014004522>

Connecting combat-related mild traumatic brain injury with posttraumatic stress disorder symptoms through brain imaging.

Michelle Costanzo, Yi-Yu Chou, Suzanne Leaman, Dzung Pham, David Keyser, Dominic E. Nathan, Mary Coughlin, Paul Rapp, Michael J. Roy

Neuroscience Letters

Available online 4 June 2014

Mild traumatic brain injury (mTBI) and posttraumatic stress disorder (PTSD) may share common symptom and neuropsychological profiles in military service members (SMs) following deployment; while a connection between the two conditions is plausible, the relationship between them has been difficult to discern. The intent of this report is to enhance our understanding of the relationship between findings on structural and functional brain imaging and symptoms of PTSD. Within a cohort of SMs who did not meet criteria for PTSD but were willing to complete a comprehensive assessment within 2 months of their return from combat deployment, we conducted a nested case–control analysis comparing those with combat-related mTBI to age/gender-matched controls with diffusion tensor imaging, resting state functional magnetic resonance imaging and a range of psychological measures. We report degraded white matter integrity in those with a history of combat mTBI, and a positive correlation between the white matter microstructure and default mode network (DMN) connectivity. Higher clinician-administered and self-reported subthreshold PTSD symptoms were reported in those with combat mTBI. Our findings offer a potential mechanism through which mTBI may alter brain function, and in turn contribute to PTSD symptoms.

<http://onlinelibrary.wiley.com/doi/10.1002/j.2161-1920.2014.00044.x/abstract>

Contextual Career Counseling for Transitioning Military Veterans.

Meredith A. Rausch

Journal of Employment Counseling

Volume 51, Issue 2, pages 89–96, June 2014

Military culture is a unique subset of the United States, complete with its own language, writing style, norms, membership, rank structure, values, and laws (Harmon, 2007). Using contextual theory for career counseling, counselor educators can assist counselors-in-training in understanding the effects of the military environment on clients who are military veterans. This article includes a review of the literature and a call for research..

<http://www.sciencedirect.com/science/article/pii/S0277953614003451>

PTSD in the U.S. Military, and the Politics of Prevalence.

Michael P. Fisher

Social Science & Medicine

Available online 1 June 2014

Despite the long-standing codification of posttraumatic stress disorder (PTSD) as a mental disorder, the diagnosis is a controversial one whose legitimacy is at times disputed, particularly in U.S. military contexts (e.g., McNally & Frueh 2013; McNally 2003; 2007). These disputes often manifest in a struggle over prevalence rates. Utilizing data from in-depth interviews and relying on situational analysis methodology (Clarke, 2005), I highlight this struggle in the wake of a decade of U.S.-led war in Afghanistan and Iraq. I focus on the objects of contestation employed by public officials, veterans' advocates, and researchers to make or refute claims about PTSD prevalence. These objects of contestation include the diagnostic category and criteria; screening tools, procedures, or systems; and the individuals who express symptoms of the disorder. Based on these claims, I make two key interrelated assertions. First, PTSD is viewed by some public officials as an overly generalized or invalid diagnostic category that is often induced in or falsified by veterans or servicemembers. As such, PTSD is perceived by these stakeholders to be over-diagnosed. Compounding these perceptions are beliefs that PTSD is costly and negatively impacts military duty performance, and thus overall manpower. Second, there exist perceptions, largely on the part of veterans' advocates but also some public officials, that many servicemembers and veterans are not seeking treatment (and thus, a diagnosis) when they experience symptoms of PTSD. Thus, PTSD is perceived by these stakeholders to be under-diagnosed. Paradoxically, some public officials make both claims: that PTSD is over-diagnosed and under-diagnosed. I conclude by exploring the implications of these findings.

<http://www.sciencedirect.com/science/article/pii/S1077722914000819>

Cognitive-Behavioral Conjoint Therapy for PTSD: Application to an Operation Enduring Freedom Veteran.

Tabatha Blount, Steffany J. Fredman, Nicole D. Pukay-Martin, Alexandra Macdonald, Candice M. Monson

Cognitive and Behavioral Practice

Available online 2 June 2014

There is increasing recognition that combat-related posttraumatic stress disorder (PTSD) affects the service member or veteran who experienced the trauma, his or her partner, and their relationship more broadly. Reactions by partners and other loved ones can also serve as impediments to, or facilitators of, recovery in the wake of trauma exposure. In this article, we highlight research findings related to the association between PTSD symptoms and intimate relationship functioning in service members and veterans from the current conflicts and describe the application of cognitive-behavioral conjoint therapy for PTSD (CBCT for PTSD; Monson & Fredman, 2012), a disorder-specific couple therapy designed to simultaneously decrease PTSD symptoms and enhance intimate relationship functioning, to a veteran with combat-related PTSD and his wife. We conclude by discussing the powerful role that partners can play in helping individuals with combat-related PTSD recover from the disorder through improved communication, decreased couple-level avoidance, and modification of cognitions held by either member of the couple that can maintain PTSD symptoms and/or relationship distress.

<http://www.sciencedirect.com/science/article/pii/S0165032714003310>

Do depression treatments reduce suicidal ideation? the effects of CBT, IPT, pharmacotherapy, and placebo on suicidality.

Erica Weitz, Steven D. Hollon, Ad Kerkhof, Pim Cuijpers

Journal of Affective Disorders

Available online 1 June 2014

Background

Many well-researched treatments for depression exist. However, there is not yet enough evidence on whether these therapies, designed for the treatment of depression, are also effective for reducing suicidal ideation. This research provides valuable information for researchers, clinicians, and suicide prevention policy makers.

Methods

Analysis was conducted on the Treatment for Depression Research Collaborative (TDCRP) sample, which included CBT, IPT, medication, and placebo treatment groups. Participants were included in the analysis if they reported suicidal ideation on the HRSD or BDI (score of ≥ 1).

Results

Multivariate linear regression indicated that both IPT ($b=.41$, $p<.05$) and medication ($b =.47$, $p<.05$) yielded a significant reduction in suicide symptoms compared to placebo on the HRSD. Multivariate linear regression indicated that after adjustment for change in depression these treatment effects were no longer significant. Moderate Cohen's d effect sizes from baseline to post-test differences in suicide score by treatment group are reported.

Limitations

These analyses were completed on a single suicide item from each of measures. Moreover, the TDCRP excluded participants with moderate to severe suicidal ideation.

Conclusions

This study demonstrates the specific effectiveness of IPT and medications in reducing suicidal ideation (relative to placebo), albeit largely as a consequence of their more general effects on depression. This adds to the growing body of evidence that depression treatments, specifically IPT and medication, can also reduce suicidal ideation and serves to further our understanding of the complex relationship between depression and suicide.

<http://www.sciencedirect.com/science/article/pii/S092493381400008X>

Correlations between interpersonal and cognitive difficulties: Relationship to suicidal ideation in military suicide attempters.

L. Shelef, E. Fruchter, J.J. Mann, A. Yacobi

European Psychiatry

Available online 3 June 2014

Background

Understanding suicidal ideation may help develop more effective suicide screening and intervention programs. The interpersonal and the cognitive-deficit theories seek to describe the factors leading to suicidal behavior. In the military setting it is common to find over- and under-reporting of suicidal ideation. This study sought to determine the relationship between these two models and determine to what degree their components can indirectly predict suicidal ideation.

Methods

Suicide attempters (n = 32) were compared with non-suicidal psychologically treated peers (n = 38) and controls (n = 33), matched for sex and age (mean 19.7 years). Pearson's analysis was used to quantify the relationship between the variables from the two models and hierarchical regression analysis was used to determine the explanation of suicidal ideation variance by these variables.

Results

Suicide attempters have more difficulties in problem-solving, negative emotion regulation and burdensomeness compared with their peers ($P < .001$). These variables are all closely correlated with each other and to suicide ideation ($r > \pm 0.5$; $P < .001$). Prior suicide attempt, loneliness and burdensomeness together explain 65% ($P < .001$) of the variance in suicidal ideation.

Conclusions

Suicidal ideation is strongly correlated with components of interpersonal and cognitive difficulties. In addition to assessing current suicidal ideation, clinicians should assess past suicide attempt, loneliness and burdensomeness.

<http://link.springer.com/article/10.1007/s10608-014-9622-z>

Obsessive Compulsive Symptom Dimensions and Suicide: The Moderating Role of Anxiety Sensitivity Cognitive Concerns.

Amanda M. Raines, Daniel W. Capron, Allyson C. Bontempo, Brittney F. Dane, Norman B. Schmidt

Cognitive Therapy and Research

June 2014

Extant work on the relationship between obsessive-compulsive disorder (OCD) and suicide is scarce. Moreover no research has examined potential moderators that may increase risk for suicide among those with OCD. The current study examined the moderating role of anxiety sensitivity (AS) cognitive concerns. The cognitive concerns subscale of AS, which reflects fears of cognitive dyscontrol, has been found to be associated with the obsessions dimension of OCD and increased suicidality in a number of populations. The sample included 80 patients (3.8 % with a primary OCD diagnosis) recruited from the community to participate in a larger clinical trial investigating the effects of an AS intervention on suicide. Results indicated the obsessive dimension of OCD was associated with increased suicidality. Additionally, AS cognitive concerns moderated the relationship between these variables. Future research should examine the relationships between these constructs prospectively. Results of this investigation highlight

the importance of assessing suicidal risk as part of a comprehensive OCD assessment.

<http://www.sciencedirect.com/science/article/pii/S0005789414000768>

Cognitive and Interpersonal Vulnerability to Suicidal Ideation: A Weakest Link Approach.

Evan M. Kleiman, Jonathan P. Stange, Jessica L. Hamilton, Lauren B. Alloy, John H. Riskind

Behavior Therapy

Available online 1 June 2014

In contrast with traditional models of risk for suicidal ideation that combine multiple vulnerability components into one composite measure, weakest link perspectives posit that individuals are as vulnerable as their most vulnerable component (or “weakest link”). Such a perspective has been applied to depression, but has not been evaluated with respect to suicidal ideation. Thus, the goal of the present study was to apply a weakest link perspective to the study of suicidal ideation. We hypothesized that an individual’s “weakest link” among vulnerability components from the hopelessness theory (HT) and interpersonal psychological theory of suicide (IPTS) would interact with high levels of stress to predict increases in suicidal ideation over a six-week period better than the traditional conceptualizations of HT or IPTS. Participants were 171 college students who completed measures of cognitive vulnerability, stress, and suicidal ideation twice over a period of six weeks. Bayesian regression analyses supported our hypotheses. The data fit the weakest link model using HT and IPTS components better than traditional conceptualizations of HT and IPTS. This study implies that weakest link models from depression may be useful in understanding which individuals are most vulnerable to experiencing suicidal ideation in the context of stress.

<http://gradworks.umi.com/36/15/3615933.html>

When female married Army war veterans return from Iraq and/or Afghanistan wars: A qualitative assessment of the husbands' lived experiences.

Cooper, Anthony G.,

Dissertation

Ph.D., CAPELLA UNIVERSITY, 2014

This qualitative, phenomenological study provides a broad view of the effects of Army female service members' post deployment psychological condition as described by their caregiver

husbands' perspective. The Department of Defense and Department of Veterans Affairs recognizes a need to provide increased services and support for veterans and their family members experiencing the effects of post war psychological conditions to include post-traumatic stress disorder (PTSD), depression, anxiety, alcohol, and drug abuse. These conditions can lead to outcomes, such as domestic violence, child abuse, suicidal thoughts, and other similar issues. This study provides a broad view of the effects of Army female service members' post-deployment psychological conditions as described by their husbands. Most of the research regarding the effects of psychological conditions on Army service members and their family members after returning from deployments to Iraq and Afghanistan has centered on the perspective of the wives. The conceptual framework of stress and emotions served as an appropriate method to gain in-depth knowledge into the husband's lived experiences with veteran female service members diagnosed with psychological conditions. This qualitative, phenomenological study addressed knowledge gaps in the literature regarding the husbands' descriptive perspective of their lived experiences into the phenomenon. The findings of this study may assist the Department of Defense, the Department of Veterans Affairs, and mental health professionals in their ability to provide gender-specific healthcare and better understand the caregiver husbands' lived experiences, stressors, thoughts, feelings, and decision making processes. This study serves as a basis for future research studies, lessons learned, and healthcare treatment and intervention methods for the growing population of husbands of Army female service members.

<http://informahealthcare.com/doi/abs/10.3109/09540261.2014.881330>

Linkages between insomnia and suicidality: Prospective associations, high-risk subgroups and possible psychological mechanisms.

Catherine Winsper , Nicole K. Y. Tang

International Review of Psychiatry 2014 26:2, 189-204

Insomnia can be lethal, increasing the risk of suicide and accidental death by overdose. In this review we present a synthesis of the literature investigating the insomnia–suicide link and the psychological mechanisms underpinning the association. Specifically, we review the findings of prospective epidemiological studies demonstrating the insomnia–suicide link in adult and adolescent community populations. Robust associations between insomnia and suicide are observed in clinically depressed and anxious populations, and there are indications across a number of cross-sectional and longitudinal studies that these linkages are attributable to a disrupted sleep pattern, dysfunctional beliefs about sleep and nightmares, independent of depression and anxiety symptoms. Borderline personality disorder (BPD) and chronic pain (CP) are highlighted as high-risk subgroups given the elevated rates of insomnia and suicidality in both conditions. Aside from the influence of comorbid depression and anxiety symptoms, emerging evidence has identified impulsivity and emotional dysregulation as possible

mechanisms driving the insomnia–suicide link in BPD, and catastrophizing and the sense of defeat/entrapment as potential cognitive pathways through which insomnia aggravates suicidality in CP. Screening for, and interventions that tackle, insomnia and these associated psychological mechanisms, offer a novel avenue for reducing suicidality across a range of clinical and non-clinical populations.

<http://www.sciencedirect.com/science/article/pii/S1053811914004522>

Combat-related blast exposure and traumatic brain injury influence brain glucose metabolism during REM sleep in military veterans.

Ryan P.J. Stocker, Marissa A. Cieply, Benjamin Paul, Hassen Khan, Luke Henry, Anthony P. Kontos, Anne Germain

NeuroImage

Available online 1 June 2014

Traumatic brain injury (TBI), a signature wound of Operations Enduring and Iraqi Freedom, can result from blunt head trauma or exposure to a blast/explosion. While TBI affects sleep, the neurobiological underpinnings between TBI and sleep are largely unknown. To examine the neurobiological underpinnings of this relationship in military veterans, [18 F]-fluorodeoxyglucose positron emission tomography (FDG PET) was used to compare mTBI-related changes in relative cerebral metabolic rate of glucose (rCMRglc) during wakefulness, Rapid Eye Movement (REM) sleep, and non-REM (NREM) sleep, after adjusting for the effects of posttraumatic stress (PTS). Fourteen veterans with a history of blast exposure and/or mTBI (B/mTBI) (age 27.5 ± 3.9) and eleven veterans with no history (No B/mTBI) (age 27.7 ± 3.8) completed FDG PET studies during wakefulness, REM sleep, and NREM sleep. Whole-brain analyses were conducted using Statistical Parametric Mapping (SPM8). Between group comparisons revealed that B/mTBI was associated with significantly lower rCMRglc during wakefulness and REM sleep in the amygdala, hippocampus, parahippocampal gyrus, thalamus, insula, uncus, culmen, visual association cortices, and midline medial frontal cortices. These results suggest that alterations in neurobiological networks during wakefulness and REM sleep subsequent to B/mTBI exposure may contribute to chronic sleep disturbances and differ in individuals with acute symptoms.

<http://www.sciencedirect.com/science/article/pii/S1555415514002335>

Military Mental Health Stigma Challenges: Policy and Practice Considerations.

Susanne W. Gibbons, Laurie Migliore, Sean P. Convoy, Shawna Greiner, Patrick H. DeLeon

The Journal for Nurse Practitioners

Volume 10, Issue 6, June 2014, Pages 365–372

All providers are challenged to reduce mental health stigma through awareness of service member mental health needs and advocacy. Individually stigmatizing perceptions and beliefs that interfere with mental health care become internalized into a service member's identity, persisting in veterans after military service. Years to decades can pass before a service member seeks professional help for psychological problems, and, therefore, practitioners need to be sensitive to subtle indications of distress. Furthermore, care that supports military members is culturally sensitive, innovative, and taps into resources for evidence-based interventions that maximize function and quality of life for service members and their families.

<http://onlinelibrary.wiley.com/doi/10.1111/cfs.12158/abstract>

Parental military service and adolescent well-being: mental health, social connections and coping among youth in the USA.

Lucier-Greer, M., Arnold, A. L., Grimsley, R. N., Ford, J. L., Bryant, C. and Mancini, J. A.

Child & Family Social Work

Article first published online: 1 JUN 2014

The association between parental military work factors and adolescent's well-being was examined. Data were collected from 1036 military youth. Using a within-group design, we examined adolescent's well-being related to parental absence, school and neighbourhood transitions, paygrade/rank and participation in military-sponsored activities, and differentiated outcomes by sex and age. Two parental work factors primarily influenced adolescent's well-being, parental paygrade/rank and engagement in military-sponsored activities. Parental paygrade/rank was the only factor uniformly related to poorer well-being, and this variable likely represents a more complex set of family circumstances. Engaging in military-sponsored activities served as a resource and was related to enhanced well-being. Individual-level differences and implications for social workers are discussed.

<http://www.tandfonline.com/doi/abs/10.1080/U5dAh6VLzx4>

How Military Wives Decide What to Share With Their Deployed Husbands: A Reciprocal Process.

Bryan M. Cafferky

Military Behavioral Health

Vol. 2, Iss. 2, 2014

For this study, 13 military wives were interviewed about how they decided what to share and what not to share with their deployed husbands. An inductive, line-by-line analysis revealed a reciprocal and dynamic decision-making process that progressively moved through four thematic internal questions that military wives asked themselves: (1) Can I share this information with my deployed husband? (2) How much of this information do I share with my deployed husband? (3) How do I share this information with my deployed husband? and (4) How did my husband respond? Their husbands' feedback reciprocally influenced how these military wives decided to disclose stressful information in the future.

<http://www.sciencedirect.com/science/article/pii/S009130221400051X>

Sex differences in anxiety and depression clinical perspectives.

Margaret Altemus, Nilofar Sarvaiya, C. Neill Epperson

Frontiers in Neuroendocrinology

Available online 1 June 2014

Sex differences are prominent in mood and anxiety disorders and may provide a window into mechanisms of onset and maintenance of affective disturbances in both men and women. With the plethora of sex differences in brain structure, function, and stress responsivity, as well as differences in exposure to reproductive hormones, social expectations and experiences, the challenge is to understand which sex differences are relevant to affective illness. This review will focus on clinical aspects of sex differences in affective disorders including the emergence of sex differences across developmental stages and the impact of reproductive events. Biological, cultural, and experiential factors that may underlie sex differences in the phenomenology of mood and anxiety disorders are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/24918473>

Clin J Pain. 2014 Jun 10. [Epub ahead of print]

Mediators and Moderators of Chronic Pain Outcomes in an Online Self-Management Program.

DasMahapatra P, Chiauzzi E, Pujol LM, Los C, Trudeau KJ

OBJECTIVES:

Little is known about the moderators and mediators of change in online pain interventions based on cognitive behavioral therapy (CBT). We hypothesized that the effects of painACTION.com, an online pain self-management program, on pain-related outcomes would be mediated by changes in depression, anxiety, and stress, as well as the use of coping strategies. We also examined potential moderators of change.

METHODS:

First, the efficacy of painACTION.com and moderators of the intervention effects were evaluated using a pooled sample from previous back, neuropathic, and arthritis pain studies. Next, we explored whether the intervention effect on the primary outcomes - pain severity and patient global impression of change (PGIC) was mediated by coping strategies or emotional functioning.

RESULTS:

Compared to controls, experimental participants evidenced significant improvement in pain, emotional functioning, and coping strategies from baseline to follow-up. There were no clear moderators of intervention effects. Changes in emotional factors, particularly stress levels, mediated the relationship between the intervention and outcome (pain severity) over time.

DISCUSSION:

This study supports the effectiveness of online interventions when CBT and self-management targets pain levels, emotional factors and wellness-focused coping. The importance of stress as a mediator of pain severity is discussed. The absence of moderators may indicate that the intervention is effective for a wide variety of patients with chronic pain.

<http://www.ncbi.nlm.nih.gov/pubmed/24916095>

Sleep Med. 2014 May 9. pii: S1389-9457(14)00158-0. doi: 10.1016/j.sleep.2014.03.017. [Epub ahead of print]

Metacognitive beliefs relate specifically to sleep quality in primary insomnia: a pilot study.

Palagini L, Piarulli A, Menicucci D, Cheli E, Lai E, Bergamasco M, Mauri M, Kyle SD, Espie CA, Gemignani A

OBJECTIVE:

To identify whether metacognitive aspects are a specific mental pattern of primary insomnia (PI) or an aspecific correlate of sleep alterations.

METHODS:

Sleep quality (Pittsburgh Sleep Quality Index: PSQI), anxiety (Self-rating Anxiety State: SAS), depression (Beck Depression Inventory: BDI) and metacognition (Metacognitions Questionnaire - Insomnia: MCQ-I) were evaluated in 24 PI patients, 13 snorers and 17 healthy controls. Rank-transformed PSQI, BDI, SAS and MCQ-I scores were submitted to one-way analysis of variance with group as a between-factor. PSQI was submitted to three-way analysis of covariance (ANCOVA) with MCQ-I, BDI or SAS as covariate and group as a between-factor. Post-hoc analyses were conducted using pairwise comparisons with Sidak correction.

RESULTS:

As expected, PSQI scores significantly differentiated the three groups, one from another: PI had highest scores followed by snorers and healthy controls. PI subjects had MCQ-I scores significantly higher than those of snorers and healthy controls; no difference between the latter groups was found. The ANCOVA on PSQI with MCQ-I as a covariate abolished the difference in sleep quality between PI and snorers, whereas covarying for BDI or SAS left the differences in sleep quality between the groups unchanged.

CONCLUSION:

These preliminary results lead to two main conclusions: (i) metacognitive aspects are more prominent in PI when compared to snorers and healthy controls; (ii) MCQI shows higher sensitivity in defining PI patients, with respect to PSQI. If these findings are confirmed and expanded by further studies, the development of a specific metacognitive model of primary insomnia may be warranted. Copyright © 2014 Elsevier B.V. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/24915847>

Eur J Med Res. 2014 Jun 10;19(1):32. [Epub ahead of print]

Functional connectivity changes between parietal and prefrontal cortices in primary insomnia patients: evidence from resting-state fMRI.

Li Y, Wang E, Zhang H, Dou S, Liu L, Tong L, Lei Y, Wang M, Xu J, Shi D, Zhang Q

BACKGROUND:

Primary insomnia can severely impair daytime function by disrupting attention and working memory and imposes a danger to self and others by increasing the risk of accidents. We speculated that the neurobiological changes impeding working memory in primary insomnia patients would be revealed by resting-state functional MRI (R-fMRI), which estimates the strength of cortical pathways by measuring local and regional correlations in blood oxygen level dependent (BOLD) signs independent of specific task demands.

METHODS:

We compared the R-fMRI activity patterns of 15 healthy controls to 15 primary insomnia patients (all 30 participants were right-handed) using a 3.0 T MRI scanner. The SPM8 and REST1.7 software packages were used for preprocessing and analysis. Activity was expressed relative to the superior parietal lobe (SPL, the seed region) to reveal differences in functional connectivity to other cortical regions implicated in spatial working memory.

RESULT: In healthy controls, bilateral SPL activity was associated with activity in the posterior cingulate gyrus, precuneus, ventromedial prefrontal cortex, and superior frontal gyrus, indicating functional connectivity between these regions. Strong functional connectivity between the SPL and bilateral pre-motor cortex, bilateral supplementary motor cortex, and left dorsolateral prefrontal cortex was observed in both the control group and the primary insomnia group. However, the strength of several other functional connectivity pathways to the SPL exhibited significant group differences. Compared to healthy controls, connectivity in the primary insomnia group was stronger between the bilateral SPL and the right ventral anterior cingulate cortex, left ventral posterior cingulate cortex, right splenium of the corpus callosum, right pars triangularis (right inferior frontal gyrus/Broca's area), and right insular lobe, while connectivity was weaker between the SPL and right superior frontal gyrus (dorsolateral prefrontal cortex).

CONCLUSION: Primary insomnia appears to alter the functional connectivity between the parietal and frontal lobes, cortical structures critical for spatial and verbal working memory.

<http://www.sciencedirect.com/science/article/pii/S1077722914000807>

Legal, Regulatory, and Risk Management Issues in the Use of Technology to Deliver Mental Health Care.

Greg M. Kramer, Julie T. Kinn, Matt C. Mishkind

Cognitive and Behavioral Practice

Available online 2 June 2014

Improved telecommunications networks and technologies have resulted in increased availability of technology-delivered mental health services to patients anywhere at any time, in particular to

those patients in rural and isolated communities. This increased use of technology to deliver mental health care over a distance raises a number of regulatory issues relevant for safe and effective practice. In this article we cover some of the key legal, regulatory, and risk management issues in today's telemental health (TMH) environment, with specific emphasis on licensure, malpractice, credentialing and privileging, security and privacy, and emergency management. The article further discusses some risk management considerations related to mobile health applications and the use of social networking to deliver TMH services. The information presented is expected to alleviate some risk concerns and provide a framework to effectively manage risk associated with telemental health care. This information should give any new or seasoned telemental health provider the foundation necessary to effectively manage risk associated with telemental health care.

<https://apha.confex.com/apha/142am/webprogram/Paper303189.html>

More things they carried: Adverse childhood experiences and mental health indicators among current and former military men.

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Robert Bossarte, Ph.D. , VISN 2 Center of Excellence for Suicide Prevention

142nd American Public Health Association Annual Meeting and Exposition

November 15 - 19, 2014

Adverse childhood experiences (ACEs) (e.g., parental divorce, physical and sexual abuse) are linked robustly with poor adult mental health such as depression and suicidality. Current and former military personnel have higher prevalence of ACEs than their non-military experienced peers. It is unclear how ACEs may explain differences in mental health between persons with and without military service history. To examine how ACEs associated with mental health among military-experienced men, we examined 2010 Behavioral Risk Factor Surveillance System data for men from eleven states that used the 11-item ACEs inventory (n=23,851). We used multivariable logistic regression, adjusted for age, race/ethnicity, education, and income, to test the association of military status with four mental health indicators (low social support, inadequate sleep, low satisfaction with life, and mental distress), current smoking, and heavy alcohol use. Adjusted Wald tests were used to examine the salience of military status before and after adjusting for ACEs. All analyses were weighted for complex survey design. Men with military service history reported higher mean scores on the ACEs inventory than non-military men (2.49 vs. 1.49, $p < .001$) and had higher odds of inadequate sleep, mental distress, and current smoking. ACEs significantly attenuated the association of military status with inadequate sleep and current smoking, and decreased the association with mental distress from OR=2.02

(1.45-2.81) to OR=1.49 (1.08-2.04). Early life trauma in the form of adverse childhood experiences may be an overlooked facet of current and former military personnel mental health.

Links of Interest

On Capitol Hill, Researchers Dispel the Myth That PTSD Cannot Be Treated

<http://www.aaas.org/news/capitol-hill-researchers-dispel-myth-ptsd-cannot-be-treated>

Study Links Pot Use With Poor Sleep

http://www.nlm.nih.gov/medlineplus/news/fullstory_146624.html

War's Elite Tough Guys, Hesitant to Seek Healing

<http://www.nytimes.com/2014/06/06/us/politics/wars-elite-tough-guys-hesitant-to-seek-healing.html>

Mindfulness study explores way for Soldiers to manage stress

http://www.army.mil/article/127523/Mindfulness_study_explores_way_for_Soldiers_to_manage_stress

Major Depressive Disorder Has Affected Nearly Half of Female OIF/OEF Veterans

<http://www.usmedicine.com/agencies/departments-of-veterans-affairs/major-depressive-disorder-has-affected-nearly-half-of-female-oifoef-veterans/>

Moral Injury and the American Soldier

<http://www.ciceromagazine.com/features/moral-injury-and-the-american-soldier/>

Resource of the Week: [Evaluating Health Information \(MedlinePlus\)](#)

Let's face it... Just about everybody consults Dr. Google when they need medical information. And this is not always a good thing. [Quackery](#) abounds on the Internet. It is far too common to stumble onto outdated, questionable or downright dangerous information. Also, there are zillions of sites purporting to offer "health information" when their primary objective is to sell you something.

You're much, *much* better off starting your search at a reputable site with vetted information -- the gold standard being the NIH/National Library of Medicine [MedlinePlus](#).

This MedlinePlus guide spells out what you should look for and what you should be wary of when you're searching for medical information online.

Health Topics

Drugs & Supplements

Videos & Cool Tools

ESPAÑOL

Other Topics: [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [XYZ](#) [All Topics](#)

Evaluating Health Information



Millions of consumers get health information from magazines, TV or the Internet. Some of the information is reliable and up to date; some is not. How can you tell the good from the bad?

First, consider the source. If you use the Web, look for an "about us" page. Check to see who runs the site: Is it a branch of the government, a university, a health organization, a hospital or a business? Focus on quality. Does the site have an editorial board? Is the information reviewed before it is posted? Be skeptical. Things that sound too good to be true often are. You want current, unbiased information based on [research](#).

NIH: National Library of Medicine

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