



CDP Research Update -- February 20, 2015

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- Resource of the Week: Internet Archive Wayback Machine

<http://www.ncbi.nlm.nih.gov/pubmed/25651150>

US Army Med Dep J. 2015 Jan-Mar:79-85.

Temperament dimensions and posttraumatic stress symptoms in a previously deployed military sample.

Escolas SM, Escolas HD.

This study examines the effects of temperament on self-reported posttraumatic stress disorder (PTSD) symptoms from a convenience sample of US military service members (N=559). Previously deployed active duty service members completed anonymous questionnaires that

included demographics, temperament, and PTSD measures. This study also examines demographic variables such as age, gender, ethnicity, race, education, and marital status, and service-related variables such as branch, grade, and years of military service for moderating effects. Results suggest a relationship between the temperament dimensions and PTSD symptoms in that the temperament dimensions of low mood quality, high levels of activity generally and during sleep, and low flexibility were found to predict high levels of self-reported PTSD symptoms. This is the first study incorporating temperament as a predictor of PTSD within a military population and provides the basis for future research in this area.

<http://link.springer.com/article/10.1007/s11999-015-4180-6>

Disability After Deployment Injury: Are Women and Men Service Members Different?

Jessica C. Rivera MD, Christina M. Hylden MD, Anthony E. Johnson MD

Clinical Orthopaedics and Related Research
February 2015

Background

Civilian trauma literature suggests sexual dimorphism in outcomes after trauma. Because women represent an increasing demographic among veterans, the question remains if war trauma outcomes, like civilian trauma outcomes, differ between genders.

Questions/purposes

(1) Do women service members develop different conditions resulting in long-term disability compared with men service members after injuries sustained during deployment? (2) Do women service members have more or less severe disability after deployment injury compared with men service members? (3) Are men or women more likely to return to duty after combat injury?

Methods

The Department of Defense Trauma Registry was queried for women injured during deployment from 2001 to 2011. The subjects were then queried in the Physical Evaluation Board database to determine each subject's return-to-duty status and what disabling conditions and disability percentages were assigned to those who did not return to duty. Frequency of disabling conditions, disability percentages, and return-to-duty rates for 368 women were compared with a previously published cohort of 450 men service members, 378 of whom had orthopaedic injuries.

Results

Women who were unable to return to duty had a higher frequency of arthritic conditions (58% [48 of 83] of women versus 35% [133 of 378] of men, $p = 0.002$; relative risk [RR], 1.64; 95% confidence interval [CI], 1.307–2.067) and lower frequencies of general chronic pain (1% [one of 83] of women versus 19% [59 of 378] of men, $p < 0.001$; RR, 0.08; 95% CI, 0.011–0.549) and

neurogenic pain disorders (1% [one of 83] of women versus 7% [27 of 378] of men, $p = 0.0410$; RR, 0.169; 95% CI, 0.023–1.224). Women had more severely rated posttraumatic stress disorder (PTSD) compared with men ($38\% \pm 23\%$ versus $19\% \pm 17\%$). Forty-eight percent (64 of 133) of battle-injured women were unable to return to active duty, resulting in a lower return-to-duty rate compared with men (34% [450 of 1333]; $p = 0.003$).

Conclusions

After deployment-related injury, women have higher rates of arthritis, lower rates of pain disorders, and more severely rated PTSD compared with men. Women are unable to return to duty more often than men injured in combat. These results suggest some difference between men's and women's outcomes after deployment injury, important information for military and Veterans Administration providers seeking to minimize postdeployment disability.

<http://onlinelibrary.wiley.com/doi/10.1111/hsc.12198/abstract>

General practitioners' perspectives on primary care consultations for suicidal patients.

Saini, P., Chantler, K. and Kapur, N.

Health & Social Care in the Community
Article first published online: 9 FEB 2015
DOI: 10.1111/hsc.12198

Little is known about general practitioners' (GPs') perspectives, management of and interactions with suicidal patients prior to the patient's suicide. The aims of the study were to explore GPs' interpretations of patient communication and treatment in primary care leading up to suicide and to investigate the relationship between GPs and mental health services prior to a patient's suicide. Thirty-nine semi-structured interviews with GPs of people who had died by suicide were conducted as part of a retrospective study. Interviews were transcribed verbatim and analysed using a thematic approach. The following themes emerged from GP interviews: (i) GP interpretations of suicide attempts or self-harm; (ii) professional isolation; and (iii) GP responsibilities versus patient autonomy. GPs recruited for the study may have different views from GPs who have never experienced a patient suicide or who have experienced the death of a patient by suicide who was not under the care of specialist services. Our findings may not be representative of the rest of the United Kingdom, although many of the issues identified are likely to apply across services. This study highlighted the following recommendations for future suicide prevention in general practice: increasing GP awareness of suicide-related issues and improving training and risk assessment skills; removing barriers to accessing therapies and treatments needed in primary care; improving liaison and collaboration between services to provide better patient outcomes; and increasing awareness in primary care about why patients may not want treatments offered by focusing on each individual's situational context.

<http://tpcjournal.nbcc.org/wp-content/uploads/2015/02/Pages-100-113-Blount.pdf>

Development of an Integrative Wellness Model: Supervising Counselors-in-Training.

Ashley J. Blount & Patrick R. Mullen

The Professional Counselor

Volume 5, Issue 1, Pages 100–113

<http://tpcjournal.nbcc.org>

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doi:10.15241/ajb.5.1.100

Supervision is an integral component of counselor development with the objective of ensuring safe and effective counseling for clients. Wellness also is an important element of counseling and often labeled as the cornerstone of the counseling profession. Literature on supervision contains few models that have a wellness focus or component; however, wellness is fundamental to counseling and the training of counselors, and is primary in developmental, strengths-based counseling. The purpose of this article is to introduce an integrative wellness model for counseling supervision that incorporates existing models of supervision, matching the developmental needs of counselors-in-training and theoretical tenets of wellness.

<http://psycnet.apa.org/psycinfo/2015-03031-001/>

The Unidirectional Relationship of Nightmares on Self-Harmful Thoughts and Behaviors.

Hochard, Kevin D.; Heym, Nadja; Townsend, Ellen

Dreaming

Jan 26 , 2015

<http://dx.doi.org/10.1037/a0038617>

Understanding the direction of the predictive relationship between nightmares and suicidal behaviors is important to model its underlying mechanisms. We examine the direction of this relationship and the mediating role of negative affect. A fixed interval diary study obtained presleep and postsleep measures of affect, nightmares, and self-harmful thoughts and behaviors (SHTBs) from 72 university students (88.9% female). The results show predictive utility of nightmares on SHTBs—indicating a fourfold increased risk of SHTBs. Additionally, results support the suggestion of a unidirectional predictive influence (of nightmares on likelihood of SHTBs but not vice versa). Moreover, postsleep negative affect partially mediated the relationship between nightmares and postsleep SHTBs. This empirically validates

assumptions of directionality for future models. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://www.nova.edu/ssss/QR/QR20/2/naphan3.pdf>

Role Exit from the Military: Student Veterans' Perceptions of Transitioning from the U.S. Military to Higher Education.

The Qualitative Report
2015 Volume 20, Number 2, Article 3, 36-48

This paper presents a qualitative analysis of in-depth interviews with eleven student veterans about transitioning from the U.S. military to civilian life and to a midsized, public university. The U.S. military and American institutions of higher education are significantly different, and these differences make adaptation for student veterans more difficult. The purpose of this research was to understand what this transition was like for student veterans and the factors that affected how they negotiated the move back home. Using framework analysis (Ritchie & Spencer, 1994), we noted five themes of student veterans' military service that impacted their transition: (a) task cohesion; (b) military structure; (c) military responsibilities and release anxiety; (d) combat experience; and (e) social cohesion in combat units. We describe each of these themes and explain how they influenced student veterans' experiences in school. We conclude with suggested policy implications for institutions of higher education.

<http://www.tandfonline.com/doi/abs/10.1080/02703149.2014.978227>

Treatment of Women Veterans with Posttraumatic Stress Disorder and Serious Mental Illness in an Inpatient Mental Health Treatment Setting: A Case Study.

Heather M. Walton , Louis Chow , David R. Topor , John R. Pepple , Scott Fish , Christopher G. Ahnallen

Women & Therapy
Vol. 38, Iss. 1-2, 2015

This article discusses the challenges of providing treatment for women with complex dual diagnostic mental health needs. In particular, the focus is on the intersections between posttraumatic stress disorder (PTSD), serious mental illness (SMI), female gender, and veteran status. Utilizing a clinical case example, we focus our discussion on psychotherapy goals and interventions, including the advisability of engaging in trauma-focused therapy on an inpatient

unit with a patient who carries an SMI diagnosis. We also address benefits and challenges of providing this type of treatment, provider reactions including burnout and diagnostic bias, and recommendations for future care for persons with similar presentations and needs.

<http://www.sciencedirect.com/science/article/pii/S1064748115000810>

Mental health treatment for older veterans newly diagnosed with ptsd: a national investigation.

Noelle B. Smith, Joan M. Cook, Robert Pietrzak, Rani Hoff, Ilan Harpaz-Rotem

The American Journal of Geriatric Psychiatry

Available online 10 February 2015

doi:10.1016/j.jagp.2015.02.001

Objectives

Older veterans are the largest cohort served by the U.S. Department of Veterans Affairs (VA). The aim of this study was to examine mental health service utilization among older veterans recently diagnosed with posttraumatic stress disorder (PTSD), with an interest in sociodemographic and clinical characteristics related to receipt and type of mental health treatment.

Design

VA National administrative dataset and pharmacy records.

Setting

VA Healthcare System.

Participants

The sample comprised 96,249 veterans ages 50+ who received a new diagnosis of PTSD between Fiscal Years 2008-2011.

Measurements

Demographic/clinical characteristics and treatment variables (receipt of mental health treatment; number of days before first appointment; receipt of psychotherapy, medication, or combination treatment; type of medication; number of psychotherapy visits) were assessed and relations were examined using logistic, negative binomial, and cox regressions.

Results

The majority of older veterans with newly diagnosed PTSD received at least one follow-up mental health visit. Increasing age was associated with decreased odds of receipt of any type of

mental health treatment, whereas psychiatric co-morbidities and greater number of medical appointments were associated with increased odds of treatment. Among veterans who received treatment, increased age was associated with decreased odds of receiving both psychotherapy and pharmacotherapy, decreased number of psychotherapy visits and increased waiting times.

Conclusions

Among older veterans recently diagnosed with PTSD in the U.S. VA Healthcare System, older individuals, particularly over 80 years old, are at risk of not receiving timely and appropriate mental health treatment indicating targeted outreach to this population could be helpful in improving care.

<http://www.sciencedirect.com/science/article/pii/S1048984315000193>

Effects of ethical leadership on emotional exhaustion in high moral intensity situations.

Dianhan Zheng, L.A. Witt, Eleanor Waite, Emily M. David, Marinus van Driel, Daniel P. McDonald, Kori R. Callison, Loring J. Crepeau

The Leadership Quarterly
Available online 11 February 2015
doi:10.1016/j.leaqua.2015.01.006

Emotional exhaustion is a threat to standard operations, particularly in organizations in which physical safety is at risk. High moral intensity is inherent in such organizations due to the magnitude of consequences associated with ethical/unethical conduct. The authors proposed a psychological process in which ethical leadership affects emotional exhaustion directly and indirectly through team cohesion. As military operational contexts typically are (or frequently have the potential to become) high moral intensity situations, the authors tested their model among 338 military personnel deployed in combat zones. They found that: (1) team cohesion partially mediated the relationship between ethical leadership and emotional exhaustion, and (2) this psychological process of direct and indirect effects of ethical leadership did not hold among individuals approaching the low end of conscientiousness.

<http://search.informit.com.au/documentSummary;dn=935608568956942;res=IELHEA>

Who cares for the carers?: Literature review of compassion fatigue and burnout in military health professionals.

Clifford, Kerry

The Dunt Review¹ into mental health services in the Australian Defence Force (ADF) enabled significant investment in programs and initiatives across the defence environment in Australia. The subsequent attention to long standing mental health issues for our veteran community is both timely and admirable, and has indeed begun to address mental health stigma, education and community support around this country. Arguably, the overwhelming focus of these programs has been on Post-Traumatic Stress Disorder as it relates to the physical and mental trauma of operational deployment. However, this paper will attempt to redirect at least some of this focus onto potential issues of compassion fatigue in uniformed health professionals arising from their care of traumatised (physical and/or psychological) clients. The paper will also highlight burnout as a similar possible consequence of stressful defence health work/life experience. This literature review based paper identified myriad peer reviewed references relating to research and programs for international healthcare systems and overseas forces on these conditions. However, at least within the published domain, very little can be identified for the Australian military context or in the ADF's current mental health strategies to specifically address these mental health issues for our uniformed health professionals. This paper introduces these relevant concerns for the broader military/veteran's health peer group, leadership and academic audience to consider as worthy of greater attention in Defence and Veteran's Affairs research and policy agendas.

<http://search.proquest.com/docview/1651207908>

Temporal sequence and relationships between sleep disorders, mental disorders and traumatic brain injury in deployed military members.

Wall, Pamela Herbig, Ph.D.

UNIVERSITY OF PENNSYLVANIA, 2014, 166 pagesv

U.S. military members are often forward deployed to austere environments where they are exposed to environmental, mental, and physiological stressors that can negatively affect their wellbeing and readiness for service. These service members are at high risk for developing sleep disorders, mental disorders, and traumatic brain injury (TBI) that may produce functional disability and further erode mission readiness. While there is ample evidence on distinct relationships between these three clusters of disorders, relatively few studies examine all three in a military and/or veteran population. Health care providers in the United States Military need information about these complex interactions in order to determine risk for future disease or injury and to ensure that those who are sent to austere environments have the ability to adapt to stress and adversity. The purpose of this retrospective study was to determine temporal patterns and relationships between sleep disorders, mental disorders, and TBI in service

members who were deployed from 2001 to 2011. To fulfill this purpose, longitudinal medical surveillance data from two electronic medical charting systems that included over 288,000 deployed service members with a diagnosed sleep disorder were used. A series of descriptive statistics, logistic regression analysis, and Chi-square tests for independence were used to answer the research questions. Results showed that insomnia, sleep disordered breathing, substance use disorders and adjustment disorders occurred most frequently in this sample and that pre-existing sleep disorders are predictive of mental disorders after deployment but TBI was not. Those with TBI are diagnosed most frequently with insomnia and parasomnias, and temporally, mental disorders usually precede a sleep disorder diagnosis. The findings of this study have expanded the work of previous researchers in the area of mental disorders, sleep disorders and TBI in deployed military service members, and may help reduce risk for future disease and provide critical information to guide policy regarding military readiness and suitability for future deployments. Future research is needed to identify emergence of the symptoms of disease, identify best practices for sleep disorder treatment, and a comprehensive assessment of TBI and comorbid disorders in a military population.

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0116889>

Minds “At Attention”: Mindfulness Training Curbs Attentional Lapses in Military Cohorts.

Jha AP, Morrison AB, Dainer-Best J, Parker S, Rostrup N, et al.

PLoS ONE

10(2): e0116889. doi:10.1371/journal.pone.0116889

We investigated the impact of mindfulness training (MT) on attentional performance lapses associated with task-unrelated thought (i.e., mind wandering). Periods of persistent and intensive demands may compromise attention and increase off-task thinking. Here, we investigated if MT may mitigate these deleterious effects and promote cognitive resilience in military cohorts enduring a high-demand interval of predeployment training. To better understand which aspects of MT programs are most beneficial, three military cohorts were examined. Two of the three groups were provided MT. One group received an 8-hour, 8-week variant of Mindfulness-based Mind Fitness Training (MMFT) emphasizing engagement in training exercises (training-focused MT, $n = 40$), a second group received a didactic-focused variant emphasizing content regarding stress and resilience (didactic-focused MT, $n = 40$), and the third group served as a no-training control (NTC, $n = 24$). Sustained Attention to Response Task (SART) performance was indexed in all military groups and a no-training civilian group (CIV, $n = 45$) before (T1) and after (T2) the MT course period. Attentional performance (measured by A' , a sensitivity index) was lower in NTC vs. CIV at T2, suggesting that performance suffers after enduring a high-demand predeployment interval relative to a similar time period of civilian life. Yet, there were significantly fewer performance lapses in the military cohorts receiving MT relative to NTC, with training-focused MT outperforming didactic-focused

MT at T2. From T1 to T2, A' degraded in NTC and didactic-focused MT but remained stable in training-focused MT and CIV. In sum, while protracted periods of high-demand military training may increase attentional performance lapses, practice-focused MT programs akin to training-focused MT may bolster attentional performance more than didactic-focused programs. As such, training-focused MT programs should be further examined in cohorts experiencing protracted high-demand intervals.

<http://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2014.14070843>

Brief Cognitive-Behavioral Therapy Effects on Post-Treatment Suicide Attempts in a Military Sample: Results of a Randomized Clinical Trial With 2-Year Follow-Up.

M. David Rudd, Ph.D., A.B.P.P.; Craig J. Bryan, Psy.D., A.B.P.P.; Evelyn G. Wertenberger, Ph.D., L.C.S.W.; Alan L. Peterson, Ph.D., A.B.P.P.; Stacey Young-McCaughan, R.N., Ph.D.; Jim Mintz, Ph.D.; Sean R. Williams, L.C.S.W.; Kimberly A. Arne, L.C.S.W.; Jill Breitbart, Psy.D., A.B.P.P.; Kenneth Delano, Ph.D.; Erin Wilkinson, Psy.D.; Travis O. Bruce, M.D.

The American Journal of Psychiatry

Received: July 07, 2014

Accepted: October 20, 2014

<http://dx.doi.org/10.1176/appi.ajp.2014.14070843>

Objective:

The authors evaluated the effectiveness of brief cognitive-behavioral therapy (CBT) for the prevention of suicide attempts in military personnel.

Method:

In a randomized controlled trial, active-duty Army soldiers at Fort Carson, Colo., who either attempted suicide or experienced suicidal ideation with intent, were randomly assigned to treatment as usual (N=76) or treatment as usual plus brief CBT (N=76). Assessment of incidence of suicide attempts during the follow-up period was conducted with the Suicide Attempt Self-Injury Interview. Inclusion criteria were the presence of suicidal ideation with intent to die during the past week and/or a suicide attempt within the past month. Soldiers were excluded if they had a medical or psychiatric condition that would prevent informed consent or participation in outpatient treatment, such as active psychosis or mania. To determine treatment efficacy with regard to incidence and time to suicide attempt, survival curve analyses were conducted. Differences in psychiatric symptoms were evaluated using longitudinal random-effects models.

Results:

From baseline to the 24-month follow-up assessment, eight participants in brief CBT (13.8%) and 18 participants in treatment as usual (40.2%) made at least one suicide attempt (hazard

ratio=0.38, 95% CI=0.16–0.87, number needed to treat=3.88), suggesting that soldiers in brief CBT were approximately 60% less likely to make a suicide attempt during follow-up than soldiers in treatment as usual. There were no between-group differences in severity of psychiatric symptoms.

Conclusions:

Brief CBT was effective in preventing follow-up suicide attempts among active-duty military service members with current suicidal ideation and/or a recent suicide attempt.

<http://gradworks.umi.com/36/70/3670593.html>

Bereavement Experience of Female Military Spousal Suicide Survivors: Utilizing Lazarus' Cognitive Stress Theory.

by Mitchell, Lindsey M., Ph.D.,

THE GEORGE WASHINGTON UNIVERSITY, 2014, 197 pages

The purpose of this study was to explore the relationship of 5 variables—primary appraisal, secondary appraisal, coping skill, social support, and stigma—to bereavement among women whose military spouses had completed suicide. Correlational analyses determined the separate linear relationships between bereavement and each of the other variables. Four correlations to bereavement (primary appraisal, secondary appraisal, coping skills, and stigma) were significant. Hierarchical multiple regression analysis (Newton & Rudestam, 1999; Tabachnick & Fidell, 2007) assessed the overall relationship of bereavement (the criterion variable) to the 5 predictor variables, along with the unique contribution of each predictor variable. In the regression, 5 of 6 models (all except Model 4) showed significance. This dissertation has practical implications: statistically significant correlations between bereavement and constructs of Lazarus' Cognitive Stress Theory (LCST; Lazarus & Folkman, 1984), as well as the significance of Lazarus' construct of primary appraisal within Model 6, indicate that LCST holds promise for understanding symptoms of bereavement in women whose military spouses have completed suicide. In 2010, the National Institute for Mental Health (NIMH) reported that over 40,000 people committed suicide yearly, with each suicide impacting an estimated 20 people.

<http://www.tandfonline.com/doi/abs/10.1080/02703149.2014.978227>

Treatment of Women Veterans with Posttraumatic Stress Disorder and Serious Mental Illness in an Inpatient Mental Health Treatment Setting: A Case Study.

Heather M. Walton , Louis Chow , David R. Topor , John R. Pepple , Scott Fish , Christopher G. Ahnallen

Women & Therapy

Volume 38, Issue 1-2, 2015

Special Issue: Women with Serious Mental Illness in Therapy: Intersectional Perspectives

This article discusses the challenges of providing treatment for women with complex dual diagnostic mental health needs. In particular, the focus is on the intersections between posttraumatic stress disorder (PTSD), serious mental illness (SMI), female gender, and veteran status. Utilizing a clinical case example, we focus our discussion on psychotherapy goals and interventions, including the advisability of engaging in trauma-focused therapy on an inpatient unit with a patient who carries an SMI diagnosis. We also address benefits and challenges of providing this type of treatment, provider reactions including burnout and diagnostic bias, and recommendations for future care for persons with similar presentations and needs.

<http://psycnet.apa.org/psycinfo/2015-03031-001/>

The Unidirectional Relationship of Nightmares on Self-Harmful Thoughts and Behaviors.

Hochard, Kevin D.; Heym, Nadja; Townsend, Ellen

Dreaming

Jan 26 , 2015

<http://dx.doi.org/10.1037/a0038617>

Understanding the direction of the predictive relationship between nightmares and suicidal behaviors is important to model its underlying mechanisms. We examine the direction of this relationship and the mediating role of negative affect. A fixed interval diary study obtained presleep and postsleep measures of affect, nightmares, and self-harmful thoughts and behaviors (SHTBs) from 72 university students (88.9% female). The results show predictive utility of nightmares on SHTBs—indicating a fourfold increased risk of SHTBs. Additionally, results support the suggestion of a unidirectional predictive influence (of nightmares on likelihood of SHTBs but not vice versa). Moreover, postsleep negative affect partially mediated the relationship between nightmares and postsleep SHTBs. This empirically validates assumptions of directionality for future models. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://www.tandfonline.com/doi/abs/10.1080/1536710X.2015.1014534>

National Guard Service Members' Perceptions of Informal and Formal Supports: An Exploratory Study.

Amanda R. Reedy , Rie Kobayashi

Journal of Social Work in Disability & Rehabilitation
Accepted author version posted online: 11 Feb 2015

Much of the research on military families has focused on active duty service members. Little is known about informal and formal supports that National Guard service members use. Using an ecological systems perspective, this exploratory pilot study assessed awareness, access, use, satisfaction, and perceptions of effectiveness of informal and formal supports in a small group of National Guard service members. Results indicate that while service members are aware of many formal and informal supports, use of many of the supports is limited. Additionally, satisfaction and perceptions of effectiveness of many supports is neutral. The implications of these results are discussed.

<http://www.tandfonline.com/doi/abs/10.1080/07481187.2014.958630>

Effect of Patient and Therapist Factors on Suicide Risk Assessment.

Noah C. Berman , Abigail Stark , Allison Cooperman , Sabine Wilhelm , I. Glenn Cohen

Death Studies
Accepted author version posted online: 12 Feb 2015
DOI: 10.1080/07481187.2014.958630

The present study examined how patient risk factors and clinician demographics predict the assessment of suicide risk. Clinicians ($N = 333$) read two vignettes, one of which manipulated patient risk factors, then rated the patient's likelihood of suicide and need for hospitalization. Clinicians' assessments were heterogeneous. Results indicated that certain patient risk factors (access to excess medication) and clinician demographics (relationship status, religiosity) predicted perceived suicide risk; and moreover, clinicians' suicide risk assessment did not always align with the decision to hospitalize the patient. We discuss methods for standardizing clinicians' judgment of risk and minimizing error through debiasing strategies (cognitive forcing strategy).

<http://gradworks.umi.com/36/70/3670330.html>

Development and Delivery of a Brief Intervention to Reduce Suicidal Ideation among Veterans in a Primary Care Setting

by Bishop, Todd M., Ph.D
SYRACUSE UNIVERSITY, 2014, 134 pages

An elevated rate of suicide among Veterans remains a growing and pressing public health concern. Available interventions often lack empirical support or are too protracted and expensive to implement on a wide scale. Primary care represents a unique opportunity with which to engage those Veterans who are experiencing suicidal ideation. However, Veterans who are not at imminent risk often fall into a treatment gap and experience significant wait times until beginning treatment with a specialty mental healthcare provider. An efficacious intervention introduced into this gap in services may reduce suicidal ideation among Veterans and increase rates of follow-up with specialty care. One therapeutic intervention that has been identified as being efficacious in the reduction of suicidal ideation and suicidal self-directed violence is dialectical behavior therapy (DBT). A brief intervention aimed at reducing suicidal ideation was piloted among a sample of Veterans enrolled in primary care at a Department of Veterans Affairs (VA) medical center (n = 4; 1 completed full protocol). The intervention drew on elements of DBT and included four brief training modules including (mindfulness, distress tolerance, interpersonal effectiveness, and emotion regulation). Using single-case experimental design methodology and ecological momentary assessment, preliminary data from daily assessments indicate this method of data collection is feasible and suggests that the emotion regulation and interpersonal effectiveness modules may help to reduce the variability of suicidal ideation, as well as alcohol consumption.

<http://apy.sagepub.com/content/early/2015/02/13/1039856214568227.abstract>

Surveying clinician perceptions of risk assessment and management practices in mental health service provision.

Timothy Wand, Sophie Isobel, and Kate Derrick

Australasian Psychiatry
Published online before print February 16, 2015
doi: 10.1177/1039856214568227

Objectives:

This study aimed to survey multidisciplinary mental health staff on their perceptions of risk assessment and management practices in a local health district in Sydney.

Methods:

The research team developed the risk assessment and management survey (RAMS) which was distributed to staff across the district from November 2013 to January 2014.

Results:

A total of 340 RAMS were distributed and 164 were returned (48% response rate). There was considerable agreement that risk assessment and management is essential to maintaining safety and delivering good mental health care, and respondents reported high levels of confidence in their judgement when carrying out such practices. Respondents identified organisational pressure in relation to risk assessment and management but also felt supported. However, 65% of respondents considered that there 'is good evidence that risk assessment and management practices are effective in reducing risk in mental health care', when this is not the case.

Conclusion:

The confidence that clinicians placed in risk assessment and management practices (despite an absence of evidence) is disconcerting. Given the dominance of risk assessment and management, health services mandating such practices have a duty to inform employees of the current evidence base for this approach in reducing risk.

<http://www.ncbi.nlm.nih.gov/pubmed/25692743>

J Am Coll Health. 2015 Feb 18:0. [Epub ahead of print]

Brief Behavioral Interventions for Symptoms of Depression and Insomnia in University Primary Care.

Funderburk JS, Fielder RL, Krenek M

Objective:

To describe how behavioral activation (BA) for depression and stimulus control (SC) for insomnia can be modified to a brief format for use in a university primary care setting, and to evaluate preliminarily their effectiveness in reducing symptoms of depression and insomnia, respectively, using data collected in routine clinical care.

Participants/Methods:

Chart review data were obtained for 11 patients treated between August 2009 and December 2010 with one session of brief BA for depression and 17 patients treated with one session of brief SC for insomnia.

Results:

At two-week follow-up, patients reported significant decreases in symptoms of depression on

the Patient Health Questionnaire-9, $t(10) = 3.95$, $p < .05$, and insomnia on the Insomnia Severity Index, $t(16) = 5.43$, $p < .05$, respectively.

Conclusions:

This case report provides preliminary evidence of the external validity of brief BA and SC after they were adapted for use within university primary care.

<http://www.biomedcentral.com/1471-244X/15/23/abstract>

Emotional disorders among informal caregivers in the general population: target groups for prevention.

Marlous Tuithof, Margreet ten Have, Saskia van Dorsselaer and Ron de Graaf

BMC Psychiatry 2015, 15:23
doi:10.1186/s12888-015-0406-0

Background

There are indications that informal caregiving negatively impacts caregivers' mental health, but this was hardly examined using diagnoses of mental disorders and most studies used convenience samples without including non-caregivers as reference group. We examine whether informal caregivers more often have any emotional disorder, i.e. mood or anxiety disorder, than non-caregivers. Identify key risk indicators for any emotional disorder among informal caregivers in the general population.

Methods

Data were used from the second wave of the Netherlands Mental Health Survey and Incidence Study-2 (NEMESIS-2), a nationally representative face-to-face survey ($n = 5,303$; aged 21-68). Respondents were defined as informal caregiver when they provided unpaid care in the 12 months preceding the second wave to a family member, partner or friend who needed care because of physical or mental problems, or ageing. Twelve-month DSM-IV diagnoses of emotional disorders were assessed using the Composite International Diagnostic Interview 3.0. Key risk indicators were identified using the following aspects: prevalence, odds ratio, attributable risk proportion, and number needed to treat. Sociodemographic, caregiving-related and other characteristics were considered as risk indicators.

Results

In the past year, 31.1% of the respondents provided informal care, which ranged in time spent (8 or more hours/week: 32.1%) and duration (longer than 1 year: 48.7%). Informal caregiving was not associated with having any 12-month emotional disorder. Among caregivers, giving care to a first-degree relative, partner or close friend and giving emotional support increased the risk for any emotional disorder. Moreover, using all aspects, target groups were identified for

prevention: caregivers without a job, living without a partner, and with a lack of social support.

Conclusions

Although informal caregivers do not have an increased risk of emotional disorders, key risk indicators were identified using four aspects. Especially informal caregivers with limited resources (unemployment, living without a partner, lack of social support) may benefit from targeted prevention whereas general prevention measures may be desirable.

<http://www.ncbi.nlm.nih.gov/pubmed/25689506>

Psychother Res. 2015 Feb 17:1-9. [Epub ahead of print]

Cognitive behavioral therapy: Current status and future research directions.

McMain S, Newman MG, Segal ZV, DeRubeis RJ

Cognitive behavioral therapy (CBT), an umbrella term that includes a diverse group of treatments, is defined by a strong commitment to empiricism. While CBT has a robust empirical base, areas for improvement remain. This article reviews the status of the current empirical base and its limitations, and presents future directions for advancement of the field. Ultimately, studies are needed that will identify the predictors, mediators, and moderators of treatment response in order to increase knowledge on how to personalize interventions for each client and to strengthen the impact of CBT. Efforts to advance the dissemination and implementation of CBT, innovative approaches such as practice-oriented research, and the advantages of incorporating new and existing technologies, are discussed as well.

<http://www.ncbi.nlm.nih.gov/pubmed/25683574>

Behav Cogn Psychother. 2015 Feb 16:1-6. [Epub ahead of print]

An Experimental Comparison of Techniques: Cognitive Defusion, Cognitive Restructuring, and in-vivo Exposure for Social Anxiety.

Barrera TL, Szafranski DD, Ratcliff CG, Garnaat SL, Norton PJ

Background:

One of the primary differences between Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) for anxiety is the approach to managing negative thoughts. CBT focuses on challenging the accuracy of dysfunctional thoughts through cognitive restructuring exercises, whereas ACT attempts to foster acceptance of such thoughts through

cognitive defusion exercises. Previous research suggests that both techniques reduce the distress associated with negative thoughts, though questions remain regarding the benefit of these techniques above and beyond exposure to feared stimuli.

Aims:

In the present study, we conducted a brief experimental intervention to examine the utility of cognitive defusion + in-vivo exposure, cognitive restructuring + in-vivo exposure, and in-vivo exposure alone in reducing the impact of negative thoughts in patients with social anxiety disorder.

Method:

All participants completed a brief public speaking exposure and those in the cognitive conditions received training in the assigned cognitive technique. Participants returned a week later to complete a second exposure task and self-report measures.

Results:

All three conditions resulted in similar decreases in discomfort related to negative thoughts. ANOVA models failed to find an interaction between change in accuracy or importance and assignment to condition in predicting decreased distress of negative thoughts.

Conclusions:

These preliminary results suggest that changes in perceived importance and accuracy of negative thoughts may not be the mechanisms by which cognitive defusion and cognitive restructuring affect distress in the short-term.

<http://www.ncbi.nlm.nih.gov/pubmed/25681165>

J Interpers Violence. 2015 Feb 12. pii: 0886260515570746. [Epub ahead of print]

The Relationship Between Emotion Dysregulation and Impulsive Aggression in Veterans With Posttraumatic Stress Disorder Symptoms.

Miles SR, Menefee DS, Wanner J, Teten Tharp A, Kent TA

While Veterans in general are no more dangerous than the civilian population, Veterans with posttraumatic stress disorder (PTSD) have stronger associations with anger and hostility and certain forms of aggression, such as intimate partner violence, than civilians with PTSD. This is alarming because up to 21% of Veterans seeking Veterans Affairs (VA) health care are diagnosed with PTSD. Emotion regulation difficulties (emotion dysregulation) are also related to increased PTSD symptom severity and may play a role in aggressive behavior. Because the predominant form of aggression in PTSD appears to be the impulsive subtype, the authors sought to clarify the relationship between PTSD, emotion dysregulation, and impulsive

aggression. We examined how emotion dysregulation influenced impulsive aggression in a Veteran sample (N = 479) seeking treatment for trauma sequelae. All Veterans completed measures that assessed demographic information, emotion dysregulation, aggression frequency and subtype, and PTSD symptoms. Men generally reported more aggression than women. The emotion dysregulation, aggression, and PTSD measures were significantly correlated. Two cross-sectional mediation models showed emotion dysregulation fully accounted for the relationship between PTSD and impulsive aggression (indirect path for men: $b = .07$, $SE = .026$, bias-correct and accelerated confidence interval [BCa CI] = [0.02, 0.13]; indirect path for women: $b = .08$, $SE = .022$, BCa CI = [0.05, 0.13]). PTSD can increase negative emotions yet does not always lead to aggressive behaviors. The ability to regulate emotions may be pivotal to inhibiting aggression in those with PTSD. PTSD interventions may benefit from augmentation with emotion regulation skills training. © The Author(s) 2015.

<http://www.ncbi.nlm.nih.gov/pubmed/25677355>

Am J Psychiatry. 2015 Feb 13;appiajp201414070908. [Epub ahead of print]

Is Exposure Necessary? A Randomized Clinical Trial of Interpersonal Psychotherapy for PTSD.

Markowitz JC, Petkova E, Neria Y, Van Meter PE, Zhao Y, Hembree E, Lovell K, Biyanova T, Marshall RD

Objective:

Exposure to trauma reminders has been considered imperative in psychotherapy for posttraumatic stress disorder (PTSD). The authors tested interpersonal psychotherapy (IPT), which has demonstrated antidepressant efficacy and shown promise in pilot PTSD research as a non-exposure-based non-cognitive-behavioral PTSD treatment.

Method:

The authors conducted a randomized 14-week trial comparing IPT, prolonged exposure (an exposure-based exemplar), and relaxation therapy (an active control psychotherapy) in 110 unmedicated patients who had chronic PTSD and a score >50 on the Clinician-Administered PTSD Scale (CAPS). Randomization stratified for comorbid major depression. The authors hypothesized that IPT would be no more than minimally inferior (a difference <12.5 points in CAPS score) to prolonged exposure.

Results:

All therapies had large within-group effect sizes (d values, 1.32-1.88). Rates of response, defined as an improvement of >30% in CAPS score, were 63% for IPT, 47% for prolonged exposure, and 38% for relaxation therapy (not significantly different between groups). CAPS outcomes for IPT and prolonged exposure differed by 5.5 points (not significant), and the null

hypothesis of more than minimal IPT inferiority was rejected ($p=0.035$). Patients with comorbid major depression were nine times more likely than nondepressed patients to drop out of prolonged exposure therapy. IPT and prolonged exposure improved quality of life and social functioning more than relaxation therapy.

Conclusions:

This study demonstrated noninferiority of individual IPT for PTSD compared with the gold-standard treatment. IPT had (nonsignificantly) lower attrition and higher response rates than prolonged exposure. Contrary to widespread clinical belief, PTSD treatment may not require cognitive-behavioral exposure to trauma reminders. Moreover, patients with comorbid major depression may fare better with IPT than with prolonged exposure.

<http://www.ncbi.nlm.nih.gov/pubmed/25678791>

Neuropsychiatr Dis Treat. 2015 Feb 3;11:263-71. doi: 10.2147/NDT.S74905. eCollection 2015.

Perfectionism related to self-reported insomnia severity, but not when controlled for stress and emotion regulation.

Brand S, Kirov R, Kalak N, Gerber M, Pühse U, Lemola S, Correll CU, Cortese S, Meyer T, Holsboer-Trachsler E

BACKGROUND:

Perfectionism is understood as a set of personality traits such as unrealistically high and rigid standards for performance, fear of failure, and excessive self-criticism. Previous studies showed a direct association between increased perfectionism and poor sleep, though without taking into account possible mediating factors. Here, we tested the hypothesis that perfectionism was directly associated with poor sleep, and that this association collapsed, if mediating factors such as stress and poor emotion regulation were taken into account.

METHODS:

Three hundred and forty six young adult students ($M=23.87$ years) completed questionnaires relating to perfectionism traits, sleep, and psychological functioning such as stress perception, coping with stress, emotion regulation, and mental toughness.

RESULTS:

Perfectionism was directly associated with poor sleep and poor psychological functioning. When stress, poor coping, and poor emotion regulation were entered in the equation, perfectionism traits no longer contributed substantively to the explanation of poor sleep.

CONCLUSION:

Though perfectionism traits seem associated with poor sleep, the direct role of such traits

seemed small, when mediating factors such as stress perception and emotion regulation were taken into account.

Links of Interest

Chris Kyle Trial: Vets Fear Insanity Defense Will Grow PTSD Stigma

<http://www.nbcnews.com/health/mental-health/chris-kyle-trial-vets-fear-insanity-defense-will-grow-ptsd-n302011>

Army to soldiers: get some sleep

<http://www.federalnewsradio.com/395/3796765/Army-to-soldiers-get-some-sleep>

The Moral Injury

<http://www.nytimes.com/2015/02/17/opinion/david-brooks-the-moral-injury.html>

Study finds short-term psychological therapy reduces suicide attempts in at-risk soldiers

http://www.eurekalert.org/pub_releases/2015-02/uoth-sfs021315.php

Unemployment May Fuel a Fifth of Suicides Worldwide, Study Says

http://www.nlm.nih.gov/medlineplus/news/fullstory_150902.html

Therapy techniques vary based on individual, organizational factors

<http://www.healio.com/psychiatry/pediatrics/news/online/%7B8d5b98b6-1fd0-4312-b220-d46f1597dd55%7D/therapy-techniques-vary-based-on-individual-organizational-factors>

'American Sniper' draws attention to PTSD

<http://www.greenvilleonline.com/story/opinion/contributors/2015/02/14/american-sniper-draws-attention-ptsd/23385247/>

Puppy Love: Therapy dogs work to calm, soothe and defuse

http://cumberlink.com/news/local/puppy-love-therapy-dogs-work-to-calm-soothe-and-defuse/article_f198132a-412c-532f-a566-83977e3ac028.html

Prazosin versus imagery rehearsal therapy for nightmares

<http://www.clinicaladvisor.com/prazosin-versus-imagery-rehearsal-therapy-for-nightmares/article/397726/>

Attention Caregivers: Don't Forget to Take Care of Yourself!

<http://journals.lww.com/neurologynow/blog/breakingnews/pages/post.aspx?PostID=254>

Challenges of soldier rehabilitation and reintegration need closer attention

http://www.eurekalert.org/pub_releases/2015-02/ip-cos021715.php

Traumatic Brain Injury awareness month highlights resources

[http://www.army.mil/article/142825/Traumatic Brain Injury awareness month highlights resources/](http://www.army.mil/article/142825/Traumatic_Brain_Injury_awareness_month_highlights_resources/)

Resource of the Week: [Internet Archive Wayback Machine](#)

[Link rot](#) is the scourge of the internet. You click on a link and... you get an [HTTP 404](#) error message instead of the item you were seeking. Help may be available via the Internet Archive's Wayback Machine.

The Internet Archive is a nonprofit venture that seeks to preserve as much of the publicly accessible internet as possible. Its Wayback Machine allows you to type in an URL, click "Browse History," and -- with any luck -- turn up earlier versions of the web page you originally wanted.

The odds are in your favor. As of January 2015, according to a fascinating [New Yorker story](#) about the Internet Archive in last month, it currently houses some 20 *petabytes* of web pages.

"A megabyte is a million bytes. A gigabyte is a billion bytes. A terabyte is a million million bytes. A petabyte is a million gigabytes."

The screenshot shows the Internet Archive Wayback Machine homepage. At the top, there is a navigation bar with links for Web, Video, Texts, Audio, Software, About, Account, TVNews, and OpenLibrary. Below this is a search bar with a dropdown menu for "All Media Types" and a "Search" button. The main heading reads "INTERNET ARCHIVE WayBack Machine" with a search input field containing "http://". To the right of the input field is a "BROWSE HISTORY" button. Below the heading, it states "452 billion web pages saved over time." and a "DONATE" button. A row of ten thumbnail images shows various archived web pages. At the bottom, there are three sections: "Tools" with links to "Wayback Machine Availability API", "WordPress Broken Link Checker", and "404 Handler for Webmasters"; "Subscription Service" with a description of Archive-It; and "Save Page Now" with a "SAVE PAGE" button and a description of the service.

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