



CDP Research Update -- April 23, 2015

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- Imagery vividness ratings during exposure treatment for posttraumatic stress disorder as a predictor of treatment outcome.
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<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12163/abstract>

**Combat Exposure and Risk for Suicidal Thoughts and Behaviors Among Military Personnel and Veterans: A Systematic Review and Meta-Analysis.**

Bryan, C. J., Griffith, J. H., Pace, B. T., Hinkson, K., Bryan, A. O., Clemans, T. A. and Imel, Z. E.

Suicide and Life-Threatening Behavior

Article first published online: 8 APR 2015

DOI: 10.1111/sltb.12163

Due to seemingly mixed empirical results, questions persist about the possible role of deployments and combat exposure. We conducted a narrative review and meta-analysis of 22 published studies to integrate findings regarding the relationship of deployment-related predictors (i.e., deployment, deployment to a combat zone, combat experience, and exposure to specific combat events) with suicide-related outcomes (i.e., suicide ideation, attempt, and death). Across all predictors and outcomes, the combined effect was small and positive,  $r = .08$  [0.04, 0.13], and marked by significant heterogeneity,  $I^2 = 99.9\%$ ,  $Q(21)=4880.16$ ,  $p < .0001$ , corresponding to a 25% increased risk for suicide-related outcomes among those who have

deployed. Studies examining the relationship between exposure to killing and atrocities ( $k = 5$ ) showed the largest combined effect,  $r = .12$  [0.08, 0.17], and less heterogeneity,  $I^2 = 84.4\%$ ,  $Q(4)=34.96$ ,  $p < .0001$ , corresponding to a 43% increased risk for suicide-related outcomes among those exposed to killing or atrocity. Implications for theory, research, and clinical practice are discussed.

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[http://www.dhra.mil/perserec/reports/TR\\_15-01\\_A\\_Relevant\\_Risk\\_Approach\\_to\\_Mental\\_Health\\_Inquiries\\_in\\_Question\\_21.pdf](http://www.dhra.mil/perserec/reports/TR_15-01_A_Relevant_Risk_Approach_to_Mental_Health_Inquiries_in_Question_21.pdf)

### **A Relevant Risk Approach to Mental Health Inquiries in Question 21 of the Questionnaire for National Security Positions (SF-86)**

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Defense Personnel and Security Research Center Defense Manpower Data Center

#### **Background**

Individuals vetted by the government for initial or continuing eligibility to access classified information must fill out a personnel security questionnaire as part of a screening process designed to identify those who are not likely to be trustworthy, reliable, or loyal to the United States. Question 21 in the Questionnaire for National Security Positions (SF - 86) asks applicants if they have consulted with a mental health professional in the last 7 years, with certain groups exempted. This approach identifies too many individuals for investigative follow-up who do not have a mental health condition that poses an unacceptable risk, and likely misses other at-risk individuals. Disagreements over the goal, effectiveness, and adverse consequences (e.g., stigmatizing the use of mental health services) associated with this question have resulted in previous Question 21 wording changes but have not significantly resolved concerns.

#### **Highlights**

A proposed “relevant risk” approach to Question 21 — focusing only on standardized clinical conditions that could pose a security risk as well as mental health related hospitalizations — would not represent an obstacle to mental health care for the vast majority of personnel and would be consistent with Department of Defense (DoD) policy to foster a culture of support with respect to mental health. This approach would reduce the costs associated with unnecessary Question 21 follow-up investigative work, as well as much of the stigma-related adverse consequences associated with the current Question 21. At the same time, the “relevant risk” approach would identify more effectively the small number of individuals with mental health conditions that may pose security risks. In addition, this report evaluates the

benefits for both security and clinical care for having separate professionals conduct security fitness evaluations vice individuals' mental health treatment.

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[http://www.rand.org/pubs/research\\_reports/RR586.html](http://www.rand.org/pubs/research_reports/RR586.html)

### **Suicide Postvention in the Department of Defense: Evidence, Policies and Procedures, and Perspectives of Loss Survivors**

Rajeev Ramchand, Lynsay Ayer, Gail Fisher, Karen Chan Osilla, Dionne Barnes-Proby, Samuel Wertheimer

RAND Corporation, 2015

The U.S. Department of Defense (DoD) has been struggling with increasing rates of suicide among military personnel for the past decade. As DoD continues to implement new programs and examine its policies in an effort to prevent military personnel from taking their own lives, it is important to assess its current responses to suicide and to identify opportunities to enhance these programs and policies. Unfortunately, there is little scientific evidence on how best to respond to suicides, how to ensure that surveillance activities are managed appropriately and that loss survivors are given sufficient support to grieve, how additional suicides can be prevented, and how to honor and respect the decedent and his or her loved ones. At the same time, there are many resource guides intended to provide recommendations for organizations (mostly schools) in responding to suicides. A review of the existing scientific evidence on postvention (responses to prevent additional suicides in the aftermath of a suicide) and guidance for other types of organizations provides potential insights for DoD, however. Complemented by the perspectives of those most intimately touched by military suicide — the family and friends of those who have died — these sources may help DoD formulate its guidance in a practical and sensitive way.

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<http://www.sciencedirect.com/science/article/pii/S0167639315000369>

### **A review of depression and suicide risk assessment using speech analysis.**

Nicholas Cummins, Stefan Scherer, Jarek Krajewski, Sebastian Schnieder, Julien Epps, Thomas F. Quatieri

Speech Communication

Available online 6 April 2015

doi:10.1016/j.specom.2015.03.004

This paper is the first review into the automatic analysis of speech for use as an objective predictor of depression and suicidality. Both conditions are major public health concerns; depression has long been recognised as a prominent cause of disability and burden worldwide, whilst suicide is a misunderstood and complex course of death that strongly impacts the quality of life and mental health of the families and communities left behind. Despite this prevalence the diagnosis of depression and assessment of suicide risk, due to their complex clinical characterisations, are difficult tasks, nominally achieved by the categorical assessment of a set of specific symptoms. However many of the key symptoms of either condition, such as altered mood and motivation, are not physical in nature; therefore assigning a categorical score to them introduces a range of subjective biases to the diagnostic procedure. Due to these difficulties, research into finding a set of biological, physiological and behavioural markers to aid clinical assessment is gaining in popularity. This review starts by building the case for speech to be considered a key objective marker for both conditions; reviewing current diagnostic and assessment methods for depression and suicidality including key non-speech biological, physiological and behavioural markers and highlighting the expected cognitive and physiological changes associated with both conditions which affect speech production. We then review the key characteristics; size associated clinical scores and collection paradigm, of active depressed and suicidal speech databases. The main focus of this paper is on how common paralinguistic speech characteristics are affected by depression and suicidality and the application of this information in classification and prediction systems. The paper concludes with an in-depth discussion on the key challenges – improving the generalisability through greater research collaboration and increased standardisation of data collection, and the mitigating unwanted sources of variability – that will shape the future research directions of this rapidly growing field of speech processing research.

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<http://onlinelibrary.wiley.com/doi/10.1111/add.12943/abstract>

## **A randomized controlled trial of treatments for co-occurring substance use disorders and PTSD.**

Mark P. McGovern, Chantal Lambert-Harris, Haiyi Xie, Andrea Meier, Bethany McLeman, Elizabeth Saunders

Addiction

DOI: 10.1111/add.12943

### **Background and Aims**

Posttraumatic stress disorder (PTSD) is common among people with substance use disorders, and the comorbidity is associated with negative outcomes. We report on a randomized controlled trial comparing the effect of Integrated Cognitive Behavioral Therapy (ICBT) plus standard care, individual addiction counseling plus standard care, and standard care alone on substance use and PTSD symptoms.

## Design

Three-group, multi-site randomized controlled trial.

## Setting

Seven addiction treatment programs in Vermont and New Hampshire, USA.

## Participants/Cases

Recruitment took place between December 2010 and January 2013. In this single-blind study, 221 participants were randomized to one of three conditions: ICBT plus standard care (SC) (n=73); Individual Addiction Counseling (IAC) plus SC (n=75), or SC only (n=73). One hundred seventy-two patients were assessed at 6-month follow-up (58 ICBT; 61 IAC; 53 SC).

Intervention and comparators: ICBT is a manual-guided therapy focused on PTSD and substance use symptom reduction with three main components: patient education, mindful relaxation and flexible thinking. IAC is a manual-guided therapy focused exclusively on substance use and recovery with modules organized in a stage-based approach: treatment initiation, early abstinence, maintaining abstinence, and recovery. SC is intensive outpatient program services that include 9-12 hours of face-to-face contact per week over 2-4 days of group and individual therapies plus medication management.

## Measurements

- Primary outcomes

PTSD severity and substance use severity at 6-months.

- Secondary outcomes

Therapy retention.

## Findings

PTSD symptoms reduced in all conditions with no difference between them. In analyses of covariance, ICBT produced more favorable outcomes on toxicology than IAC or SC (comparison with IAC: Parameter estimate: 1.10; CI: 0.17 – 2.04; comparison with SC: Parameter estimate: 1.13; CI: 0.18 - 2.08) and had greater reduction in reported drug use than SC (Parameter estimate: -9.92; CI: -18.14 - -1.70). ICBT patients had better therapy continuation versus IAC ( $p < .001$ ). There were no unexpected or study related adverse events.

## Conclusions

Integrated cognitive behavioral therapy may improve drug-related outcomes in posttraumatic stress disorder (PTSD) sufferers with substance use disorder more than drug focused counseling but probably not by reducing PTSD symptoms to a greater extent. This article is protected by copyright. All rights reserved.

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<http://www.sciencedirect.com/science/article/pii/S2214782915000160>

**Detecting suicidality on Twitter.**

Bridianne O'Dea, Stephen Wan, Philip J. Batterham, Alison L. Caley, Cecile Paris, Helen Christensen

Internet Interventions

Available online 7 April 2015

doi:10.1016/j.invent.2015.03.005

Twitter is increasingly investigated as a means of detecting mental health status, including depression and suicidality, in the population. However, validated and reliable methods are not yet fully established. This study aimed to examine whether the level of concern for a suicide-related post on Twitter could be determined based solely on the content of the post, as judged by human coders and then replicated by machine learning. From 18th February 2014 to 23rd April 2014, Twitter was monitored for a series of suicide-related phrases and terms using the public Application Program Interface (API). Matching tweets were stored in a data annotation tool developed by the Commonwealth Scientific and Industrial Research Organisation (CSIRO). During this time, 14,701 suicide-related tweets were collected: 14% were randomly ( $n = 2000$ ) selected and divided into two equal sets (Set A and B) for coding by human researchers. Overall, 14% of suicide-related tweets were classified as 'strongly concerning', with the majority coded as 'possibly concerning' (56%) and the remainder (29%) considered 'safe to ignore'. The overall agreement rate among the human coders was 76% (average  $\kappa = 0.55$ ). Machine learning processes were subsequently applied to assess whether a 'strongly concerning' tweet could be identified automatically. The computer classifier correctly identified 80% of 'strongly concerning' tweets and showed increasing gains in accuracy; however, future improvements are necessary as a plateau was not reached as the amount of data increased. The current study demonstrated that it is possible to distinguish the level of concern among suicide-related tweets, using both human coders and an automatic machine classifier. Importantly, the machine classifier replicated the accuracy of the human coders. The findings confirmed that Twitter is used by individuals to express suicidality and that such posts evoked a level of concern that warranted further investigation. However, the predictive power for actual suicidal behaviour is not yet known and the findings do not directly identify targets for intervention.

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<http://www.tandfonline.com/doi/abs/10.1080/13548506.2015.1028945>

### **Do hotter temperatures increase the incidence of self-harm hospitalisations?**

Matt N. Williams , Stephen R. Hill , John Spicer

Psychology, Health & Medicine

Published online: 07 Apr 2015

DOI:10.1080/13548506.2015.1028945

A relationship between air temperature and the incidence of suicide has been established in a number of previous studies. Interestingly, the relationship between geographical variation in temperature and suicide incidence has generally been found to be negative, while the relationship between temporal variation in temperature and suicide incidence has generally been found to be positive. It is less clear, however, how temperature relates to the incidence of self-harm. This topic is of particular importance given the presence of ongoing global warming. This study investigated the relationship between temperature and the incidence of self-harm resulting in hospitalisation in New Zealand. Self-harm hospitalisations by date and district for 1993–2009 were obtained from the Ministry of Health. Meteorological data was obtained from NIWA. Generalised linear mixed models were used to estimate the effects of three different components of variation in temperature: geographical, seasonal and irregular. Irregular (random) daily variation in temperature had a modest positive relationship with the incidence of acts of self-harm resulting in hospitalisation, with about 0.7% extra incidents for every 1 °C increase in temperature. However, there was no strong evidence for a positive effect of either seasonal or geographical variation in temperature. We conclude that temperature does appear to bear some relation to the incidence of self-harm, with irregular daily variation in temperature having a positive effect. However, inconsistencies in the effects of different components of variation in temperature make it challenging to accurately predict how global warming will influence the incidence of self-harm.

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[http://aquila.usm.edu/dnp\\_capstone/2/](http://aquila.usm.edu/dnp_capstone/2/)

### **Evidence-Based Strategies To Minimize Risk For Opioid Pain Medication Misuse Among Patients With Chronic Pain In A Primary Care Setting.**

Carolyn D. Coleman, University of Southern Mississippi  
Doctoral Nursing Capstone Projects. Paper 2, 2015

#### Background:

Prescription opioid pain medication misuse has become a nationwide epidemic. Many states have implemented prescription drug monitoring programs (PDMP) to assist in combating the problem of prescription opioid pain medication misuse. Evidence-based clinical practice guidelines as well as the PDMP should be utilized by healthcare providers to guide treatment of chronic pain with opioid pain medications.

#### Purpose:

The purpose of this doctoral capstone project was to determine if providers are accessing the Prescription Drug Monitoring Program (PDMP) and utilizing evidence-based guidelines to minimize opioid pain medications misuse among patients with chronic pain in a primary care setting.



#### Method:

This project consisted of a retrospective chart review of prescribers' documentation in the medical record to determine if the PDMP was accessed and if evidence-based protocols were used when prescribing opioid pain medication to patients diagnosed with chronic pain seen in a primary care clinic.

#### Results:

Seven (N=7) records that met inclusion criteria for the project were identified for review over a three month time frame. The seven records were all identified to have been seen by a nurse practitioner. All (N=7; 100%) of the charts had a history and physical documented. The PDMP was documented to be accessed on 5 of the 7 records (n=5; 71.4%). Patients were prescribed an opioid pain medication by the provider less than half (n=3; 42.9%) of the time.

#### Conclusion:

This doctoral capstone project shows that the providers are documenting components of the history and physical when patients present to a primary care clinic with complaints of chronic pain. Past history of drug abuse and ordering urine drug screens are evidence-based practice recommendations where prescribers have not documented consistently. Accessing the PDMP is another area where it shows the prescribers are not consistently documenting. Implementation of evidence-based guideline will be imperative in the fight to minimize risk of misuse of opioid pain medications among patients with chronic pain in the primary care setting.

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<http://acn.oxfordjournals.org/content/early/2015/04/08/arclin.acv014.abstract>

### **Profile Analyses of the Personality Assessment Inventory Following Military-Related Traumatic Brain Injury.**

Jan E. Kennedy, Douglas B. Cooper, Matthew W. Reid, David F. Tate, and Rael T. Lange

Arch Clin Neuropsychol (2015)

doi: 10.1093/arclin/acv014

First published online: April 8, 2015

Personality Assessment Inventory (PAI) profiles were examined in 160 U.S. service members (SMs) following mild–severe traumatic brain injury (TBI). Participants who sustained a mild TBI had significantly higher PAI scores than those with moderate–severe TBI on eight of the nine clinical scales examined. A two-step cluster analysis identified four PAI profiles, heuristically labeled “High Distress”, “Moderate Distress”, “Somatic Distress,” and “No Distress”.

Postconcussive and posttraumatic stress symptom severity was highest for the High Distress group, followed by the Somatic and Moderate Distress groups, and the No Distress group.

Profile groups differed in age, ethnicity, rank, and TBI severity. Findings indicate that meaningful patterns of behavioral and personality characteristics can be detected in active duty military

SMs following TBI, which may prove useful in selecting the most efficacious rehabilitation strategies.

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<http://www.sciencedirect.com/science/article/pii/S0193397315000143>

### **Relationship provisions, self-efficacy and youth well-being in military families.**

Jay A. Mancini, Gary L. Bowen, Catherine Walker O'Neal, Amy Laura Arnold

Journal of Applied Developmental Psychology

Available online 8 April 2015

doi:10.1016/j.appdev.2015.02.003

Anchored in the social organization theory of action and change (Mancini & Bowen, 2013), this empirical analysis of military youth examines relationship provisions as related to youth outcomes of anxiety, depressive symptoms, personal well-being, and academic performance. Data were collected from parents and their adolescents, ages 11–18, living in the continental United States (N = 273 military families). Findings from this analysis of military youth indicated that the relationship provisions available to youth were implicated in more positive youth outcomes, and self-efficacy served as a mechanism linking relationship provisions to anxiety and school performance but not to depression and personal well-being. Policy and practice implications are provided, including the importance of establishing and sustaining youth programs and community initiatives that build on natural, informal networks.

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<http://gradworks.umi.com/15/84/1584728.html>

### **Substance abuse, smoking, and depression among military veterans**

Ortiz-Quiusky, Stephany

M.S.W., CALIFORNIA STATE UNIVERSITY, LONG BEACH, 2015, 59 pages

The purpose of this study was to analyze the correlation between depression, alcohol use, and drug abuse among military veterans. The researcher examined secondary data from the California Health Interview Survey (CHIS). The study focused on veterans 18 years and older. The data retrieval form used consisted of questions on alcohol use, smoking and demographics.

The study found a relationship between veterans and depression, feelings of worthlessness and feelings of hopelessness. Results from this study indicated that the younger veterans tended to

feel more worthlessness. The study determined that veterans felt more hopelessness when serving less time compared to those who served for 20 years or more.

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<http://www.sciencedirect.com/science/article/pii/S0165032715002219>

## **The Relationship between Rumination, PTSD, and Depression Symptoms.**

Michelle E. Roley, Meredith A. Claycomb, Ateka A. Contractor, M.A. Paula Dranger, Cherie Armour, Jon D. Elhai

Journal of Affective Disorders  
Available online 9 April 2015  
doi:10.1016/j.jad.2015.04.006

### **Background**

Posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) are highly comorbid (Elhai et al., 2008). Rumination is a cognitive mechanism found to exacerbate and maintain both PTSD and MDD (14 and 35).

### **Aims**

Assess whether four rumination subtypes moderate the relationship between comorbid PTSD and MDD symptoms.

### **Method**

We consecutively sampled patients (N=45) presenting to a mental health clinic using self-report measures of PTSD and MDD symptoms, and rumination in a cross-sectional design.

### **Results**

Repetitive rumination moderates the relationship between PTSD and MDD symptoms at one standard deviation above the mean ( $\beta=.044$ ,  $p=.016$ ), while anticipatory rumination moderates the relationship between PTSD and MDD symptoms at mean levels and higher levels of anticipatory rumination (mean  $\beta=.030$ ,  $p=.042$ ; higher  $\beta=.060$ ,  $p=.008$ ).

### **Discussion**

Repetitive and anticipatory rumination should be assessed in the context of comorbid PTSD and MDD and interventions should focus on reducing these rumination subtypes.

### **Limitations**

Results should be replicated with other trauma populations because the number and complexity of traumatic events may impact the assessed symptoms. Constructs should also be assessed longitudinally, in order to establish causality. We are unable to confirm why rumination styles

moderated the relationship between PTSD and depression or why counterfactual thinking and problem-focused thinking did not moderate the relationship between the two constructs.

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<http://www.sciencedirect.com/science/article/pii/S0193397315000143>

### **Relationship provisions, self-efficacy and youth well-being in military families.**

Jay A. Mancini, Gary L. Bowen, Catherine Walker O'Neal, Amy Laura Arnold

Journal of Applied Developmental Psychology

Available online 8 April 2015

doi:10.1016/j.appdev.2015.02.003

Anchored in the social organization theory of action and change (Mancini & Bowen, 2013), this empirical analysis of military youth examines relationship provisions as related to youth outcomes of anxiety, depressive symptoms, personal well-being, and academic performance. Data were collected from parents and their adolescents, ages 11–18, living in the continental United States (N = 273 military families). Findings from this analysis of military youth indicated that the relationship provisions available to youth were implicated in more positive youth outcomes, and self-efficacy served as a mechanism linking relationship provisions to anxiety and school performance but not to depression and personal well-being. Policy and practice implications are provided, including the importance of establishing and sustaining youth programs and community initiatives that build on natural, informal networks.

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<http://bjp.rcpsych.org/content/early/2015/03/19/bjp.bp.114.146506>

### **Longitudinal determinants of mental health treatment-seeking by US soldiers.**

Amy B. Adler, Thomas W. Britt, Lyndon A. Riviere, Paul Y. Kim, Jeffrey L. Thomas

British Journal of Psychiatry

DOI: 10.1192/bjp.bp.114.146506 Published 9 April 2015

#### **Background**

Studies with members of the armed forces have found a gap between reports of mental health symptoms and treatment-seeking.

#### **Aims**

To assess the impact of attitudes on treatment-seeking behaviours in soldiers returning from a combat deployment.

## Method

A sample of 529 US soldiers were surveyed 4 months (time 1) and 12 months (time 2) post-deployment. Mental health symptoms and treatment-seeking attitudes were assessed at time 1; reported mental healthcare visits were assessed at time 2.

## Results

Factor analysis of the total time 1 sample revealed four attitude factors: professional concerns, practical barriers, preference for self-management and positive attitudes about treatment. For the subset of 160 soldiers reporting a mental health problem at time 1, and controlling for mental health symptom severity, self-management inversely predicted treatment-seeking; positive attitudes were positively related.

## Conclusions

Results demonstrate the importance of broadening the conceptualisation of barriers and facilitators of mental healthcare beyond stigma. Techniques and delivery models emphasising self-care may help increase soldiers' interest in using mental health services.

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<http://www.scirp.org/journal/PaperInformation.aspx?PaperID=55409>

## **Effects of Developmental Abuse and Symptom Suppression among Traumatized Veterans.**

John J. Whelan

Psychology, 6, 540-548

doi: 10.4236/psych.2015.65052

While much of the research on military posttraumatic stress disorder (PTSD) focuses on warzone reactions, a burgeoning literature highlights complex relationships between childhood adversity and adult-onset PTSD. However, conceptual efforts to delineate the effects of childhood abuse on treatment trajectories for traumatized military veterans are lacking. This study compared trauma and psychological symptom profiles for developmentally abused and non-abused Canadian Forces (CF) veterans (N = 108) diagnosed with operational PTSD. Subscale scores from the Detailed Assessment of PTSD Scale (DAPS) and the Personality Assessment Inventory (PAI) were submitted to MANOVA. The analysis resulted in a composite variable reflecting 'symptom suppression efforts' that separated abused veterans (n = 55) from non-abused veterans (n = 53). Post hoc analyses showed significant differences between the abused sub-groups (i.e., physical and sexual abuse [n = 15]; physical abuse only [n = 17]; sexual abuse only [n = 23]) and the non-abused group. Veterans with abuse histories had higher symptom suppression scores, reflecting higher levels of substance abuse, post-traumatic dissociation, interpersonal mistrust, as well as, lower depression and PTSD impairment scores.

Implications for clinicians and an alternative intervention for treating traumatized military personnel with histories of developmental abuse are discussed.

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<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12161/abstract>

### **Risk Factors, Warning Signs, and Drivers of Suicide: What Are They, How Do They Differ, and Why Does It Matter?**

Tucker, R. P., Crowley, K. J., Davidson, C. L. and Gutierrez, P. M

Suicide and Life-Threatening Behavior  
Article first published online: 8 APR 2015  
DOI: 10.1111/sltb.12161

Research investigating suicide attempts and deaths by suicide has yielded many specific risk factors and warning signs for future suicidal behaviors. Yet, even though these variables are each valuable for suicide prevention efforts, they may be limited in their applicability to clinical practice. The differences among risk factors, warning signs, and “drivers,” which are person-specific variables that lead individuals to desire death by suicide, are highlighted. The scarce evidence on drivers is described and specific recommendations for conducting future drivers-focused research and targeting them in clinical practice are suggested.

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<http://onlinelibrary.wiley.com/doi/10.1111/jmft.12124/abstract>

### **Varied Patterns of Family Resilience in Challenging Contexts.**

Michael Ungar

Journal of Marital and Family Therapy  
Article first published online: 10 APR 2015  
DOI: 10.1111/jmft.12124

While we know much about patterns of family resilience, most of our research and clinical discussion has focused on microsystemic, intrafamilial protective processes. We have far fewer maps of the bidirectional interactions between families and other systems that contribute to successful family adaptation in challenging contexts. The purpose of this article is to address this gap in knowledge and present a map of family resilience that is both systemic and contextually and culturally responsive. Seven specific patterns of family resilience are reviewed. Combined, they account for the varied adaptational patterns families use to nurture and sustain

resilience. The article concludes with reflection on how we can assess family resilience and the application of this map to family therapy.

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<http://www.ncbi.nlm.nih.gov/pubmed/25867693>

J Couns Psychol. 2015 Apr;62(2):115-23. doi: 10.1037/cou0000059.

**A randomized controlled trial of cognitive behavioral therapy for insomnia: An effective treatment for comorbid insomnia and depression.**

Ashworth DK, Sletten TL, Junge M, Simpson K, Clarke D, Cunnington D, Rajaratnam SM.  
Author

Insomnia and depression are highly comorbid conditions that show a complex, bidirectional relationship. This study examined whether cognitive-behavioral therapy for insomnia (CBT-I) delivered by a therapist compared with self-help CBT-I (written materials only) reduces insomnia and depression severity in individuals with comorbid insomnia and depression. A total of 41 participants (18-64 years; 25 females) with comorbid depression and insomnia, treated with antidepressants for at least 6 weeks, were randomized to receive 4 sessions of either CBT-I or self-help CBT-I over 8 weeks. Insomnia (Insomnia Severity Index [ISI]) and depression (Beck Depression Inventory-II [BDI-II]) were assessed at baseline, following each session, and at 3-month follow-up. Secondary outcomes were sleep quality and duration (actigraphy and diaries), anxiety, fatigue, and daytime sleepiness. Compared with self-help CBT-I, BDI-II scores in the CBT-I group dropped by 11.93 (95% confidence interval [CI] [6.60, 17.27],  $p < .001$ ) more points, and ISI scores dropped by 6.59 (95% CI [3.04, 10.15],  $p = .001$ ) more points across treatment. At 3-month follow-up, 61.1% of CBT-I participants were in clinical remission from their insomnia and depression, compared with 5.6% of the self-help group. **CONCLUSIONS:** CBT-I administered by a therapist produced significant reductions in both insomnia and depression severity posttreatment and at follow-up, compared with a control condition in which participants received only written CBT-I material. Targeting insomnia through CBT-I is efficacious for treating comorbid insomnia and depression, and should be considered an important adjunct therapy for patients with depression whose symptoms have not remitted through antidepressant treatment. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

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<http://www.ncbi.nlm.nih.gov/pubmed/25866959>

Psychol Trauma. 2015 Apr 13. [Epub ahead of print]

**Understanding How Deployment Experiences Change Over Time: Comparison of Female and Male OEF/OIF and Gulf War Veterans.**

Fox AB, Walker BE, Smith BN, King DW, King LA, Vogt D

Despite increased attention to the evolving nature of war, the unique challenges of contemporary deployment, and women's changing role in warfare, few studies have examined differences in deployment stressors across eras of service or evaluated how gender differences in deployment experiences have changed over time. Using data collected from two national survey studies, we examined war cohort and gender differences in veterans' reports of both mission-related and interpersonal stressors during deployment. Although Operation Enduring Freedom and Operation Iraqi Freedom veterans reported more combat experiences and greater preparedness for deployment compared to Gulf War veterans, Gulf War veterans reported higher levels of other mission-related stressors, including difficult living and working environment, perceived threat, and potential exposure to nuclear, biological, and chemical weapons. Gender differences also emerged, with men reporting greater exposure to mission-related stressors and women reporting higher levels of interpersonal stressors. However, the size and nature of gender differences did not differ significantly when comparing veterans of the two eras. By understanding how risk factors for PTSD differ based on war era and gender, veterans' experiences can be better contextualized. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

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<http://www.ncbi.nlm.nih.gov/pubmed/25864506>

J Trauma Stress. 2015 Apr;28(2):153-6. doi: 10.1002/jts.21994.

**A Preliminary Study of an Internet-Based Intervention for OEF/OIF Veterans Presenting for VA Specialty PTSD Care.**

Belsher BE, Kuhn E, Maron D, Prins A, Cueva D, Fast E, France D

This preliminary study sought to evaluate the feasibility and potential effectiveness of a cognitive-behavioral, web-based intervention for posttraumatic stress in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans who are not able to participate, or not eligible to participate, in evidence-based posttraumatic stress disorder (PTSD) treatments. The study used an uncontrolled pre-posttest design with a sample of 24 OEF/OIF veterans presenting to a VA PTSD specialty clinic. Participants used the afterdeployment.org, Post-Traumatic Stress (PTS) Workshop, which was supplemented with brief weekly telephone calls.



Half of the participants (n = 12) completed at least 5 of the 8 workshop sessions. At posttreatment, 40.0% of completers demonstrated reliable reductions on PTSD symptoms and overall d = 1.04. Treatment satisfaction and acceptability was generally positive based on Likert ratings. This web-based intervention for PTS appears to be a feasible and potentially helpful intervention for veterans who may not otherwise receive psychosocial interventions. Given the minimal resources required and the potential reach, this web-based intervention could be a viable addition to services provided to OEF/OIF veterans seeking PTSD specialty care. Efforts to further develop and more rigorously evaluate this approach are warranted. Copyright © 2015 Wiley Periodicals, Inc., A Wiley Company.

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<http://www.ncbi.nlm.nih.gov/pubmed/25864504>

J Trauma Stress. 2015 Apr;28(2):134-41. doi: 10.1002/jts.21999.

**Trauma-related guilt: conceptual development and relationship with posttraumatic stress and depressive symptoms.**

Browne KC, Trim RS, Myers US, Norman SB

Despite high prevalence and concerning associated problems, little effort has been made to conceptualize the construct of posttraumatic guilt. This investigation examined the theoretical model of trauma-related guilt proposed by Kubany and Watson (2003). This model hypothesizes that emotional and physical distress related to trauma memories partially mediates the relationship between guilt cognitions and posttraumatic guilt. Using path analysis, this investigation (a) empirically evaluated relationships hypothesized in Kubany and Watson's model, and (b) extended this conceptualization by evaluating models whereby guilt cognitions, distress, and posttraumatic guilt were related to posttraumatic stress disorder (PTSD) symptoms depression symptom severity. Participants were male U.S. Iraq and Afghanistan veterans (N = 149). Results yielded a significant indirect effect from guilt cognitions to posttraumatic guilt via distress, providing support for Kubany and Watson's model ( $\beta = .14$ ). Findings suggested distress may be the strongest correlate of PTSD symptoms ( $\beta = .47$ ) and depression symptoms ( $\beta = .40$ ), and that guilt cognitions may serve to intensify the relationship between distress and posttraumatic psychopathology. Research is needed to evaluate whether distress specific to guilt cognitions operates differentially on posttraumatic guilt when compared to distress more broadly related to trauma memories. Published 2015. This article is a U.S. Government work and is in the public domain in the USA.

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<http://www.ncbi.nlm.nih.gov/pubmed/25864503>

J Trauma Stress. 2015 Apr;28(2):83-91. doi: 10.1002/jts.21998.

**Meta-analysis of risk factors for secondary traumatic stress in therapeutic work with trauma victims.**

Hensel JM, Ruiz C, Finney C, Dewa CS

Revisions to the posttraumatic stress disorder (PTSD) diagnostic criteria in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013) clarify that secondary exposure can lead to the development of impairing symptoms requiring treatment. Historically known as secondary traumatic stress (STS), this reaction occurs through repeatedly hearing the details of traumatic events experienced by others. Professionals who work therapeutically with trauma victims may be at particular risk for this exposure. This meta-analysis of 38 published studies examines 17 risk factors for STS among professionals indirectly exposed to trauma through their therapeutic work with trauma victims. Small significant effect sizes were found for trauma caseload volume ( $r = .16$ ), caseload frequency ( $r = .12$ ), caseload ratio ( $r = .19$ ), and having a personal trauma history ( $r = .19$ ). Small negative effect sizes were found for work support ( $r = -.17$ ) and social support ( $r = -.26$ ). Demographic variables appear to be less implicated although more work is needed that examines the role of gender in the context of particular personal traumas. Caseload frequency and personal trauma effect sizes were moderated by year of publication. Future work should examine the measurement of STS and associated impairment, understudied risk factors, and effective interventions. Copyright © 2015 International Society for Traumatic Stress Studies.

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<http://www.ncbi.nlm.nih.gov/pubmed/25863822>

Psychiatry Res. 2015 Mar 16. pii: S0165-1781(15)00126-2. doi: 10.1016/j.psychres.2015.03.006. [Epub ahead of print]

**Prevalence and correlates of co-prescribing psychotropic medications with long-term opioid use nationally in the Veterans Health Administration.**

Barry DT, Sofuoglu M, Kerns RD, Wiechers IR, Rosenheck RA

We used national data for fiscal year 2012 to examine demographic, psychiatric and medical diagnoses, indications for psychotropics, and service use correlates of psychotropic medication fills in Veterans with at least 10 opioid prescriptions during the year (the highest 29% of opioid users); and whether the Veteran was treated in a specialty mental health clinic. Of the 328,398 Veterans who filled at least 10 opioid prescriptions, 77% also received psychotropics, of whom: 74% received antidepressants, 55% anxiolytics/sedatives/hypnotics, and 26% three or more

classes of psychotropic medications. Altogether, 87% had a psychiatric or medical indication; and 54% received mental health treatment. Veterans treated in a mental health clinic were prescribed more psychotropics and were more likely to have a documented psychiatric or medical indication than those treated solely in other settings. Indicated psychiatric diagnoses were the strongest predictors of specific class of psychotropics prescribed; anxiety disorder and insomnia were most strongly associated with anxiolytics/sedatives/hypnotics receipt. Since psychotropics and opioids can produce harmful side effects, especially when combined, and since they are likely prescribed by separate providers in different settings, coordinated consideration of the risks and benefits of co-prescribing these medications may be needed, along with further study of related adverse events. Copyright © 2015. Published by Elsevier Ireland Ltd.

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<http://www.ncbi.nlm.nih.gov/pubmed/25863819>

Psychiatry Res. 2015 Apr 1. pii: S0165-1781(15)00152-3. doi: 10.1016/j.psychres.2015.02.023. [Epub ahead of print]

### **Risk and resilience factors associated with posttraumatic stress in ethno-racially diverse National Guard members in Hawai'i.**

Whealin JM, Nelson D, Stotzer R, Guerrero A, Carpenter M, Pietrzak RH

This study examined risk and resilience factors associated with posttraumatic stress symptomatology (PTSS) in an ethno-racially diverse sample of Hawai'i National Guard members comprised of Native Hawaiians, Filipino Americans, Japanese Americans, and European Americans. In the full sample, identifying as Japanese American and higher scores on measures of perceived social support and psychological resilience were negatively associated with PTSS, while Army Guard (vs. Air Guard) status and stronger family norms against disclosing mental health problems were positively associated with PTSS. Exploratory analyses of ethno-racial subgroups identified different patterns of within and between-group correlates of PTSS. For example, when controlling for other factors, higher psychological resilience scores were negatively associated with PTSS only among Native Hawaiian and European Americans. Overall, results of this study suggest that some risk and resilience factors associated with posttraumatic stress disorder (PTSD) may extend to military populations with high numbers of Filipino American, Japanese American, and Native Hawaiian Veterans. Results further suggest differences in risk and resilience factors unique to specific ethno-racial subgroups. Published by Elsevier Ireland Ltd.

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<http://www.ncbi.nlm.nih.gov/pubmed/25863254>

Behav Res Ther. 2015 Mar 11;69:22-28. doi: 10.1016/j.brat.2015.03.003. [Epub ahead of print]

### **Imagery vividness ratings during exposure treatment for posttraumatic stress disorder as a predictor of treatment outcome.**

Mota NP, Schaumberg K, Vinci C, Sippel LM, Jackson M, Schumacher JA, Coffey SF

Within exposure-based trauma treatments for posttraumatic stress disorder (PTSD), imagery vividness during imaginal exposure of the traumatic memory is an understudied but potentially important predictor of treatment outcome. Further, to our knowledge, this relationship has only been studied in women to date, and never among individuals with PTSD and substance use disorders which could impact ability to produce vivid mental imagery and its impact. The current study investigated whether imagery vividness ratings during in-session exposure predicted post-treatment PTSD symptom severity in a sample of men and women with comorbid PTSD and substance use disorders, and also examined whether gender moderated this relationship. A sample of 71 participants who received an exposure-based trauma treatment were included in the analyses. PTSD symptom severity was assessed using both the Clinician Administered PTSD Scale (CAPS) and the Impact of Event Scale-Revised (IES-R). Results varied according to method of assessing PTSD symptom severity. Higher imagery vividness was associated with better treatment outcome when assessed by the CAPS, with vividness in later sessions relating more strongly to outcome than vividness in earlier sessions. With the IES-R, higher imagery vividness ratings predicted more favorable treatment outcome for men, but less favorable treatment outcomes for women. Findings are discussed in the context of using imagery vividness to maximize treatment outcomes and future research directions involving scientific replication. Copyright © 2015 Elsevier Ltd. All rights reserved.

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#### **Links of Interest**

Light therapy, cognitive-behavioral therapy have comparable efficacy for seasonal affective disorder

<http://www.healio.com/psychiatry/mood-disorders/news/online/%7B0d23e7f3-bf61-4f5b-9e2d-20f12ad58e8d%7D/light-therapy-cognitive-behavioral-therapy-have-comparable-efficacy-for-seasonal-affective-disorder>

High rate of healthcare visits before suicide attempts

[http://www.eurekalert.org/pub\\_releases/2015-04/wkh-hro041515.php](http://www.eurekalert.org/pub_releases/2015-04/wkh-hro041515.php)

Facebook use can worsen as well as improve mental health conditions

[http://www.eurekalert.org/pub\\_releases/2015-04/bsa-fuc041415.php](http://www.eurekalert.org/pub_releases/2015-04/bsa-fuc041415.php)

TSRI scientists find that nicotine use increases compulsive alcohol consumption

[http://www.eurekalert.org/pub\\_releases/2015-04/sri-ts041415.php](http://www.eurekalert.org/pub_releases/2015-04/sri-ts041415.php)

Dealing with death in deployment

[http://www.eurekalert.org/pub\\_releases/2015-04/uouh-dwd040915.php](http://www.eurekalert.org/pub_releases/2015-04/uouh-dwd040915.php)

Posttraumatic stress can have profound effects on sexual health

[http://www.eurekalert.org/pub\\_releases/2015-04/w-psc040715.php](http://www.eurekalert.org/pub_releases/2015-04/w-psc040715.php)

Depression, Insomnia, Fatigue Are the Stuff of Nightmares

[http://www.nlm.nih.gov/medlineplus/news/fullstory\\_152007.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_152007.html)

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