



## CDP Research Update -- September 24, 2015

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- Effectiveness of Acceptance and Commitment Therapy in treating depression and suicidal ideation in Veterans.
- A Systematic Review of Dropout From Psychotherapy for Posttraumatic Stress Disorder Among Iraq and Afghanistan Combat Veterans.
- The diagnosis and management of insomnia in the United Kingdom Armed Forces.
- Insomnia in the Military: Application and Effectiveness of Cognitive and Pharmacologic Therapies.
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- Temporal Associations Among Chronic PTSD Symptoms in U.S. Combat Veterans.
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- PTSD Research Quarterly -- New Research in Treating Child and Adolescent Trauma

- Association of incident restless legs syndrome with outcomes in a large cohort of US veterans.
- The mediating role of sleep disturbances in the relationship between posttraumatic stress disorder and self-injurious behavior.
- Emerging Trauma Therapies: Critical Analysis and Discussion of Three Novel Approaches.
- A Systematic Review of Dropout From Psychotherapy for Posttraumatic Stress Disorder Among Iraq and Afghanistan Combat Veterans.
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- Receptiveness towards Complementary and Alternative Medicine by Veterans and Military Servicepersons: Implications for Counseling Professionals.
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- Current Suicidal Ideation among Treatment-Engaged Active Duty Soldiers and Marines.
- Treatment Adherence: An Examination of Why OEF/OIF/OND Veterans Discontinue Inpatient PTSD Treatment.
- Suicide Attempt Characteristics among Veterans and Active Duty Servicemembers Receiving Mental Health Services: A Pooled Data Analysis.
- Dimensions and Dissociation in PTSD in the DSM-5: Towards Eight Core Symptoms.
- PTSD-SUD Comorbidities in the Context of Psychological Injury and Law.
- Stigmatisation, perceived barriers to care, help seeking and the mental health of British Military personnel.

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<http://www.tandfonline.com/toc/vach20/63/7>

Journal of American College Health

**Special Issue: Student Service Members/Veterans Participating in Higher Education**

Volume 63, Issue 7, 2015

Articles include:

Student Service Members/Veterans Participating in Higher Education: What We Know to Date  
Adam E. Barry PhD

Mental Health and Self-directed Violence Among Student Service Members/Veterans in  
Postsecondary Education

John R. Blosnich PhD MPH, Marek S. Kopacz MD PhD, Janet McCarten PhD & Robert M.  
Bossarte PhD

Behavioral Health and Adjustment to College Life for Student Service Members/Veterans  
Lawrence Schonfeld PhD, Lawrence A. Braue EdD, Sheryl Stire BA, Amber M. Gum PhD,  
Brittany L. Cross MA & Lisa M. Brown PhD

Student and Nonstudent National Guard Service Members/Veterans and Their Use of Services  
for Mental Health Symptoms  
Erin E. Bonar PhD, Kipling M. Bohnert PhD, Heather M. Walters MS, Dara Ganoczy MPH &  
Marcia Valenstein MD MS

Examining the Effects of Self-reported Posttraumatic Stress Disorder Symptoms and Positive  
Relations With Others on Self-regulated Learning for Student Service Members/Veterans  
Bryan M. Ness PhD, Michael J. Middleton PhD & Michael J. Hildebrandt MS

Mental Health Symptoms Among Student Service Members/Veterans and Civilian College  
Students  
Sandi D. Cleveland MPH, Adam J. Branscum PhD, Viktor E. Bovbjerg PhD, MPH & Sheryl  
Thorburn PhD MPH

The Role of Psychological Symptomatology and Social Support in the Academic Adjustment of  
Previously Deployed Student Veterans  
Robyn Campbell MS & Shelley A. Riggs PhD

Readjustment of Urban Veterans: A Mental Health and Substance Use Profile of Iraq and  
Afghanistan Veterans in Higher Education  
Ross D. Aikins PhD, Andrew Golub PhD & Alexander S. Bennett PhD

Student Service Members and Veterans Who Access Pastoral Care for the Purposes of Mental  
Health Support  
Marek S. Kopacz MD PhD & Elizabeth Karras PhD

Sociodemographic Correlates of Suicidal Thoughts and Behaviors Among College Student  
Service Members/Veterans  
Craig J. Bryan PsyD ABPP & AnnaBelle O. Bryan BSPH

An Exploratory Study of Student Service Members/Veterans' Mental Health Characteristics by  
Sexual Orientation  
Michael D. Pelts MSW & David L. Albright PhD MSW

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<http://psycnet.apa.org/psycinfo/2015-40637-001/>

## **A Content Analysis of Military Psychology: 2002–2014.**

Daniels, Jeffrey A.; Spero, Rachel A.; Leonard, Jessica M.; Schimmel, Christine J.

Military Psychology

Sep 7 , 2015

<http://dx.doi.org/10.1037/mil0000091>

Content analysis of articles published in professional journals is a viable method to assess the trends and topics a profession deems to be important. Military psychology does not involve only 1 subspecialty of psychologists, so research from many different perspectives has contributed to the field. The purpose of this manuscript is to present a post-9/11 content analysis of articles published in *Military Psychology* to identify critical issues and trends in the research and practice of military psychology. A total of 379 articles were analyzed, and revealed that the majority were empirical ( $n = 304$ , 80.2%) and employed quantitative methods ( $n = 283$ , 93.1%). The primary key topics were personnel (air force, army, military, and navy;  $n = 166$ ), military (psychology, training, veterans, etc.;  $n = 104$ ), and career issues (e.g., employee, interests, job, vocation, etc.;  $n = 57$ ). Trends and directions for the future of military psychology are also considered. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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<http://www.ncbi.nlm.nih.gov/pubmed/26379596>

Front Psychol. 2015 Aug 27;6:1273.

## **Self-compassion influences PTSD symptoms in the process of change in trauma-focused cognitive-behavioral therapies: a study of within-person processes.**

Hoffart A, Øktedalen T, Langkaas TF

Although self-compassion is considered a promising change agent in the treatment of posttraumatic stress disorder (PTSD), no studies of this hypothesis exist. This study examined the within-person relationship of self-compassion components (self-kindness, common humanity, mindfulness, self-judgment, isolation, over-identification) and subsequent PTSD symptoms over the course of therapy. Method: PTSD patients ( $n = 65$ ) were randomized to either standard prolonged exposure, which includes imaginal exposure (IE) to the traumatic memory, or modified prolonged exposure, where imagery re-scripting (IR) of the memory replaced IE as the imagery component of prolonged exposure in a 10 weeks residential program. They were assessed weekly on self-compassion and PTSD symptom measures. The centering method of detrending was used to separate the variance related to the within-person process of change over the course of treatment from between-person variance. Results: The

self-compassion components self-kindness, self-judgment, isolation, and over-identification had a within-person effect on subsequent PTSD symptoms. These relationships were independent of therapy form. The within-person relationship between self-judgment and subsequent PTSD symptoms was stronger in patients with higher initial self-judgment. By contrast, there were few indications that within-person variations in PTSD symptoms predict subsequent self-compassion components. Conclusion: The results support the role of self-compassion components in maintaining PTSD and imply the recommendation to facilitate decrease of self-judgment, isolation, and over-identification and increase of self-kindness in the treatment of PTSD patients. The reduction of self-judgment appears to be most important, especially for patients with a high initial level of self-judgment.

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<http://www.ncbi.nlm.nih.gov/pubmed/26378720>

Behav Res Ther. 2015 Aug 31;74:25-31. doi: 10.1016/j.brat.2015.08.012. [Epub ahead of print]

### **Effectiveness of Acceptance and Commitment Therapy in treating depression and suicidal ideation in Veterans.**

Walser RD, Garvert DW, Karlin BE, Trockel M, Ryu DM, Taylor CB

#### **OBJECTIVE:**

This paper examines the effects of Acceptance and Commitment Therapy for depression (ACT-D), and the specific effects of experiential acceptance and mindfulness, in reducing suicidal ideation (SI) and depression among Veterans.

#### **METHOD:**

Patients included 981 Veterans, 76% male, mean age 50.5 years. Depression severity and SI were assessed using the BDI-II. Experiential acceptance and mindfulness were measured with the Acceptance and Action Questionnaire-II (AAQ-II) and the Five Facet Mindfulness Questionnaire, respectively.

#### **RESULTS:**

Of the 981 patients, 647 (66.0%) completed 10 or more sessions or finished early due to symptom relief. For Veterans with SI at baseline, mean BDI-II score decreased from 33.5 to 22.9. For Veterans with no SI at baseline, mean BDI-II score decreased from 26.3 to 15.9. Mixed models with repeated measurement indicated a significant reduction in depression severity from baseline to final assessment ( $b = -10.52$ ,  $p < .001$ ). After adjusting for experiential acceptance and mindfulness, patients with SI at baseline demonstrated significantly greater improvement in depression severity during ACT-D treatment, relative to patients with no SI at baseline ( $b = -2.81$ ,  $p = .001$ ). Furthermore, increases in experiential acceptance and mindfulness scores across time were associated with a reduction in depression severity across time ( $b = -0.44$ ,  $p < .001$  and  $b = -0.09$ ,  $p < .001$ , respectfully), and the attenuating effect of

mindfulness on depression severity increased across time ( $b = -0.05$ ,  $p = .042$ ). Increases in experiential acceptance scores across time were associated with lower odds of SI across time (odds ratio = 0.97, 95% CI [0.95, 0.99],  $p = .016$ ) and the attenuating effect of experiential acceptance on SI increased across time (odds ratio = 0.96, 95% CI [0.92, 0.99],  $p = .023$ ). Overall the number of patients with no SI increased from 44.5% at baseline to 65% at follow-up.

#### CONCLUSIONS:

Veterans receiving ACT-D demonstrated decreased depression severity and decreased odds of SI during treatment. Increases in experiential acceptance and mindfulness scores were associated with reduction in depression severity across time and increases in experiential acceptance scores were associated with reductions in SI across time.

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<http://www.ncbi.nlm.nih.gov/pubmed/26375387>

J Trauma Stress. 2015 Sep 16. doi: 10.1002/jts.22038. [Epub ahead of print]

### **A Systematic Review of Dropout From Psychotherapy for Posttraumatic Stress Disorder Among Iraq and Afghanistan Combat Veterans.**

Goetter EM, Bui E, Ojserkis RA, Zakarian RJ, Brendel RW, Simon NM

A significant number of veterans of the conflicts in Iraq and Afghanistan have posttraumatic stress disorder (PTSD), yet underutilization of mental health treatment remains a significant problem. The purpose of this review was to summarize rates of dropout from outpatient, psychosocial PTSD interventions provided to U.S. Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), and Operation New Dawn (OND) veterans with combat-related PTSD. There were 788 articles that were identified which yielded 20 studies involving 1,191 individuals eligible for the review. The dropout rates in individual studies ranged from 5.0% to 78.2%, and the overall pooled dropout rate was 36%, 95% CI [26.20, 43.90]. The dropout rate differed marginally by study type (routine clinical care settings had higher dropout rates than clinical trials) and treatment format (group treatment had higher dropout rates than individual treatment), but not by whether comorbid substance dependence was excluded, by treatment modality (telemedicine vs. in-person treatment), or treatment type (exposure therapy vs. nonexposure therapy). Dropout is a critical aspect of the problem of underutilization of care among OEF/OIF/OND veterans with combat-related PTSD. Innovative strategies to enhance treatment retention are needed. Copyright © 2015 Wiley Periodicals, Inc., A Wiley Company.

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<http://www.ncbi.nlm.nih.gov/pubmed/26292398>

J R Nav Med Serv. 2015;101(1):80-8.

### **The diagnosis and management of insomnia in the United Kingdom Armed Forces.**

Baker LD

Insomnia is a common condition among patients presenting to primary care facilities in both civilian and military populations. This article considers the diagnosis, management and clinical considerations of managing this condition, along with the occupational and operational considerations for the United Kingdom Armed Forces.

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<http://www.ncbi.nlm.nih.gov/pubmed/26364060>

Curr Psychiatry Rep. 2015 Oct;17(10):85. doi: 10.1007/s11920-015-0622-9.

### **Insomnia in the Military: Application and Effectiveness of Cognitive and Pharmacologic Therapies.**

Capaldi VF 2nd, Kim JR, Grillakis AA, Taylor MR, York CM

Insomnia is one of the most common complaints of US armed service members. Diagnosis and treatment of insomnia in active duty and veteran populations are often complicated by comorbid disorders experienced by military personnel, such as post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). Cognitive behavioral therapy for insomnia (CBTi), pharmacologic interventions, and alternative therapies are discussed as relevant to their applications within military populations. Future directions in research are suggested.

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<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1093978>

### **Demographic and diagnostic differences among suicide ideators, single attempters, and multiple attempters among military personnel and veterans receiving outpatient mental health care.**

Craig J. Bryan & M. David Rudd

Military Behavioral Health

Accepted author version posted online: 15 Sep 2015

DOI:10.1080/21635781.2015.1093978

Patients receiving outpatient psychiatric treatment who have made two or more lifetime suicide attempts (i.e., multiple attempters) report higher levels of psychopathology and are at increased risk for making additional suicide attempts relative to patients who have never attempted suicide (i.e., ideators) or made only one suicide attempt (i.e., single attempters). The present study examined these relationships among 590 Iraq- and Afghanistan-era military personnel and veterans using baseline data pooled from three randomized clinical trials. Diagnoses were established using the Structured Clinical Interview for DSM-IV or Mini International Neuropsychiatric Interview, and history of suicide attempt was established using the Suicide Attempt Self Injury Interview. Borderline personality disorder, but no other psychiatric diagnoses, was significantly more common among multiple attempters as compared to ideators and single attempters. Major depressive disorder was significantly more common among single and multiple attempters than ideators, but there was no difference between single and multiple attempters. Results suggest that borderline personality disorder is most strongly associated with repeated suicide attempts among military personnel and veterans in outpatient psychiatric settings.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22039/abstract>

### **Temporal Associations Among Chronic PTSD Symptoms in U.S. Combat Veterans.**

Doron-LaMarca, S., Niles, B. L., King, D. W., King, L. A., Pless Kaiser, A. and Lyons, M. J.

Journal of Traumatic Stress

Article first published online: 14 SEP 2015

DOI: 10.1002/jts.22039

The present study examined fluctuation over time in symptoms of posttraumatic stress disorder (PTSD) among 34 combat veterans (28 with diagnosed PTSD, 6 with subclinical symptoms) assessed every 2 weeks for up to 2 years (range of assessments = 13–52). Temporal relationships were examined among four PTSD symptom clusters (reexperiencing, avoidance, emotional numbing, and hyperarousal) with particular attention to the influence of hyperarousal. Multilevel cross-lagged random coefficients autoregression for intensive time series data analyses were used to model symptom fluctuation decades after combat experiences. As anticipated, hyperarousal predicted subsequent fluctuations in the 3 other PTSD symptom clusters (reexperiencing, avoidance, emotional numbing) at subsequent 2-week intervals ( $r_s = .45, .36, \text{ and } .40$ , respectively). Additionally, emotional numbing influenced later reexperiencing and avoidance, and reexperiencing influenced later hyperarousal ( $r_s = .44, .40, \text{ and } .34$ , respectively). These findings underscore the important influence of hyperarousal. Furthermore, results indicate a bidirectional relationship between hyperarousal and reexperiencing as well as a possible chaining of symptoms (hyperarousal [RIGHTWARDS ARROW] emotional numbing [RIGHTWARDS ARROW] reexperiencing [RIGHTWARDS ARROW] hyperarousal) and



establish potential internal, intrapersonal mechanisms for the maintenance of persistent PTSD symptoms. Results suggested that clinical interventions targeting hyperarousal and emotional numbing symptoms may hold promise for PTSD of long duration.

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<http://www.sciencedirect.com/science/article/pii/S0887618515300177>

**The mediating role of sleep disturbances in the relationship between posttraumatic stress disorder and self-injurious behavior.**

Nicole A. Short, Chelsea R. Ennis, Mary E. Oglesby, Joseph W. Boffa, Thomas E. Joiner, Norman B. Schmidt

Journal of Anxiety Disorders  
Volume 35, October 2015, Pages 68–74  
doi:10.1016/j.janxdis.2015.09.004

Although posttraumatic stress disorder (PTSD) is associated with self-injurious behavior, it is currently unclear what mechanisms may account for this relationship. Sleep disturbances may be relevant as they are common among those with PTSD and are associated with emotion regulation difficulties, which may increase vulnerability to self-injurious behavior. As such, we investigated the relationship between PTSD and self-injurious behaviors, and the mediating roles of nightmares and insomnia. Hypotheses were tested cross-sectionally in a sample of psychology clinic outpatients (N = 255). Participants completed a structured clinical interview assessing PTSD and self-report questionnaires measuring insomnia, nightmares, and self-injurious behaviors (i.e., Have you ever cut, burned, or scratched yourself on purpose?). PTSD was associated with self-injurious behavior after covarying for depression, and nightmare severity mediated the relationship between PTSD and self-injurious behavior. Findings are consistent with research indicating that sleep disturbances, specifically nightmares, are important predictors of poor outcomes among those with PTSD, and extend this research to suggest their role in self-injurious behaviors as well.

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<http://psycnet.apa.org/psycinfo/2015-40876-001/>

**Pain Descriptors Used by Military Personnel Deployed to Iraq and Afghanistan Following Combat-Related Blast Experience.**

Stratton, Kelcey J.; Wells, Benjamin D.; Hawn, Sage E.; Amstadter, Ananda B.; Cifu, David X.; Walker, William C.

Military Psychology, Sep 7 , 2015  
<http://dx.doi.org/10.1037/mil0000089>

Pain complaints are highly prevalent among military personnel of the combat operations in Iraq and Afghanistan, due, in part, to blast-related injuries. Further, pain often co-occurs with conditions such as posttraumatic stress disorder and traumatic brain injury, thereby complicating assessment. An accurate understanding of pain characteristics in the context of polytrauma injuries has the potential to improve diagnostic and treatment options. The present study examined the factor structure of the Short Form–McGill Pain Questionnaire in a sample of 209 U.S. military service members and veterans who reported blast experience during combat deployment. Factor analysis yielded a 4-factor solution that included a unique pain profile associated with the descriptors “aching,” “tender,” and “splitting.” Individuals reporting head, lower back, and knee pain scored highly on this factor, suggesting that these pain descriptors may be particularly relevant to the types of injuries most frequently sustained by the military personnel in our sample. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201400454>

### **Augmenting Ongoing Depression Care With a Mutual Peer Support Intervention Versus Self-Help Materials Alone: A Randomized Trial.**

Marcia Valenstein, M.D., M.S., Paul N. Pfeiffer, M.D., Samantha Brandfon, L.M.S.W., Heather Walters, M.S., Dara Ganoczy, M.P.H., Hyungjin Myra Kim, Sc.D., Jay L. Cohen, Ph.D., Winnetha Benn-Burton, Ph.D., Elaine Carroll, M.D., Jennifer Henry, L.M.S.W., Elizabeth Garcia, B.A., Brittany Risk, L.M.S.W., Helen C. Kales, M.D., John D. Piette, Ph.D., Michele Heisler, M.D.

<http://dx.doi.org/10.1176/appi.ps.201400454>

#### **Objective:**

Various models of peer support may be implemented in mental health settings. This randomized trial assessed the effectiveness of a telephone-delivered mutual peer support intervention.

#### **Methods:**

A total of 443 patients receiving ongoing depression treatment from the U.S. Department of Veterans Affairs were enrolled in either enhanced usual care (N=243) or the peer support intervention (N=200). Intent-to-treat analyses assessed outcomes at six months postenrollment, excluding 56 patients who experienced an unplanned telephone platform shutdown.

#### **Results:**

At baseline, patients had substantial depressive symptoms, functional limitations, and low

quality of life. Both groups showed significant clinical improvements at six months, with no significant differences by group.

Conclusions:

Telephone-delivered mutual peer support for patients with depression did not improve outcomes beyond those observed with enhanced usual care. Other peer support models, with more “professionalized” peers delivering a structured curriculum, may be more effective.

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<http://www.sciencedirect.com/science/article/pii/S002239561500271X>

**Epidemiology of Psychiatric Disability without Posttraumatic Stress Disorder among U.S. Army and Marine Corps Personnel Evaluated For Disability Discharge.**

Amanda L. Piccirillo, Elizabeth R. Packnett, Michael R. Boivin, David N. Cowan

Journal of Psychiatric Research  
Available online 15 September 2015  
Volume 63, Issue 7, 2015  
doi:10.1016/j.jpsychires.2015.09.010

Psychiatric disorders are a common reason for disability discharge from the U.S. military. Research on psychiatric disorders in military personnel evaluated for disability discharge has historically focused on posttraumatic stress disorder (PTSD), yet 40% of service members evaluated for a psychiatric-related disability do not have PTSD. This study’s objective was to describe characteristics and correlates of disability in Army and Marine Corps personnel diagnosed with psychiatric disorders other than PTSD. In this cross-sectional study, the chi-square and Wilcoxon-Mann-Whitney tests compared the distribution of demographic, disability and deployment characteristics between those evaluated for non-PTSD psychiatric disability (N=9,125) versus those evaluated for any other non-psychiatric condition (N=78,072). Multivariate logistic regression examined associations between disability retirement and demographic and disability characteristics. Results show a significantly higher prevalence of disability retirement, deployment, and comorbidity among Army and Marine Corps personnel evaluated for disability discharge related to a non-PTSD psychiatric disorder. Mood disorders, anxiety disorders and dementia were the most commonly evaluated psychiatric disorders. Characteristics associated with increased odds of non-PTSD psychiatric-related disability retirement includes being in the Marine Corps (OR=1.24), being black (OR=1.29) or other race (OR=1.33), having a combat-related condition (OR=2.50), and older age. Service members evaluated for a non-PTSD psychiatric disability have similar rates of disability retirement as those evaluated for PTSD, suggesting non-PTSD psychiatric disorders cause a severe and highly compensated disability. Additional research is needed describing the epidemiology of specific non-PTSD psychiatric disorders, such as depression, in service members evaluated for disability discharge.

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<http://www.ptsd.va.gov/professional/newsletters/research-quarterly/V26N3.pdf>

## **PTSD Research Quarterly -- New Research in Treating Child and Adolescent Trauma**

National Center for PTSD  
VOLUME 26/NO. 3

Major advances in treatments for children and adolescents have been published during the past 3 years. This is especially true for Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) which continues to exhibit efficacy in a number of randomized clinical trials. Success with other school- and office-based treatments has also been demonstrated.

This issue of the Research Quarterly provides a guide to this rapidly expanding literature on the effectiveness of CBT treatments for children and adolescents with PTSD.

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<http://onlinelibrary.wiley.com/doi/10.1111/jsr.12335/abstract>

## **Association of incident restless legs syndrome with outcomes in a large cohort of US veterans.**

Molnar, M. Z., Lu, J. L., Kalantar-Zadeh, K. and Kovesdy, C. P.

Journal of Sleep Research  
Article first published online: 17 SEP 2015  
DOI: 10.1111/jsr.12335

Restless legs syndrome is a common sleep disorder, but there is a paucity of large cohort studies examining the association of restless legs syndrome with clinical outcomes, including all-cause mortality, incident coronary heart disease, stroke and chronic kidney disease. From a nationally representative prospective cohort of over 3 million US veterans [93% male, median follow-up time of 8.1 years (interquartile range: 7.0–8.5 years)] with baseline estimated glomerular filtration rate  $\geq 60$  mL min<sup>-1</sup> 1.73 m<sup>-2</sup>, a propensity-matched cohort of 7392 patients was created, and the association between incident restless legs syndrome and the following was examined: (1) all-cause mortality; (2) incident coronary heart disease; (3) incident strokes; and (4) incident chronic kidney disease defined as estimated glomerular filtration rate  $< 60$  mL min<sup>-1</sup> 1.73 m<sup>-2</sup>. Associations were examined using Cox models. The mean  $\pm$  SD age of the propensity-matched cohort at baseline was 59  $\pm$  12 years; 89 and 8% of patients were white and black, respectively; 31% of the patients were diabetic; and the mean baseline estimated glomerular filtration rate was 83.9  $\pm$  15.1 mL min<sup>-1</sup> 1.73 m<sup>-2</sup>. Propensity matching resulted in a

balanced cohort, with the disappearance in baseline differences in comorbidities. Compared with restless legs syndrome-negative patients, incident restless legs syndrome was associated with 88% higher mortality risk [hazard ratio and 95% confidence interval: 1.88 (1.70–2.08)], and almost four times higher risk of coronary heart disease and stroke [hazard ratio: 3.97 (3.26–4.84) and 3.89 (3.07–4.94), respectively]. The risk of incident chronic kidney disease was also significantly higher in incident restless legs syndrome patients [hazard ratio: 3.17 (2.74–3.66)] compared with restless legs syndrome-negative counterparts. In this large and contemporary cohort of US veterans, incident restless legs syndrome was associated with higher risk of mortality, incident coronary heart disease, stroke and chronic kidney disease.

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<http://www.sciencedirect.com/science/article/pii/S0887618515300177>

**The mediating role of sleep disturbances in the relationship between posttraumatic stress disorder and self-injurious behavior.**

Nicole A. Short, Chelsea R. Ennis, Mary E. Oglesby, Joseph W. Boffa, Thomas E. Joiner, Norman B. Schmidt

Journal of Anxiety Disorders  
Volume 35, October 2015, Pages 68–74  
doi:10.1016/j.janxdis.2015.09.004

Although posttraumatic stress disorder (PTSD) is associated with self-injurious behavior, it is currently unclear what mechanisms may account for this relationship. Sleep disturbances may be relevant as they are common among those with PTSD and are associated with emotion regulation difficulties, which may increase vulnerability to self-injurious behavior. As such, we investigated the relationship between PTSD and self-injurious behaviors, and the mediating roles of nightmares and insomnia. Hypotheses were tested cross-sectionally in a sample of psychology clinic outpatients (N = 255). Participants completed a structured clinical interview assessing PTSD and self-report questionnaires measuring insomnia, nightmares, and self-injurious behaviors (i.e., Have you ever cut, burned, or scratched yourself on purpose?). PTSD was associated with self-injurious behavior after covarying for depression, and nightmare severity mediated the relationship between PTSD and self-injurious behavior. Findings are consistent with research indicating that sleep disturbances, specifically nightmares, are important predictors of poor outcomes among those with PTSD, and extend this research to suggest their role in self-injurious behaviors as well.

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<http://www.tandfonline.com/doi/abs/10.1080/10926771.2015.1062445>

## **Emerging Trauma Therapies: Critical Analysis and Discussion of Three Novel Approaches.**

Kjerstin Gurdaa

Journal of Aggression, Maltreatment & Trauma  
Volume 24, Issue 7, 2015, pages 773-793  
DOI: 10.1080/10926771.2015.1062445

Trauma-related disorders and treatment have gained increasing attention in the last 3 decades, spurring the development of novel treatment approaches. Many of these are incorporated into clinical practice despite lacking a solid evidence base or unbiased analyses to facilitate interpretation of existing information. Although treatments might draw on elements from validated therapies, questions regarding the incremental efficacy of new approaches persist. Three novel therapies that might warrant further examination include energy psychology, yoga, and brainspotting. The emergence of novel, trauma-related therapies is examined, and the history, theory, practice, and evidence base of these 3 specific therapies are outlined. Directions for future work are discussed. Expositions such as this might serve as a helpful resource for clinicians seeking discernment regarding treatment for posttraumatic stress disorder.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22038/abstract>

## **A Systematic Review of Dropout From Psychotherapy for Posttraumatic Stress Disorder Among Iraq and Afghanistan Combat Veterans.**

Goetter, E. M., Bui, E., Ojserkis, R. A., Zakarian, R. J., Brendel, R. W. and Simon, N. M.

Journal of Traumatic Stress  
Article first published online: 16 SEP 2015  
DOI: 10.1002/jts.22038

A significant number of veterans of the conflicts in Iraq and Afghanistan have posttraumatic stress disorder (PTSD), yet underutilization of mental health treatment remains a significant problem. The purpose of this review was to summarize rates of dropout from outpatient, psychosocial PTSD interventions provided to U.S. Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), and Operation New Dawn (OND) veterans with combat-related PTSD. There were 788 articles that were identified which yielded 20 studies involving 1,191 individuals eligible for the review. The dropout rates in individual studies ranged from 5.0% to 78.2%, and the overall pooled dropout rate was 36%, 95% CI [26.20, 43.90]. The dropout rate differed marginally by study type (routine clinical care settings had higher dropout rates than

clinical trials) and treatment format (group treatment had higher dropout rates than individual treatment), but not by whether comorbid substance dependence was excluded, by treatment modality (telemedicine vs. in-person treatment), or treatment type (exposure therapy vs. nonexposure therapy). Dropout is a critical aspect of the problem of underutilization of care among OEF/OIF/OND veterans with combat-related PTSD. Innovative strategies to enhance treatment retention are needed.

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<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1093974>

### **The ABHIDE (Army Behavioral Health Integrated Data Environment): A Suicide Registry.**

Anita Spiess, M. Shayne Gallaway, Eren Youmans Watkins, Elizabeth Corrigan, John V. Wills, J. Christopher Weir, Amy M. Millikan Bell & Michael R. Bell

Military Behavioral Health

Accepted author version posted online: 16 Sep 2015

DOI:10.1080/21635781.2015.1093974

The Army Behavioral Health Integrated Data Environment is a suicide registry containing extensive data on U.S. Army Soldiers with suicidal behavior. Development of the ABHIDE began in 2009 in response to the doubling of the Army suicide rate from 2004 to 2008. It now consists of 28 administrative datasets from 11 organizations throughout the Departments of the Army and Defense. Data include personnel variables, military characteristics, medical claims, criminal history, characteristics of the suicidal event, and stressors. Through the ABHIDE, the U.S. Army is better able to answer requests for information, inform public health practice, and develop suicide prevention programs.

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<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1093977>

### **Receptiveness towards Complementary and Alternative Medicine by Veterans and Military Servicepersons: Implications for Counseling Professionals.**

Noel A. Ysasi, Noreen Graf, Alicia D. Brown & Rachita Sharma

Military Behavioral Health

Accepted author version posted online: 16 Sep 2015

DOI:10.1080/21635781.2015.1093977

This study examined 420 veterans and servicemembers to assess their receptiveness towards complementary and alternative medicine (CAM). Overall findings indicated veterans and

servicemembers did not have adequate knowledge of all CAM techniques; however, only 12.8% of respondents indicated disinterest in participating in CAM after being given a brief description of the benefits of specific alternative medicine techniques. Furthermore, the perceptions and preferences among the participants were examined in relation to receiving counseling. Subsequently, differences between gender, presence of a mental health diagnosis, mood difficulties (i.e., quick to get angry), area of life difficulties (i.e., isolation from friends and family), education, ethnicity, and time since discharge were examined to assess for predictive factors that may contribute towards interest upon engaging in CAM. Implications for rehabilitation practice, education, and research are discussed.

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<http://link.springer.com/article/10.1007/s10862-015-9513-y>

### **Co-Occurring Traumatic Brain Injury, PTSD Symptoms, and Alcohol Use in Veterans.**

Daniel F. Gro , Kristina J. Korte, Michael David Horner, Kathleen T. Brady, Sudie E. Back

Journal of Psychopathology and Behavioral Assessment

pp 1-8

First online: 16 September 2015

Traumatic brain injury (TBI) has been identified as a significant health problem among veterans. Recent research demonstrates the potential interaction and magnification of symptoms of posttraumatic stress disorder (PTSD) and substance use disorders (SUD) in veterans with a history of TBI; however, there is very limited research on the co-occurrence of the three conditions. Veterans (N = 115) with comorbid PTSD and SUD completed a baseline assessment for enrollment into a larger treatment study. As part of that assessment, participants completed a TBI screener as well as self-report measures for pain and physical health, affective symptoms, and substance use. Almost half of the sample (48 %) endorsed a history of a previous head trauma with loss of consciousness (LOC). Participants with and without head trauma with LOC were compared across various measures of functioning. Increased severity of physical health complaints and affective symptoms were reported by the TBI group compared to controls. However, the increases in affective symptoms were relatively small. No group differences were observed for alcohol use. Together, the findings suggest that treatment-seeking veterans with a history of head trauma with LOC may present with roughly equivalent symptoms of PTSD and SUD to those without said history.

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<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1093980>

### **Current Suicidal Ideation among Treatment-Engaged Active Duty Soldiers and Marines.**

Lindsey Zimmerman, Jennifer L. Villatte, Amanda H. Kerbrat, David C. Atkins, Aaron Flaster & Kate A. Comtois

Military Behavioral Health

Accepted author version posted online: 16 Sep 2015

DOI:10.1080/21635781.2015.1093980

We examined suicidal ideation among 399 active duty Soldiers and Marines engaged in mental health treatment. Using a generalized linear model controlling for demographic and military factors, depression, and positive traumatic brain injury screen, we confirmed our hypothesis that self-report measures of current PTSD symptoms uniquely predicted suicidal ideation. The association between PTSD severity and suicidal ideation was moderated by gender with women at higher risk as PTSD severity increased. Female Soldiers and Marines with high levels of PTSD should receive additional monitoring and intervention. Self-report measures may aid with risk assessment and identify symptom-related distress associated with suicide risk.

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<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1093976>

### **Treatment Adherence: An Examination of Why OEF/OIF/OND Veterans Discontinue Inpatient PTSD Treatment.**

Derek D. Szafranski, Daniel F. Gros, Deleene S. Meneffee, Peter J. Norton & Jill L. Wanner

Military Behavioral Health

Accepted author version posted online: 16 Sep 2015

DOI:10.1080/21635781.2015.1093976

Treatment noncompletion is common among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND) Veterans obtaining treatment for posttraumatic stress disorder (PTSD). The present study examined causes of inpatient PTSD evidence-based treatment (EBT) discontinuation among male 69 OEF/OIF/OND Veterans. Findings revealed a number factors leading to noncompletion including, inpatient environment, EBT content, family obligations, medication use concerns, rule violations, treatment noncooperation, psychotic symptoms and decompensation in functioning. Overall, these findings reveal clinically relevant causes of inpatient EBT discontinuation that may contribute to a shorter duration of treatment and potentially less beneficial clinical outcomes.

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<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1093981>

**Suicide Attempt Characteristics among Veterans and Active Duty Servicemembers Receiving Mental Health Services: A Pooled Data Analysis.**

Jennifer L. Villatte, Stephen S. O'Connor, Rebecca Leitner, Amanda H. Kerbrat, Lora L. Johnson & Peter M. Gutierrez

Military Behavioral Health

Accepted author version posted online: 18 Sep 2015

DOI:10.1080/21635781.2015.1093981

Past suicidal behaviors are among the strongest and most consistent predictors of eventual suicide and may be particularly salient in military suicide. While there is extensive research comparing self-directed violence among military personnel to the general population, data directly comparing suicide behaviors in Servicemembers and Veterans is scant. The current study compared the context and characteristics of suicide attempts in Veterans (n = 746) and active duty Servicemembers (n = 1013) receiving treatment for acute suicide risk. Baseline data from six randomized, controlled trials examining suicide interventions in Department of Defense or Veterans Affairs clinics were pooled and analyzed using robust regression. Accounting for sex, race, and ethnicity, Servicemembers had greater odds of having attempted suicide relative to Veterans, though there were no differences in number of attempts made. Servicemembers also had higher rates of premilitary suicide attempts and nonsuicidal self-injury (NSSI). Veterans disproportionately attempted suicide by means of intentional overdose and generally made more lethal attempts than Servicemembers. In Veterans, combat deployment was associated with lower odds of lifetime suicide attempt, while history of NSSI was associated with greater attempt odds. Neither was significantly associated with lifetime suicide attempt in Servicemembers. Implications for suicide assessment and treatment are discussed.

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<http://link.springer.com/article/10.1007/s12207-015-9231-5>

**Dimensions and Dissociation in PTSD in the DSM-5: Towards Eight Core Symptoms.**

Gerald Young

Psychological Injury and Law

pp 1-14

First online: 12 September 2015

The article reviews the literature on the dimensional (factor) structure of posttraumatic stress disorder (PTSD) as presented in the DSM-5 (Diagnostic and Statistical Manual of Mental

Disorders, Fifth Edition; American Psychiatric Association, 2013). The DSM-5 PTSD diagnostic category contains 20 symptoms split into four factors. Also, the article considers the literature on the dissociative subtype, which is found in a minority of PTSD cases. The literature shows that the DSM (Diagnostic and Statistical Manual of Mental Disorders) over the years has moved from a three-dimensional structure in prior DSMs to one with four dimensions in the DSM-5. However, the research reviewed queries whether the DSM-5's four dimensions are consistent with the empirical literature; in this regard, models with five and six dimensions were the first to suggest alternatives. Moreover, in the literature, the DSM-5 symptoms appear to group into as many as seven dimensions, which are as follows: re-experiencing, avoidance, negative affect, anhedonia, externalizing behavior, anxious arousal, and dysphoric arousal (Armour et al., *Journal of Psychiatric Research* 61: 106–113, 2015; Wang et al., *Journal of Anxiety Disorders* 31: 90–97, 2015). In particular, the two DSM-5 dimensions of negative alterations in cognitions and mood and alterations in arousal and reactivity appear to be subdivided into five dimensions. Generally, the 20 PTSD symptoms and their suggested factors that are found in the literature could prove unwieldy to clinicians. Moreover, they allow for much heterogeneity in symptom expression among PTSD cases. In response, the article presents a model of PTSD based on the seven-factor dimensional structure emerging in the literature, as well as another factor associated with the dissociation subtype, but with one core or primary symptom specified for each of the dimensions. The article considers forensic implications of the newer models on PTSD's dimensional structure.

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<http://link.springer.com/article/10.1007/s12207-015-9229-z>

### **PTSD-SUD Comorbidities in the Context of Psychological Injury and Law.**

Gerald Young, Jenny Xiaoting Wang

Psychological Injury and Law

pp 1-19

First online: 17 September 2015

Posttraumatic stress disorder (PTSD) and substance use disorder (SUD) are both common psychological problems and they are frequently comorbid. However, there is little longitudinal research that can disentangle their temporal relationship towards determining the mechanisms in their comorbidity. Furthermore, the extant research does not consider possible confounds to diagnosis that are relevant to the area of psychological injury and law, such as exclusion of cases of malingering after appropriate assessment and testing. This paper reviews the literature on the question of comorbidity of PTSD and SUD towards establishing preliminary conclusions that could serve directions for needed research in the area, and with potential application to individual assessment and court purposes. There are four major models in how PTSD and SUD relate—self-medication, high risk, susceptibility, and shared vulnerability. Overall, the self-medication model is supported, but not exclusively. Recent research is examining the different

models in these regards with respect to individual differences, including in negative emotionality/constraint, emotional/dysregulation, and patterns in PTSD's different clusters. Further research is required from a forensic perspective that uses the appropriate populations, rules out malingering in the cases studied, and controls other confounds applicable to the forensic context.

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<http://link.springer.com/article/10.1007/s00127-015-1118-y>

## **Stigmatisation, perceived barriers to care, help seeking and the mental health of British Military personnel.**

Norman Jones , Mary Keeling, Gursimran Thandi, Neil Greenberg

Social Psychiatry and Psychiatric Epidemiology

pp 1-11

First online: 15 September 2015

### Introduction

The relationship between mental health symptoms, stigmatising beliefs about mental health and help seeking is complex and poorly understood.

### Method

1636 UK Armed Forces personnel provided study data immediately after deployment (T1) and approximately 6 months later (T2). Stigmatising beliefs were assessed using an eight-item scale previously used in studies of UK military personnel. Symptoms of probable common mental disorder, probable post-traumatic stress disorder and subjective stressful, emotional, relationship and family problems were evaluated at T1 and T2. Help seeking during deployment was assessed at T1 and post-deployment help seeking at T2. Alcohol use and subjective alcohol problems were assessed at T2 only.

### Results

Reporting a probable mental health disorder or potentially harmful alcohol use following deployment was both significantly associated with higher levels of stigmatising beliefs. The reported degree of stigma was associated with changes in mental health symptom levels; compared to those who were never classified as a probable mental health disorder case, recovered cases experienced significantly lower levels of stigmatisation, whereas new onset cases reported significantly higher levels.

### Conclusion

The way that individuals report mental health stigmatisation is not static; rather stigma fluctuates in proportion to the frequency and severity of psychological symptoms. These results suggest that public health stigma-reduction strategies which aim to promote engagement with mental

health services should be focused towards people who are experiencing worsening mental health. Our results suggest that willing volunteers who have recovered from a mental-ill-health episode may be well placed to assist in the delivery of such a strategy.

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### **Links of Interest**

In Unit Stalked by Suicide, Veterans Try to Save One Another

<http://www.nytimes.com/2015/09/20/us/marine-battalion-veterans-scarred-by-suicides-turn-to-one-another-for-help.html>

U.S. Soldiers Told to Ignore Sexual Abuse of Boys by Afghan Allies

<http://www.nytimes.com/2015/09/21/world/asia/us-soldiers-told-to-ignore-afghan-allies-abuse-of-boys.html>

Not enough psychiatrists for veterans

<http://www.sandiegouniontribune.com/news/2015/sep/16/VA-shortage-psychiatrists-veterans/>

Suicide highest among middle-aged people

<http://wtop.com/health/2015/09/suicide-highest-among-middle-aged-people/>

Sleep Aids to Get You Through the Night

<http://www.nytimes.com/2015/09/17/technology/personaltech/sleep-aids-to-get-you-through-the-night.html>

Cognitive Behavioral Therapy: Why Do Patients Drop Out Early?

<http://www.scienceworldreport.com/articles/30185/20150918/cognitive-behavioral-therapy-why-patients-drop-out-early.htm>

Tech Is Driving Collaboration In Behavioral Health

<http://techcrunch.com/2015/09/19/tech-is-driving-collaboration-in-behavioral-health/>

Why people wean themselves off therapy

<http://www.financialexpress.com/article/lifestyle/health/why-people-wean-themselves-off-therapy/138504/>

Can Rumination-Based Therapy Outperform Cognitive Behavioral Therapy?

<http://www.hcplive.com/medical-news/can-rumination-based-therapy-outperform-cognitive-behavioral-therapy>

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**Resource of the Week: [Psychosocial Interventions for Mental and Substance Use Disorders: A Framework for Establishing Evidence-Based Standards \(2015\)](#)**

This is a new book from the Institute of Medicine/National Academies Press.

Mental health and substance use disorders affect approximately 20 percent of Americans and are associated with significant morbidity and mortality. Although a wide range of evidence-based psychosocial interventions are currently in use, most consumers of mental health care find it difficult to know whether they are receiving high-quality care. Although the current evidence base for the effects of psychosocial interventions is sizable, subsequent steps in the process of bringing a psychosocial intervention into routine clinical care are less well defined. *Psychosocial Interventions for Mental and Substance Use Disorders* details the reasons for the gap between what is known to be effective and current practice and offers recommendations for how best to address this gap by applying a framework that can be used to establish standards for psychosocial interventions.

The framework described in *Psychosocial Interventions for Mental and Substance Use Disorders* can be used to chart a path toward the ultimate goal of improving the outcomes. The framework highlights the need to (1) support research to strengthen the evidence base on the efficacy and effectiveness of psychosocial interventions; (2) based on this evidence, identify the key elements that drive an intervention's effect; (3) conduct systematic reviews to inform clinical guidelines that incorporate these key elements; (4) using the findings of these systematic reviews, develop quality measures - measures of the structure, process, and outcomes of interventions; and (5) establish methods for successfully implementing and sustaining these interventions in regular practice including the training of providers of these interventions.

The recommendations offered in this report are intended to assist policy makers, health care organizations, and payers that are organizing and overseeing the provision of care for mental health and substance use disorders while navigating a new health care landscape. The recommendations also target providers, professional societies, funding agencies, consumers, and researchers, all of whom have a stake in ensuring that evidence-based, high-quality care is provided to individuals receiving mental health and substance use services.

# Psychosocial Interventions for Mental and Substance Use Disorders

A Framework for Establishing Evidence-Based Standards



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