



CDP Research Update -- October 1, 2015

What's Here:

- Clinician's Trauma Update Online (National Center for PTSD)
- PTSD Monthly Update: PTSD and Suicide Prevention
- Suicidal Thoughts and Behavior among Adults: Results from the 2014 National Survey on Drug Use and Health
- Integrative Health and Healing Practices Specifically for Service Members: Self-Care Techniques.
- Risk for broad-spectrum neuropsychiatric disorders after mild traumatic brain injury in a cohort of US Air Force personnel.
- Functioning of the three attentional networks and vigilance in primary insomnia.
- The association of military discharge variables with smoking status among homeless Veterans.
- Stigma, Career Worry, and Mental Illness Symptomatology: Factors Influencing Treatment-Seeking for Operation Enduring Freedom and Operation Iraqi Freedom Soldiers and Veterans.
- Sleep and treatment outcome in posttraumatic stress disorder: results from an effectiveness study.
- Interventions to reduce suicides at suicide hotspots: a systematic review and meta-analysis.
- The Impact of Infidelity on Combat-Exposed Service Members.
- Fear of Losing Emotional Control Is Associated With Cognitive Processing Therapy Outcomes in U.S. Veterans of Afghanistan and Iraq.
- The impact of war on mental health: lest we forget.
- Cognitive-Behavioral Therapy for Sleep Disturbances in Treating Posttraumatic Stress Disorder Symptoms: A Meta-Analysis of Randomized Controlled Trials.
- Physical Activity, Suicide Risk Factors, and Suicidal Ideation in a Veteran Sample.

- Exploring Student Service Members/Veterans Social Support and Campus Climate in the Context of Recovery.
- Employment Gaps Between Military Spouses and Matched Civilians.
- How Do Clinicians and Suicide Attempters Understand Suicide Attempt Impulsivity? A Qualitative Study.
- 'What meaning does somebody's death have, what meaning does somebody's life have?' Psychotherapists' stories of their work with suicidal clients.
- Effects of Blast Exposure on Subjective and Objective Sleep Measures in Combat Veterans with and without PTSD.
- The Beginning Psychotherapist and Borderline Personality Disorder: Basic Treatment Principles and Clinical Foci.
- The evolution and history of telepsychiatry and its impact on psychiatric care: Current implications for psychiatrists and psychiatric organizations.
- Herbal Medicine for Anxiety, Depression and Insomnia.
- Associations among trauma, posttraumatic stress disorder, cannabis use, and cannabis use disorder in a nationally representative epidemiologic sample.
- Implementing Cognitive Processing Therapy for Posttraumatic Stress Disorder With Active Duty U.S. Military Personnel: Special Considerations and Case Examples.
- Analysis of suicide attempts and completions at the South Texas Veterans Health Care System: a retrospective review.
- Examining Relationships Among Ethnicity, PTSD, Life Functioning, and Comorbidity in Female OEF/OIF Veterans.
- A review of suicide risk assessment instruments and approaches.
- Links of Interest
- Resource of the Week: A Journey toward Health and Hope: Your Handbook for Recovery after a Suicide Attempt (Substance Abuse and Mental Health Services Administration)

http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_v9n4.pdf

Clinician's Trauma Update Online (CTU-Online)

Current Issue: Vol. 9(4)

National Center for PTSD (VA)

Editor: Paula P. Schnurr, PhD
Senior Associate Editor: Barbara Hermann, PhD
Associate Editor: Juliette M. Mott, PhD

The National Center for PTSD tries to keep all professionals up-to-date with the latest in trauma research and how it can be applied. CTU-Online includes brief updates on the latest clinically relevant research. Content on treatment and assessment is emphasized. Publications on other topics are included if the content has significant clinical implications.

<http://content.govdelivery.com/accounts/USVHA/bulletins/11c90d1>

PTSD Monthly Update: PTSD and Suicide Prevention

National Center for PTSD
U.S. Department of Veterans Affairs

September 2015

Going through trauma may increase a person's risk for suicide. Studies show that suicide risk may be higher in people who have PTSD.

This update focuses on what we know about the relationships between suicide, trauma and PTSD, and on ways to help prevent suicide.

<http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR2-2014/NSDUH-FRR2-2014.pdf>

Suicidal Thoughts and Behavior among Adults: Results from the 2014 National Survey on Drug Use and Health

Substance Abuse and Mental Health Services Administration
September 2015

In 2014, 9.4 million adults aged 18 or older thought seriously about trying to kill themselves in the past 12 months, including 2.7 million who made suicide plans and 1.1 million who made a nonfatal suicide attempt. These numbers represent 3.9 percent of adults in 2014 who had serious thoughts of suicide, 1.1 percent who made suicide plans, and 0.5 percent who attempted suicide in the past year. These percentages for suicidal thoughts, suicide plans, and suicide attempts among adults aged 18 or older were stable between 2008 and 2014. Young adults aged 18 to 25 in 2014 were more likely than adults in other age groups to have serious thoughts of suicide, to have made suicide plans, or to have attempted suicide. Similar percentages of males and females

aged 18 or older in 2014 had serious thoughts of suicide, but females were more likely than males to have made suicide plans or to have attempted suicide. Adults in 2014 who had a substance use disorder (SUD) in the past year related to their use of alcohol or illicit drugs also were more likely than adults who did not have an SUD to report suicidal thoughts or behavior. Adults in 2014 who had a major depressive episode (MDE) in the past year were more likely than adults who did not have an MDE in the past year to have had serious thoughts of suicide, to have made suicide plans, or to have attempted suicide in the past year. Among adults in 2014 who had serious thoughts of suicide in the past year, nearly half did not receive any mental health services in the past year, and about 1 in 7 perceived a need for mental health care but did not obtain care.

<http://online.liebertpub.com/doi/abs/10.1089/acu.2015.1121>

Integrative Health and Healing Practices Specifically for Service Members: Self-Care Techniques.

Petri Richard P. Jr., Walter Joan A.G., and Wright Jon

Medical Acupuncture

Online Ahead of Print: September 18, 2015

doi:10.1089/acu.2015.1121

Background:

There has been an ever-increasing utilization of integrative medicine (IM) by patients to manage their health. Dissatisfaction with depersonalized care is one of the significant factors causing patients to seek alternative means to meet their health care needs. These patients are often motivated to find care that coincides with their beliefs, values, and expectations. Medical health care systems must understand these concerns and work collaboratively with patients to achieve optimal outcomes and satisfaction levels. Self-care programs, when part of holistic treatment plans, are well-suited to address these concerns.

Objective:

This article discusses the concepts of self-care, and active and passive participation, as well as briefly examining some IM modalities that can be used as self-care techniques.

Methods: This overview describes the history, concepts, uses, and relevant research of several IM modalities and their applications as self-care techniques. Recommendations for educational and clinical “next steps” are provided.

Conclusions:

IM self-care techniques can be incorporated effectively and safely into holistic treatment plans for North Atlantic Treaty Organization (NATO) Service members. Additional education,

international collaboration, and research are necessary to improve the use of these techniques throughout the medical health care system.

<http://www.ncbi.nlm.nih.gov/pubmed/25896331>

Occup Environ Med. 2015 Aug;72(8):560-6. doi: 10.1136/oemed-2014-102646. Epub 2015 Apr 20.

Risk for broad-spectrum neuropsychiatric disorders after mild traumatic brain injury in a cohort of US Air Force personnel.

Miller SC, Whitehead CR, Otte CN, Wells TS, Webb TS, Gore RK, Maynard C

BACKGROUND:

Military personnel are at increased risk for traumatic brain injury (TBI) from combat and non-combat exposures. Sequelae of moderate-to-severe TBI are well described, but the literature remains conflicted regarding whether mild TBI (mTBI) results in lasting brain injury and functional impairments. This study assessed risk for a range of neuropsychiatric disorders presenting after mTBI while adjusting for the potential confounds of depression and post-traumatic stress disorder (PTSD).

METHODS:

A historical prospective association study was conducted utilising electronic demographic, medical and military-specific data for over 49,000 active duty US Air Force service members (Airmen). This study utilised diagnostic codes considered by an expert panel to be indicative of mTBI to identify cases. Cox proportional hazards modelling calculated HRs for neuropsychiatric outcomes while controlling for varying lengths of follow-up and potentially confounding variables.

RESULTS:

Airmen with mTBI were at increased risk for specific neuropsychiatric disorders compared with a similarly injured non-mTBI control group. HRs for memory loss/amnesia, cognitive disorders, schizophrenia, PTSD, and depression were significantly elevated and remained so for at least 6 months post-mTBI, even after eliminating those with previous neuropsychiatric diagnoses.

CONCLUSIONS:

mTBI was positively associated with neuropsychiatric disorders in this population of primarily young adult males; with increased HRs 6 months post-mTBI. The results support that mTBI is distinguished from moderate-to-severe TBI in terms of risk for developing neuropsychiatric disorders. Further, these findings suggest the importance of screening for psychiatric and cognitive disorders post-mTBI in general medical practice.

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<http://www.sciencedirect.com/science/article/pii/S1389945715009430>

Functioning of the three attentional networks and vigilance in primary insomnia.

Perrier J, Chavoix C, Bocca ML

Sleep Medicine

Available online 25 September 2015

doi:10.1016/j.sleep.2015.06.025

Background

Results from cognitive measures in primary insomnia (PI) patients do not fit with the difficulties in performing daily living tasks of which these patients complain. Lack of sensitivity of the tests and lack of data concerning some cognitive functions may explain this discordance. The aim of the present investigation was to better characterize cognitive deficits of PI patients in order to further understand their cognitive complaints. We looked at attentional and executive function because of their high involvement in daily living tasks.

Methods

Twenty-one PI patients and 16 good sleepers completed the Attentional Network Test (ANT). We only included untreated PI patients since sleep medication could be a confounding factor when assessing cognition.

Results

While PI patients, compared to good sleepers, were found to have a longer overall reaction time and perform more slowly in the incongruent flanker condition (i.e. conflict situation) than in the congruent condition, no group effects were observed for the variables representing the three attentional networks (i.e. alerting, orienting, and executive function).

Conclusions

The present study revealed a conflict resolution deficit in untreated PI patients. This impairment may be linked to the prefrontal alterations reported in neuroimaging studies in these patients. Patients had also an impaired vigilance compared to good sleepers, likely due to the high cognitive load of the ANT. These results would serve to explain the complaints of PI patients about difficulties performing daily living tasks that are often long-lasting and demanding.

The association of military discharge variables with smoking status among homeless Veterans.

Patrick Hammett, Steven S. Fu, Harry A. Lando, Greg Owen, Kolawale S. Okuyemi

Preventive Medicine

Available online 21 September 2015

doi:10.1016/j.ypmed.2015.09.007

Objective

There is a dearth of research examining the health correlates of tobacco use within the homeless population, particularly with respect to homeless Veterans. An aim of the present study was to compare homeless Veteran and homeless non-Veteran smokers across a series of socio-demographic and health variables, and to determine whether any of these variables were independently associated with Veteran status. A subsequent aim was to compare the socio-demographic and health profiles of Veteran smokers and Veteran nonsmokers, and to determine whether any of these variables were independently associated with current smoking.

Methods

Data were obtained from the 2009 Homelessness in Minnesota survey conducted by the Wilder Research Foundation. The final sample included 4750 homeless individuals living throughout Minnesota.

Results

The prevalence of smoking was greater among homeless Veterans (74%) than homeless non-Veterans (70%). The prevalence of physical and mental health problems was higher among homeless Veteran smokers than homeless non-Veteran smokers, although these variables were not independently associated with Veteran status after controlling for socio-demographics. Analyses of the homeless Veteran sample indicated that receipt of Veterans' benefits, type of discharge, and alcohol and/or chemical dependence were independently associated with current smoking.

Conclusion

Homeless Veteran smokers exhibit heightened rates of physical and mental health problems compared to homeless non-Veteran smokers. Military service and discharge characteristics may contribute to this high smoking prevalence. Future efforts should focus on increasing Veterans' access to and knowledge of Veterans' health resources, and on developing innovative strategies to boost cessation in this population.

<http://www.ncbi.nlm.nih.gov/pubmed/26390109>

Psychol Trauma. 2015 Sep 21. [Epub ahead of print]

Stigma, Career Worry, and Mental Illness Symptomatology: Factors Influencing Treatment-Seeking for Operation Enduring Freedom and Operation Iraqi Freedom Soldiers and Veterans.

Brown NB, Bruce SE

OBJECTIVE:

Mental health related stigma, as well as mental illness symptomatology, have been shown to negatively impact treatment-seeking within military populations. However, few studies have delineated the 2 forms of stigma (self-stigma and public stigma), and none have differentiated between stigma and career-related consequences (career worry). The aim of this study was to increase our understanding of low treatment-seeking rates among soldiers and veterans by expanding upon previous measurements of the stigma construct and examining factors influencing willingness to seek treatment.

METHOD:

The sample consisted of 276 Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) soldiers and veterans. Individual levels of self-stigma, public stigma, and career worry were measured, as were levels of willingness to seek treatment. Symptoms of PTSD, depression, and substance abuse were also evaluated to account for the influence of mental illness on treatment-seeking.

RESULTS:

A confirmatory factor analysis indicated that a 3-factor model including self-stigma, public stigma, and career worry fit the data significantly better than a 1- or 2- factor model. A multiple regression analysis also revealed that these 3 factors, combined with mental illness symptomatology, significantly predicted individual levels of willingness to seek treatment. Career worry was the strongest predictor, particularly for individuals with no treatment history.

CONCLUSIONS:

This study confirmed that career worry is a factor independent of self-stigma and public stigma. Findings indicate that a fear of negatively affecting one's career is the most influential factor in determining willingness to seek mental health treatment for the military population. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

Sleep and treatment outcome in posttraumatic stress disorder: results from an effectiveness study.

Lommen, M. J. J., Grey, N., Clark, D. M., Wild, J., Stott, R. and Ehlers, A.

Depression and Anxiety

Article first published online: 22 SEP 2015

DOI: 10.1002/da.22420

Background

Most patients with posttraumatic stress disorder (PTSD) suffer from sleep problems. Concerns have been raised about possible detrimental effects of sleep problems on the efficacy of psychological treatments for PTSD. In this study, we investigated the relation of session-to-session changes in PTSD symptoms and sleep, and tested whether sleep problems predicted poorer short- and long-term treatment outcome.

Methods

Self-reported sleep quality, sleep duration, and PTSD symptoms were assessed weekly in a consecutive sample of 246 patients who received cognitive therapy for PTSD (CT-PTSD; Ehlers & Clark, 2000), and at follow-up (mean = 247 days posttreatment). Additionally, moderating effects of medication use and comorbid depression were assessed.

Results

Sleep and PTSD symptoms improved in parallel. The relation was moderated by depression: Sleep problems at the start of therapy did not predict improvement in PTSD symptoms during treatment for patients without comorbid depression. Patients with comorbid depression, however, showed less rapid decreases in PTSD symptoms, but comparable overall outcome, if their sleep quality was poor. Residual sleep problems at the end of treatment did not predict PTSD symptoms at follow-up once residual PTSD symptoms were taken into account.

Conclusions

CT-PTSD leads to simultaneous improvement in sleep and PTSD symptoms. Sleep problems may reduce the speed of recovery in PTSD patients with comorbid depression. For these patients, additional treatment sessions are indicated to achieve comparable outcomes, and additional interventions targeting sleep may be beneficial. For those without comorbid depression, self-reported sleep problems did not interfere with response to trauma-focused psychological treatment.

Interventions to reduce suicides at suicide hotspots: a systematic review and meta-analysis.

Jane Pirkis, Lay San Too, Matthew J Spittal, Karolina Kryszynska, Jo Robinson, Yee Tak Derek Cheung

The Lancet Psychiatry

Available online 22 September 2015

doi:10.1016/S2215-0366(15)00266-7

Background

Various interventions have been introduced to try to prevent suicides at suicide hotspots, but evidence of their effectiveness needs to be strengthened.

Methods

We did a systematic search of Medline, PsycINFO, and Scopus for studies of interventions, delivered in combination with others or in isolation, to prevent suicide at suicide hotspots. We did a meta-analysis to assess the effect of interventions that restrict access to means, encourage help-seeking, or increase the likelihood of intervention by a third party.

Findings

We identified 23 articles representing 18 unique studies. After we removed one outlier, interventions that restricted access to means were associated with a reduction in the number of suicides per year (incidence rate ratio 0.09, 95% CI 0.03–0.27; $p < 0.0001$), as were interventions that encourage help-seeking (0.49, 95% CI 0.29–0.83; $p = 0.0086$), and interventions that increase the likelihood of intervention by a third party (0.53, 95% CI 0.31–0.89; $p = 0.0155$). When we included only those studies that assessed a particular intervention in isolation, restricting access to means was associated with a reduction in the risk of suicide (0.07, 95% CI 0.02–0.19; $p < 0.0001$), as was encouraging help-seeking (0.39, 95% CI 0.19–0.80; $p = 0.0101$); no studies assessed increasing the likelihood of intervention by a third party as a lone intervention.

Interpretation

The key approaches that are currently used as interventions at suicide hotspots seem to be effective. Priority should be given to ongoing implementation and assessment of initiatives at suicide hotspots, not only to prevent so-called copycat events, but also because of the effect that suicides at these sites have on people who work at them, live near them, or frequent them for other reasons.

Funding

National Health and Medical Research Council, Commonwealth Department of Health.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22033/abstract>

The Impact of Infidelity on Combat-Exposed Service Members.

Kachadourian, L. K., Smith, B. N., Taft, C. T. and Vogt, D.

Journal of Traumatic Stress

Article first published online: 23 SEP 2015

DOI: 10.1002/jts.22033

This study examined relationships between combat-exposed Operation Enduring Freedom/Operation Iraqi Freedom veterans' experiences related to infidelity during deployment (i.e., indicating that a partner was unfaithful or reporting concern about potential infidelity) and postdeployment mental health, as well as the role of subsequent stress exposure and social support in these associations. The sample consisted of 571 individuals (338 men). There were 128 participants (22.2%) who indicated that their partners were unfaithful during their most recent deployment. Of the remaining 443 participants, 168 (37.8%) indicated that they were concerned that their partners might have been unfaithful. Individuals who indicated that their partners were unfaithful exhibited higher levels of posttraumatic stress symptomatology ($\beta = .08$; $f^2 = .18$) and depression symptom severity ($\beta = .09$; $f^2 = .14$), compared to individuals who did not indicate that their partners were unfaithful. For both men and women, reported infidelity was associated with mental health indirectly via postdeployment life stressors, whereas infidelity concerns were indirectly associated with mental health via postdeployment life stressors for men only. Findings suggested that infidelity can have a significant impact on combat-exposed veterans' mental health and highlight the need for additional research on this understudied topic within the military population.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22036/abstract>

Fear of Losing Emotional Control Is Associated With Cognitive Processing Therapy Outcomes in U.S. Veterans of Afghanistan and Iraq.

Miles, S. R., Smith, T. L., Maieritsch, K. P. and Ahearn, E. P.

Journal of Traumatic Stress

Article first published online: 23 SEP 2015

DOI: 10.1002/jts.22036

Evidence-based treatments for posttraumatic stress disorder (PTSD) can reduce symptoms and improve veterans' psychological health. Unfortunately, many veterans leave treatment before

receiving maximum benefit. Fear of emotions is related to severity of PTSD, and changes in fear of emotions are correlated with changes in PTSD symptoms. This study built upon the literature linking greater fear of emotions to PTSD severity by examining whether pretreatment fear of emotions, measured by the Affect Control Scale, was associated with completion of cognitive processing therapy (CPT) and severity of posttreatment PTSD in a sample of 89 U.S. veterans who had served in Afghanistan and Iraq. About 60% of veterans completed 10 or more therapy sessions. A logistic regression on 51 of the 89 subjects that more fear of anxiety at pretreatment was associated with decreased likelihood of completing treatment, OR = 0.93, 95% CI [0.87, 1.00]. Of those veterans who completed treatment, higher fear of anger at pretreatment was negatively related to severity of PTSD posttreatment ($\beta = -.29$, $p = .037$), in a model with the other predictors. Assessing veterans for fear of anxiety and anger before CPT and teaching emotion regulation skills to those in need may reduce treatment dropout.

<http://onlinelibrary.wiley.com/doi/10.1002/wps.20253/full>

The impact of war on mental health: lest we forget.

Alexander C. McFarlane

World Psychiatry

Volume 14, Issue 3, pages 351–353, October 2015

DOI: 10.1002/wps.20253

The often-unconscious and enduring impact of war is one of the driving forces of history. Yet these terrible costs and the lessons learned by psychiatry tend to be forgotten [1]. At a time when many nations are remembering the legacy of World War I, the greatest military conflagration in history, it is timely to reflect on what has been learnt about the impacts of war on mental health.

Ironically, it is only since the inclusion of post-traumatic stress disorder (PTSD) in the DSM-III in 1980 [2] that the field of traumatic stress has blossomed and been subsequently underpinned by a major body of neuroscience and clinical research.

Despite the slow development of interest into the long-term consequences of the traumatic stress of war, many of the developments in mental health care in the 20th century emerged from the innovations demanded by the need to deal more effectively with the flood of mental casualties amongst the combatants of World Wars I and II. The model of community psychiatry was adapted from the model of forward psychiatry developed by the military to deal with acute combat stress reactions; this model was underpinned by the principles of the provision of early treatment close to the battle front with the expectancy of recovery and return to service [1]. Crisis intervention, group therapy and therapeutic communities were innovations that evolved out of the military medical corps [1].

However, psychiatrists who served in the military were often conflicted by powerful and potentially competing value systems concerning whether their primary responsibility was to the soldier or to the war effort [3]. The prevailing attitudes would tend to indicate that individuals' interests often lost out – the veteran who broke down in battle was generally stigmatized. The diagnoses promulgated by the profession, such as compensation neurosis, lack of moral fibre and inadequate personality reflected how the problem was seen to be caused by moral weakness and vulnerability [4]. In this characterization, the causal role of the horrors of combat were minimized by psychiatry, in contrast to compensation seeking and vulnerability.

<http://www.sciencedirect.com/science/article/pii/S0272735815001233>

Cognitive-Behavioral Therapy for Sleep Disturbances in Treating Posttraumatic Stress Disorder Symptoms: A Meta-Analysis of Randomized Controlled Trials.

Fiona Yan-Yee Ho, Christian S. Chan, Kristen Nga-Sze Tang

Clinical Psychology Review

Available online 25 September 2015

doi:10.1016/j.cpr.2015.09.005

Sleep disturbances are frequently reported in patients with posttraumatic stress disorder (PTSD). There is evidence that sleep disturbance is not only a secondary symptom but also a risk factor for PTSD. Sleep-specific psychological treatments provide an alternative to conventional trauma-focused psychological treatments. The current meta-analysis evaluated the efficacy of sleep-specific cognitive-behavioral therapy (CBT) in mitigating PTSD, sleep, and depressive symptoms. A total of 11 randomized controlled trials were included in the meta-analytic comparisons between sleep-specific CBT and waiting-list control groups at posttreatment. Random effects models showed significant reduction in self-report PTSD and depressive symptoms and insomnia severity in the sleep-specific CBT group. The corresponding effect sizes, measured in Hedges' g , were 0.58, 0.44, and 1.15, respectively. The effect sizes for sleep diary-derived sleep onset latency, wake after sleep onset, and sleep efficiency were 0.83, 1.02 and 1.15, respectively. The average study attrition rate of sleep-specific CBT was relatively low (12.8%), with no significant difference from the control group (9.4%). In conclusion, sleep-specific CBT appears to be efficacious and feasible in treating PTSD symptoms. Due to the relatively small number of randomized controlled trials available, further research is warranted to confirm its efficacy and acceptability, especially in comparison to trauma-specific psychological treatments.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12190/abstract>

Physical Activity, Suicide Risk Factors, and Suicidal Ideation in a Veteran Sample.

Gutierrez, P. M., Davidson, C. L., Friese, A. H. and Forster, J. E.

Suicide and Life-Threatening Behavior

Article first published online: 25 SEP 2015

DOI: 10.1111/sltb.12190

The association between current level of suicidal ideation and physical activity was tested in a broad sample of veterans seeking care from the Veterans Health Administration. It was hypothesized that the two variables would be significantly inversely related. It was further hypothesized that the relationship would be mediated by depressive symptoms, disturbed sleep, and a measure of heart rate variability based on existing research regarding physical activity and sleep. Due to the first hypothesis not being supported, the second could not be tested. Post hoc correlation analyses did find associations between physical activity and depressive symptoms, in expected directions, and are discussed. Possible explanations for the negative findings along with recommendations for future research to continue exploring links between suicide risk and physical activity are presented. We conclude by suggesting that physical activity may have promise as a risk reduction intervention and that prospective data are more likely to yield significant results than the cross-sectional methodology employed in the current study.

<http://www.mdpi.com/2076-0760/4/4/909/htm>

Exploring Student Service Members/Veterans Social Support and Campus Climate in the Context of Recovery.

Susan M. Love, Amy Levin and Hyun-Sun Park

Soc. Sci. 2015, 4(4), 909-924; doi:10.3390/socsci4040909

Now that the financial needs of post 9/11 student service members/veterans have begun to be addressed, the attention has shifted to disabilities and recovery strategies of student service members/veterans. Therefore, in a cross sectional design, this study electronically surveyed 189 enrolled student service members/veterans attending a large urban state university about their experiences of returning to school. Specifically, this study described the students' rates of Post-Traumatic Stress Disorder (PTSD) and alcohol abuse, perceived stress, adaptive and non-adaptive coping strategies, social support, participation in campus activities, and perceived campus climate. Moreover, correlates of recovery were examined. Although the majority of the returning students were doing well, 36.1% reported a high level of stress, 15.1% reported a high level of anger, 17.3% reported active symptoms of PTSD, and 27.1% screened positive for

alcohol problems. Social networks were found to be the most salient factor in recovery. The study's limitations are discussed and specific support strategies are presented that can be employed by disability services, counseling services and college administrators.

<http://afs.sagepub.com/content/early/2015/09/21/0095327X15607810.abstract>

Employment Gaps Between Military Spouses and Matched Civilians.

Sarah O. Meadows, Beth Ann Griffin, Benjamin R. Karney, Julia Pollak

Armed Forces & Society

September 23, 2015

doi: 10.1177/0095327X15607810

Drawing upon data from the Deployment Life Study, this article examines whether female military spouses (SPs) are disadvantaged relative to matched civilian peers in terms of hours worked and earnings, paying particular attention to gaps among the highest educated women. Female SPs do earn less than comparable civilian peers in terms of raw dollars and percentage earnings. Moreover, military wives who are part of the labor force work as many hours as their civilian counterparts, but still earn significantly less for that work. Contrary to predictions, the most educated SPs are not disproportionately affected compared to spouses with less education. These results suggest that SPs at all education levels could benefit from employment assistance; in particular, women already participating in the labor force may benefit from support in finding higher paying jobs.

<http://www.tandfonline.com/doi/abs/10.1080/07481187.2015.1096314>

How Do Clinicians and Suicide Attempters Understand Suicide Attempt Impulsivity? A Qualitative Study.

Jurgita Rimkeviciene , John O'Gorman , Diego De Leo

Death Studies

Accepted author version posted online: 23 Sep 2015

DOI:10.1080/07481187.2015.1096314

Inconsistencies in the definition of impulsive suicide attempts hamper research integration. To expand the currently limited data on how this construct is used in clinical practice, researchers interviewed eight suicide attempters to create timelines of their suicide process, then had seven experienced clinicians review these timelines. Thematic analysis of the patient and clinician data

revealed three themes: “thinking out”, build-up, and unclear intentionality. The results imply that assessing build-up of agitation and exhaustion symptoms can contribute to understanding acuteness of suicide risk. Additionally, uncertainty about one's intentions during the attempt should not be equated to low intent to die.

<http://www.tandfonline.com/doi/abs/10.1080/03069885.2015.1089430>

**‘What meaning does somebody's death have, what meaning does somebody's life have?’
Psychotherapists’ stories of their work with suicidal clients.**

Elizabeth Nicholl , Del Loewenthal , Anastasios Gaitanidis

British Journal of Guidance & Counselling

Published online: 23 Sep 2015

DOI:10.1080/03069885.2015.1089430

Working with suicidal clients is perceived to be demanding and anxiety provoking for psychotherapists. This investigation explores what it is like for psychotherapists who work with suicidal clients, particularly as within the prevailing culture there is an increasing focus on strategies aimed at suicide prevention. Five themes were identified through narrative analysis, with support systems such as supervision and peer support being seen as vital in surviving working with suicidal clients. However, there is also ambivalence about involving other professionals, such as mental health services, as there is a sense that to do so may be anti-therapeutic and unhelpful to the client. Overall, what emerges from this study is that it is important to challenge the prevailing culture in which a medical discourse is dominant, in order to find a different way of talking about suicide and despair.

<http://www.ncbi.nlm.nih.gov/pubmed/26414975>

J Clin Sleep Med. 2015 Sep 14. pii: jc-00085-15. [Epub ahead of print]

Effects of Blast Exposure on Subjective and Objective Sleep Measures in Combat Veterans with and without PTSD.

Stocker RP, Paul BT, Mammen O, Khan H, Cieply MA, Germain A

STUDY OBJECTIVES:

This study examined the extent to which self-reported exposure to blast during deployment to Iraq and Afghanistan affects subjective and objective sleep measures in service members and veterans with and without posttraumatic stress disorder (PTSD).

METHODS:

Seventy-one medication-free service members and veterans (Mean age = 29.47±5.76 years old; 85% men) completed self-report sleep measures and overnight polysomnographic studies. Four multivariate analyses of variance (MANOVAs) were conducted to examine the impact of blast exposure and PTSD on subjective sleep measures, measures of sleep continuity, non-rapid eye movement (NREM) sleep parameters, and rapid eye movement (REM) sleep parameters.

RESULTS:

There was no significant Blast × PTSD interaction on subjective sleep measures. Rather, PTSD had a main effect on insomnia severity, sleep quality, and disruptive nocturnal behaviors. There was no significant Blast × PTSD interaction, nor were there main effects of PTSD or Blast on measures of sleep continuity and NREM sleep. A significant PTSD × Blast interaction effect was found for REM fragmentation.

CONCLUSIONS:

The results suggest that, although persistent concussive symptoms following blast exposure are associated with sleep disturbances, self-reported blast exposure without concurrent symptoms does not appear to contribute to poor sleep quality, insomnia, and disruptive nocturnal disturbances beyond the effects of PTSD. Reduced REM sleep fragmentation may be a sensitive index of the synergetic effects of both psychological and physical insults. Copyright © 2015 American Academy of Sleep Medicine. All rights reserved.

<http://www.ingentaconnect.com/content/afap/ajp/2015/00000069/00000003/art00001>

The Beginning Psychotherapist and Borderline Personality Disorder: Basic Treatment Principles and Clinical Foci.

Author: Merced, Matthew

Source: American Journal of Psychotherapy
1 September 2015, vol. 69, no. 3, pp. 241-268(28)

Borderline personality disorder is a prevalent psychopathology; thus, most graduate students in psychology, residents in psychiatry, and early career clinicians will encounter patients with this disorder in the course of their training or initial professional practice. This paper provides clear and concise guidelines for conducting treatment geared toward the clinician's developmental level. It builds upon the knowledge and skills that are typically acquired during graduate education and training to provide an accessible framework for undertaking psychotherapy with patients who have borderline personality disorder. This paper draws upon common psychotherapeutic factors and existing evidence-based treatments for the disorder to identify principals and interventions that are likely to contribute to therapeutic action. It uses behavioral,

cognitive, and psychodynamic interventions to address the patient's multidimensional psychopathology. This approach offers a coherent and integrated treatment framework for the beginning psychotherapy practitioner.

<http://www.tandfonline.com/doi/abs/10.3109/09540261.2015.1072086>

The evolution and history of telepsychiatry and its impact on psychiatric care: Current implications for psychiatrists and psychiatric organizations.

Jay Shore

International Review of Psychiatry
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We have reached a critical convergence in psychiatry between the changing systems of health care structure and funding, our evolution into a technology-based society, and growth in the science and delivery of psychiatric treatments. Fostered by this convergence is the maturation over the past two decades of telepsychiatry, in the form of live interactive video conferencing, as a critical tool to improve access, increase quality and reduce costs of psychiatric treatment. This article reviews the history and evolution of telepsychiatry including implications for the field in order to provide individual psychiatrists and psychiatric organizations guidance on how to formulate current and strategic directions. This article begins with a broad overview of the history of medicine providing contextualization of the development of the field of telepsychiatry. It concludes with projected trends and recommendations.

<http://www.ncbi.nlm.nih.gov/pubmed/26412068>

Curr Neuropharmacol. 2015;13(4):481-93.

Herbal Medicine for Anxiety, Depression and Insomnia.

Liu L, Liu C, Wang Y, Wang P, Li Y, Li B

The prevalence and comorbidity of psychiatric disorders such as depression, anxiety and insomnia are very common. These well-known forms of psychiatric disorders have been affecting many people from all around the world. Herb alone, as well as herbal formula, is commonly prescribed for the therapies of mental illnesses. Since various adverse events of western medication exist, the number of people who use herbs to benefit their health is increasing. Over the past decades, the exploration in the area of herbal psychopharmacology

has received much attention. Literatures showed a variety of herbal mechanisms of action used for the therapy of depression, anxiety and insomnia, involving reuptake of monoamines, affecting neuroreceptor binding and channel transporter activity, modulating neuronal communication or hypothalamic-pituitary adrenal axis (HPA) etc. Nonetheless, a systematic review on herbal pharmacology in depression, anxiety and insomnia is still lacking. This review has been performed to further identify modes of action of different herbal medicine, and thus provides useful information for the application of herbal medicine.

<http://www.ncbi.nlm.nih.gov/pubmed/26415060>

Psychol Addict Behav. 2015 Sep;29(3):633-8. doi: 10.1037/adb0000110.

Associations among trauma, posttraumatic stress disorder, cannabis use, and cannabis use disorder in a nationally representative epidemiologic sample.

Kevorkian S, Bonn-Miller MO, Belendiuk K, Carney DM, Roberson-Nay R, Berenz EC

Research in community and clinical samples has documented elevated rates of cannabis use and cannabis use disorders (CUDs) among individuals with trauma exposure and posttraumatic stress disorder (PTSD). However, there is a lack of research investigating relations between, and correlates of, trauma and cannabis phenotypes in epidemiologic samples. The current study examined associations between trauma (i.e., lifetime trauma exposure and PTSD) and cannabis phenotypes (i.e., lifetime cannabis use and CUD) in a nationally representative sample. Participants were individuals who participated in Waves 1 and 2 of the National Epidemiologic Survey on Alcohol and Related Conditions ($n = 34,396$; 52.4% women; age, $M = 48.0$ years, $SD = 16.9$). Lifetime DSM-IV Criterion A trauma exposure was significantly associated with lifetime cannabis use ($OR = 1.215$) but was only marginally associated with CUD ($OR = 0.997$). Within the trauma-exposed sample, lifetime PTSD showed a significant association with CUD ($OR = 1.217$) but was only marginally associated with lifetime cannabis use ($OR = 0.992$). Partially consistent with hypotheses, lifetime trauma was associated with greater odds of lifetime cannabis use, whereas PTSD was associated with greater odds of CUD. Longitudinal research investigating patterns of onset of these events/disorders is needed. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

<http://www.sciencedirect.com/science/article/pii/S1077722915000802>

Implementing Cognitive Processing Therapy for Posttraumatic Stress Disorder With Active Duty U.S. Military Personnel: Special Considerations and Case Examples.

Jennifer Schuster Wachen, Katherine A. Dondanville, Kristi E. Pruiksma, Alma Molino, Cody S. Carson, Abby E. Blankenship, Charity Wilkinson, Jeffrey S. Yarvis, Patricia A. Resick

Cognitive and Behavioral Practice
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doi:10.1016/j.cbpra.2015.08.007

Numerous studies and reports document the prevalence of combat-related posttraumatic stress disorder (PTSD) in military personnel returning from deployments to Iraq and Afghanistan. The Department of Veterans Affairs and Department of Defense recommend cognitive processing therapy (CPT) as one of two first-line treatment options for patients with PTSD. CPT is an evidence-based, trauma-focused cognitive treatment for PTSD that has been shown to be efficacious in a wide variety of populations, but has just begun to be implemented with active duty military. The purpose of this article is to describe treatment considerations that may be pertinent to active duty populations, including stigma related to mental health treatment and minimization of symptoms, duty obligations, and special factors related to rank and occupational specialties. We provide recommendations for navigating these issues within the CPT protocol. Additionally, we discuss common themes that may be especially relevant when conducting CPT with an active duty military population, including blame/responsibility, the military ethos, erroneous blame of others, just-world beliefs, traumatic loss, fear of harming others, and moral injury. Case examples illustrating the use of CPT to address these themes are provided.

<http://mhc.cpn.org/doi/abs/10.9740/mhc.2015.09.189>

Analysis of suicide attempts and completions at the South Texas Veterans Health Care System: a retrospective review.

Rosana Oliveira, Troy A. Moore, and Cynthia A. Gutierrez

Mental Health Clinician
September 2015-Suicidality and Self Injurious Behavior, Vol. 5, No. 5, pp. 189-196.
doi: <http://dx.doi.org/10.9740/mhc.2015.09.189>

Background:

Suicide continues to be a growing public health issue, and suicidal behaviors have been identified as a critical problem in the military population, with the number of soldiers dying by suicide exceeding those killed in action.

Objective:

This study aimed to characterize the population with attempted or completed suicides at the South Texas Veterans Health Care System and to analyze differences between those 2 populations. Other outcomes included adherence to psychiatric medications 6 months before

suicide attempt or completion and psychiatric hospitalizations, psychiatric emergency department visits, and “no-show” appointments to mental health providers.

Methods: Data were collected from the Suicide Prevention and Application Network for patients from South Texas Veterans Health Care System who had attempted or completed suicide between September 1, 2011, and September 30, 2013. Those data were supplemented with data from the computerized patient-record system. A retrospective chart review was conducted to collect further information.

Results:

Of 120 events included in the analysis, there were 97 attempts (81%) and 23 completions (19%). Men were significantly more likely to complete a suicide than women were ($P = .025$). Those that attempted suicide were more likely to have previous attempts compared with those who completed suicide (mean of 1.01 versus 0.17 respectively, $P = .0035$). The most frequent method for attempt was toxic ingestion (accounting for 61.9% of attempts), while the most frequent method of completing suicide was by using a firearm (87.0%); there was a statistically significant difference found between methods used for suicide attempt versus completion ($P < .0001$). Significantly more attempts than completions involved alcohol (21 versus 0 respectively; $P = .013$). Those on divalproex were less likely to complete suicide (16 attempts, 0 completions; $P = .040$). There were no differences between groups for the secondary outcomes studied.

Conclusions:

Characteristics associated with completion of suicide in this analysis include male gender and using a firearm, while having previous attempts, being on divalproex, or using alcohol are associated with being more likely to attempt rather than complete suicide. More information is needed on how to appropriately identify high-risk veterans, and suicide safety plans should be developed for these patients to minimize their risk.

<http://www.tandfonline.com/doi/abs/10.1080/15325024.2015.1084851>

Examining Relationships Among Ethnicity, PTSD, Life Functioning, and Comorbidity in Female OEF/OIF Veterans.

Janet C'de Baca , Erica Nason , Diane T. Castillo , Jenna Keller , Christine Chee , Clifford Qualls

Journal of Loss and Trauma

Accepted author version posted online: 25 Sep 2015

DOI:10.1080/15325024.2015.1084851

There is much literature on PTSD and male combat veterans, but little on PTSD by gender and ethnicity among women combat veterans. We examine ethnic differences in PTSD and

comorbid disorders among 37 Hispanic, 27 White, and 15 Native female OEF/OIF combat veterans. Participants completed the CAPS, SCID-Axis I and II, LEC, MSEQ, and the SF-36. Hispanics differed from Whites with less education, more trauma exposure, higher levels of PTSD, mood disorder comorbidity, and poorer physical and emotional functioning. Natives differed from Whites with more trauma exposure, higher levels of PTSD, poorer emotional functioning, and higher rates of Cluster B PDs.

<http://mhc.cpnnp.org/doi/abs/10.9740/mhc.2015.09.216>

A review of suicide risk assessment instruments and approaches.

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Mental Health Clinician

September 2015-Suicidality and Self Injurious Behavior

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doi: <http://dx.doi.org/10.9740/mhc.2015.09.216>

Introduction:

Conducting an accurate suicide risk assessment (SRA) is no simple task as there are a number of factors that influence an individual's level of suicidality and his/her willingness to share this information. Therefore, it is imperative that practitioners adopt a systematic approach to conducting and documenting the foreseeability that a patient will commit suicide.

Methods:

PubMed was used to search for articles published in MEDLINE journals using the following keywords: suicide, risk assessment, measure, scale. Randomized trials and pilot, proof-of-concept publications investigating the use of specific SRA measurements were included in the review. The scales are described based on the prevailing opinions in psychiatry from the American Psychiatric Association's Textbook of Suicide Assessment and Management (2nd ed., 2012).

Results:

Although various SRA scales exist, experts in the field have repeatedly concluded that there is not any one scale that can predict who will commit suicide to any useful degree. However, when used along with the clinical interview, standardized suicide risk factor components of clinical and research scales remain crucial to gaining information often omitted by patients regarding thoughts and preparation for suicide. A summary of the most widely cited scales and approaches used in SRA is provided.

Discussion:

SRA remains a challenge largely due to the fact that suicidal behavior is multifactorial. As a

result, risk formulation is a process that should involve both standardized measures and detailed clinical interviews repeated over time.

Links of Interest

Hospital employee takes "paws" to identify people in need

http://www.navy.mil/ah_online/ftStory.asp?issue=3&id=91086

Cognitive assessments playing an important role in DoD concussion care

<http://www.health.mil/News/Articles/2015/09/25/Cognitive-assessments-playing-an-important-role-in-DoD-concussion-care>

How Pharmacists Can Combat the Military's Top Health Problem

<http://www.pharmacytimes.com/news/how-pharmacists-can-combat-the-militarys-top-health-problem>

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>

Computerized psychotherapies: A unique opportunity for veterans

<http://www.govhealthit.com/news/computerized-psychotherapies-unique-opportunity-veterans>

Sleep Apnea May Raise Risk of Depression

https://www.nlm.nih.gov/medlineplus/news/fullstory_154827.html

8 of 10 People in Addiction Treatment Smoke, Study Finds

https://www.nlm.nih.gov/medlineplus/news/fullstory_154830.html

Using big data to solve a moody issue

<http://www.sciencedaily.com/releases/2015/09/150923103551.htm>

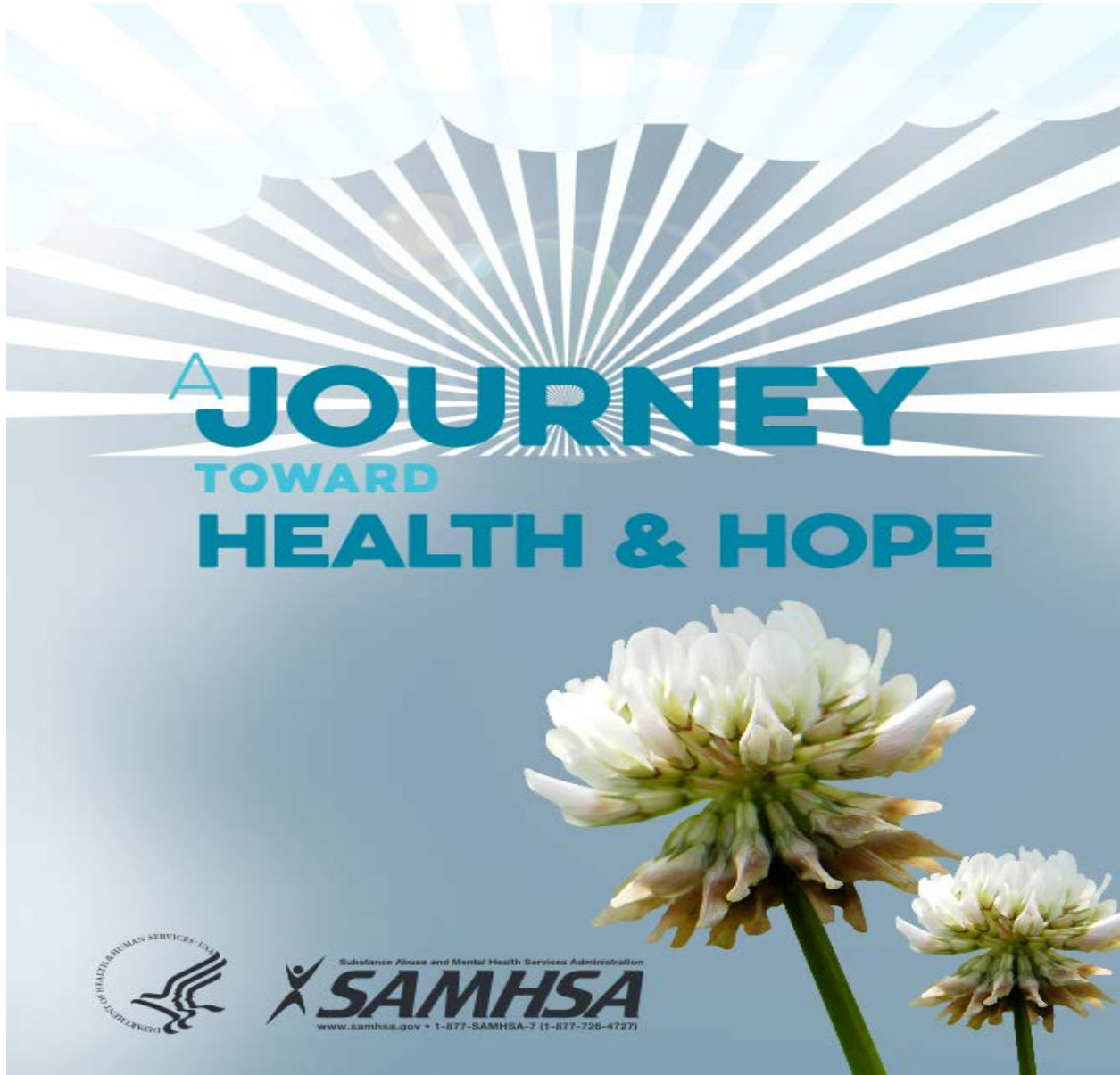
Study's message to recovering alcoholics: Quit smoking to stay sober: Smokers with a history of alcohol problems who continue smoking are at greater risk of relapsing

<http://www.sciencedaily.com/releases/2015/09/150930140351.htm>

Resource of the Week: [**A Journey toward Health and Hope: Your Handbook for Recovery after a Suicide Attempt**](#) (Substance Abuse and Mental Health Services Administration)

This booklet is a guide to help you take the first steps toward recovery after your suicide

attempt. The tools and stories it contains come from the experiences of others, some named, some anonymous, who have survived a suicide attempt. It is our hope that their experiences can help you keep yourself safe, develop hope, and, most importantly, remind you that you are not alone.



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