



CDP Research Update -- August 20, 2015

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<http://www.ncbi.nlm.nih.gov/pubmed/26268633>

Implement Sci. 2015 Aug 13;10(1):115. doi: 10.1186/s13012-015-0308-z.

Relationships between clinician-level attributes and fidelity-consistent and fidelity-inconsistent modifications to an evidence-based psychotherapy.

Wiltsey Stirman S, A Gutner C, Crits-Christoph P, Edmunds J, Evans AC, Beidas RS

BACKGROUND:

Clinicians often modify evidence-based psychotherapies (EBPs) when delivering them in routine care settings. There has been little study of factors associated with or implications of

modifications to EBP protocols. This paper differentiates between fidelity-consistent and fidelity-inconsistent modifications and it examines the potential influence of two clinician characteristics, training outcomes, and attitudes toward EBPs on fidelity-consistent and fidelity-inconsistent modifications of cognitive behavioral therapy in a sample of clinicians who had been trained to deliver these treatments for children or adults.

METHODS:

Survey and coded interview data collected 2 years after completion of training programs in cognitive behavioral therapy were used to examine associations between successful or unsuccessful completion of training, clinician attitudes, and modifications. Modifications endorsed by clinicians were categorized as fidelity-consistent or fidelity-inconsistent and entered as outcomes into separate regression models, with training success and attitudes entered as independent variables.

RESULTS:

Successful completion of a training program was associated with subsequent fidelity-inconsistent modifications but not fidelity-consistent modifications. Therapists who reported greater openness to using EBPs prior to training reported more fidelity-consistent modifications at follow-up, and those who reported greater willingness to adopt EBPs if they found them appealing were more likely to make fidelity-inconsistent modifications.

CONCLUSIONS:

Implications of these findings for training, implementation, EBP sustainment, and future studies are discussed. Research on contextual and protocol-related factors that may impact decisions to modify EBPs will be an important future direction of study to complement to this research.

<http://www.ncbi.nlm.nih.gov/pubmed/26270746>

Cochrane Database Syst Rev. 2015 Aug 13;8:CD010459. [Epub ahead of print]

Music for insomnia in adults.

Jespersen KV, Koenig J, Jennum P, Vuust P.

BACKGROUND:

Insomnia is a common sleep disorder in modern society. It causes reduced quality of life and is associated with impairments in physical and mental health. Listening to music is widely used as a sleep aid, but it remains unclear if it can actually improve insomnia in adults.

OBJECTIVES:

To assess the effects of listening to music on insomnia in adults and to assess the influence of specific variables that may moderate the effect.

SEARCH METHODS:

We searched CENTRAL, PubMed, Embase, nine other databases and two trials registers in May 2015. In addition, we handsearched specific music therapy journals, reference lists of included studies, and contacted authors of published studies to identify additional studies eligible for inclusion, including any unpublished or ongoing trials.

SELECTION CRITERIA:

Randomised controlled trials and quasi-randomised controlled trials that compared the effects of listening to music with no treatment or treatment-as-usual on sleep improvement in adults with insomnia.

DATA COLLECTION AND ANALYSIS:

Two authors independently screened abstracts, selected studies, assessed risk of bias, and extracted data from all studies eligible for inclusion. Data on pre-defined outcome measures were subjected to meta-analyses when consistently reported by at least two studies. We undertook meta-analyses using both fixed-effect and random-effects models. Heterogeneity across included studies was assessed using the I^2 statistic.

MAIN RESULTS:

We included six studies comprising a total of 314 participants. The studies examined the effect of listening to pre-recorded music daily, for 25 to 60 minutes, for a period of three days to five weeks. Based on the Grades of Recommendations, Assessment, Development and Evaluation (GRADE) approach, we judged the evidence from five studies that measured the effect of music listening on sleep quality to be of moderate quality. We judged the evidence from one study that examined other aspects of sleep (see below) to be of low quality. We downgraded the quality of the evidence mainly because of limitations in design or being the only published study. As regards risk of bias, most studies were at high risk of bias on at least one domain: one study was at high risk of selection bias and one was judged to be at unclear risk; six studies were at high risk of performance bias; three studies were at high risk of detection bias; one study was at high risk of attrition bias and was judged to be at unclear risk; two studies were judged to be at unclear risk of reporting bias; and four studies were at high risk of other bias. Five studies (N = 264) reporting on sleep quality as assessed by the Pittsburgh Sleep Quality Index (PSQI) were included in the meta-analysis. The results of a random-effects meta-analysis revealed an effect in favour of music listening (mean difference (MD) -2.80; 95% confidence interval (CI) -3.42 to -2.17; Z = 8.77, P < 0.00001; moderate-quality evidence). The size of the effect indicates an increase in sleep quality of the size of about one standard deviation in favour of the intervention compared to no treatment or treatment-as-usual. Only one study (N = 50; low-quality evidence) reported data on sleep onset latency, total sleep time, sleep interruption, and sleep efficiency. However, it found no evidence to suggest that the intervention benefited these outcomes. None of the included studies reported any adverse events.

AUTHORS' CONCLUSIONS:

The findings of this review provide evidence that music may be effective for improving subjective sleep quality in adults with insomnia symptoms. The intervention is safe and easy to administer. More research is needed to establish the effect of listening to music on other aspects of sleep as well as the daytime consequences of insomnia.

<http://www.omicsgroup.org/journals/a-cluster-analysis-of-the-cooccurrence-of-alcohol-consumption-and-depressive-symptoms-2167-1044-S1-016.pdf>

A Cluster Analysis of the Co-occurrence of Alcohol Consumption and Depressive Symptoms.

Hui Liew

Depression & Anxiety

<http://dx.doi.org/10.4172/2167-1044.S1-016>

This study will use cluster analysis to empirically derive the patterns of alcohol consumption and depression symptoms among these respondents by forming segments of respondents with similar alcohol use, depression symptoms, and socio-demographic characteristics among veterans and non-veterans. The empirical work of this study is based on the 2011-2012 National Health and Nutrition Examination Survey (NHANES). Because the choice of clustering variables includes a combination of nominal, ordinal, and interval-ratio scaled measures, a two-step clustering within SPSS was employed to segment individuals based on drinking frequency (treated as a continuous variable), age (treated as continuous variable), depression symptoms (likert scores), sex, race/ethnicity, marital status, and veteran status (dichotomies). Findings suggest that alcohol use and depression co-occur more commonly than expected. Individuals with more frequent manifestation of depressive symptoms tend to consume more alcohol. To mitigate the negative consequences of alcohol use and depression, there remains a pressing need for there remains a pressing need for an integrated treatment of both alcohol use and depression that simultaneously treat these two disorders.

<http://www.tandfonline.com/doi/abs/10.1080/15426432.2015.1045681>

Moral Injury: An Emerging Clinical Construct with Implications for Social Work Education.

Marek S. Kopacz , Kelsey V. Simons , Khamkay Chitaphong

Journal of Religion & Spirituality in Social Work: Social Thought

Vol. 34, Iss. 3, 2015

DOI:10.1080/15426432.2015.1045681

Moral injury is an emergent clinical concern within the literature examining mental health outcomes among current and former military personnel. Experiences of moral injury include potentially significant psychosocial consequences, highlighting the need for military social work practice to identify and treat it among clients. The objectives of this article are to: (a) describe and raise awareness of the concept of moral injury as a clinical concern for social workers in military practice; (b) advocate for the enhancement of social work competencies and practice behaviors in addressing the psychological and psychosocial needs of service members and veterans experiencing moral injury; and, (c) as research and an evidence-base for practice develops in this field, suggest ways to integrate moral injury in social work curricula based on the Advanced Social Work Practice in Military Social Work document, published by the Council for Social Work Education.

<http://www.sciencedirect.com/science/article/pii/S0165178115301293>

Race/ethnicity and gender differences in mental health diagnoses among Iraq and Afghanistan veterans.

Kelly H. Koo, Claire L. Hebenstreit, Erin Madden, Karen H. Seal, Shira Maguen

Psychiatry Research

Available online 10 August 2015, Article PSYD1401143

doi:10.1016/j.psychres.2015.08.013

Veterans who served in Operation Enduring Freedom (OEF; predominantly in Afghanistan) and Operations Iraqi Freedom and New Dawn (OIF and OND; predominantly in Iraq) and are enrolled in the VA are comprised of a growing cohort of women and higher proportions of racial/ethnic minorities than civilians. To compare rates of mental health disorders by race/ethnicity and gender for this diverse cohort, we conducted a retrospective analysis of existing records from OEF/OIF/OND veterans who were seen at the VA 10/7/01-8/1/2013 (N=792,663). We found that race/ethnicity was related to diagnoses of mental health disorders. Asian/Pacific Islanders (A/PIs) were diagnosed with all disorders at lower rates than whites, and American Indian/Alaska Native (AI/AN) males were diagnosed with most disorders at higher rates than white males. Research is needed to identify contributing factors to differential rates of diagnoses based on race/ethnicity and gender. A/PIs and AI/ANs have unique patterns of mental health diagnoses indicating they should be considered separately to present a comprehensive picture of veteran mental health.

<http://psycnet.apa.org/journals/fam/29/4/595/>

Veteran–child communication about parental PTSD: A mixed methods pilot study.

Sherman, Michelle D.; Larsen, Jessica; Straits-Troster, Kristy; Erbes, Christopher; Tassej, John

Journal of Family Psychology

Vol 29(4), Aug 2015, 595-603

<http://dx.doi.org/10.1037/fam0000124>

The majority of adults with posttraumatic stress disorder (PTSD) are parents. Parents with PTSD report lower levels of parenting satisfaction, poorer parent–child relationships, and elevated incidence of child distress and behavioral problems in comparison with parents without PTSD. Although literature exists regarding parent–child communication about serious mental illness and physical health problems, research has yet to examine this communication regarding parental PTSD. This 3-site, mixed methods study involved 19 veteran parents who had a diagnosis of PTSD; participants were recruited from VA medical centers. Veterans participated in focus groups or individual interviews and completed questionnaires, responding to questions about motivations and barriers for disclosure of their PTSD to their children, the content of such disclosure, experiences at the VA as a parent, and desired VA family resources. Although many veterans described a desire to talk with their children about PTSD, they experience many barriers to doing so, including both personal reservations and feelings (e.g., avoidance of discussing PTSD, shame) and concerns about the consequences of disclosure on their children (e.g., child distress, loss of child’s respect for veteran). Regarding veterans’ experience at the VA, 21% reported that none of their providers had assessed if they have children, and 21% experienced the VA system as not welcoming to them as parents, citing both logistical issues (e.g., lack of childcare) and provider neglect of parenting concerns. Veterans indicated they would like the VA to offer parenting classes, workshops for families, child care, and family therapy. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://onlinelibrary.wiley.com/doi/10.1111/pme.12866/abstract>

Concurrent Validity of the Defense and Veterans Pain Rating Scale in VA Outpatients.

Nassif, T. H., Hull, A., Holliday, S. B., Sullivan, P. and Sandbrink, F.

Pain Medicine

Article first published online: 8 AUG 2015

DOI: 10.1111/pme.12866

Objective

The purpose of this report is to investigate the concurrent validity of the Defense and Veterans Pain Rating Scale (DVPRS) with other validated self-report measures in U.S. veterans.

Design

This correlational study was conducted using two samples of outpatients at the Washington, DC Veterans Affairs Medical Center who completed self-report measures relevant to pain conditions, including pain disability, quality of life, and mental health. Study 1 and 2 consisted of $n = 204$ and $n = 13$ participants, respectively.

Methods

Bivariate Spearman correlations were calculated to examine the correlation among total scores and subscale scores for each scale of interest. Multiple linear regressions were also computed in Study 1.

Results

In Study 1, the DVPRS interference scale (DVPRS-II) was significantly correlated with the Pain Disability Questionnaire (PDQ) ($\rho = 0.69$, $P < 0.001$) and the Veterans RAND 36-item Health Survey physical and mental component scales ($\rho = -0.37$, $P < 0.001$; $\rho = -0.46$, $P < 0.001$, respectively). When controlling for sex, age, and other self-report measures, the relationship between the DVPRS-II and PDQ remained significant. In Study 2, pain interference on the DVPRS and Brief Pain Inventory were highly correlated ($\rho = 0.90$, $P < 0.001$); however, the intensity scale of each measure was also highly associated with the interference summary scores.

Conclusions

These findings provide preliminary evidence for the concurrent validity of the DVPRS as a brief, multidimensional measure of pain interference that make it a practic

<http://link.springer.com/article/10.1007/s10591-015-9353-7>

Treatment of Intimate Partner Violence Perpetration Among Male Veterans: An Example of a Comprehensive Approach.

Christopher Marchiondo

Contemporary Family Therapy

August 2015

Intimate partner violence (IPV) is a significant and enduring public health problem, affecting as many as 5 million women annually in the United States. As a microcosm of society, military families experience such violence at rates equal to or higher than civilian counterparts. IPV is a

complex problem often fueled by an equally complex mixture of risk factors, including substance abuse, childhood abuse and trauma, PTSD, depression, personality disorders, and various other stressors. The United States Department of Veterans Affairs provides healthcare to nearly nine million Veterans annually, including for IPV and the related risk factors. This article describes the risk factors for IPV, as well as the challenges associated with effectively treating it. Given the complexity of the problem, the need for an interdisciplinary, comprehensive approach to treatment is emphasized. An example of such a program is described.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12184/abstract>

Chaplains' Engagement with Suicidality among Their Service Users: Findings from the VA/DoD Integrated Mental Health Strategy.

Kopacz, M. S., Nieuwsma, J. A., Jackson, G. L., Rhodes, J. E., Cantrell, W. C., Bates, M. J. and Meador, K. G.

Suicide and Life-Threatening Behavior

Article first published online: 10 AUG 2015

DOI: 10.1111/sltb.12184

Chaplains play an important role in supporting the mental health of current and former military personnel; in this study, the engagement of Department of Veterans Affairs (VA), Army, Navy, and Air Force chaplains with suicidality among their service users were examined. An online survey was used to collect data from 440 VA and 1,723 Department of Defense (DoD) chaplains as part of the VA/DoD Integrated Mental Health Strategy. Differences were noted for demographics, work setting characteristics, encountering suicidality, and self-perceived preparation for dealing with suicidality. Compared to DoD chaplains, VA chaplains encounter more at-risk service users, yet feel less prepared for dealing with suicidality.

<http://informahealthcare.com/doi/abs/10.3109/02699052.2015.1063161>

Insomnia symptoms and behavioural health symptoms in veterans 1 year after traumatic brain injury.

Leah Farrell-Carnahan, Scott Barnett, Gregory Lamberty, Flora M. Hammond, Tracy S. Kretzmer, Laura M. Franke, Meghan Geiss, Laura Howe, and Risa Nakase-Richardson

Brain Injury

Posted online on August 14, 2015

Objective:

Insomnia and behavioural health symptoms 1 year after traumatic brain injury (TBI) were examined in a clinical sample representative of veterans who received inpatient treatment for TBI-related issues within the Veterans Health Administration.

Methods:

This was a cross-sectional sub-study (n = 112) of the Polytrauma Rehabilitation Centres' traumatic brain injury model system programme. Prevalence estimates of insomnia, depression, general anxiety, nightmares, headache and substance use, stratified by injury severity, were derived. Univariate logistic regression was used to examine unadjusted effects for each behavioural health problem and insomnia by injury severity.

Results:

Participants were primarily male, < 30 years old and high school educated. Twenty-nine per cent met study criteria for insomnia; those with mild TBI were significantly more likely to meet criteria (43%) than those with moderate/severe TBI (22%), $\chi^2(1, n = 112) = 5.088, p \leq 0.05$. Univariable logistic regression analyses revealed depressive symptoms and general anxiety were significantly associated with insomnia symptoms after TBI of any severity. Headache and binge drinking were significantly inversely related to insomnia symptoms after moderate/severe TBI, but not MTBI.

Conclusions:

Veterans with history of TBI, of any severity, and current insomnia symptoms may be at increased risk for depression and anxiety 1 year after TBI.

<http://cpx.sagepub.com/content/early/2015/08/10/2167702615595000.abstract>

Do Military Personnel “Acquire” the Capability for Suicide From Combat? A Test of the Interpersonal-Psychological Theory of Suicide.

Craig J. Bryan, Sungchoon Sinclair, and Elizabeth A. Heron

Clinical Psychological Science

First published on August 11, 2015

doi:10.1177/2167702615595000

The interpersonal-psychological theory of suicide has been the focus of considerable empirical investigation over the past decade. However, little research has focused on the theory's proposition that the capability for suicide is “acquired” as a consequence of exposure to painful and provocative experiences such as violence, aggression, and trauma. To determine if capability for suicide is “acquired” over time, we conducted a prospective study of 168 military

personnel deployed to Iraq. Capability scores remained stable over the course of 2 years from pre- to postdeployment, even among military personnel reporting high combat exposure. Significant positive correlations among capability and combat exposure were comparable both before and after deployment. These findings suggest that capability for suicide was not “acquired” following combat exposure in this sample of military personnel. Capability was, instead, a stable construct.

<http://link.springer.com/article/10.1007/s10591-015-9354-6>

A Conceptualization of Processing Military Sexual Trauma Within the Couple Relationship.

Eric T. Goodcase, Heather A. Love, Eilene Ladson

Contemporary Family Therapy
August 2015

Military sexual trauma (MST) is sexual assault that occurs during military service. Survivors of MST and their romantic partners suffer physical, emotional, psychological, and interpersonal difficulties, which can compound on traumas experienced in the military and traumas prior to service. The authors emphasize the importance of the military as a family to better inform the impact of MST on the individual as well as its treatment. Further, the authors include both the survivor and her partner in treatment to address the systemic influence of MST. This therapy model integrates transgenerational theory, attachment theory, emotionally focused therapy, and incest treatment models to help the MST survivor and romantic partner process the trauma. The therapist identifies projections present in the relationship, helps the couple become more sensitive to emotional needs, and helps create a secure attachment within the partnership, which allows the couple to continue processing the trauma even after the termination of therapy.

<http://www.tandfonline.com/doi/abs/10.1080/10615806.2015.1081178>

The Structure of DSM-5 Posttraumatic Stress Disorder Symptoms in War Veterans.

Brian Konecky , Eric C. Meyer , Nathan A. Kimbrel , Sandra B. Morissette

Anxiety, Stress & Coping
Accepted author version posted online: 14 Aug 2015
DOI: 10.1080/10615806.2015.1081178

Background and Objectives:

The present research examined the underlying factor structure of posttraumatic stress disorder (PTSD) as conceptualized in the recently published fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; APA, 2013).

Design:

Participants were 258 trauma-exposed Iraq/Afghanistan war veterans. Methods: A self-report measure of PTSD symptoms was administered to all participants and confirmatory factor analysis was used to compare several different models of PTSD.

Results:

Confirmatory factor analysis revealed that the best-fitting model was a six-factor model in which symptoms loaded onto the factors of intrusion, avoidance, negative affect, anhedonia, dysphoric arousal, and anxious arousal.

Conclusions:

These findings have important implications for ongoing conceptualization of PTSD and suggest that additional modifications to the diagnostic criteria for PTSD may still be warranted to more accurately reflect the underlying structure of PTSD symptoms.

<http://www.ejpt.net/index.php/ejpt/article/view/28186>

Psychotherapies for PTSD: what do they have in common?

Ulrich Schnyder, Anke Ehlers, Thomas Elbert, Edna B. Foa, Berthold P. R. Gersons, Patricia A. Resick, Francine Shapiro, Marylène Cloitre

European Journal of Psychotraumatology
[S.l.], v. 6, aug. 2015. ISSN 2000-8066.
doi:<http://dx.doi.org/10.3402/ejpt.v6.28186>

Over the past three decades, research and clinical practice related to the field of traumatic stress have developed tremendously. In parallel with the steady accumulation of basic knowledge, therapeutic approaches have been developed to treat people suffering from posttraumatic stress disorder (PTSD) and other trauma-related psychological problems. Today, a number of evidence-based treatments are available. They differ in various ways; however, they also have a number of commonalities. Given this situation, clinicians may wonder which treatment program to use, or more specifically, which treatment components are critical for a successful therapy. In this article, seven pioneers who have developed empirically supported psychotherapies for trauma-related disorders were asked to compose an essay of three parts: first, to provide a brief summary of the treatment they have developed; second, to identify three

key interventions that are common and critical in treating PTSD; and third, to suggest important topics and future directions for research. The paper ends with a summary highlighting the identified commonalities (psychoeducation; emotion regulation and coping skills; imaginal exposure; cognitive processing, restructuring, and/or meaning making; emotions; and memory processes), pointing to future directions such as trying to better understand the underlying mechanisms of action, and developing treatments that are tailored to the needs of different patient groups.

<http://www.emeraldinsight.com/doi/abs/10.1108/JMHTEP-11-2014-0034?journalCode=jmhtep>

Professional reactions and changes in practice following patient suicide: what do we know about mental health professionals' profiles?

Alida Gulfi, Jean-Luc Heeb, Dolores Angela Castelli Dransart, Elisabeth Gutjahr

The Journal of Mental Health Training, Education and Practice
Vol. 10 Iss: 4

Purpose

This paper analyses and describes the profiles of mental health professionals and their relationship to professional reactions and changes in working practice following a patient suicide.

Design/methodology/approach

Data from 713 mental health professionals working in various institutional settings and in private practice in French-speaking Switzerland were collected by written questionnaires.

Findings

Four distinct profiles with low to moderate professional reactions and changes in working practice were identified by cluster analysis. The type and intensity of relationship between professional and patient, and psychological and/or social support following the patient suicide were the most discriminant factors of the four profiles.

Originality/value

Our findings contribute to the understanding of professional consequences of patient suicide on mental health professionals.

<http://cpx.sagepub.com/content/early/2015/08/10/2167702615593475.abstract>

Rethinking Suicide Surveillance: Google Search Data and Self-Reported Suicidality Differentially Estimate Completed Suicide Risk.

Christine Ma-Kellams, Flora Or, Ji Hyun Baek, and Ichiro Kawachi

Clinical Psychological Science

First published on August 11, 2015

doi:10.1177/2167702615593475

Google search data have become an increasingly relied-on source of health information with a dual function as both a facilitative and a preventative resource. We tested the power of Google to predict suicide by comparing searches for explicitly suicidal terms with conventional measures of self-reported suicide risk in estimating completed suicides. In addition, we examined the extent to which discrepancies between Google-based and self-report-based estimates of suicide risk and completed suicide were asymmetrical across social-group lines. Relative to traditional self-reported measures of suicide risk, Google search data better estimated completed suicides. Furthermore, misestimation of suicidal risk was asymmetrical for both measures: Greater misestimation was likely in states with higher percentages of racial minorities and lower levels of socioeconomic status. Google search data can inform suicide-prevention efforts at the state level and suicide surveillance aimed at specific demographic groups.

<http://www.biomedcentral.com/1471-244X/15/197/>

Counselling versus low-intensity cognitive behavioural therapy for persistent sub-threshold and mild depression (CLICD): a pilot/feasibility randomised controlled trial.

Elizabeth Freire, Christopher Williams, Claudia-Martina Messow, Mick Cooper, Robert Elliott, Alex McConnachie, Andrew Walker, Deborah Heard, Jill Morrison

BMC Psychiatry 2015, 15:197 (15 August 2015)

Background

Persistent depressive symptoms below the threshold criteria for major depression represent a chronic condition with high risk of progression to a diagnosis of major depression. The evidence base for psychological treatments such as Person-Centred Counselling and Low-Intensity Cognitive Behavioural Therapy for sub-threshold depressive symptoms and mild depression is limited, particularly for longer-term outcomes.

Methods

This study aimed to test the feasibility of delivering a randomised controlled trial into the clinical and cost effectiveness of Low-Intensity Cognitive Behavioural Therapy versus Person-Centred Counselling for patients with persistent sub-threshold depressive symptoms and mild depression. The primary outcome measures for this pilot/feasibility trial were recruitment, adherence and retention rates at six months from baseline. An important secondary outcome measure was recovery from, or prevention of, depression at six months assessed via a structured clinical interview by an independent assessor blind to the participant's treatment condition. Thirty-six patients were recruited in five general practices and were randomised to either eight weekly sessions of person-centred counselling each lasting up to an hour, or up to eight weeks of cognitive-behavioural self-help resources with guided telephone support sessions lasting 20–30 minutes each.

Results

Recruitment rate in relation to the number of patients approached at the general practices was 1.8 %. Patients attended an average of 5.5 sessions in both interventions. Retention rate for the 6-month follow-up assessments was 72.2 %. Of participants assessed at six months, 71.4 % of participants with a diagnosis of mild depression at baseline had recovered, while 66.7 % with a diagnosis of persistent subthreshold depression at baseline had not developed major depression. There were no significant differences between treatment groups for both recovery and prevention of depression at six months or on any of the outcome measures.

Conclusions

It is feasible to recruit participants and successfully deliver both interventions in a primary care setting to patients with subthreshold and mild depression; however recruiting requires significant input at the general practices. The evidence from this study suggests that short-term Person-Centred Counselling and Low-Intensity Cognitive Behaviour Therapy are potentially effective and their effectiveness should be evaluated in a larger randomised controlled study which includes a health economic evaluation.

<http://link.springer.com/article/10.1007/s10862-015-9508-8#page-1>

The Relationship Between Non-Suicidal Self-Injury and Both Perceived Burdensomeness and Thwarted Belongingness.

Brittney L. Assavedo, Michael D. Anestis

Journal of Psychopathology and Behavioral Assessment
August 2015

Prior research has established a connection between non-suicidal self-injury (NSSI) and suicidal behavior. The interpersonal-psychological theory of suicidal behavior (IPT) posits that an

individual must possess both a desire and capability for suicide in order to engage in a lethal suicide attempt. The IPTS conceptualizes the role of NSSI in suicidal behavior as contributing to an individual's acquired capability. The primary aim of this study was to investigate the relationship between frequency of engagement in NSSI and suicidal desire (thwarted belongingness and perceived burdensomeness). In this study, undergraduate students (n = 999) completed various questionnaires online. Results revealed a significant, positive association between NSSI frequency and thwarted belongingness and a non-significant association between NSSI frequency and perceived burdensomeness. Additionally, results indicated a significant indirect effect of NSSI frequency on burdensomeness and belongingness through depression and borderline personality disorder symptoms. The direct effect of NSSI frequency on belongingness remained significant; however, the direct effect of NSSI frequency on burdensomeness did not. These findings suggest that the relationship between NSSI and suicide is not strictly limited to acquired capability, but rather includes a component of suicidal desire.

<http://www.amsciepub.com/doi/abs/10.2466/08.PR0.117c14z0>

Military Families: Measurement of Community Resource Adequacy.

Lareina N. La Flair, Carol S. Fullerton, Stephen J. Cozza, Holly B. Herberman Mash, James E. Mccarroll, Claudio D. Ortiz, and Robert J. Ursano

Psychological Reports

doi: 10.2466/08.PR0.117c14z0

Understanding features of community strength both on and off the military installation will help identify and address the needs of military families. This study introduced a measure to identify adequacy of community resources for military families. Using confirmatory factor analysis with data from 717 service users (M age = 37.3 yr., SD = 10.6) representing four large U.S. Army installations, two domains of community resource adequacy were identified: resources on the installation and resources off the installation. This measure could be used in health research with military families and in improving resources available to this population.

<http://www.ncbi.nlm.nih.gov/books/NBK299186/>

Brain Neurotrauma Molecular, Neuropsychological, and Rehabilitation Aspects (online book)

Frontiers in Neuroengineering
Editor: Firas H Kobeissy, PhD.

Psychoproteomics and Nanotechnology Research Center
Department of Psychiatry
University of Florida Gainesville, Florida, USA
Boca Raton (FL): CRC Press; 2015.
ISBN-13: 978-1-4665-6598-2

Every year, an estimated 1.7 million Americans sustain brain injury. Long-term disabilities impact nearly half of moderate brain injury survivors, and nearly 50,000 of these cases result in death, with an approximate \$76.5 billion being spent on direct and indirect medical costs.

Over the last decade, the field of neurotrauma has witnessed significant advances, especially at the molecular, cellular, and behavioral levels. This progress is largely due to the introduction of novel techniques, as well as the development of new animal models of central nervous system (CNS) injury.

Written by more than one hundred globally renowned experts in the field of CNS injury, *Brain Neurotrauma: Molecular, Neuropsychological, and Rehabilitation Aspects* provides a comprehensive and up-to-date account of the latest developments in the area of neurotrauma, including biomarker development, experimental models, diagnostic methods, and therapeutic interventions in brain injury research.

<http://www.ncbi.nlm.nih.gov/pubmed/26265887>

Behav Neurol. 2015;2015:819402. doi: 10.1155/2015/819402. Epub 2015 Jul 21.

Referral Practices for Cognitive Behavioral Therapy for Insomnia: A Survey Study.

Conroy DA, Ebben MR

This study examined referring practices for cognitive behavioral therapy for insomnia (CBTI) by physicians at University of Michigan Hospitals and Weill Cornell Medical College of Cornell University. A five-item questionnaire was sent via email that inquired about the physician's patient load, number of patients complaining of insomnia, percent referred for CBTI, and impressions of what is the most effective method for improving sleep quality in their patients with insomnia. The questionnaire was completed by 239 physicians. More physicians believed a treatment other than CBTI and/or medication was most effective (N = 83). "Sleep hygiene" was recommended by a third of the sample. The smallest number of physicians felt that CBTI alone was the most effective treatment (N = 22). Additional physician education is needed.

<http://www.ncbi.nlm.nih.gov/pubmed/26266627>

Soc Psychiatry Psychiatr Epidemiol. 2015 Aug 13. [Epub ahead of print]

Posttraumatic stress disorder and alcohol misuse among women: effects of ethnic minority stressors.

Lipsky S, Kernic MA, Qiu Q, Hasin DS

PURPOSE:

The aims of this study were to examine the relationship between adult-onset posttraumatic stress disorder (PTSD) and subsequent alcohol use outcomes (frequent heavy drinking, alcohol abuse, and alcohol dependence) in non-Hispanic white, non-Hispanic black, and Hispanic US women, and whether this relationship was moderated by ethnic minority stressors (discrimination and acculturation).

METHODS:

The study sample was drawn from two waves of the National Epidemiologic Surveys of Alcohol and Related Conditions, employing time-dependent data to conduct multiple extended Cox regression.

RESULTS:

Women with PTSD were over 50 % more likely than those without PTSD to develop alcohol dependence [adjusted hazards ratio (aHR) 1.55; 95 % confidence interval (CI) 1.15, 2.08]. Hispanic and black women were at lower risk of most alcohol outcomes than white women. In race-/ethnic-specific analyses, however, PTSD only predicted alcohol abuse among Hispanic women (aHR 3.02; CI 1.33, 6.84). Higher acculturation was positively associated with all alcohol outcomes among Hispanic women and discrimination was associated with AUD among Hispanic and black women. Acculturation and discrimination modified the effect of PTSD on AUD among Hispanic women: PTSD predicted alcohol dependence among those with low acculturation (aHR 10.2; CI 1.27, 81.80) and alcohol abuse among those without reported discrimination (aHR 6.39; CI 2.76, 16.49).

CONCLUSIONS:

PTSD may influence the development of hazardous drinking, especially among Hispanic women. The influence of PTSD on alcohol outcomes is most apparent, however, when ethnic minority stressors are not present.

<http://www.ncbi.nlm.nih.gov/pubmed/26278226>

Psychiatr Serv. 2015 Aug 17:appips201400400. [Epub ahead of print]

Using the WHODAS 2.0 to Assess Functioning Among Veterans Seeking Compensation for Posttraumatic Stress Disorder.

Marx BP, Wolf EJ, Cornette MM, Schnurr PP, Rosen MI, Friedman MJ, Keane TM, Speroff T

OBJECTIVE:

One of the major changes in DSM-5 was removal of the Global Assessment of Functioning (GAF). To determine whether the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) is a suitable replacement for the GAF, this study compared how well the WHODAS 2.0 and the GAF measured functional impairment and other phenomena related to posttraumatic stress disorder (PTSD) among veterans applying for financial compensation (service connection) for PTSD.

METHODS:

Clinicians evaluating veteran claimants administered the Clinician Administered PTSD Scale (CAPS) and the WHODAS 2.0 to 177 veterans during their evaluations. Veterans also completed the Inventory of Psychosocial Functioning (IPF), a self-report measure of functional impairment, and received a GAF rating from the examiner. Actual benefit determinations and ratings were obtained.

RESULTS:

Confirmatory factor analyses demonstrated that the WHODAS 2.0 and the IPF were stronger indicators of a latent variable reflecting functioning compared with the GAF. In receiver operating characteristic curve analyses, the WHODAS 2.0, IPF, and GAF all displayed similar ability to identify veterans with PTSD-related impairment assessed by the CAPS. Compared with the GAF, the WHODAS 2.0 and IPF were less strongly related to PTSD symptom severity and disability ratings by the U.S. Department of Veterans Affairs, but these variables are typically influenced by GAF scores.

CONCLUSIONS:

The WHODAS 2.0 and IPF are acceptable replacements for the GAF and can be used to assess functional impairment among veterans seeking compensation for PTSD.

http://www.rand.org/pubs/research_reports/RR941.html

Hazing in the U.S. Armed Forces Recommendations for Hazing Prevention Policy and Practice

Kirsten M. Keller, Miriam Matthews, Kimberly Curry Hall, William Marcellino, Jacqueline A. Mauro, Nelson Lim

RAND Corporation, 2015

Initiation activities have long been part of U.S. military culture as a way to mark significant transitions, status changes, and group membership. However, along with these activities have often come acts of hazing, in which individuals were subjected to abusive and harmful treatment that went beyond sanctioned ceremonies. In recent years, extreme cases of alleged hazing have led to the high-profile deaths of several service members, resulting in renewed interest from the public and Congress in seeing these hazing rituals eliminated from military culture. The Department of Defense (DoD) asked RAND to examine and provide recommendations on current hazing policy and practices across the services. To do so, the researchers examined current DoD and service-specific policy, practices, and data collection related to hazing; reviewed the scientific literature and interviewed leading experts in the field; and reviewed existing DoD incident tracking databases. This report addresses ways to improve the armed forces' definition of hazing, the effects of and motivations for hazing, how the armed forces can prevent and respond to hazing, and how the armed forces can improve the tracking of hazing incidents.

See also: [A Commander's Guide to Hazing Prevention](#)

http://www.rand.org/pubs/research_reports/RR1030.html

Needle Acupuncture for Substance Use Disorders A Systematic Review

Sean Grant, Susanne Hempel, Ryan Kandrack, Aneesa Motala, Roberta M. Shanman, Marika Booth, Jeremy N. V. Miles, Whitney Dudley, Melony E. Sorbero

RAND Corporation, 2015

RAND researchers conducted a systematic review that synthesized evidence from randomized controlled trials of needle acupuncture — used adjunctively or as monotherapy — to provide estimates of its efficacy and safety for treating adults diagnosed with alcohol, opioid, stimulant, or cannabis use disorder. Outcomes of interest included relapse, frequency and quantity of substance use, withdrawal symptoms, treatment dropout, functional status, health-related quality of life, and adverse events. When possible, meta-analyses and meta-regressions were conducted using the Hartung-Knapp-Sidik-Jonkman method for random-effects models. Quality of evidence was assessed using the Grades of Recommendation, Assessment, Development, and Evaluation (GRADE) approach. Forty-one trials (reported in 48 publications) with 5,227 participants were included. The available evidence suggests no consistent effect of acupuncture versus comparator interventions on substance use outcomes. There were positive effects for

withdrawal symptoms and anxiety, yet these results were based on low or very low quality of evidence. Meta-regressions indicated that treatment dropout results differed by substance targeted, and withdrawal/craving symptoms and treatment dropout differed by acupuncture type. We found no evidence to suggest that effects of needle acupuncture differed systematically by acupuncture when offered as adjunctive versus monotherapy or by type of comparator. Only 12 studies provided safety data, and these data suggest that acupuncture is not typically associated with serious adverse events. Given the quality of evidence, there is uncertainty with regard to the magnitude or stability of effect estimates.

<http://www.fas.org/sqp/crs/natsec/RS22452.pdf>

A Guide to U.S. Military Casualty Statistics: Operation Freedom's Sentinel, Operation Inherent Resolve, Operation New Dawn, Operation Iraqi Freedom, and Operation Enduring Freedom

Hannah Fischer
Information Research Specialist

Congressional Research Service
August 7, 2015

This report presents statistics regarding U.S. military and civilian casualties in the active missions Operation Freedom's Sentinel (OFS, Afghanistan) and Operation Inherent Resolve (OIR, Iraq and Syria) and, as well as operations that have ended, Operation New Dawn (OND, Iraq), Operation Iraqi Freedom (OIF, Iraq), and Operation Enduring Freedom (OEF, Afghanistan). It also includes statistics on post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and amputations. Some of these statistics are publicly available at the Department of Defense's (DOD's) website and others have been obtained through DOD experts.

Links of Interest

The Pain Medication Conundrum

<http://www.nytimes.com/2015/08/13/opinion/the-pain-medication-conundrum.html>

PTSD and RA: Is There a Smoking Gun?

<http://www.medpagetoday.com/Rheumatology/Arthritis/53061>

No end in sight for Seminole Heights' Sacred Floats deprivation tanks

<http://tbo.com/Newsletters/northeast/no-end-in-sight-for-seminole-heights-sacred-floats-deprivation-tanks-20150812/>

Military still not fully accepting of women

<http://www.sandiegouniontribune.com/news/2015/aug/06/military-still-not-fully-accepting-of-women/>

Report Obscures Extent of Combat-Related Traumatic Brain Injuries

<http://www.military.com/daily-news/2015/08/12/report-obscures-extent-combat-related-traumatic-brain-injuries.html>

Restorative effects of sleep examined by Naval Research committee

<http://www.health.mil/News/Articles/2015/08/14/Restorative-effects-of-sleep-examined-by-Naval-Research-committee>

Soldier's journey to heal spotlights 'soul wounds' of war

<http://m.newsok.com/article/feed/876321>

Living With Anxiety Disorders, Worried Sick

<https://www.nlm.nih.gov/medlineplus/magazine/issues/summer15/articles/summer15pg4-5.html>

Helping One Veteran at a Time to Sleep Better

http://www.huffingtonpost.com/stanford-center-for-sleep-sciences-and-medicine/helping-one-veteran-at-a-time-to-sleep-better_b_7972950.html

Dealing with frequent separations

<http://hprc-online.org/blog/dealing-with-frequent-separations-1>

Tetris can block cravings, new study reveals

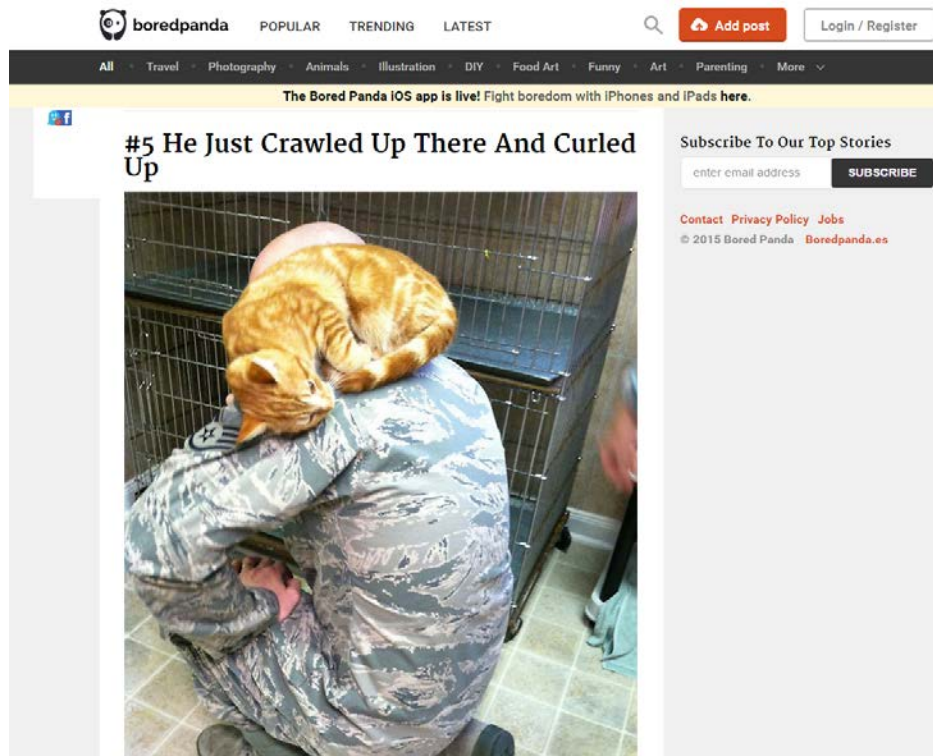
<http://www.sciencedaily.com/releases/2015/08/150813101535.htm>

Sailors, families, and youth face misconceptions about "E-cigs"

<http://www.health.mil/News/Articles/2015/08/14/Sailors-families-and-youth-face-misconceptions-about-Ecigs>

Resource of the Week: [15+ Soldiers And Cats Who Became Best Friends Overseas](#)

Cats, kittens, and their friends in uniform. What's not to like?



The screenshot shows the Bored Panda website interface. At the top, there is a navigation bar with the Bored Panda logo, 'POPULAR', 'TRENDING', and 'LATEST' categories, a search icon, an 'Add post' button, and a 'Login / Register' button. Below this is a secondary navigation bar with various content categories like 'All', 'Travel', 'Photography', 'Animals', 'Illustration', 'DIY', 'Food Art', 'Funny', 'Art', 'Parenting', and 'More'. A yellow banner below the navigation bar reads 'The Bored Panda iOS app is live! Fight boredom with iPhones and iPads here.' The main content area features a social media share icon for Facebook, the article title '#5 He Just Crawled Up There And Curled Up', and a large photograph of a soldier in camouflage gear with an orange tabby cat curled up on his back. To the right of the article is a 'Subscribe To Our Top Stories' section with an email input field and a 'SUBSCRIBE' button. At the bottom right, there are links for 'Contact', 'Privacy Policy', and 'Jobs', along with the copyright notice '© 2015 Bored Panda Boredpanda.es'.

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