CDP Research Update -- March, 2015

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http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_v9n1.pdf

Clinician's Trauma Update

National Center for PTSD (VA)
Issue 9(1), February 2015

The National Center for PTSD tries to keep all professionals up-to-date with the latest in trauma research and how it can be applied. CTU-Online includes brief updates on the latest clinically

relevant research. Content on treatment and assessment is emphasized. Publications on other topics are included if the content has significant clinical implications. Issues include an ID number so you can find the article in the PILOTS database and a link to the abstract or full article, if you have access through your library privileges.

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http://onlinelibrary.wiley.com/doi/10.1111/acps.12406/abstract

Role of morality in the experience of guilt and shame within the armed forces.

Nazarov A, Jetly R, McNeely H, Kiang M, Lanius R, McKinnon MC

Acta Psychiatrica Scandinavica
Article first published online: 3 MAR 2015
DOI: 10.1111/acps.12406

Objective
Despite advances in our understanding of mental health issues among military forces, a large proportion of military personnel continue to exhibit deployment-related psychological issues. Recent work has identified symptoms of guilt and shame related to moral injury as contributing significantly to combat-related mental health issues. This systematic scoping review explores the association between morality and symptoms of guilt and shame within military forces.

Method
A search of the literature pertaining to guilt, shame and morality within military samples was conducted.

Results
Nineteen articles were selected for review. There is strong evidence linking exposure to and the perceived perpetration of moral transgressions with experiences of guilt and shame. Critically, symptoms of guilt and shame were related to adverse mental health outcomes, particularly the onset of post-traumatic stress disorder (PTSD). No studies have explored moral judgment in conjunction with assessments of guilt or moral injury.

Conclusion
These findings have important implications for the prevention and treatment of PTSD-related symptoms in military samples. By measuring moral judgment prior to deployment, it may be possible to predict the likelihood of incurring moral injuries and the development of associated symptoms. Early intervention programmes aimed at ameliorating guilt and shame are required to prevent the long-term development of deployment-related psychological distress.

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http://calhoun.nps.edu/handle/10945/44713

Sleep Patterns, Mood, Psychomotor Vigilance Performance, and Command Resilience Of Watchstanders on the "Five And Dime" Watchbill

Nita Lewis Shattuck, Panagiotis Matsangas, and Edward H. Powley

Naval Postgraduate School (for Twenty-First Century Sailor Office/Advanced Medical Development Program)

February 2015

This study assesses crew rest and sleep patterns, psychomotor vigilance performance, work demands and rest opportunities, organization commitment, and psychological safety and command resilience of Sailors in the Reactor Department on USS Nimitz (CVN 68) (N = 77) working the 5hrs-on/10hrs-off (5/10) watchstanding schedule. Although crewmembers on the 5/10 received approximately seven hours of sleep per day, they reported experiencing excessive fatigue and dissatisfaction with the schedule. This contradiction is best explained by examining sleep and rest periods over a 72-hour period, during which a crewmember sleeps at three distinctly different time periods each day. On the first day of the cycle, the Sailor typically receives an early-terminated 4-hour sleep episode followed by two periods of sustained wakefulness, 22 and 20 hours. During these periods, daytime napping only partially ameliorates the fatigue and sleep debt accrued during these periods of sustained wakefulness. Given this pattern, it is not surprising that at the end of the underway phase, the crewmembers' moods had worsened significantly compared to moods at the beginning of the underway period. Psychomotor vigilance performance in the 5/10 is comparable to the performance of Sailors on the 6hrs-on/6hrs-off (6/6) schedule. It is significantly degraded compared to Sailors on the modified 6hrs-on/18hrs-off (6/18) and the 3hrs-on/9hrs-off (3/9) schedules. Specifically, the 5/10 had 21.4% slower PVT reaction times, and 71.5% more lapses plus false starts than the 3/9. Our findings suggest that the 5/10 watch, combined with other work duties, leads to poor sleep hygiene. Crewmembers on the 5/10 suffer from sustained wakefulness because of extended workdays and circadian-misaligned sleep times. In general, the self-reported survey results suggest low degrees of resilience, psychological commitment to the organization, and psychological safety. In terms of organizational commitment, participants report that they do not talk positively about their department and do not view their department as inspiring performance. Conversely, Sailors report a high degree of willingness to put in effort beyond expectations, even though overall results indicate low psychological attachment to the unit as a place for working and completing work tasks. Results also show low levels of psychological safety.

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http://cdx.sagepub.com/content/early/2015/02/25/0091450915570309.abstract

PTSD and Cannabis-Related Coping Among Recent Veterans in New York City.

Luther Elliott, Andrew Golub, Alexander Bennett, and Honoria Guarino

Contemporary Drug Problems
March 2, 2015
doi: 10.1177/0091450915570309

This article presents interview and focus group data from veterans of recent conflicts in Iraq and Afghanistan about their use of cannabis as a coping tool for dealing with posttraumatic stress disorder. Veterans' comparisons of cannabis, alcohol, and psychopharmaceuticals tended to highlight advantages to cannabis use as more effective and less complicated by side effects. Some participants suggested that cannabis can be part of an approach-based coping strategy that aids with introspection and direct confrontation of the sources of personal trauma. Others, however, held that cannabis use was part of a less productive, avoidant coping strategy. Some self-reports suggested the need for more nuanced theorizations of coping behaviors, as they indicated motivations for use that were grounded in symptom alleviation rather than any direct confrontation with (or avoidance of) sources of trauma.

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http://bjp.rcpsych.org/content/206/3/184.abstract

Letters, green cards, telephone calls and postcards: systematic and meta-analytic review of brief contact interventions for reducing self-harm, suicide attempts and suicide.

Allison J. Milner , Greg Carter , Jane Pirkis , Jo Robinson , Matthew J. Spittal

British Journal of Psychiatry
DOI: 10.1192/bjp.bp.114.147819
Published 2 March 2015

Background
There is growing interest in brief contact interventions for self-harm and suicide attempt.

Aims
To synthesise the evidence regarding the effectiveness of brief contact interventions for reducing self-harm, suicide attempt and suicide.

Method
A systematic review and random-effects meta-analyses were conducted of randomised controlled trials using brief contact interventions (telephone contacts; emergency or crisis cards;

and postcard or letter contacts). Several sensitivity analyses were conducted to examine study quality and subgroup effects.

Results
We found 14 eligible studies overall, of which 12 were amenable to meta-analyses. For any subsequent episode of self-harm or suicide attempt, there was a non-significant reduction in the overall pooled odds ratio (OR) of 0.87 (95% CI 0.74–1.04, P = 0119) for intervention compared with control. The number of repetitions per person was significantly reduced in intervention v. control (incidence rate ratio IRR = 066, 95% CI 0.54–0.80, P<0001). There was no significant reduction in the odds of suicide in intervention compared with control (OR = 0.58, 95% CI 0.24–1.38).

Conclusions
A non-significant positive effect on repeated self-harm, suicide attempt and suicide and a significant effect on the number of episodes of repeated self-harm or suicide attempts per person (based on only three studies) means that brief contact interventions cannot yet be recommended for widespread clinical implementation. We recommend further assessment of possible benefits in well-designed trials in clinical populations.

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http://brain.oxfordjournals.org/content/early/2015/03/02/brain.awv038.abstract

Acute post-traumatic stress symptoms and age predict outcome in military blast concussion.

Christine L. Mac Donald , Octavian R. Adam , Ann M. Johnson , Elliot C. Nelson , Nicole J. Werner , Dennis J. Rivet , David L. Brody

Brain
First published online: 4 March 2015
DOI: http://dx.doi.org/10.1093/brain/awv038

High rates of adverse outcomes have been reported following blast-related concussive traumatic brain injury in US military personnel, but the extent to which such adverse outcomes can be predicted acutely after injury is unknown. We performed a prospective, observational study of US military personnel with blast-related concussive traumatic brain injury (n = 38) and controls (n = 34) enrolled between March and September 2012. Importantly all subjects returned to duty and did not require evacuation. Subjects were evaluated acutely 0–7 days after injury at two sites in Afghanistan and again 6–12 months later in the United States. Acute assessments revealed heightened post-concussive, post-traumatic stress, and depressive symptoms along with worse cognitive performance in subjects with traumatic brain injury. At 6–12 months follow-up, 63% of subjects with traumatic brain injury and 20% of controls had moderate overall disability. Subjects with traumatic brain injury showed more severe

neurobehavioural, post-traumatic stress and depression symptoms along with more frequent cognitive performance deficits and more substantial headache impairment than control subjects. Logistic regression modelling using only acute measures identified that a diagnosis of traumatic brain injury, older age, and more severe post-traumatic stress symptoms provided a good prediction of later adverse global outcomes (area under the receiver-operating characteristic curve = 0.84). Thus, US military personnel with concussive blast-related traumatic brain injury in Afghanistan who returned to duty still fared quite poorly on many clinical outcome measures 6–12 months after injury. Poor global outcome seems to be largely driven by psychological health measures, age, and traumatic brain injury status. The effects of early interventions and longer term implications of these findings are unknown.

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http://gradworks.umi.com/15/84/1584218.html

Co-occurring mild traumatic brain injury and posttraumatic stress disorder in the military

Joyner, Jordan R.
M.S., TENNESSEE STATE UNIVERSITY, 2014, 119 pages

The number of soldiers being deployed in combat settings is steadily increasing with peace-keeping or combat-related missions occurring multiple times in an individual's military career. Combat increases military personnel's likelihood of experiencing physical and/or psychological trauma. This is most clearly seen in the increase in diagnoses of both Mild Traumatic Brain Injury (MTBI) and Posttraumatic Stress Disorder (PTSD). PTSD is among the most common injury facing veterans today and TBIs have become the signature wound of the Afghanistan and Iraq Wars. The aim of this study is to determine whether MTBI and PTSD co-occur, if there are contributing factors, and whether the contributing factors influenced the co-morbidity. Participants were recruited in person from military veteran agencies in Nashville, TN and through social media. An assessment packet comprised of the Posttraumatic Stress Disorder Checklist-Military version, the three-Question TBI Screening tool, and the Brief COPE were used to analyze the hypotheses. Statistically significant correlations were found between MTBI severity and PTSD symptom severity, suggesting that it is possible for the two disorders to co-exist within the same individuals in the current sample. Age, gender, and length of deployment were deemed significant mediators in the relationship between MTBI and PTSD, indicating that they have an impact on the disorders. The use of coping skills differed by diagnoses, significant at $p = .01$. Acceptance was the only positive coping skill to significantly differentiate between groups. Negative coping skills that were statistically significant included: Self-Blame, Behavioral Disengagement, Humor, Venting, Self-Distraction, and Substance Use. There were significant differences between groups for patterns of coping skills. These results suggest that MTBI, PTSD, and co-morbid MTBI and PTSD is an area requiring additional research. It is further recommended that the relationship between MTBI, PTSD, and co-morbid MTBI/PTSD and coping skills be further explored.

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http://www.ncbi.nlm.nih.gov/pubmed/25734618

MSMR. 2015 Feb;22(2):2-11.

Whither the "signature wounds of the war" after the war: estimates of incidence rates and proportions of TBI and PTSD diagnoses attributable to background risk, enhanced ascertainment, and active war zone service, active component, U.S. Armed Forces, 2003-2014.

Brundage JF, Taubman SB, Hunt DJ, Clark LL.

Traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) are "signature wounds" of the Afghanistan/Iraq wars; however, many TBI/PTSD cases are not war related. During the wars, diagnoses of TBI/PTSD among military members increased because risks of TBI/PTSD, and capabilities to detect cases, increased. This report summarizes TBI/PTSD diagnosis experiences of three cohorts of overseas deployers in relation to the natures of their exposures to active war service and enhanced case ascertainment efforts. The findings suggest that, during the war, the proportions of PTSD diagnoses attributable to war zone service decreased from approximately 80% to less than 50%, while the proportions attributable to enhanced case ascertainment increased from less than 10% to nearly 50%. The proportions of TBI diagnoses attributable to war zone service more than tripled from 2003-2005 (13.1%) through 2007-2009 (44.8%); the proportions attributable to enhanced ascertainment also markedly increased, but not until after 2007. By the end of the war, war zone service and enhanced ascertainment accounted for similar proportions of all PTSD and TBI diagnoses. If programs and resources currently focused on TBI and PTSD continue, rates of diagnoses post-war will greatly exceed those pre-war.

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http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00375

Prescription Stimulant Misuse in a Military Population.

MAJ Jennifer N. Kennedy , MC USA; Lt Col Vikhyat S. Bebarta , USAF MC; Col Shawn M. Varney, USAF MC; Lee Ann Zarzabal , MS; Victoria J. Ganem , RN

Military Medicine
Volume 180 Issue 3S, March 2015, pp. 191-194

Background:
Increased prescription drug misuse has been reported in veterans, yet there has not been a focused look at stimulant misuse in the military community or correlation with deployment

injuries and illnesses. Our objective was to identify rates of stimulant misuse and any correlation with deployment in the military population.

Methods:
A prospective, anonymous institutional review board–approved survey in the emergency department waiting room of a military tertiary care hospital using a 12-item questionnaire created with fixed response and multiple-choice questions. Stimulant misuse was defined as taking more than prescribed, obtaining stimulants from others, and taking it for a nonprescribed reason. Proportions were assessed by Chi-square test and Fisher's exact test.

Results:
26/498 (5%) of respondents reported misusing stimulants in the last 5 years. Misusers were more likely to have a mental health diagnosis, and they suffered either a deployment-related injury or another injury, as compared to those who used stimulants properly ($p < 0.05$). The stimulant misuse did not correlate with age, gender, active duty status, education, location of deployment, number of times deployed, traumatic brain injury diagnosis, or enlistment status.

Conclusion:
Stimulant drug misuse in the military community is associated with mental health conditions, deployment-related injuries, or new physical injuries.

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http://link.springer.com/article/10.1007/s40596-015-0284-2

Impact of an Enduring War on Two Military Psychiatry Residency Programs.

Rhianon M. Groom, Russell B. Carr, Stephanie L. Leong, Michelle B. Hornbaker-Park

Academic Psychiatry
March 2015

Four active duty military psychiatrists at different points in their careers were asked to reflect on the impact that the wars in Iraq and Afghanistan had on their respective training in military psychiatry residency programs. The result is an inside look from four unique perspectives on how military psychiatry residency training adapted over time to prepare their graduates to practice psychiatry in a wartime setting as many graduates went to the front lines of war shortly after graduation. This article will provide an understanding of the challenges faced by these residency programs striving to meet the behavioral health needs created by war while balancing this with ongoing ACGME requirements, how those challenges were met, and the impact it had on residents.

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http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00431

Lessons Learned From the Analysis of Soldier Collected Blast Data.

W. Bradley Fain , PhD; Shean Phelps , MD, MPH, FAAFP; Alessio Medda , PhD

Military Medicine
Volume 180 Issue 3S, March 2015, pp. 201-206

In recent U.S. military experience, widespread exposure to improvised explosive devices has been implicated in noticeable changes in the incidence of brain injuries inversely related to reduced mortality—thought to be the unintended consequence of increase in exposure to blast wave effects—secondary to improved vital organ protection, improved personal protective equipment. Subsequently, there is a growing need for the development and fielding of fully integrated sensor systems capable of both capturing dynamic effects (i.e., “blast”) on the battlefield—providing critical information for researchers, while providing value to the medical community and leaders—for development of pre-emptive measures and policies. Obtaining accurate and useful data remains a significant challenge with a need for sensors which feed systems that provide accurate interpretation of dynamic events and lend to an enhanced understanding of their significance to the individual. This article describes lessons learned from a data analysis perspective of a collaborative effort led by a team formed at Georgia Tech Research Institute to develop a “sensor agnostic” system that demonstrates full integration across variant platforms/systems. The system is designed to allow digital and analog time/frequency data synchronization and analysis, which facilitated the development of complex multimodal modeling/algorithms.

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http://www.tandfonline.com/doi/abs/10.1080/10911359.2014.974426

Substance Abuse and Posttraumatic Stress Disorder in War Veterans.

Ronald L. Butler , Ozietta D. Taylor

Journal of Human Behavior in the Social Environment
Published online: 04 Mar 2015
DOI: 10.1080/10911359.2014.974426

Little research has been done on the effects of posttraumatic stress disorder (PTSD) and its link to alcohol and substance use among combat veterans. In 1983, a congressional mandate ordered a study of PTSD and other postwar psychological problems among Vietnam veterans. Many veterans do not recognize the symptoms of PTSD and therefore are unaware that the symptoms have led to alcohol and substance use. A questionnaire was designed to examine veterans at the Helping Up Mission in Baltimore, Maryland, to determine if the veterans at the

mission exhibited symptoms of PTSD. Thirty veterans were given a simple questionnaire that outlined symptoms of PTSD. Participants were to indicate whether they experienced PTSD symptoms as defined on the 25-item questionnaire. The responses were rated from 1 to 5 (1 = not at all; 2 = a little bit; 3 = moderately; 4 = quite a bit; and 5 = extremely). Based on this study, no relationship was found between PTSD and substance abuse. Further research should be conducted using a random sample to examine the possible relationship between PTSD and substance abuse.

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http://link.springer.com/article/10.1007/s11920-015-0549-1

Changes in Comorbid Conditions After Prolonged Exposure for PTSD: a Literature Review.

Agnes van Minnen, Lori A. Zoellner, Melanie S. Harned, Katherine Mills

Current Psychiatry Report
March 2015

Prolonged exposure (PE) is an effective psychological treatment for patients who suffer from PTSD. The majority of PTSD patients have comorbid psychiatric disorders, and some clinicians are hesitant to use PE with comorbid patients because they believe that comorbid conditions may worsen during PE. In this article, we reviewed the evidence for this question: what are the effects of PE on comorbid symptoms and associated symptomatic features? We reviewed findings from 18 randomized controlled trials of PE that assessed the most common comorbid conditions (major depression, anxiety disorders, substance use disorders, personality disorders, and psychotic disorders) and additional symptomatic features (suicidality, dissociation, negative cognitions, negative emotions, and general health and work/social functioning). Although systematic research is not available for all comorbid populations, the existing research indicates that comorbid disorders and additional symptomatic features either decline along with the PTSD symptoms or do not change as a result of PE. Therefore, among the populations that have been studied to date, there is no empirical basis for excluding PTSD patients from PE due to fear of increases in comorbid conditions or additional symptomatic features. Limitations of the existing research and recommendations for future research are also discussed.

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http://link.springer.com/article/10.1007/s11920-015-0564-2

Psychopharmacological Strategies in the Management of Posttraumatic Stress Disorder (PTSD): What Have We Learned?

Nancy C. Bernardy, Matthew J. Friedman

Current Psychiatry Reports
March 2015, 17:20

There have been significant advancements in the pharmacologic management of posttraumatic stress disorder (PTSD) in the past two decades. Multisite randomized clinical trials (RCTs) have noted the efficacy of selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNR Is) for PTSD treatment. Unfortunately, there have been no new medications approved to treat PTSD in the past 10 years. Although there have been exciting new findings in our knowledge of the neurobiology of PTSD, clinical trials testing new medications have lagged. This review summarizes recent research that builds on the unique pathophysiology of PTSD and suggests ways to move the field forward.

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http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00397

Reassessment of Psychological Distress and Post-Traumatic Stress Disorder in United States Air Force Distributed Common Ground System Operators.

Prince Lillian, Chappelle Wayne L., McDonald Kent D.Col, Goodman Tanya, Cowper Sara, and Thompson William

Military Medicine
2015 180:3S, 171-178

The goal of this study was to assess for the main sources of occupational stress, as well as self-reported symptoms of distress and post-traumatic stress disorder among U.S. Air Force (USAF) Distributed Common Ground System (DCGS) intelligence exploitation and support personnel. DCGS intelligence operators (n = 1091) and nonintelligence personnel (n = 447) assigned to a USAF Intelligence, Surveillance, and Reconnaissance Wing responded to the web-based survey. The overall survey response rate was 31%. Study results revealed the most problematic stressors among DCGS intelligence personnel included high workload, low manning, as well as organizational leadership and shift work issues. Results also revealed 14.35% of DCGS intelligence operators' self-reported high levels of psychological distress (twice the rate of DCGS nonintelligence support personnel). Furthermore, 2.0% to 2.5% self-reported high levels of post-traumatic stress disorder symptoms, with no significant difference between groups. The implications of these findings are discussed along with recommendations for USAF medical and mental health providers, as well as operational leadership.

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http://www.psycontent.com/content/h3042h7807q90353/

High Levels of Emotional Distress, Trauma Exposure, and Self-Injurious Thoughts and Behaviors Among Military Personnel and Veterans With a History of Same Sex Behavior.

Bobbie N. Ray-Sannerud, Craig J. Bryan, Nicholas S. Perry and AnnaBelle O. Bryan

Psychology of Sexual Orientation and Gender Diversity
DOI: 10.1037/sgd0000096

Rates of suicide deaths and attempts among military personnel and veterans have risen over the past decade. Research on the relationship of sexual minority status (whether by attraction, identity, or behavior) with self-injurious thoughts and behaviors (SITB) among military personnel and veterans is sparse, despite considerable evidence suggesting sexual minority individuals are at increased risk in the general population. The current study examined the relationship of sexual minority status (i.e., those reporting a history of same-sex partners) with emotional distress, trauma exposure, and SITB in a sample of 422 military personnel and veterans enrolled in college classes. Results indicated that military personnel who had a history of same-sex partners reported more severe depression, posttraumatic stress, and trauma exposure than military personnel who reported only other-sex partners. Female military personnel with a history of same-sex partners reported the highest rates of physical (48.3%) and sexual (41.4%) assault, and nonsuicidal self-injury (31%) and suicide attempts (20.7%). Military personnel with a history of same-sex partners reported significantly increased rates of suicide ideation ($OR = 2.08$, $p < .05$), nonsuicidal self-injury ($OR = 2.29$, $p < .05$), and suicide attempts ($OR = 2.89$, $p < .05$). Results suggest sexual minority military personnel and veterans, especially women, report greater emotional distress and trauma exposure. They are also at increased risk for SITB, as a function of these high levels of psychological distress and trauma.

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http://ps.psychiatryonline.org/doi/10.1176/appi.ps.201400244

Change in Emergency Department Providers' Beliefs and Practices After Use of New Protocols for Suicidal Patients.

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Psychiatric Services
Received: June 02, 2014
Accepted: November 07, 2014
http://dx.doi.org/10.1176/appi.ps.201400244

Objective:
The study examined changes in self-reported attitudes and practices related to suicide risk assessment among providers at emergency departments (EDs) during a three-phase quasi-experimental trial involving implementation of ED protocols for suicidal patients.

Methods:
A total of 1,289 of 1,828 (71% response rate) eligible providers at eight EDs completed a voluntary, anonymous survey at baseline, after introduction of universal suicide screening, and after introduction of suicide prevention resources (nurses) and a secondary risk assessment tool (physicians).

Results:
Among participants, the median age was 40 years old, 64% were female, and there were no demographic differences across study phases; 68% were nurses, and 32% were attending physicians. Between phase 1 and phase 3, increasing proportions of nurses reported screening for suicide (36% and 95%, respectively, $p<.001$) and increasing proportions of physicians reported further assessment of suicide risk (63% and 80%, respectively, $p<.01$). Although increasing proportions of providers said universal screening would result in more psychiatric consultations, decreasing proportions said it would slow down clinical care. Increasing proportions of nurses reported often or almost always asking suicidal patients about firearm access (18%−69%, depending on the case), although these numbers remained low relative to ideal practice. Between 35% and 87% of physicians asked about firearms, depending on the case, and these percentages did not change significantly over the study phases.

Conclusions:
These findings support the feasibility of implementing universal screening for suicide in EDs, assuming adequate resources, but providers should be educated to ask suicidal patients about firearm access.

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https://msrc.fsu.edu/white-paper/taxometric-study-suicide-risk

A Taxometric Study of Suicide Risk

Jill Holm-Denoma, PhD & Tracy Witte, PhD

Military Suicide Research Consortium
March 4, 2015

Preventing suicide among military personnel is of the utmost importance; however, it is currently unknown whether suicide risk is a categorical (i.e., high vs. low risk) or dimensional phenomenon. This knowledge could have critical implications for developing effective, efficient suicide risk assessment and intervention procedures. Specifically, if suicide risk is categorical

instead of dimensional, it may be possible to use briefer and empirically based assessments to accurately group people into high and low risk categories. Additionally, categorical results would suggest the need for intervention research to focus primarily on those in the high-risk group, as opposed to subclinical samples. Thus, in this study, we used taxometric analysis (Meehl, 1973) to determine whether it is justifiable to put military personnel into suicide risk groups, or whether they should be viewed at having a certain degree of suicide risk.

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http://www.ncbi.nlm.nih.gov/pubmed/25754383

Sleep Med. 2015 Jan 23. pii: S1389-9457(15)00057-X. doi: 10.1016/j.sleep.2015.01.011. [Epub ahead of print]

Differences in sleep between black and white adults: an update and future directions.

Petrov ME, Lichstein KL

Meta-analyses and other previous reviews have identified distinct ethnic/racial differences in the quantity, quality, and propensity for sleep disorders between black and white adults. The present article reviews the meta-analytic evidence along with recent epidemiological, community, and clinical studies to clarify what is known and not known about sleep differences between these two groups. Black individuals tend to have poorer sleep continuity and quality, excessively short or long sleep duration, greater sleep variability, and greater risk of sleep apnea than white individuals. The data suggest that these differences are attenuated yet persist in the face of several relevant confounders such as socioeconomic status, occupational factors, neighborhood context, and comorbidities. However, little is known about the mechanisms that explain ethnic disparities in sleep. We propose a conceptual model of potential mediators for future testing as well as other questions in need of investigation. Copyright © 2015 Elsevier B.V. All rights reserved.

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http://www.ncbi.nlm.nih.gov/pubmed/25750106

Appl Psychophysiol Biofeedback. 2015 Mar 7. [Epub ahead of print]

Breathing Biofeedback as an Adjunct to Exposure in Cognitive Behavioral Therapy Hastens the Reduction of PTSD Symptoms: A Pilot Study.

Rosaura Polak A, Witteveen AB, Denys D, Olff M

Although trauma-focused cognitive behavioral therapy (TF-CBT) with exposure is an effective treatment for posttraumatic stress disorder (PTSD), not all patients recover. Addition of

breathing biofeedback to exposure in TF-CBT is suggested as a promising complementary technique to improve recovery of PTSD symptoms. Patients (n = 8) with chronic PTSD were randomized to regular TF-CBT or TF-CBT with complementary breathing biofeedback to exposure. PTSD symptoms were measured before, during and after TF-CBT with the Impact of Event Scale-Revised. The results show that breathing biofeedback is feasible and can easily be complemented to TF-CBT. Although PTSD symptoms significantly decreased from pre to post treatment in both conditions, there was a clear trend towards a significantly faster (p = .051) symptom reduction in biofeedback compared to regular TF-CBT. The most important limitation was the small sample size. The hastened clinical improvement in the biofeedback condition supports the idea that breathing biofeedback may be an effective complementary component to exposure in PTSD patients. The mechanism of action of breathing biofeedback may relate to competing working memory resources decreasing vividness and emotionality, similar to eye movement desensitization and reprocessing. Future research is needed to examine this.

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http://www.ncbi.nlm.nih.gov/pubmed/25751708

J Gerontol Soc Work. 2015 Mar 9. [Epub ahead of print]

Aging, Depression, and Wisdom: A Pilot Study of Life-Review Intervention and PTSD Treatment With Two Groups of Vietnam Veterans.

Daniels LR, Boehnlein J, McCallion P

Vietnam War veterans are a sometimes overlooked sub-group of the aging baby boomer generation. Forty years after the war ended, war veterans still seek out VA or Vet Center counselors in order to assist with traumatic stress symptoms. However, there currently are no specific age-related protocols for treating older war veterans suffering from PTSD, nor have established PTSD interventions incorporated gerontology content for these older trauma survivors. This pilot study juxtaposed Life Review within regular PTSD group counseling for 12 Vietnam veterans at a community-based Vet Center using a partial cross-over design. The Life Review and Experiencing Form (LREF) structured the delivery of the life review component. T-tests and repeated measures ANOVA were used to examine depression and self-assessed wisdom outcomes using measures previously tested with older adults. Findings suggest that Life Review prior to PTSD group therapy has clinical benefits for reducing symptoms of depression, and increasing self-assessed wisdom. The study illuminates the possible relationship of traumatic stress symptom effects on the natural reminiscing process for older veterans, and provides insights into methods for more age-appropriate treatment for trauma survivors participating in Vet Center and VA programs nationwide.

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http://www.ncbi.nlm.nih.gov/pubmed/25750837

Clin Psychol Sci. 2015 Mar;3(2):215-229. ICD-11

Complex PTSD in US National and Veteran Samples: Prevalence and Structural Associations with PTSD.

Wolf EJ, Miller MW, Kilpatrick D, Resnick HS, Badour CL, Marx BP, Keane TM, Rosen RC, Friedman MJ

The eleventh edition of the International Classification of Diseases (ICD-11) is under development and current proposals include major changes to trauma-related psychiatric diagnoses, including a heavily restricted definition of posttraumatic stress disorder (PTSD) and the addition of complex PTSD (CPTSD). We aimed to test the postulates of CPTSD in samples of 2695 community participants and 323 trauma-exposed military veterans. CPTSD prevalence estimates were 0.6% and 13% in the community and veteran samples, respectively; one-quarter to one-half of those with PTSD met criteria for CPTSD. There were no differences in trauma exposure across diagnoses. A factor mixture model with two latent dimensional variables and four latent classes provided the best fit in both samples: classes differed by their level of symptom severity but did not differ as a function of the proposed PTSD versus CPTSD diagnoses. These findings should raise concerns about the distinctions between CPTSD and PTSD proposed for ICD-11.

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http://www.ncbi.nlm.nih.gov/pubmed/25749748

Curr Psychiatry Rep. 2015 Apr;17(4):560. doi: 10.1007/s11920-015-0560-6.

Psychological Mechanisms of Effective Cognitive-Behavioral Treatments for PTSD.

Zalta AK

Several psychotherapies have been established as effective treatments for posttraumatic stress disorder (PTSD) including prolonged exposure, cognitive processing therapy, and cognitive therapy for PTSD. Understanding the key mechanisms of these treatments, i.e., how these treatments lead to therapeutic benefits, will enable us to maximize the efficacy, effectiveness, and efficiency of these therapies. This article provides an overview of the theorized mechanisms for each of these treatments, reviews the recent empirical evidence on psychological mechanisms of these treatments, discusses the ongoing debates in the field, and provides recommendations for future research. Few studies to date have examined whether changes in purported treatment mechanisms predict subsequent changes in treatment outcomes. Future clinical trials examining treatments for PTSD should use study designs that enable researchers to establish the temporal precedence of change in treatment mechanisms prior to symptom

reduction. Moreover, further research is needed that explores the links between specific treatment components, underlying change mechanisms, and treatment outcomes.

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http://www.ncbi.nlm.nih.gov/pubmed/25737377

Drug Alcohol Rev. 2015 Mar 4. doi: 10.1111/dar.12229. [Epub ahead of print]

Implementation of integrated therapies for comorbid post-traumatic stress disorder and substance use disorders in community substance abuse treatment programs.

Killeen TK, Back SE, Brady KT

ISSUES:
The high prevalence of trauma and post-traumatic stress disorder (PTSD) in individuals with substance use disorders (SUDs) presents a number of treatment challenges for community treatment providers and programs in the USA. Although several evidence-based, integrated therapies for the treatment of comorbid PTSD/SUD have been developed, rates of utilisation of such practices remain low in community treatment programs.

APPROACH:
The goal of this article was to review the extant literature on common barriers that prevent adoption and implementation of integrated treatments for PTSD/SUD among substance abuse community treatment programs. KEY FINDINGS: Organisational, provider-level and patient-level factors that drive practice decisions were discussed, including organisational philosophy of care policies, funding and resources, as well as provider and patient knowledge and attitudes related to implementation of new integrated treatments for comorbid PTSD and SUD.

IMPLICATIONS AND CONCLUSIONS:
Understanding and addressing these community treatment challenges may facilitate use of evidence-based integrated treatments for comorbid PTSD and SUD. [Killeen TK, Back SE, Brady KT. Implementation of integrated therapies for comorbid post-traumatic stress disorder and substance use disorders in community substance abuse treatment programs. Drug Alcohol Rev 2015]. © 2015 Australasian Professional Society on Alcohol and other Drugs.

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http://www.ncbi.nlm.nih.gov/pubmed/25735617

Adm Policy Ment Health. 2015 Mar 4. [Epub ahead of print]

Clinicians' Perception of Patient Readiness for Treatment: An Emerging Theme in Implementation Science?

Zubkoff L, Carpenter-Song E, Shiner B, Ronconi JM, Watts BV

Despite a training program to help veterans administration (VA) clinicians implement evidence-based psychotherapies (EBPs) for posttraumatic stress disorder (PTSD), uptake has been limited. To understand clinicians' implementation challenges, we performed thematic analysis of semi-structured telephone interviews guided by the Promoting Action on Research Implementation in Health Services framework. Our sample included 22 psychotherapists in VA PTSD clinics in one region. We identified a theme not captured by our implementation framework: clinicians' perceptions about their patients' readiness for treatment. Clinician perception of patient readiness may be important to the uptake of EBPs and should be considered in mental health implementation work.

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http://www.ncbi.nlm.nih.gov/pubmed/25503957

J Nerv Ment Dis. 2015 Jan;203(1):15-22. doi: 10.1097/NMD.0000000000000228.

Anger in the UK Armed Forces: strong association with mental health, childhood antisocial behavior, and combat role.

Rona RJ, Jones M, Hull L, MacManus D, Fear NT, Wessely S

We assessed the strength of the association of several mental health problems, childhood difficulties, and combat role with anger, as well as the contribution of these factors to explain anger assessed by population attributable fraction (PAF). A total of 9885 UK service personnel, some of them deployed to Iraq and Afghanistan, participated in the study. There was a strong or intermediate association between cases and subthreshold cases of symptoms of posttraumatic stress disorder, psychological distress, multiple physical symptoms and alcohol misuse, having a combat role, childhood adversity, and childhood antisocial behavior with anger. The PAF for any mental health problem and combat role and childhood difficulties was 0.64 (95% confidence interval [CI], 0.56-0.70) and increased to 0.77 (95% CI, 0.69-0.83) if subthreshold cases were included. Anger is a frequent component of mental disorders; health care professionals need to be aware of the interference of anger in the management of mental illness and that anger infrequently presents as an isolated phenomenon.

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http://www.ncbi.nlm.nih.gov/pubmed/25733676

Clin Trials. 2015 Mar 1. pii: 1740774515573958. [Epub ahead of print]

A multi-site randomized clinical trial to reduce suicidal ideation in suicidal adult outpatients with Major Depressive Disorder: Development of a methodology to enhance safety.

McCall WV, Benca RM, Rosenquist PB, Riley MA, Hodges C, Gubosh B, McCloud L, Newman JC, Case D, Rumble M, Mayo M, White KH, Phillips M, Krystal AD

BACKGROUND/AIMS:
Suicide is a major public health concern, yet there are very few randomized clinical trials that have been conducted to reduce suicidal ideation in patients at risk of suicide. We describe the rationale and refinements of such a trial that is designed to assess the effect of a hypnotic medication on suicidal ideation in adult outpatients currently experiencing suicidal ideation.

METHODS:
"Reducing Suicidal Ideation Through Insomnia Treatment" is a multi-site randomized clinical trial that includes three recruiting sites and one data management site. This 4-year study is in its second year of recruitment. The purpose of the study is to compare hypnotic medication versus placebo as an add-on treatment to a selective serotonin reuptake inhibitor as a means of reducing suicidal ideation in depressed adult outpatients with insomnia and suicidal ideation. The safety features of the study follow the 2001 National Institutes of Health guidelines for studies that include patients at risk of suicide.

RESULTS:
In total, 584 potential participants have undergone telephone screening; 67% of these failed the phone screen, most often due to an absence of expressed suicidal ideation (26% of the telephone screen fails). A total of 115 people appeared for a face-to-face baseline assessment, and 40 of these had completed a taper off of their ineffective psychotropic medications before the baseline assessments. In all, 64% of those who completed baseline assessments failed to proceed to randomization, most commonly because of no clinically significant suicidal ideation (51% of those excluded at baseline). One participant was offered and accepted voluntary psychiatric hospitalization in lieu of study participation. Thus far, 40 participants have been randomized into the study and 88.7% of scheduled visits have been attended, with 93.8% adherence to the selective serotonin reuptake inhibitor and 91.6% adherence to the randomized hypnotic versus placebo. None of the randomized participants have required hospitalization or had a suicide attempt.

CONCLUSION:
By carefully considering the inclusion and exclusion criteria and other safety features, the safe conduct of randomized clinical trials in suicidal adult patients is possible, including the inclusion

of participants who have undergone a prescribed tapering off of psychotropic medications prior to baseline assessment. © The Author(s) 2015.

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http://www.ncbi.nlm.nih.gov/pubmed/25735015

Mil Med. 2015 Mar;180(3):263-8. doi: 10.7205/MILMED-D-14-00281.

Development and evaluation of a behavioral pain management treatment program in a veterans affairs medical center.

Stratton KJ, Bender MC, Cameron JJ, Pickett TC

Chronic pain complaints are highly prevalent among Veterans seeking Veterans Affairs health care, and the implementation of effective behavioral health interventions is vital to meet patient needs. Research supports the use of cognitive behavioral therapy for the treatment of chronic pain; however, varying guidelines regarding length of treatment and modality (i.e., group vs. individual) complicate clinical planning and program development. This study aimed to evaluate treatment outcomes and equivalence of 3 variations (12, 10, and 6 weeks of group treatment) of cognitive behavioral therapy for chronic pain using clinical program data collected from Veterans enrolled in Veterans Affairs health services in a large tertiary care setting. Across groups, Veterans showed improvements in negative pain-related thinking and decreases in pain-related disability and distress. In general, patient outcomes regarding pain-related distress and disability for the 6-week group were equivalent or better than the 12- and 10-week groups. Preliminary results support the effectiveness of brief behavioral interventions for chronic pain. The findings have important practical implications, as briefer treatments may offer comparable therapeutic impact as longer, more time-intensive treatment protocols. This study offers a unique examination of treatment development and evaluation processes informed by real-world clinical needs and patient feedback. Reprint & Copyright © 2015 Association of Military Surgeons of the U.S.

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http://www.ncbi.nlm.nih.gov/pubmed/25728794

J Sleep Res. 2015 Feb 27. doi: 10.1111/jsr.12285. [Epub ahead of print]

Insomnia and incident depression: role of objective sleep duration and natural history.

Fernandez-Mendoza J, Shea S, Vgontzas AN, Calhoun SL, Liao D, Bixler EO

Longitudinal studies that have examined the association of insomnia with incident depression using objective sleep measures are very limited. The aim of this study was to examine the

predictive role of the severity of insomnia for incident depression in a general population sample using psychometric and polysomnographic data. From a random, general population sample of 1741 individuals of the Penn State Adult Cohort, 1137 adults without depression were followed up with a structured telephone interview after 7.5 years. All subjects completed a full medical evaluation, 1-night polysomnogram and Multiphasic Minnesota Personality Inventory at baseline. The incidence of depression was 15%. Poor sleep (odds ratio = 1.5, P = 0.001) and insomnia (odds ratio = 1.9, P = 0.031) were significantly associated with incident depression. The odds of incident depression were highest (odds ratio = 2.2, P = 0.019) in insomnia with objective short sleep duration and independent of Multiphasic Minnesota Personality Inventory Ego Strength scores, an index of poor coping resources. The persistence of insomnia and worsening of poor sleep into insomnia significantly increased the odds of incident depression (odds ratios ranged from 1.8 to 6.3), whereas their full remission did not (odds ratio ranged from 1.2 to 1.8). Insomnia with short sleep duration is associated with incident depression independent of poor coping resources, whereas the association of insomnia with normal sleep duration with incident depression was mediated by poor coping resources. Persistence and worsening of poor sleep or insomnia, but not their full remission, are significant predictors of incident depression. These data suggest that there is a significant relationship between the severity of insomnia and incident depression. © 2015 European Sleep Research Society.

Links of Interest

The Military Tradition That's a Morale-Booster—and a Drinking Game
http://www.slate.com/blogs/the_eye/2015/03/11/roman_mars_99_invisible_challenge_coins_are_designed_as_currency_for_military.html

Army veteran's guilt over surviving Iraq is a wound that won't heal
http://www.latimes.com/nation/la-me-c1-survivor-guilt-20150226-story.html

Blocking the Paths to Suicide
http://www.nytimes.com/2015/03/10/health/blocking-the-paths-to-suicide.html

Stepped-care intervention beats usual care in veterans with chronic pain
http://www.familypracticenews.com/news/journals/single-article/stepped-care-intervention-beats-usual-care-in-veterans-with-chronic-pain/718929193e27a29daff3cefa4821d42c.html

UTHealth Study May Treat PTSD and Substance Use Disorders
http://bionews-tx.com/news/2015/03/10/uthealth-study-may-treat-ptsd-and-substance-use-disorders/

Virtual Reality Exposure Therapy helps resolve PTSD
http://www.army.mil/article/144048/Virtual_Reality_Exposure_Therapy_helps_resolve_PTSD/

Resource of the Week: SAMHSA Suicide Safe Mobile App

A new training tool for behavioral health and primary care providers, the Suicide Safe app is based on SAMHSA's Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) Pocket Card for Clinicians.

SAMHSA's Suicide Safe helps providers:

- Learn how to use the SAFE-T approach when working with patients.
- Explore interactive sample case studies and see the SAFE-T in action through case scenarios and tips.
- Quickly access and share information, including crisis lines, fact sheets, educational opportunities, and treatment resources.
- Browse conversation starters that provide sample language and tips for talking with patients who may be in need of suicide intervention.
- Locate treatment options, filter by type and distance, and share locations and resources to provide timely referrals for patients.

Optimized for tablets, the app is available for free download from the iTunes Store or Google Play.

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SAMHSA Suicide Safe Mobile App

Average Rating: 5 out of 1 ratings.
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Equips providers with education and support resources to assess patients' risk of suicide, communicate effectively with patients and families, determine appropriate next steps, and make referrals to treatment and community resources.

Pub id: PEP15-SAFEAPP1
Publication Date: 2/2015
Popularity: Not ranked
Format: Mobile Application
Audience: Prevention Professionals, Professional Care Providers

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Tags: Suicide Prevention, Crisis Intervention, Treatment Improvement, Depression, Patient Assessment, Technology Implementation, Suicide, Counseling, Training & Continuing Education

You May Also Be Interested In

National Suicide Prevention Lifeline Wallet Card: Suicide Prevention: Learn the Warning Signs
Lists warning signs for suicide risk and urges those who exhibit any of the...

Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)
Assists clinicians in conducting a suicide assessment using a 5-step evaluation...

Patient and Family-friendly links from NIH
Depression
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