



## CDP Research Update -- June 23, 2016

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- Resource of the Week: Why the Navy is making a major change in its approach to PTSD (PBS interview with Navy Secretary Ray Mabus)

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<http://link.springer.com/article/10.1007/s11920-016-0708-z>

### **Treating PTSD Within the Context of Heightened Suicide Risk.**

Craig J. Bryan

Current Psychiatry Reports

August 2016, 18:73

Disaster Psychiatry: Trauma, PTSD, And Related Disorders (E Foa And A Asnaani, Section Editors)

Because posttraumatic stress disorder (PTSD) is one of the few psychological conditions that predict suicidal behavior among those who think about suicide, many patients with PTSD present clinically with elevated suicide risk. Expert consensus and practice guidelines recommend against trauma-focused treatments for patients with elevated suicide risk, however. Research aimed at understanding the common mechanisms that underlie the association of PTSD and suicide risk has led to several advances in the effective care of suicidal patients diagnosed with PTSD. Based on these results, various combinations and sequences of suicide-focused treatments, risk management procedures, and trauma-focused treatments are implicated.

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<http://www.tandfonline.com/doi/full/10.1080/21635781.2016.1181586>

### **When Does Child Maltreatment Occur? Daily Variations in Child Maltreatment Among Families Served by the U.S. Air Force Family Advocacy Program.**

Randy J. McCarthy , Lynsey R. Miron , Joel S. Milner , Sarah L. Coley , LaJuana Ormsby , Mark Oliver

Military Behavioral Health

Published online: 22 Apr 2016

DOI:10.1080/21635781.2016.1181586

The current study examined temporal variations in child maltreatment within a U.S. Air Force database. Relative to comparison days, child maltreatment rates generally decreased on weekends, Thanksgiving, and the first days of a month, whereas rates of specific maltreatment types differed on some holidays: Physical abuse decreased on New Year's Eve and Memorial Day; neglect decreased on Christmas Eve, Christmas Day, and Independence Day; and emotional abuse decreased on Memorial Day and increased on Super Bowl Sunday. Future research should explore the factors responsible for these patterns of child maltreatment to inform policies aimed at reducing child maltreatment.

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<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22331/abstract>

### **Evaluating a Multimedia Tool for Suicide Risk Assessment and Management: The Linehan Suicide Safety Net.**

Harned, M. S., Lungu, A., Wilks, C. R. and Linehan, M. M.

Journal of Clinical Psychology  
Version of Record online: 15 JUN 2016  
DOI: 10.1002/jclp.22331

#### Objective

The present study examined the usability and effectiveness of the Linehan Suicide Safety Net (LSSN), a web-based, multimedia tool designed to support clinicians working with individuals who are suicidal. The core feature of LSSN is the Linehan Risk Assessment and Management Protocol (LRAMP), an empirically derived protocol that provides a structured checklist for assessing, managing, and documenting suicide risk.

#### Method

Mental health professionals (N = 44) completed assessments at baseline and monthly during a 3-month evaluation period.

#### Results

The LSSN was rated as acceptable and highly usable. Use of the LSSN was associated with a significant increase in confidence in conducting suicide risk assessment and management and a decrease in concerns related to treating suicidal clients.

#### Conclusion

The LSSN appears to be a promising tool for clinicians working with suicidal clients.

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<http://www.tandfonline.com/doi/full/10.1080/21635781.2016.1181584>

### **Still in Uniform: Treating Active Military Members in a Civilian Psychiatric Facility.**

Gwen A. Levitt, Jennifer Weller, Felicitas Koster, James Palmer

Military Behavioral Health

Published online: 25 Apr 2016

DOI:10.1080/21635781.2016.1181584

Admissions of military members (MMs) to community psychiatric hospitals are increasingly common, bringing unfamiliar challenges to civilian providers. To broaden the knowledge base on psychiatric issues facing MMs, investigators collected demographic and clinical variables from medical records of inpatients treated on a community hospital unit that specializes in MM treatment. Military members in this study had high rates of post-traumatic stress disorder (PTSD), depression, anxiety, and substance use disorders. Future research and information focusing on the psychiatric needs of MMs is greatly needed. Educating community mental health providers to help them better understand the unique challenges of working with active duty MMs will improve care and outcomes.

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<http://www.tandfonline.com/doi/full/10.1080/21635781.2016.1182089>

**Symptoms of Post-Traumatic Stress Disorder and Major Depressive Disorder in Veterans of Operations Enduring Freedom/Iraqi Freedom in Comparison With Those Veterans of Other Conflicts.**

Daniel F. Gros , Derek D. Szafranski , Ron Acierno

Military Behavioral Health

Published online: 25 Apr 2016

DOI:10.1080/21635781.2016.1182089

Limited research exists on comparing psychiatric symptomatology in veterans of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) and other conflicts. The present study investigated psychiatric symptoms in 238 treatment-seeking veterans. After controlling for demographic differences, participants from OEF/OIF demonstrated a significantly smaller percentage of full diagnosis post-traumatic stress disorder (PTSD), smaller percentage of comorbid depression, and less severe self-reported PTSD intrusions than veterans from other conflicts. The present findings may help to explain previously identified differences in treatment outcome in veterans from OEF/OIF and other conflicts.

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<http://www.tandfonline.com/doi/full/10.1080/21635781.2016.1181583>

**How Do Aftermath of Battle Experiences Affect Returning OEF/OIF Veterans?**

Aisling V. Henschel, Meghan E. McDevitt-Murphy

Military Behavioral Health

Published online: 29 Apr 2016

DOI:10.1080/21635781.2016.1181583

Aftermath of battle experiences (ABEs) may contribute to adverse mental and physical health outcomes. This study examined ABEs and their effect on health functioning and post-traumatic stress disorder (PTSD) in 66 Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF)/Operation New Dawn (OND) veterans. Bivariate correlations were conducted to investigate the contribution of ABEs to PTSD and health functioning, after controlling for combat experiences. In addition, a mediation analyses was conducted on role limitations due to emotional problems. Results suggested that the association between ABEs and role limitations

due to emotional problems was mediated by PTSD. These initial findings suggest the need for more research on differences in deployment experiences.

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<http://www.tandfonline.com/doi/full/10.1080/21635781.2016.1181581>

### **Social Media Communication Among Military Spouses: Review of Research and Recommendations for Moving Forward.**

Michelle D. Sherman , Jessie H. Rudi , Lara Westerhof , Lynne M. Borden

Military Behavioral Health

Published online: 26 Apr 2016

DOI:10.1080/21635781.2016.1181581

A literature review was conducted on online social networking among military spouses. The unique experiences of military spouses are described, followed by a review of the growth of online social networking. Although minimal research has been conducted with military samples, civilian research has found that social media is largely used to foster social interactions; further, social media has distinct advantages and potential challenges. Social media can function to either connect people or isolate them; it can also promote well-being or cause distress. Best practices are offered to further research and utilization of social media among military spouses.

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<http://www.tandfonline.com/doi/full/10.1080/21635781.2016.1181582>

### **The Impact of Parental Operational Stress Injury on Child Mental Health and Well-Being: A Scoping Review.**

Heidi Cramm , Linna Tam-Seto , Deborah Norris , Maya Eichler , Kimberley Smith-Evans

Military Behavioral Health

Published online: 26 Apr 2016

DOI:10.1080/21635781.2016.1181582

Recognizing the impact of parental mental health on child development, the purpose of this scoping review was to identify and synthesize the research literature describing the impact of parental operational stress injury (OSI) on children and youth from military and veteran families. Arksey and O'Malley's 2005 guidelines for conducting scoping reviews were followed. A total of 18 separate databases were searched, in addition to three university-based discovery platforms. From this search, 506 potential sources were identified; 64 proceeded to full data extraction and analysis. This study identified two significant themes in the current literature. First, there are

multiple ways in which parental OSIs can impact children and youth. Families need to renegotiate parenting roles and responsibilities, experience changes in spousal relationships that can cascade into parenting, and face shifting family dynamics. In addition, children and youth can experience secondary traumatization, be at risk for child maltreatment, and manifest general impacts on their mental health and development. Second, responding to the impacts through collaboration and innovation. Future directions include informing research with the voices of all members of the family. Knowledge translation strategies are necessary for collaboration across all areas to support this population.

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<http://www.tandfonline.com/doi/full/10.1080/21635781.2016.1187098>

### **An Environmental Scan of Programs and Services for Families of Veterans With Operational Stress Injuries.**

Linna Tam-Seto , Heidi Cramm , Deborah Norris , Maya Eichler , Kimberley Smith-Evans

Military Behavioral Health

Published online: 09 May 2016

DOI:10.1080/21635781.2016.1187098

This study identifies and describes currently available programs and services for families who have a veteran family member living with Operational Stress Injuries (OSIs). An environmental scan was completed of web-based program information for familial OSI supports. Resources were reviewed and informed a SWOT (strength, weakness, opportunity, and threat) analysis. The study accessed 278 sources. Sixty-six resources met inclusion criteria, including 19 from Canada, 24 from the United States, 15 from the United Kingdom, and eight from Australia. Most resources are for active military members or veterans. Resource descriptions indicate a range of formats and intended family members. Existing resources are often embedded in supporting daily military life rather than issues related to life with OSIs, which may decrease efficacy of OSI-specific interventions. Information on evaluation and evidence for resources is also limited. Due to geographical challenges, there is a call for increasing use of technology to address equitable access.

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<http://www.tandfonline.com/doi/full/10.1080/21635781.2016.1181587>

### **The Role of Fear of Loss of Vigilance and Reexperiencing in Insomnia Among Veterans.**

Amanda Hull , Stephanie Brooks Holliday , Matthew Reinhard , Ihori Kobayashi , Thomas Mellman

This study examined the relationship between sleep fears and insomnia in veterans. Participants completed questionnaires assessing mental health, pain, insomnia, and sleep fears. Most veterans (84.54%) endorsed clinically significant insomnia. Veterans with a history of combat zone deployment and who screened positive for possible post-traumatic stress disorder (PTSD) reported more insomnia symptoms, and both factors were associated with increased fear of reexperiencing and losing vigilance. Regression analyses indicated that fear of reexperiencing and losing vigilance were associated with insomnia severity, controlling for depression, pain, and possible PTSD. These results suggest the importance of assessing and targeting these cognitions when treating veterans with insomnia.

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<http://link.springer.com/article/10.1007/s10608-016-9787-8>

### **An Examination of the Specific Associations Between Facets of Difficulties in Emotion Regulation and Posttraumatic Stress Symptom Clusters.**

Nicole A. Short, Aaron M. Norr, Brittany M. Mathes, Mary E. Oglesby, Norman B. Schmidt

Cognitive Therapy and Research

First online: 03 June 2016

DOI 10.1007/s10608-016-9787-8

Prior research has shown that difficulties in emotion regulation is associated with overall levels of posttraumatic stress symptoms (PTSS). However, it is currently unclear which facets of difficulties in emotion regulation (e.g., lack of emotion regulation strategies, impulse control problems, non-acceptance of emotional responses) are associated with specific PTSS clusters. This information may be valuable in refining treatment approaches in PTSS. The aim of the current study was to use structural equation modeling to test the relationships between Difficulties in Emotion Regulation Scale (DERS) subfactors and PTSS in a trauma-exposed community sample (N = 746). Results indicated that impulse control difficulties were most consistently associated across PTSS clusters (i.e., re-experiencing, avoidance, and hyperarousal), while lack of emotion regulation strategies and emotional clarity were uniquely associated with numbing symptoms, after covarying for neuroticism. However, other facets of difficulties in emotion regulation (i.e., non-acceptance of emotional responses and difficulties engaging in goal-directed behavior while upset) were not associated with PTSS. These findings provide further support for the role of difficulties in emotion regulation in specific PTSS clusters. Additionally, they suggest that impulse control problems may be important in the development of most PTSS and thus most beneficial to target clinically, while lack of emotional clarity and effective emotion regulation strategies may be specific to numbing symptoms.



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<http://link.springer.com/article/10.1007/s10826-016-0443-4>

**Family Members as Boundary Managers: Behaviors that Promote and Limit Service Members' Involvement in Daily Family Life.**

Christina M. Marini , Shelley MacDermid Wadsworth, Young In Kwon, Colleen E. Pagnan

Journal of Child and Family Studies

First online: 03 June 2016

DOI 10.1007/s10826-016-0443-4

When military service members deploy, they move outside the immediate boundary of their families. However, because boundaries are permeable, service members remain a psychological part of their families in spite of their physical absence. The extent of service members' continued involvement in daily family life is likely tied to their non-deployed family members' actions to manage this boundary. In the current study, we were interested in identifying non-deployed family members' actions to either promote, or limit, service members' involvement in daily family life during deployment. These actions by family members constitute boundary management behaviors. We collected qualitative data from a sample of Army reservists (N = 13) and their household family members (N = 15). Findings indicated that family members used a variety of boundary management behaviors during deployment, some of which promoted reservists' involvement, and others which limited it. In addition, boundary management behaviors varied by who they targeted, their intentionality, and their implications for reservists' well-being. Findings illustrate the value in equipping military families with language that enables them to communicate openly about the significance of their boundary management behavior over the course of deployment so that they may arrive at a balance between stretching and restricting boundaries that best suits their unique needs.

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<http://www.tandfonline.com/doi/abs/10.1080/00223891.2016.1180528>

**The Web-Based Assessment of Suicidal and Suicide-Related Symptoms: Factors Associated With Disclosing Identifying Information to Receive Study Compensation.**

Melanie A. Hom , Ian H. Stanley , Thomas E. Joiner

Journal of Personality Assessment

Published online: 01 Jun 2016

DOI:10.1080/00223891.2016.1180528

With the increasing utilization of Web-based surveys for suicide and suicide-related research, it is critical to understand factors that affect participants' decision to request study compensation (and thus potentially reveal their identity) or remain anonymous. This study evaluated differences in demographics, suicidal symptoms, and suicide-related constructs between participants electing and declining to provide identifying information to receive study compensation. A sample of 931 firefighters (91.5% male) participated in a Web-based mental health survey; on survey completion, individuals had the option to provide contact information to receive a \$10 gift card. Logistic regression analyses were employed to investigate differences between those who did and did not provide this information. Overall, 82.8% provided identifying information, with younger individuals significantly more likely to do so. Participants reporting more severe suicidal symptoms and greater levels of suicide-related constructs appeared equally, and in some cases, significantly more, willing to provide identifying information. Findings indicate that individuals reporting more sensitive or stigmatizing experiences might not systematically opt out of receiving study compensation to remain anonymous on Web-based surveys. Additional research is warranted to replicate these findings in more representative samples and further delineate personality and other factors influencing the disclosure of contact information to receive study compensation.

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<http://psycnet.apa.org/journals/cri/37/2/95/>

### **Perceptions of suicide stigma: How do social networks and treatment providers compare?**

Frey, Laura M.; Hans, Jason D.; Cerel, Julie

Crisis: The Journal of Crisis Intervention and Suicide Prevention  
Vol 37(2), 2016, 95-103  
<http://dx.doi.org/10.1027/0227-5910/a000358>

#### **Background:**

Previous research has failed to examine perceptions of stigma experienced by individuals with a history of suicidal behavior, and few studies have examined how stigma is experienced based on whether it was perceived from treatment providers or social network members.

#### **Aims:**

This study examined stigma experienced by individuals with previous suicidal behavior from both treatment providers and individuals in one's social and family networks.

#### **Method:**

Individuals (n = 156) with a lifetime history of suicidal behavior were recruited through the American Association of Suicidology listserv.

#### Results:

Respondents reported the highest rates of perceived stigma with a close family member (57.1%) and emergency department personnel (56.6%). Results indicated that individuals with previous suicidal behavior were more likely to experience stigma from non-mental health providers and social network members than from mental health providers. A hierarchical regression model including both source and type of stigma accounted for more variance ( $R^2 = .14$ ) in depression symptomology than a model ( $R^2 = .06$ ) with only type of stigma. Prevalence of stigma perceived from social network members was the best predictor of depression symptom severity.

#### Conclusion:

These findings highlight the need for future research on how social network members react to suicide disclosure and potential interventions for improving interactions following disclosure. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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<http://www.ncbi.nlm.nih.gov/pubmed/27243567>

Psychol Trauma. 2016 May 30. [Epub ahead of print]

#### **Residual Sleep Disturbances Following PTSD Treatment in Active Duty Military Personnel.**

Pruksma KE , Taylor DJ , Wachen JS , Mintz J , Young-McCaughan S , Peterson AL , Yarvis JS , Borah EV , Dondanville KA , Litz BT , Hembree EA , Resick PA , (For the STRONG STAR Consortium)

#### OBJECTIVE:

Sleep disturbances, including nightmares and insomnia, are frequently reported symptoms of posttraumatic stress disorder (PTSD). Insomnia is one of the most common symptoms to persist after evidence-based PTSD treatment. The purpose of this study was to examine the prevalence of sleep disturbances in a sample of active duty military personnel before and after receiving therapy for PTSD in a clinical trial and to explore the associations of insomnia and nightmares with PTSD diagnosis after treatment.

#### METHOD:

Sleep parameters were evaluated with the PTSD Checklist in 108 active duty U.S. Army soldiers who had completed at least one deployment in support of the wars in Iraq and Afghanistan and who participated in a randomized clinical trial comparing Group Cognitive Processing Therapy-Cognitive Only Version with Group Present-Centered Therapy.

#### RESULTS:

Insomnia was the most frequently reported symptom before and after treatment, with 92%

reporting insomnia at baseline and 74%-80% reporting insomnia at follow-up. Nightmares were reported by 69% at baseline and by 49%-55% at follow-up. Among participants who no longer met criteria for PTSD following treatment, 57% continued to report insomnia, but only 13% continued to report nightmares. At baseline, 54% were taking sleep medications, but sleep medication use did not affect the overall results.

#### CONCLUSIONS:

Insomnia was found to be one of the most prevalent and persistent problems among service members receiving PTSD treatment. Nightmares were relatively more positively responsive to treatment. For some service members with PTSD, the addition of specific treatments targeting insomnia and/or nightmares may be indicated. (PsycINFO Database Record (c) 2016 APA, all rights reserved).

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<http://psycnet.apa.org/psycinfo/2016-22448-001/>

#### **Firefighter suicide: Understanding cultural challenges for mental health professionals.**

Henderson, Sarah N.; Van Hasselt, Vincent B.; LeDuc, Todd J.; Couwels, Judy

Professional Psychology: Research and Practice  
Vol 47(3), Jun 2016, 224-230  
<http://dx.doi.org/10.1037/pro0000072>

Suicide is a widespread problem that is severely underreported within the fire service. There is a growing body of evidence that suggests firefighters are at increased risk of committing suicide compared with their civilian counterparts due to disturbingly higher rates of posttraumatic stress disorder and substance use disorders, which serve as markers for suicide completion. The main problem for mental health professionals in addressing suicide in this population is the substantial lack of empirical research on mental health of firefighters as well as the compounding cultural stigma that exists in addressing mental and behavioral health issues. Additionally, there remains a discrepancy in reported rates of suicide and a lack of information on attempted suicides—related to low reporting rates by family members, fellow firefighters, and departments, as well as no official national tracking database for suicide in firefighters—that further complicates research in this area. This article (a) discusses current research on suicide within the fire service, (b) explores issues and challenges for psychological assessment and intervention for practitioners working with this population, (c) describes specific approaches toward decreasing suicide in firefighters, and (d) suggests policy considerations for fire departments and mental health professionals. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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<http://psycnet.apa.org/psycinfo/2016-27335-001/>

## **Examining Emotional Support Animals and Role Conflicts in Professional Psychology.**

Younggren, Jeffrey N.; Boisvert, Jennifer A.; Boness, Cassandra L.

Professional Psychology: Research and Practice

Jun 2 , 2016

<http://dx.doi.org/10.1037/pro0000083>

This article examines the role conflicts that psychologists may face in their practices related to the evaluation and certification of emotional support animals (ESAs). It reviews the legal differences between ESAs and service animals (SAs), outlines ethical guidelines and legal policies/regulations regarding the use of ESAs, and examines the potential role conflicts that exist when a treating psychologist is certifying the need for an ESA. Finally, it makes recommendations to assist psychologists in staying within the standards of practice in order to avoid the ethical and legal risks associated with certifying an ESA. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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<http://www.tandfonline.com/doi/abs/10.1080/13854046.2016.1193632>

## **Interpreting change on the neurobehavioral symptom inventory and the PTSD checklist in military personnel.**

Heather G. Belanger , Rael T. Lange , Jason Bailie , Grant L. Iverson , Jacques P. Arrieux , Brian J. Ivins , Wesley R. Cole

The Clinical Neuropsychologist

Published online: 08 Jun 2016

DOI:10.1080/13854046.2016.1193632

### **Objective:**

The purpose of this study was to examine the prevalence and stability of symptom reporting in a healthy military sample and to develop reliable change indices for two commonly used self-report measures in the military health care system.

**Participants and method:** Participants were 215 U.S. active duty service members recruited from Fort Bragg, NC as normal controls as part of a larger study. Participants completed the Neurobehavioral Symptom Inventory (NSI) and Posttraumatic Checklist (PCL) twice, separated by approximately 30 days.

### **Results:**

Depending on the endorsement level used (i.e. ratings of 'mild' or greater vs. ratings of

'moderate' or greater), approximately 2–15% of this sample met DSM-IV symptom criteria for Postconcussional Disorder across time points, while 1–6% met DSM-IV symptom criteria for Posttraumatic Stress Disorder. Effect sizes for change from Time 1 to Time 2 on individual symptoms were small (Cohen's  $d = .01$  to  $.13$ ). The test–retest reliability for the NSI total score was  $r = .78$  and the PCL score was  $r = .70$ . An eight-point change in symptom reporting represented reliable change on the NSI total score, with a seven-point change needed on the PCL.

#### Conclusions:

Postconcussion-like symptoms are not unique to mild TBI and are commonly reported in a healthy soldier sample. It is important for clinicians to use normative data when evaluating a service member or veteran and when evaluating the likelihood that a change in symptom reporting is reliable and clinically meaningful.

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[http://calhoun.nps.edu/bitstream/handle/10945/48490/16Mar\\_Walsh\\_Jesse-LaRou.pdf?sequence=3](http://calhoun.nps.edu/bitstream/handle/10945/48490/16Mar_Walsh_Jesse-LaRou.pdf?sequence=3)

### **Association between fish oil consumption and the incidence of mental health issues among active duty military personnel.**

Walsh, Jesse-LaRou

Thesis

Monterey, California: Naval Postgraduate School

March 2016

There is increasing attention from the military to understand the potential benefit of enhancing service members' meals with omega-3 nutrients to improve their overall mental health. This research warrants attention due to the increase in the number of military members returning from wars with mental health issues such as PTSD and depression, and an increasing number of military members who are medically discharged for these mental health issues. Using the 2011 DOD Health Related Behaviors Survey of Active Duty Military Personnel, we analyze the association between fish oil consumption and mental health outcomes. This analysis focuses on three outcomes that capture a service members' state of mental health (depression, post-traumatic stress [PTS], suicide ideation), and whether service members sought mental health therapy within the past 12 months. We estimated logistic regression models where the key independent variables were various levels of fish oil use (none [reference group], light, moderate, and daily use). For each outcome, we estimated five models that include control variables in the following categories: demographics, combat exposure, lifestyle—activities, lifestyle—nutrition, and lifestyle- stress. In addition, we estimated a model on the Navy-only population to examine whether Navy personnel might exhibit different patterns than DOD as a whole. We also explore whether there are gender differences in the association between fish oil

usage and mental health outcomes. The survey did not show higher fish oil consumption to be associated with lower incidences of depression, post-traumatic stress, or suicide ideation among all the services. Navy-only analysis has similar findings, except that one of the models indicated that light fish oil use lowered the likelihood of Navy personnel experiencing high PTS in the past 30 days. Our recommendations are to analyze the survey data across all years it has been given to see if there are trends, encourage the military to place more emphasis on lifestyle choices pertaining to health and nutrition, and urge the military to help service members with stress and anxiety.

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<http://painmedicine.oxfordjournals.org/content/early/2016/06/06/pm.pnw105.abstract>

### **Psychometric Testing of the Defense and Veterans Pain Rating Scale (DVPRS): A New Pain Scale for Military Population.**

Rosemary C. Polomano, Kevin T. Galloway, Michael L. Kent, Hisani Brandon-Edwards, Kyung “Nancy” Kwon, Carlos Morales, Chester ‘Trip’ Buckenmaier

Pain Medicine

First published online: 6 June 2016

DOI: 10.1093/pm/pnw105

Objective.

The Defense and Veterans Pain Rating Scale (DVPRS 2.0) is a pain assessment tool that utilizes a numerical rating scale enhanced by functional word descriptors, color coding, and pictorial facial expressions matched to pain levels. Four supplemental questions measure how much pain interferes with usual activity and sleep, and affects mood and contributes to stress.

Methods.

Psychometric testing was performed on a revised DVPRS 2.0 using data from 307 active duty service members and Veterans experiencing acute or chronic pain. A new set of facial representations designating pain levels was tested.

Results.

Results demonstrated acceptable internal consistency reliability (Cronbach’s alpha = 0.871) and test-retest reliability ( $r = 0.637$  to  $r = 0.774$ ) for the five items. Excellent interrater agreement was established for correctly ordering faces depicting pain levels and aligning them on the pain intensity scale (Kendall’s coefficient of concordance,  $W = 0.95$  and  $0.959$ , respectively). Construct validity was supported by an exploratory principal component factor analysis and known groups validity testing. Most participants, 70.9%, felt that the DVPRS was superior to other pain rating scales.

Conclusion.

The DVPRS 2.0 is a reliable and valid instrument that provides standard language and metrics to communicate pain and related outcomes.

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<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=10340112>

### **Clients' Experiences of Returning to the Trauma Site during PTSD Treatment: An Exploratory Study.**

Hannah Murray, Chris Merritta and Nick Grey

Behavioural and Cognitive Psychotherapy

Volume 44 / Issue 04 / July 2016, pp 420-430

DOI: <http://dx.doi.org/10.1017/S1352465815000338>

Background:

Visits to the location of the trauma are often included in trauma-focused cognitive behavioural therapy (TF-CBT) for post-traumatic stress disorder (PTSD), but no research to date has explored how service users experience these visits, or whether and how they form an effective part of treatment.

Aims:

The study aimed to ascertain whether participants found site visits helpful, to test whether the functions of the site visit predicted by cognitive theories of PTSD were endorsed, and to create a grounded theory model of how site visits are experienced.

Method:

Feedback was collected from 25 participants who had revisited the scene of the trauma as part of TF-CBT for PTSD. The questionnaire included both free text items, for qualitative analysis, and forced-choice questions regarding hypothesized functions of the site visit.

Results:

Overall, participants found the site visits helpful, and endorsed the functions predicted by the cognitive model. A model derived from the feedback illustrated four main processes occurring during the site visit: "facing and overcoming fear"; "filling in the gaps"; "learning from experiences" and "different look and feel to the site", which, when conducted with "help and support", usually from the therapist, led to a sense of "closure and moving on".

Conclusions:

Therapist-accompanied site visits may have various useful therapeutic functions and participants experience them positively.



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<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=10340094>

## **Turning Towards or Turning Away: A Comparison of Mindfulness Meditation and Guided Imagery Relaxation in Patients with Acute Depression.**

Ana Costa and Thorsten Barnhofer

Behavioural and Cognitive Psychotherapy  
Volume 44 / Issue 04 / July 2016, pp 410-419  
DOI: <http://dx.doi.org/10.1017/S1352465815000387>

### Background:

Disengaging from maladaptive thinking is an important imperative in the treatment of depression. Mindfulness training is aimed at helping patients acquire relevant skills for this purpose. It remains unclear, however, whether this practice is helpful when patients are acutely depressed.

### Aims:

In order to investigate effects of mindfulness on symptoms and self-regulatory capacities in this group, the current study compared a brief training in mindfulness (n = 19) to guided imagery relaxation (n = 18). Method: Participants were introduced to the respective techniques in a single session, and practised daily over one week. Self-reported severity of symptoms, difficulties in emotion-regulation, attentional control, the ability to decentre, and mindfulness were assessed pre and postintervention, and at a one-week follow-up.

### Results:

Symptoms of depression significantly decreased and self-regulatory functioning significantly increased in both groups, with changes being maintained during follow-up. When controlling for change in depressive symptoms, results showed significantly higher improvements in emotion regulation at follow-up in the mindfulness group. The ability to decentre predicted changes in symptoms from pre to postintervention, while mindfulness skills predicted changes in symptoms during the maintenance phase.

### Conclusions:

The findings suggest that both practices can help to instigate reductions in symptoms and enhance self-regulatory functioning in depression. However, in order to improve emotion regulation above levels explained by reductions in symptoms more intentional mental training seems necessary. Furthermore, while the ability to disengage from negative patterns of thinking seems crucial for initial reduction of symptoms, maintenance of gains might require broader skills in mindfulness.

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<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=10345703>

**An adapted imaginal exposure approach to traditional methods used within trauma-focused cognitive behavioural therapy, trialled with a veteran population.**

Manveer Kaura, Dominic Murphy and Kirsten V. Smith

The Cognitive Behaviour Therapist

Volume 9 / 2016, e10 (11 pages)

DOI: <http://dx.doi.org/10.1017/S1754470X16000052>

Trauma-focused cognitive behavioural therapy (TF-CBT) is beneficial for individuals with post-traumatic stress disorder (PTSD); however, a subset of clients struggle to engage with traditional methods, due to high levels of avoidance and dissociation. This paper aims to describe an adapted approach to imaginal reliving and prolonged exposure, to facilitate subsequent cognitive updating. The paper demonstrates the technique with veterans, who are a client group that may struggle with some aspects of traditionally implemented TF-CBT. Two case studies are described, both with PTSD symptoms stemming from traumatic military experiences. An adapted exposure technique is utilized to address the barriers of high dissociation, poor access to trauma-related cognitions and fixed intrusive imagery. The approach involved three stages: (1) reliving the trauma outdoors, (2) manipulating the perspectives of the imagery, and (3) restructuring the narrative with new perspectives. Both clients showed decreased dissociation and improved toleration of their traumatic imagery. Improvement of PTSD symptoms and quality-of-life functioning was observed for both clients on objective measures. Adapting TF-CBT to have a stronger emphasis on grounding and allocentric processing may be helpful for a subset of patients with PTSD that present with high levels of dissociation and avoidance. Further research and investigation into alternative populations is needed.

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<http://content.healthaffairs.org/content/35/6/1084.short>

**Suicide Prevention: An Emerging Priority For Health Care.**

Michael F. Hogan and Julie Goldstein Grumet

Health Affairs

June 2016; vol. 35 no. 6 1084-1090

10.1377/hlthaff.2015.1672

Suicide is a significant public health problem. It is the tenth leading cause of death in the United States, and the rate has risen in recent years. Many suicide deaths are among people recently

seen or currently under care in clinical settings, but suicide prevention has not been a core priority in health care. In recent years, new treatment and management strategies have been developed, tested, and implemented in some organizations, but they are not yet widely used. This article examines the feasibility of improving suicide prevention in health care settings. In particular, we consider Zero Suicide, a model for better identification and treatment of patients at risk for suicide. The approach incorporates new tools for screening, treatment, and support; it has been deployed with promising results in behavioral health programs and primary care settings. Broader adoption of improved suicide prevention care may be an effective strategy for reducing deaths by suicide.

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<http://www.sciencedirect.com/science/article/pii/S0306460316302131>

### **Mobile technology-based interventions for adult users of alcohol: A systematic review of the literature.**

Lauren A. Fowler, Sidney L. Holt, Deepti Joshi

Addictive Behaviors

Volume 62, November 2016, Pages 25–34

doi:10.1016/j.addbeh.2016.06.008

#### Background

Worldwide, 16% of people aged 15 and older engage in harmful use of alcohol. Harmful alcohol use leads to a host of preventable negative social and health consequences. Mobile technology-based interventions provide a particularly promising avenue for the widespread and cost-effective delivery of treatment that is accessible, affordable, individualized, and destigmatized to both alcohol-dependent and nondependent individuals.

#### Aims

The present review sought to summarize the current literature on mobile technology-based interventions among adult users of alcohol and determine the efficacy of such interventions.

#### Methods

Five databases were searched in December 2015 (Jan. 2004–Dec. 2015). Inclusion criteria were: participants aged 18 or older, interventions delivered through mobile-technology, and outcome measurement of alcohol reduction/cessation.

#### Findings

Eight studies met inclusion criteria. The majority of the studies reviewed found positive effects of the intervention, even though the interventions themselves varied in design, length, dosage, and target population, and were pilot or preliminary in nature.

## Conclusions

Findings from this review highlight the promising, yet preliminary state of research in this area. Studies with adequate power and valid design are necessary to evaluate the potential of mobile technology-based interventions on long-term alcohol behavior outcomes. Furthermore, future research should elucidate what the most effective length of time is for a mobile technology-based intervention, how often individuals should receive messages for maximum benefit, and determine the comparative effectiveness of mobile technology interventions with other efficacious interventions.

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<http://www.sciencedirect.com/science/article/pii/S073567571630225X>

## **Suicide attempts presenting to trauma centers: trends across age groups using the National Trauma Data Bank.**

Eva M. Mathews, Christopher J. Woodward, Mandi W. Musso, Glenn N. Jones

The American Journal of Emergency Medicine

Available online 7 June 2016

doi:10.1016/j.ajem.2016.06.014

## Background

This study sought to examine the epidemiology and mortality of violent suicide attempts presenting to trauma centers and to describe differences in male and female suicide attempters presenting to trauma centers by decade of age.

## Method

Data from the National Trauma Data Bank (American College of Surgeons) years 2010-2012 were used for this study. E-codes indicative of self-inflicted injury (e950-e959) were used to identify violent suicide attempts. Incidents were categorized by decade of age at admission. We examined the effects of age and sex on rates of violent suicide attempts, mechanism used, and mortality.

## Results

In all, 36 035 violent suicide attempts were identified in the National Trauma Data Bank. Proportion of in-hospital mortality differed significantly with age ( $P < .001$ ). Individuals aged 20 to 29 years had a significantly higher number of attempts with 15.6% mortality, whereas individuals aged 80 plus year had fewer attempts but with 45.9% mortality. There were significant interactions between sex and age on lethality of suicide attempts ( $P < .01$ ) and mechanism chosen ( $P < .01$ ), with men being more likely to use firearms across age groups.

## Conclusion

This study highlights the importance of examining the epidemiology of suicide attempts across

sex and age. There are significant differences in rate of attempts, lethality of mechanism, and in-hospital mortality. Future studies should continue to investigate violent suicide attempts to design and implement effective treatment strategies targeted toward specific populations.

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<https://dalspace.library.dal.ca/bitstream/handle/10222/71818/Vigneault%20SOCI%20Honours%20thesis.pdf>

### **Married to the Military: Employment Prospects for Civilian Female Spouses**

Hannah Vigneault

Department of Sociology and Social Anthropology, Dalhousie University  
April 18th, 2016

The vast majority of research on the impact of military has considered the experiences of service members during and after their service. However, the impact of military lifestyle on civilian spousal employment is a relatively new topic of research. This research study considers the impacts that Canadian military lifestyle has on the employment prospects of civilian female spouses. Conducting semi-structured interviews, my aim is to consider how employment is affected, what impact childcare has on employment and to understand the perceptions that participants have of military support systems available to military families. Theories on the labour force participation of women and tied migration are instrumental in my analysis of the impacts of military lifestyle on women's employment prospects. I conclude that systemic issues within military lifestyle and the labour force more generally have a negative impact on female spouse's employment prospects. The impacts of childcare and other household responsibilities have an evidently negative impact on labour force participation as well. Support systems were used by military spouses for more traditional services, possibly reinforcing gendered divisions of labour.

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<http://www.sciencedirect.com/science/article/pii/S1077722916300335>

### **A Case Study of Cognitive-Behavioral Conjoint Therapy for Combat-Related PTSD in a Same-Sex Military Couple.**

Tabatha H. Blount, Alan L. Peterson, Candice M. Monson

Cognitive and Behavioral Practice  
Available online 9 June 2016  
doi:10.1016/j.cbpra.2016.05.004

Military deployments to Iraq and Afghanistan are associated with increased risk for posttraumatic stress disorder (PTSD), depression, and relationship impairment. Unfortunately, the perceived stigma associated with seeking deployment-related behavioral health care in military settings has been a significant barrier to care. Historically, active-duty military service members involved in same-sex intimate relationships have experienced further stressors and barriers to care related to additional stigma and lack of social support. Prior federal regulations excluded sexual minorities from openly serving in the military, thereby limiting the available behavioral health services for same-sex couples. Since this ban was lifted after the repeal of the U.S. policy known as "Don't Ask, Don't Tell" in 2010, gay and lesbian service members have increased opportunities to obtain behavioral health care. One therapy that is newly available to sexual minority military couples is Cognitive-Behavioral Conjoint Therapy (CBCT), which effectively addresses co-occurring PTSD and relationship dysfunction. This case study illustrates the use of CBCT for the treatment of deployment-related PTSD in a same-sex active-duty military couple. After completing all 15 CBCT sessions, the couple reported clinically meaningful changes in the service member's PTSD symptoms, which was maintained at the 2-month follow-up. The results of this case study indicate that CBCT for PTSD can have positive treatment outcomes with military same-sex couples. Further clinical implications are discussed.

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<http://link.springer.com/article/10.1007/s11920-016-0709-y>

### **Concurrent Treatment of Substance Use and PTSD.**

Julianne C. Flanagan, Kristina J. Korte, Therese K. Killeen, Sudie E. Back

Current Psychiatry Reports

Disaster Psychiatry: Trauma, PTSD, And Related Disorders (E Foa And A Asnaani, Section Editors)

August 2016, 18:70

DOI 10.1007/s11920-016-0709-y

Substance use disorders (SUD) and posttraumatic stress disorder (PTSD) are chronic, debilitating conditions that frequently co-occur. Individuals with co-occurring SUD and PTSD suffer a more complicated course of treatment and less favorable treatment outcomes compared to individuals with either disorder alone. The development of effective psychosocial and pharmacological interventions for co-occurring SUD and PTSD is an active and critically important area of investigation. Several integrated psychosocial treatments for co-occurring SUD and PTSD have demonstrated promising outcomes. While recent studies examining medications to treat co-occurring SUD and PTSD have yielded encouraging findings, there remain substantial gaps in the evidence base regarding the treatment of co-occurring SUD and PTSD. This review will summarize the findings from clinical trials targeting a reduction in SUD and PTSD symptoms simultaneously. These results may improve our knowledge base and

subsequently enhance our ability to develop effective interventions for this complex comorbid condition.

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### **Links of Interest**

Digital Therapy Is Quick and Convenient. But Can it Replace the Analyst's Couch?

<http://www.bloomberg.com/news/articles/2016-06-16/digital-therapy-is-quick-and-convenient-but-can-it-replace-the-therapist-s-couch>

This Is Your Brain on War

<http://taskandpurpose.com/this-is-your-brain-on-war/>

'Hidden' Brain Injury a Challenge for Military Doctors

[https://www.nlm.nih.gov/medlineplus/news/fullstory\\_159316.html](https://www.nlm.nih.gov/medlineplus/news/fullstory_159316.html)

1 in 13 Young Adults in U.S. Considered Suicide in Past Year

[https://www.nlm.nih.gov/medlineplus/news/fullstory\\_159412.html](https://www.nlm.nih.gov/medlineplus/news/fullstory_159412.html)

The Childhood Incidents That Increase Later Suicide Risk

[https://www.nlm.nih.gov/medlineplus/news/fullstory\\_159345.html](https://www.nlm.nih.gov/medlineplus/news/fullstory_159345.html)

Strategies That Work to Help Prevent Suicides

[https://www.nlm.nih.gov/medlineplus/news/fullstory\\_159314.html](https://www.nlm.nih.gov/medlineplus/news/fullstory_159314.html)

Alcohol dependent individuals show greater risk of suicide in evening hours

<https://www.sciencedaily.com/releases/2016/06/160614142138.htm>

Military members with PTSD/depression can be treated successfully in primary care settings

<https://www.sciencedaily.com/releases/2016/06/160613122228.htm>

Strong prevalence of insomnia symptoms among female veterans

<https://www.sciencedaily.com/releases/2016/06/160610094745.htm>

Sleep disturbances common among military spouses

<https://www.sciencedaily.com/releases/2016/06/160608174258.htm>

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**Resource of the Week:** [Why the Navy is making a major change in its approach to PTSD](#)

PBS interview with Navy Secretary Ray Mabus on has instituted major changes to the rules affecting sailors and Marines who suffer from PTSD. Among other things, the decision to

discharge a Sailor or a Marine with “bad paper” will now be made by a flag officer (admiral, general) rather than a unit commander.

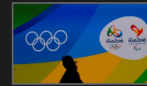
## Why the Navy is making a major change in its approach to PTSD

June 16, 2016 at 6:35 PM EDT



For years, the military has struggled to deal with the unseen, psychological wounds of war, especially Post Traumatic Stress Disorder. Now, Navy Secretary Ray Mabus has instituted major changes to the rules affecting sailors and Marines who suffer from PTSD. Mabus joins John Yang to explain the reforms and why they are necessary.

### MORE VIDEO



Will Zika virus overshadow the Rio Olympics?



World Bank creates new fund for faster disaster response



Obama to highlight economic progress in NewsHour town hall

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Shirl Kennedy  
Research Editor  
Center for Deployment Psychology  
[www.deploymentpsych.org](http://www.deploymentpsych.org)  
[skennedy@deploymentpsych.org](mailto:skennedy@deploymentpsych.org)  
240-535-3901