



CDP Research Update -- July 28, 2016

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http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_v10n3.pdf

Clinician's Trauma Update

Issue 10, No. 3

June 2016

National Center for PTSD

CTU-Online contains summaries of clinically relevant research articles.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22119/abstract>

Posttraumatic Stress Disorder in U.S. Military Primary Care: Trajectories and Predictors of One-Year Prognosis.

Bray, R. M., Engel, C. C., Williams, J., Jaycox, L. H., Lane, M. E., Morgan, J. K. and Unützer, J.

Journal of Traumatic Stress

Version of Record online: 22 JUL 2016

DOI: 10.1002/jts.22119

We examined the longitudinal course of primary care patients in the active duty Army with posttraumatic stress disorder (PTSD) and identified prognostic indicators of PTSD severity. Data were drawn from a 6-site randomized trial of collaborative primary care for PTSD and depression in the military. Subjects were 474 soldiers with PTSD (scores ≥ 50 on the PTSD Checklist -Civilian Version). Four assessments were completed at U.S. Army installations: baseline, and follow-ups at 3 months (92.8% response rate [RR]), 6 months (90.1% RR), and 12 months (87.1% RR). Combat exposure and 7 validated indicators of baseline clinical status (alcohol misuse, depression, pain, somatic symptoms, low mental health functioning, low physical health functioning, mild traumatic brain injury) were used to predict PTSD symptom severity on the Posttraumatic Diagnostic Scale (Cronbach's $\alpha = .87, .92, .95, .95$, at

assessments 1–4, respectively). Growth mixture modeling identified 2 PTSD symptom trajectories: subjects reporting persistent symptoms (Persisters, 81.9%, $n = 388$), and subjects reporting improved symptoms (Improvers 18.1%, $n = 86$). Logistic regression modeling examined baseline predictors of symptom trajectories, adjusting for demographics, installation, and treatment condition. Subjects who reported moderate combat exposure, adjusted odds ratio (OR) = 0.44, 95% CI [0.20, 0.98], or who reported high exposure, OR = 0.39, 95% CI [0.17, 0.87], were less likely to be Improvers. Other baseline clinical problems were not related to symptom trajectories. Findings suggested that most military primary care patients with PTSD experience persistent symptoms, highlighting the importance of improving the effectiveness of their care. Most indicators of clinical status offered little prognostic information beyond the brief assessment of combat exposure.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12280/abstract>

An Examination of Potential Misclassification of Army Suicides: Results from the Army Study to Assess Risk and Resilience in Servicemembers.

Cox, K. L., Nock, M. K., Biggs, Q. M., Bornemann, J., Colpe, L. J., Dempsey, C. L., Heeringa, S. G., McCarroll, J. E., Ng, T., Schoenbaum, M., Ursano, R. J., Zhang, B. G., Benedek, D. M.

Suicide and Life-Threatening Behavior
Version of Record online: 22 JUL 2016
DOI: 10.1111/sltb.12280

Debate continues about the accuracy of military suicide reporting due to concerns that some suicides may be classified as accidents to minimize stigma and ensure survivor benefits. We systematically reviewed records for 998 active duty Army deaths (510 suicides; 488 accident, homicide, and undetermined deaths; 2005-2009) and, using research criteria, reclassified 8.2% of the nonsuicide cases to definite suicide (1), suicide probable (4), or suicide possible (35). The reclassification rate to definite suicide was only 0.2% (1/488). This low rate suggests that flagrant misclassification of Army deaths is uncommon and surveillance reports likely reflect the “true” population of Army suicides.

<http://www.sciencedirect.com/science/article/pii/S000578941630048X>

Considering Meta-Analysis, Meaning, and Metaphor: A Systematic Review and Critical Examination of “Third Wave” Cognitive and Behavioral Therapies.

Sona Dimidjian, Joanna J. Arch, Rebecca Schneider, Philip Desormeau, Jennifer N. Felder, Zindel V. Segal

Behavior Therapy

Available online 14 July 2016

doi:10.1016/j.beth.2016.07.002

In this review, we examine common usage of the term “third wave” in the scientific literature, systematically review published meta-analyses of identified “third wave” therapies, and consider the implications and options for the use of “third wave” as a metaphor to describe the nature of and relationships among cognitive and behavioral therapies. We demonstrate that the “third wave” term has grown in its use over time, that it is commonly linked with specific bona fide therapies, and that the majority of such therapies have amassed a compelling evidence base attesting to their clinical and public health value. We also consider the extent to which the “third wave” designation is an effective guide for the future, and we encourage scientific inquiry and self-reflection among those concerned with cognitive and behavioral therapies and the scientific basis of psychotherapy more broadly.

<http://onlinelibrary.wiley.com/doi/10.1002/cpp.2028/abstract>

The Contribution of Therapist Effects to Patient Dropout and Deterioration in the Psychological Therapies.

Saxon, D., Barkham, M., Foster, A., and Parry, G.

Clinical Psychology & Psychotherapy

Version of Record online: 17 JUL 2016

DOI: 10.1002/cpp.2028

Background

In the psychological therapies, patient outcomes are not always positive. Some patients leave therapy prematurely (dropout), while others experience deterioration in their psychological well-being.

Methods

The sample for dropout comprised patients ($n = 10\,521$) seen by 85 therapists, who attended at least the initial session of one-to-one therapy and completed a Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM) at pre-treatment. The subsample for patient deterioration comprised patients ($n = 6405$) seen by the same 85 therapists but who attended two or more sessions, completed therapy and returned a CORE-OM at pre-treatment and post-treatment. Multilevel modelling was used to estimate the extent of therapist effects for both outcomes after controlling for patient characteristics.

Results

Therapist effects accounted for 12.6% of dropout variance and 10.1% of deterioration variance. Dropout rates for therapists ranged from 1.2% to 73.2%, while rates of deterioration ranged from 0% to 15.4%. There was no significant correlation between therapist dropout rate and deterioration rate (Spearman's $\rho = 0.07$, $p = 0.52$).

Conclusions

The methods provide a reliable means for identifying therapists who return consistently poorer rates of patient dropout and deterioration compared with their peers. The variability between therapists and the identification of patient risk factors as significant predictors has implications for the delivery of safe psychological therapy services. Copyright © 2016 John Wiley & Sons, Ltd.

Key Practitioner Message

- Therapists play an important role in contributing to patient dropout and deterioration, irrespective of case mix.
- Therapist effects on patient dropout and deterioration appear to act independently.
- Being unemployed as a patient was the strongest predictor of both dropout and deterioration.
- Patient risk to self or others was also an important predictor.

<http://onlinelibrary.wiley.com/doi/10.1111/jomf.12329/abstract>

Associations Between Prior Deployments and Marital Satisfaction Among Army Couples.

Karney, B. R. and Trail, T. E.

Journal of Marriage and Family

Version of Record online: 19 JUL 2016

DOI: 10.1111/jomf.12329

Although the experience of deployments has been described as devastating to married life, evidence linking deployments directly to poorer marital functioning has been sparse. The analyses described in this article compare associations between prior deployments and current marital satisfaction across four different ways of measuring prior deployment within a large and representative sample of married Army service members and their spouses. Results indicate that the experience of prior deployments is associated with significantly lower current marital satisfaction among military couples. The association is disproportionately strong for first deployments and first cumulative months of deployment and weakens over subsequent deployment experiences. Most of these associations, but not all, can be accounted for by the fact that service members who have been deployed are more likely to have experienced

traumatic events and to experience posttraumatic stress disorder symptoms, both of which are independently associated with lower levels of marital satisfaction.

<http://www.tandfonline.com/doi/abs/10.1080/13811118.2016.1193077>

Agitation as a Moderator of the Relationship Between Insomnia and Current Suicidal Ideation in the Military.

Karin Fisher , Claire Houtsma , Brittney L. Assavedo , Bradley A. Green , Michael D. Anestis

Archives of Suicide Research

Published online: 19 Jul 2016

DOI:10.1080/13811118.2016.1193077

Research has established a link between agitation and insomnia, both of which are considered to be risk factors for suicide. The present study aimed to investigate the moderating role of agitation within the relationship between insomnia and current suicidal ideation in a sample of U.S. military personnel. Consistent with hypotheses, the relationship between insomnia and current suicidal ideation was significant only at high levels of agitation. Results support previous findings indicating that both insomnia and agitation are suicide risk factors. These findings clarify the role of known risk factors in the pathway to suicide and may contribute to the advancement of suicide detection and prevention, as these factors may be more easily identified in individuals unwilling to admit thoughts of death and suicide, such as many military personnel.

<http://ebmh.bmj.com/content/early/2016/07/19/eb-2016-102420.full>

Interventions to prevent self-harm: what does the evidence say?

Kate E Saunders, Katharine A Smith

Evidence-Based Mental Health

Published Online First 19 July 2016

doi:10.1136/eb-2016-102420

Self-harm is a major public health concern and a risk factor for future suicide. It predominantly occurs in young people with around 65% of self-harm occurring before the age of 35. Self-harm causes distress to families and is associated with poorer educational outcomes as well as increased health and social care costs. Repetition is common with a quarter of individuals presenting to hospital with a further episode of self-harm within a year. We review the evidence

from randomised controlled trials of treatments for self-harm, focusing on pharmacological and psychological approaches. We then contrast this with the current observational evidence and reflect on the challenges and limitations of randomised controlled trials for the treatment of self-harm.

<http://www.nature.com/mp/journal/vaop/ncurrent/full/mp2016110a.html>

Predicting suicides after outpatient mental health visits in the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS).

R C Kessler, M B Stein, M V Petukhova, P Bliese, R M Bossarte, E J Bromet, C S Fullerton, S E Gilman, C Ivany, L Lewandowski-Romps, A Millikan Bell, J A Naifeh, M K Nock, B Y Reis, A J Rosellini, N A Sampson, A M Zaslavsky, R J Ursano and Army STARRS Collaborators

Molecular Psychiatry

19 July 2016

doi:10.1038/mp.2016.110

The 2013 US Veterans Administration/Department of Defense Clinical Practice Guidelines (VA/DoD CPG) require comprehensive suicide risk assessments for VA/DoD patients with mental disorders but provide minimal guidance on how to carry out these assessments. Given that clinician-based assessments are not known to be strong predictors of suicide, we investigated whether a precision medicine model using administrative data after outpatient mental health specialty visits could be developed to predict suicides among outpatients. We focused on male nondeployed Regular US Army soldiers because they account for the vast majority of such suicides. Four machine learning classifiers (naive Bayes, random forests, support vector regression and elastic net penalized regression) were explored. Of the Army suicides in 2004–2009, 41.5% occurred among 12.0% of soldiers seen as outpatient by mental health specialists, with risk especially high within 26 weeks of visits. An elastic net classifier with 10–14 predictors optimized sensitivity (45.6% of suicide deaths occurring after the 15% of visits with highest predicted risk). Good model stability was found for a model using 2004–2007 data to predict 2008–2009 suicides, although stability decreased in a model using 2008–2009 data to predict 2010–2012 suicides. The 5% of visits with highest risk included only 0.1% of soldiers (1047.1 suicides/100 000 person-years in the 5 weeks after the visit). This is a high enough concentration of risk to have implications for targeting preventive interventions. An even better model might be developed in the future by including the enriched information on clinician-evaluated suicide risk mandated by the VA/DoD CPG to be recorded.

Problem alcohol use in veterans with mild traumatic brain injury: Associations with cognitive performance and psychiatric symptoms.

Karen L. Hanson , Dawn M. Schiehser , Alexandra L. Clark , Scott F. Sorg , Russell T. Kim , Mark W. Jacobson , Madeleine L. Werhane , Amy J. Jak , Elizabeth W. Twamley , Lisa Delano-Wood

Journal of Clinical and Experimental Neuropsychology

Introduction:

Given that little is known about the associations between alcohol use, cognition, and psychiatric symptoms among veterans with a history of mild traumatic brain injury (mTBI), we aimed to (a) characterize how they differ from veteran controls on a measure of problem drinking; (b) investigate whether problem drinking is associated with demographic or mTBI characteristics; and (c) examine the associations between alcohol use, mTBI history, psychiatric functioning, and cognition.

Method:

We assessed 59 veterans ($n = 32$ with mTBI history; $n = 27$ military controls) for problem alcohol use (Alcohol Use Disorders Identification Test: AUDIT), psychiatric symptoms, and neuropsychological functioning.

Results:

Compared to controls, veterans with mTBI history were more likely to score above the AUDIT cutoff score of 8 ($p = .016$), suggesting a higher rate of problem drinking. Participants with mTBI history also showed elevated psychiatric symptoms ($ps < .001$) and lower cognitive scores ($ps < .05$ to $< .001$). Veterans with higher AUDIT scores were younger ($p = .05$) and had less education ($p < .01$) and more psychiatric symptoms ($ps < .01$), but mTBI characteristics did not differ. After controlling for combat and mTBI history ($R^2 = .04$, ns) and posttraumatic stress disorder (PTSD) symptoms ($\Delta R^2 = .08$, $p = .05$), we found that higher AUDIT scores were associated with poorer attention/processing speed, $F(9, 37) = 2.55$, $p = .022$; $\Delta R^2 = .26$, $p = .03$.

Conclusions:

This preliminary study suggested that veterans with mTBI history may be at increased risk for problem drinking. Problem alcohol use was primarily associated with more severe PTSD symptoms and poorer attention/processing speed, though not with combat or mTBI characteristics per se. Importantly, findings emphasize the importance of assessing for and treating problematic alcohol use and comorbid psychiatric symptoms among veterans, including those with a history of neurotrauma.

<http://www.sciencedirect.com/science/article/pii/S030646031630260X>

Age moderates the association of depressive symptoms and unhealthy alcohol use in the National Guard.

Ethan Sahker, Laura Acion, Stephan Arndt

Addictive Behaviors

Volume 63, December 2016, Pages 102–106

doi:10.1016/j.addbeh.2016.07.010

Unhealthy drinking is a significant problem contributing to poor health and performance of military personnel. The Iowa Army National Guard and the Iowa Department of Public Health have collaborated with the Substance Abuse and Mental Health Administration to better identify unhealthy substance use via Screening, Brief Intervention, and Referral to Treatment program (SBIRT). Yet, little research has been conducted on the Guard's use of SBIRT. This study examined depression, age, deployment status, and sex as factors contributing to unhealthy drinking. Of the Guardsmen who took part in SBIRT, 3.7% ($n = 75$) met the criteria for unhealthy drinking and 3.9% ($n = 78$) had some level of depression. The overall multivariate model significantly predicted unhealthy drinking ($\chi^2(5) = 41.41$, $p < 0.001$) with age moderating the association of depressive symptoms and unhealthy alcohol (Wald $\chi^2(1) = 7.16$, $p = 0.007$). These findings add to the existing understanding of factors contributing to unhealthy drinking suggesting the association between the presence of depression and unhealthy drinking depends on age of the Guardsman. This age and depression interaction may be an important diagnostic feature to consider for unhealthy drinking in the Guard. Furthermore, previous research on the general military population finds similar percentages, providing support for SBIRT as an effective screening tool in the Guard.

<http://jramc.bmj.com/content/early/2016/07/22/jramc-2016-000638.abstract>

Post-traumatic growth among the UK veterans following treatment for post-traumatic stress disorder.

Dominic Murphy, E Palmer, R Lock and W Busuttil

Journal of the Royal Army Medical Corps

Published Online First 22 July 2016

doi:10.1136/jramc-2016-000638

Introduction

The aim of this paper was to examine levels of post-traumatic growth (PTG) in a sample of the UK veterans who had received treatment for post-traumatic stress disorder (PTSD).

Methods

The study followed-up 149 UK veterans after they had completed standardised treatment for PTSD provided by Combat Stress. Data had previously been collected on a range of mental health outcomes before treatment, and then repeated 6 months after the end of treatment. For the current study, participants completed the post-traumatic growth inventory (PTGI) measure. Analysis was conducted to explore levels of PTG and whether there were any relationships between pretreatment and post-treatment ratings of mental health and PTG.

Results

The mean score on the PTGI was 32.6. Evidence of a treatment effect on levels of PTG was observed. There appeared to be a relationship between improvements in symptoms of PTSD and depression and higher levels of PTG.

Conclusions

This study observed the presence of PTG following exposure to traumatic events within a sample of the UK veterans following their treatment for PTSD. PTG scores were moderately low in comparison to similar studies in the USA.

<http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2016.16010069>

Prevention of Firearm Suicide in the United States: What Works and What Is Possible.

J. John Mann, M.D., Christina A. Michel, B.A.

The American Journal of Psychiatry

Published online: July 22, 2016

<http://dx.doi.org/10.1176/appi.ajp.2016.16010069>

Objective:

About 21,000 suicides in the United States in 2014 involved a firearm. The authors reviewed evidence from around the world regarding the relationship between firearm ownership rates and firearm suicide rates and the potential effectiveness of policy-based strategies for preventing firearm suicides in the United States.

Method:

Relevant publications were identified by searches of PubMed, PsycINFO, MEDLINE, and Google Scholar from 1980 to September 2015, using the search terms suicide AND firearms OR guns. Excluding duplicates, 1,687 results were found, 60 of which were selected for inclusion; these sources yielded an additional 10 studies, for a total of 70 studies.

Results:

Case-control and ecological studies investigating geographic and temporal variations in firearm ownership and firearm suicide rates indicate that greater firearm availability is associated with higher firearm suicide rates. Time-series analyses, mostly from other countries, show that legislation reducing firearm ownership lowers firearm suicide rates. Because the Second Amendment curtails legislation broadly restricting firearm access in the United States, the emphasis is shifted to restricting access for those at risk of harming themselves or others. Most suicides involve guns purchased years earlier. Targeted initiatives like gun violence restraining orders, smart gun technology, and gun safety education campaigns potentially reduce access to already purchased firearms by suicidal individuals. Such measures are too new to have evidence of effectiveness.

Conclusions:

Broadly reducing availability and access to firearms has lowered firearm suicide rates in other countries but does not appear feasible in the United States. Approaches restricting access of at-risk individuals to already purchased firearms by engaging the public and major stakeholders require urgent implementation and outcome evaluation for firearm suicide prevention.

<http://link.springer.com/article/10.1007/s10995-016-2122-x>

Deployment and Adverse Pregnancy Outcomes: Primary Findings and Methodological Considerations.

Jodie Katon, Yasmin Cypel, Mubashra Raza, Laurie Zephyrin, Gayle Reiber, Elizabeth M. Yano, Shannon Barth, Aaron Schneiderman

Maternal and Child Health Journal

First Online: 23 July 2016

DOI: 10.1007/s10995-016-2122-x

Objective

To characterize the pregnancy outcomes of women Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans including prevalence of preterm delivery, low birth weight, and macrosomia, and to highlight methodological limitations that can impact findings.

Methods

A retrospective cohort study was conducted starting in 2014 analyzing data from the 2009 to 2011 National Health Study for a New Generation of US Veterans, which sampled Veterans deployed and not deployed to OIF/OEF. All pregnancies resulting in a live birth were included, and categorized as occurring among non-deployers, before deployment, during deployment, or after deployment. Outcomes included preterm birth, low birth weight, and macrosomia. The association of deployment with selected outcomes was estimated using separate general

estimating equations to account for lack of outcome independence among women contributing multiple pregnancies. Adjustment variables included maternal age at outcome, and race/ethnicity.

Results

There were 2276 live births (191 preterm births, 153 low birth weight infants, and 272 macrosomic infants). Compared with pregnancies before deployment, pregnancies among non-deployers and those after deployment appeared to have greater risk of preterm birth [non-deployers: odds ratio (OR) = 2.16, 95 % confidence interval (CI) 1.25, 3.72; after deployment: OR = 1.90, 95 % CI 0.90, 4.02]. A similar pattern was observed for low birth weight. No association of deployment with macrosomia was detected.

Discussion

Compared with non-deployers, those who eventually deploy appear to have better pregnancy outcomes prior to deployment, but this advantage is no longer apparent after deployment. Non-deployers may not be an appropriate reference group to study the putative health impacts of deployment on pregnancy outcomes.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22533/abstract>

Effectiveness of internet-delivered cognitive behavioral therapy for posttraumatic stress disorder: a systematic review and meta-analysis.

Sijbrandij, M., Kunovski, I. and Cuijpers, P.

Depression and Anxiety

Version of Record online: 20 JUN 2016

DOI: 10.1002/da.22533

Background

Internet-delivered cognitive behavioral therapy (iCBT) is a relatively novel treatment method that may improve the accessibility of mental health care for individuals with posttraumatic stress disorder (PTSD). The aim of this meta-analysis was to evaluate the effectiveness of iCBT compared to inactive (waitlist control and treatment-as-usual (TAU)) and active other interventions in reducing PTSD symptoms.

Methods

A meta-analysis of 12 randomized controlled trials (14 comparisons) and 1,306 participants was conducted.

Results

The pooled effect size of the 11 comparisons (10 studies, 1,139 participants) that compared

iCBT to waitlist and TAU control was moderate ($g = 0.71$, 95% CI [0.49–0.93], $P < .001$), and showed moderate heterogeneity. The pooled effect size of the three studies (three comparisons) comparing iCBT to other interventions was small ($g = 0.28$, 95% CI [–0.00 to 0.56], $P = .05$), with low heterogeneity.

Conclusion

The findings of this systematic review and meta-analysis show that iCBT is an effective treatment for individuals with PTSD and comorbid depressive symptoms. However, further research is needed for effective dissemination of iCBT in clinical practice.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22534/abstract>

Patterns of change in response to prolonged exposure: implications for treatment outcome.

Clapp, J. D., Kemp, J. J., Cox, K. S. and Tuerk, P. W.

Depression and Anxiety

Version of Record online: 20 JUN 2016

DOI: 10.1002/da.22534

Background

Assessment of response to Prolonged Exposure (PE) suggests some patients may experience discontinuous change involving sudden symptom reductions and/or temporary exacerbations. The current study looked to (1) isolate profiles of PE response among treatment-seeking veterans and (2) identify factors associated with unique patterns of change.

Methods

Archival records were examined for veterans receiving PE through a specialty Veterans Affairs Medical Center (VAMC) clinic ($N = 109$). Latent profile analysis was used to extract response trajectories defined by change in weekly PTSD Checklist (PCL) scores. Associations with provider status (staff vs. intern), setting (in-person vs. telehealth), initial severity (PTSD; depression), and eventual treatment gains were examined.

Results

Three profiles were observed. Rapid Responders (18.3%) evidenced sharp reductions at Week 2 and again between Weeks 5 and 6. Linear Responders (40.4%) demonstrated gradual reductions throughout the 10-week assessment window. Delayed Responder (41.3%) scores were relatively stable over the evaluation period although final session outcomes indicated reliable change ($PCL\Delta > 10$) in 40% of patients. Profiles were similar with respect to provider status, treatment setting, and initial symptom severity. Rapid Responders evidenced lower final

session scores relative to Linear ($g = 1.13$) and Delayed ($g = 1.85$) groups, with Linear Responders reporting lower end scores than Delayed Responders ($g = 1.02$).

Conclusions

Anticipating patterns of recovery and their association with therapeutic outcome is of immense clinical value. Sudden gains emerged as a strong predictor of enhanced response. Data also suggest potential benefits of extending standard intervention for patients who fail to demonstrate an immediate response to PE.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12265/abstract>

Moving Beyond Self-Report: Implicit Associations about Death/Life Prospectively Predict Suicidal Behavior among Veterans.

Barnes, S. M., Bahraini, N. H., Forster, J. E., Stearns-Yoder, K. A., Hostetter, T. A., Smith, G., Nagamoto, H. T. and Nock, M. K.

Suicide and Life-Threatening Behavior

Version of Record online: 7 JUL 2016

DOI: 10.1111/sltb.12265

Reliance on self-report limits clinicians' ability to accurately predict suicidal behavior. In this study the predictive validity of an objective measure, the death/suicide Implicit Association Test (d/sIAT), was tested among psychiatrically hospitalized veterans. Following acute stabilization, 176 participants completed the d/sIAT and traditional suicide risk assessments. Participants had similar d/sIAT scores regardless of whether they had recently attempted suicide. However, d/sIAT scores significantly predicted suicide attempts during the 6-month follow-up above and beyond other known risk factors for suicidal behavior (OR = 1.89; 95% CI: 1.15–3.12; based on 1SD increase). The d/sIAT may augment the accuracy of suicide risk assessment.

Links of Interest

Military Sexual Trauma, Rape, PTSD, and Suicide: A Conversation with Katie Webb
<http://blogs.plos.org/blog/2016/07/20/military-sexual-trauma-rape-ptsd-and-suicide-a-conversation-with-katie-webb/>

Prevalence of diagnosed sleep disorders has risen among US veterans
<https://www.sciencedaily.com/releases/2016/07/160715112939.htm>

Researchers Identify a New, Effective Treatment for Depression

<https://www.yahoo.com/style/researchers-identify-effective-treatment-depression-192423225.html>

Body-mind meditation can boost attention and health, lower stress

<https://www.sciencedaily.com/releases/2016/07/160718112531.htm>

Treating pain without feeding addiction: Study shows promise of non-drug pain management

<https://www.sciencedaily.com/releases/2016/07/160727090424.htm>

Smokers quitting tobacco also drink less alcohol

<https://www.sciencedaily.com/releases/2016/07/160721210908.htm>

Significant pain increases the risk of opioid addiction by 41 percent

<https://www.sciencedaily.com/releases/2016/07/160722092937.htm>

Chronic low back pain linked to higher rates of illicit drug use

<https://www.sciencedaily.com/releases/2016/07/160721143900.htm>

Resource of the Week: [If War Is Hell, Then Coffee Has Offered U.S. Soldiers Some Salvation](#) (NPR)

This feature, from National Public Radio's "Hidden Kitchens" program "looks at three American wars through the lens of coffee: the Civil War, Vietnam and Afghanistan."

In April 1865, at the bloody, bitter end of the Civil War, Ebenezer Nelson Gilpin, a Union cavalryman, wrote in his diary, "Everything is chaos here. The suspense is almost unbearable."

"We are reduced to quarter rations and no coffee," he continued. "And nobody can soldier without coffee."

HIDDEN KITCHENS: THE KITCHEN SISTERS

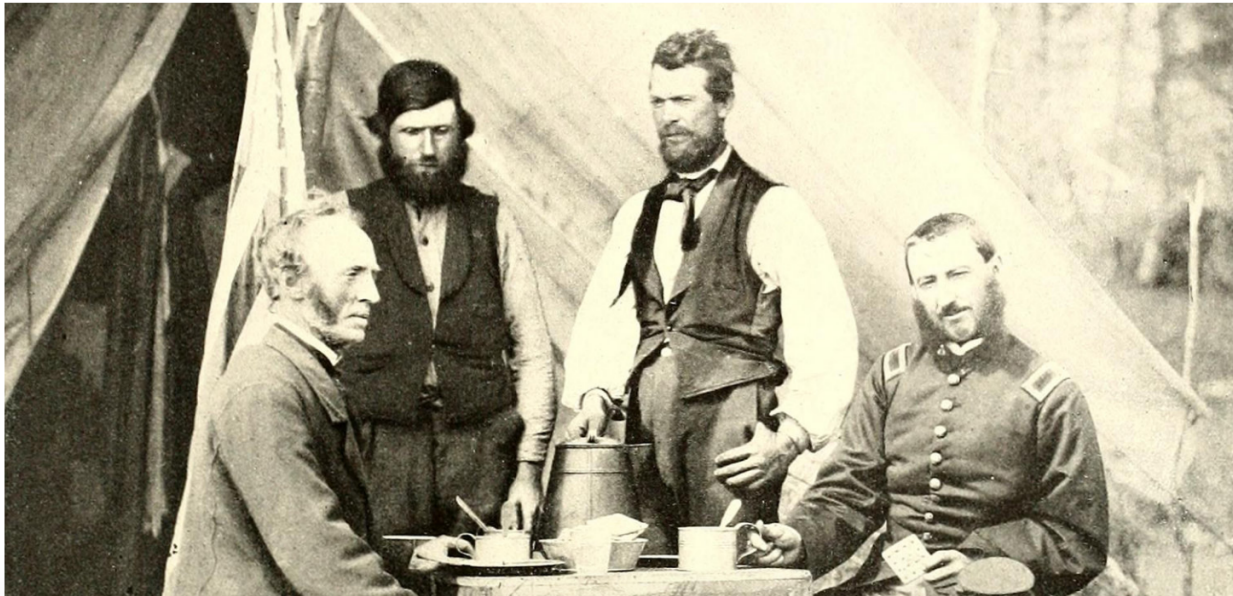
If War Is Hell, Then Coffee Has Offered U.S. Soldiers Some Salvation

July 25, 2016 · 5:02 AM ET

Heard on [Morning Edition](#)



THE KITCHEN SISTERS



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