



## CDP Research Update -- August 18, 2016

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- Generalizability of Evidence-Based PTSD Psychotherapies to Suicidal Individuals: A Review of the Veterans Administration and Department of Defense Clinical Practice Guidelines.
- No association between the serotonin transporter linked polymorphic region polymorphism and severity of posttraumatic stress disorder symptoms in combat veterans with or without comorbid depression.
- Risk Factors for Self-Directed Violence in US Soldiers: A Case-Control Study.
- Relations between anger and DSM-5 posttraumatic stress disorder symptoms.
- Odor-induced recall of emotional memories in PTSD—review and new paradigm for research.
- A standardized patient methodology to assess cognitive–behavioral therapy (CBT) skills performance: Development and testing in a randomized controlled trial of web-based training.
- Trainees' perceptions of the Veterans Health Administration interprofessional psychology fellowships in lesbian, gay, bisexual, and transgender health.
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- Predictors of depression diagnoses and symptoms in United States female veterans: Results from a national survey and implications for programming.
- A systematic review of the impacts of active military service on sexual and reproductive health outcomes among servicewomen and female veterans of armed forces.
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- Place and Posttraumatic Stress Disorder.
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- The Role of Posttraumatic Growth in a Randomized Controlled Trial of Cognitive–Behavioral Conjoint Therapy for PTSD.
- Secondary Traumatization in Vietnam Veterans’ Families.
- The Association of Combat Exposure With Postdeployment Behavioral Health Problems Among U.S. Army Enlisted Women Returning From Afghanistan or Iraq.

- Stressors and mental health outcomes among female service members: The influence of coping strategies, social support, and psychological resilience.
- Links of Interest
- Resource of the Week - Measuring Trauma: Workshop Summary

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<http://psycnet.apa.org/psycinfo/2016-28261-001/>

**Generalizability of Evidence-Based PTSD Psychotherapies to Suicidal Individuals: A Review of the Veterans Administration and Department of Defense Clinical Practice Guidelines.**

Bakalar, Jennifer L.; Carlin, Elisabeth A.; Blevins, Cara L.; Ghahramanlou-Holloway, Marjan

Military Psychology, Jun 9 , 2016  
<http://dx.doi.org/10.1037/mil0000130>

Posttraumatic stress disorder (PTSD) is strongly associated with suicide. The 2010 Department of Veterans Affairs/Department of Defense Clinical Practice Guidelines for PTSD (VA/DoD CPG) endorse cognitive therapy and its variants as empirically supported PTSD treatments. However, we lack an understanding about whether these treatments are generalizable to patients with suicidal ideation and/or behaviors. Randomized controlled trials (RCTs) cited in the VA/DoD CPGs were systematically reviewed for methodology, suicide-related content, and adverse event reporting. Thirty-eight RCTs were reviewed. Twenty-three reported suicide-related exclusion criteria, 15 made no mention of suicide-related inclusion/exclusion criteria. Thirty-six RCTs included depression assessments containing suicide-related items, but no suicide-relevant data were reported. Two RCTs outlined suicide risk monitoring procedures. Suicidal PTSD participants are underrepresented in PTSD RCTs and suicide risk assessment procedures were inconsistently reported. Standardized reporting of RCT methods pertaining to suicide risk to determine generalizability and safety of empirically supported PTSD treatments to this clinical population is needed. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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[http://www.psy-journal.com/article/S0165-1781\(16\)30462-0/abstract](http://www.psy-journal.com/article/S0165-1781(16)30462-0/abstract)

**Noassociation between the serotonin transporter linked polymorphic region polymorphism and severity of posttraumatic stress disorder symptoms in combat veterans with or without comorbid depression.**

Zrnka Kovacic Petrovic, Gordana Nedic Erjavec, Matea Nikolac Perkovic, Tina Peraica, Nela Pivac

Psychiatry Research

Published Online: August 08, 2016

DOI: <http://dx.doi.org/10.1016/j.psychres.2016.08.017>

Since both posttraumatic stress disorder (PTSD) and depression are associated with disturbances in the serotonergic system, the aim of the study was to determine the association between severity of PTSD symptoms, serotonin transporter polymorphism (5-HTTLPR) and platelet serotonin (5-HT) concentration, in male combat veterans with PTSD (n = 325), who were subdivided according to presence of comorbid depression. The methodological approach included the psychiatric diagnostic interviews and rating scales (SCID for DSM-IV, HDRS, CAPS), polymerase chain reaction for 5-HTTLPR genotyping and spectrophotofluorimetric method for measuring the platelet 5-HT concentration. PTSD veterans without depression had more severe PTSD symptoms, and less severe depressive symptoms, than PTSD veterans with depression. 5-HTTLPR genotype frequencies did not differ between veterans with mild, moderate and severe PTSD symptoms, and between depressed and non-depressed PTSD veterans. No significant association was found between the severity of PTSD symptoms and 5-HTTLPR genotype. Platelet 5-HT concentration was similar in PTSD veterans, with or without comorbid depression, and between two groups subdivided according to the severity of PTSD symptoms or 5-HTTLPR genotype. The study confirmed, on ethnically homogenous groups of veterans with matched combat experience, a lack of association between the PTSD symptoms severity and 5-HTTLPR or platelet 5-HT concentration.

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[http://www.psy-journal.com/article/S0165-1781\(16\)30068-3/fulltext](http://www.psy-journal.com/article/S0165-1781(16)30068-3/fulltext)

**Risk Factors for Self-Directed Violence in US Soldiers: A Case-Control Study.**

Nancy A. Skopp, Ying Zhang, Derek J. Smolenski, Mark A. Reger

Psychiatry Research

Published Online: August 09, 2016

DOI: <http://dx.doi.org/10.1016/j.psychres.2016.08.031>

Military suicide has escalated in recent years, however almost no research has used military surveillance data to examine suicide risk factors. The aims of the current study were to compare suicide risk factors among US Soldiers who died by suicide, attempted suicide, and controls using a prospective case-control design. Controls were 247 Soldiers completing standard post-deployment assessment procedures. Cases were 276 suicide decedents (n = 85) or suicide attempters (n = 191), drawn from the Department of Defense Suicide Event Report.

Compared to controls, suicide attempters and decedents had greater odds of failed intimate relationships, legal problems, and substance abuse problems in the past 90 days. Suicide attempters and decedents also had greater odds of a history of a mood disorder and prior suicide attempt compared to controls. Suicide decedents had greater odds of exposure to legal problems in the past 90 days and lower odds of ever having an anxiety disorder, compared to suicide attempters. Vigilance toward early detection of modifiable suicide risk factors such as relationship dissolution, mood disorders, substance abuse, and legal problems may help reduce suicide risk among US Soldiers.

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[http://www.psy-journal.com/article/S0165-1781\(16\)30138-X/fulltext](http://www.psy-journal.com/article/S0165-1781(16)30138-X/fulltext)

### **Relations between anger and DSM-5 posttraumatic stress disorder symptoms.**

Tory A. Durham, Brianna M. Byllesby, Cherie Armour, David Forbes, Jon D. Elhai

Psychiatry Research

Published Online: August 05, 2016

DOI: <http://dx.doi.org/10.1016/j.psychres.2016.08.004>

The present study investigated the relationship between posttraumatic stress disorder (PTSD) and anger. Anger co-occurring with PTSD is found to have a severe effect across a wide range of traumatic experiences, making this an important relationship to examine. The present study utilized data regarding dimensions of PTSD symptoms and anger collected from a non-clinical sample of 247 trauma-exposed participants. Confirmatory factor analysis (CFA) was used to determine the underlying factor structure of both PTSD and anger by examining anger in the context of three models of PTSD. Results indicate that a five-factor representation of PTSD and one-factor

representation of anger fit the data best. Additionally, anger demonstrated a strong relationship with the dysphoric arousal and negative alterations in cognitions and mood (NACM) factors; and dysphoric arousal was differentially related to anger. Clinical implications include potential need to reevaluate PTSD's diagnostic symptom structure and highlight the potential need to target and treat comorbid anger in individuals with PTSD. In regard to research, these results support the heterogeneity of PTSD.

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<http://www.sciencedirect.com/science/article/pii/S001448861630231X>

### **Odor-induced recall of emotional memories in PTSD—review and new paradigm for research.**

Judith K. Daniels, Eric Vermetten

Experimental Neurology

Available online 7 August 2016

doi:10.1016/j.expneurol.2016.08.001

It is clinically well known that olfactory intrusions in PTSD can be a disabling phenomena due to the involuntary recall of odor memories. Odorants can trigger involuntary recall of emotional memories as well have the potential to help diminishing emotional arousal as grounding stimuli. Despite major advances in our understanding of the function of olfactory system, the study of the relation of olfaction and emotional memory is still relatively scarce. Odor memory is long thought to be different than other types of memories such as verbal or visual memories, being more strongly engraved and more closely related to strong emotions. Brain areas mediating smell memory including orbitofrontal cortex and other parts of medial prefrontal cortex, hippocampus and amygdala, have been implicated in learning and memory and are part of a neural circuitry that is involved in PTSD. The olfactory cortex itself also plays an important role in emotional processing. Clinical observations support the notion that odor-evoked memories can play a role in the symptomatology of PTSD. This paper reviews a re-emerging body of science linking odor processing to emotional processing in PTSD using the calming and grounding effect of odors as well as the use of odors in augmented exposure therapy. This results in converging evidence that olfaction is an excellent model for studying many questions germane to the field of human emotional memory processing.

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<http://psycnet.apa.org/journals/tep/10/3/149/>

**A standardized patient methodology to assess cognitive–behavioral therapy (CBT) skills performance: Development and testing in a randomized controlled trial of web-based training.**

Edwards, Katharine S.; Parish, Sharon J.; Rosen, Raymond C.; Garvert, Donn W.; Spangler, Shana L.; Ruzek, Josef I.

Training and Education in Professional Psychology

Vol 10(3), Aug 2016, 149-156

<http://dx.doi.org/10.1037/tep0000119>

Competency-based training is increasingly important in mental health as practitioners are trained in the use of evidence-based treatments for posttraumatic stress disorder (PTSD) and other disorders. Clinical skills according to this model are assessed in various ways, including the use of standardized patient (SP) interviews. This study investigated the reliability and feasibility of using a telephone-based SP interview to evaluate cognitive–behavioral therapy (CBT) skills within a large, randomized trial of online training. This paper describes the development of a standardized SP methodology for the larger study, including case illustration, SP training, development of trainee skills assessment metrics, and rater training. A post hoc substudy evaluated SP performance across time. For the larger study, 2 out of 3 skills assessment metrics showed satisfactory performance and demonstrated consistently good interitem and interrater reliability. The substudy found that SPs were adherent and faithful to their intended character, with little evidence of performance drift. Based on these findings, telephone SP methodologies are a promising technology for large-scale clinical skills assessment in psychology. (PsycINFO Database Record (c) 2016 APA, all rights res)

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<http://psycnet.apa.org/journals/tep/10/3/165/>

**Trainees' perceptions of the Veterans Health Administration interprofessional psychology fellowships in lesbian, gay, bisexual, and transgender health.**

Kauth, Michael R.; Shipherd, Jillian C.; Barrera, Terri L.; Ortigo, Kile; Jones, Kenneth R.

Training and Education in Professional Psychology

Vol 10(3), Aug 2016, 165-170

<http://dx.doi.org/10.1037/tep0000123>



To improve the capacity to provide quality health care to lesbian, gay, bisexual and transgender (LGBT) veterans and promote LGBT cultural competence among clinical staff, the United States Veterans Health Administration (VHA) competitively awarded 9 1-year interprofessional postdoctoral psychology fellowships in LGBT health. The interprofessional training model, which involves working with and learning from other disciplines, mirrors the VHA's approach to integrate LGBT services across clinical programs. Fellows' experiences and satisfaction with their training were examined for the first 2 years of the fellowships. Despite variability in clinical and staff educational activities across sites, all fellows reported strong satisfaction with their training experience. The fellows described considerable exposure to other disciplines, working most often with primary care physicians, nurses, and social workers in addition to psychologists. Fellows most enjoyed creating new clinical services and programs for LGBT veterans that would remain after their fellowship year. Consistent with VHA's goal for training programs, the majority of fellows planned to remain in the federal health-care system, having accepted staff positions at a VHA facility or other federal agency. The VHA psychology fellowships in LGBT health appear to be feasible and successful and may serve as a model for fellowships in LGBT health in other agencies or for other disciplines such as primary care, social work, nursing, or endocrinology. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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<http://psycnet.apa.org/psycinfo/2016-36403-001/>

### **Innovations in Exposure Therapy for PTSD Treatment.**

Sheila A. M. Rauch and Barbara O. Rothbaum

Practice Innovations

Online First Publication, July 25, 2016

<http://dx.doi.org/10.1037/pri0000027>

Continuous improvement of clinical care and outcomes is always the goal of medical science. Within posttraumatic stress disorder (PTSD) treatment, innovations may focus on improving access and overcoming barriers to effective interventions as well as improving efficacy. Innovations may include entirely novel interventions, augmentation of new strategies to known effective interventions, or modification of known effective interventions to increase retention, speed of response, or overall impact. Exciting work on innovations is underway with PTSD experts and others coming from all areas of neuroscience and technology to bridge the gap. We present some of the most



promising innovations in PTSD treatment through application of innovations with clinical case examples and examine areas for future continued development through improving access and efficacy of PTSD treatments. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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<http://psycnet.apa.org/psycinfo/2016-36113-001/>

## **Improving Clinician Self-Awareness and Increasing Accurate Representation of Clinical Competencies.**

Waltman, Scott H.; Frankel, Sarah A.; Williston, Michael A.

Practice Innovations

Jul 25 , 2016

<http://dx.doi.org/10.1037/pri0000026>

In keeping with aspirational principles and adhering to the ethical standards of psychology, clinicians should strive to provide the highest possible quality of care and to represent their competencies accurately to potential clients. Yet how are clinicians to gauge their own competence in order to determine if they are adhering to these ethical standards and principles? Research suggests that, unfortunately, clinicians may not be the best reporters of their own abilities (Creed, Wolk, Feinberg, Evans, & Beck, 2016; Mathieson, Barnfield, & Beaumont, 2009). The current article discusses several possible explanations for this finding, including cognitive biases (e.g., better-than-average bias; J. D. Brown, 1986), therapist drift (Waller & Turner, 2016), and therapist burnout (Maslach, Schaufeli, & Leiter, 2001). Several approaches for improving clinicians' self-awareness are discussed and practical suggestions are made. Benefits of peer consultation are highlighted, and strategies for identifying appropriate consultation group members and fostering vulnerability among members are encouraged. In addition, clinicians are urged to utilize objective tools for assessing therapeutic competence, including work sample review and outcome tracking measures. In each case, barriers to utilizing these tools and strategies to overcome these obstacles are addressed. Finally, the value of certification through an accredited body using blind, objective ratings of work products is discussed. These strategies are suggested to help improve clinician self-awareness, allowing for more accurate representation of clinical competencies, an important step toward improving access to quality health services for individuals seeking psychotherapy. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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<http://psycnet.apa.org/journals/tep/10/3/149/>

**A standardized patient methodology to assess cognitive–behavioral therapy (CBT) skills performance: Development and testing in a randomized controlled trial of web-based training.**

Edwards, Katharine S.; Parish, Sharon J.; Rosen, Raymond C.; Garvert, Donn W.; Spangler, Shana L.; Ruzek, Josef I.

Training and Education in Professional Psychology  
Vol 10(3), Aug 2016, 149-156  
<http://dx.doi.org/10.1037/tep0000119>

Competency-based training is increasingly important in mental health as practitioners are trained in the use of evidence-based treatments for posttraumatic stress disorder (PTSD) and other disorders. Clinical skills according to this model are assessed in various ways, including the use of standardized patient (SP) interviews. This study investigated the reliability and feasibility of using a telephone-based SP interview to evaluate cognitive–behavioral therapy (CBT) skills within a large, randomized trial of online training. This paper describes the development of a standardized SP methodology for the larger study, including case illustration, SP training, development of trainee skills assessment metrics, and rater training. A post hoc substudy evaluated SP performance across time. For the larger study, 2 out of 3 skills assessment metrics showed satisfactory performance and demonstrated consistently good interitem and interrater reliability. The substudy found that SPs were adherent and faithful to their intended character, with little evidence of performance drift. Based on these findings, telephone SP methodologies are a promising technology for large-scale clinical skills assessment in psychology. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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<http://onlinelibrary.wiley.com/doi/10.1111/jrh.12199/full>

**Trauma in Veterans With Substance Use Disorder: Similar Treatment Need Among Urban and Rural Residents.**

Lance Brendan Young PhD, MBA, Christine Timko PhD, Kimberly A. Tyler PhD, Kathleen M. Grant MD

The Journal of Rural Health  
First published: 9 August 2016  
DOI: 10.1111/jrh.12199

### Purpose

The objective of this study is to determine whether rural residence is associated with trauma exposure or posttraumatic stress disorder symptoms among military veterans seeking treatment for substance use disorder (SUD) through the Department of Veterans Affairs (VA). Delivering mental health services to veterans in rural areas is a challenge, so identifying differences in the causes and outcomes of trauma exposure would assist in effectively targeting service delivery.

### Methods

Veterans (N = 196) entering SUD treatment at 3 Midwestern VA treatment centers were designated as either urban or rural, based on rural-urban commuting area (RUCA) codes. The veterans completed the Life Events Checklist, the Posttraumatic Stress Disorder Checklist, and the Addiction Severity Index's psychiatric status subscale. Hypothesized relationships between rural-urban residence and both trauma exposure and symptomology were tested using independent samples t tests, chi-square tests, and ordinary least squares regression.

### Findings

The range of traumatic experiences was similar between rural and urban veterans, and rural-urban residence was not significantly associated with the overall array of traumas experienced or the symptom measures' overall scores or subscores. Of 17 possible traumatic lifetime experiences, rural veterans differed from urban veterans on only 2, reporting significantly lower rates of transportation accidents and unwanted sexual experiences.

### Conclusions

In both the causes of trauma and the need for treatment, veterans residing in rural areas differ little from their urban counterparts.

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[http://journals.lww.com/ajnonline/Abstract/publishahead/CE\\_Military\\_Sexual\\_Trauma\\_in\\_Male\\_Service.99870.aspx](http://journals.lww.com/ajnonline/Abstract/publishahead/CE_Military_Sexual_Trauma_in_Male_Service.99870.aspx)

**CE: Military Sexual Trauma in Male Service Members.**

Eckerlin, Denise M. BSN, RN; Kovalesky, Andrea PhD, RN; Jakupcak, Matthew PhD

AJN, American Journal of Nursing:

Post Author Corrections: August 10, 2016

doi: 10.1097/01.NAJ.0000494690.55746.d9

The experience of military sexual trauma (MST), which can result from assault, battery, or harassment of a sexual nature, may jeopardize the mental health of service members as well as that of their family members, colleagues, and community members. Although a greater proportion of female than male service members are subjected to MST, the Department of Defense estimates that the absolute numbers of affected men and women, across all ranks and branches of military service, are nearly equal because roughly 85% of military members are men. Little research has explored the effects of MST on men. This article discusses the unique ways in which men may experience MST, and examines how social stereotypes of masculinity, myths surrounding sexual assault, and military culture and structure often influence a man's interpretation of an attack and his likelihood of reporting the incident or seeking treatment. It describes current treatments for MST-related mental health conditions and addresses implications for nurses and other health care professionals.

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<http://www.emeraldinsight.com/doi/abs/10.1108/S0275-495920160000034002>

## **Gun under My Pillow: Health Consequences of the Fear of Assault Among Military Women.**

Rose Weitz

Special Social Groups, Social Factors and Disparities in Health and Health Care (Research in the Sociology of Health Care, Volume 34) Emerald Group Publishing Limited, pp.17 - 32

### **Purpose**

This chapter explores military women's fear of sexual assault, especially while deployed overseas, the strategies they use to manage those fears, and the health consequences of both their fears and their strategies for reducing them.

### **Methodology/approach**

Data come from 25 in-depth, semi-structured qualitative interviews conducted in 2012

and 2013 with women veterans and military members. All participants were under age 45 and had deployed to Iraq or Afghanistan at some point.

### Findings

Surprisingly, 44% reported neither concern about sexual assault nor any special strategies taken to prevent it. In contrast, another 44% reported both concern about sexual assault and special strategies taken to prevent it. Finally, 12% reported no special concerns about sexual assault due to the strategies they took to prevent it. For these latter two groups, rape-preventions strategies and the fears that led to them could contribute to lack of exercise, sleep difficulties, anxiety, depression, or post-traumatic stress disorder.

### Research limitations/implications

This research is based on a small and non-random sample which over-represents southwestern residents, whites, Army members, and commissioned officers, and under-represents African Americans, Navy members, noncommissioned officers, and enlisted personnel. As a result, it cannot be used to extrapolate to the population more generally. It also focuses solely on women's experiences, due to their greater risk of assault, although men's experiences with sexual trauma certainly deserve further study. Finally, the research relied on only one coder, which may have reduced reliability. However, it is less likely to have reduced validity compared to studies utilizing multiple coders, since such studies typically use coders who either share or have been trained to use the main authors' intellectual perspectives.

### Originality/value

Previous research has looked at the effect of sexual assault on female military members. This chapter extends that research by exploring how fear of rape can affect female military members even if they are not themselves assaulted, with a special focus on its health effects. In addition, previous research on fear of rape in the general population has focused on its social effects. This chapter suggests the need for further research on potential health effects of fear of rape in the general population.

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<http://onlinelibrary.wiley.com/doi/10.1111/jnu.12237/full>

## **Experiences of Military Spouses of Veterans With Combat-Related Posttraumatic Stress Disorder.**

Teresa W. Yambo, Mary E. Johnson, Kathleen R. Delaney, Rebekah Hamilton, Arlene Michaels Miller and Janet A. York

Journal of Nursing Scholarship  
First published: 12 August 2016  
DOI: 10.1111/jnu.12237

#### Purpose

To explore the experiences of military spouses living with veterans with combat-related posttraumatic stress disorder (PTSD).

#### Design

Husserlian phenomenology was chosen as the theoretical framework because it allowed a deeper understanding of the unfolding of the spouses' daily experience.

#### Methods

A purposive sample of 14 spouses living with veterans with symptoms of PTSD participated in unstructured interviews. Data were analyzed using a modification of the Colaizzi phenomenological method.

#### Findings

Spouses recognized that the veteran was no longer the same person, with life becoming one of living with the unpredictability of PTSD. The spouses bore the burden to maintain normalcy in the family and eventually created a new life.

#### Conclusions

Military spouses endure psychological stress and strain, while living with a veteran with PTSD. There is a need for more programs to support the resilience of military spouses.

#### Clinical Relevance

Life for military spouses of veterans with PTSD is ever-changing and unpredictable. Practitioners need to be aware of the stress that spouses experience and develop programs and interventions that bolster the resilience of military families.

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<http://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-016-0991-6>

#### **Personality differences in early versus late suicide attempters.**

Ute Lewitzka, Sebastian Denzin, Cathrin Sauer, Michael Bauer and Burkhard Jabs

## Background

Suicidality is an individual behaviour caused by a complex framework of internal and external factors. The predictive values of personality traits for a suicide attempt have been demonstrated, especially in conjunction with Cloninger's TCI and impulsivity. Two issues remain unsolved, namely whether these traits alter over time after a suicide attempt, and how they may be influenced by depressive symptoms.

## Methods

We studied two patient cohorts: one sample of 81 patients after a suicide attempt no longer than 3 months previously (SA early) and another sample of 32 patients whose attempt had taken place more than 6 months previously (SA late). We carried out structured interviews with these subjects addressing diagnosis (MINI), suicidality (Scale for suicide ideation), depression (HAMD-17), temperament and character inventory (TCI), and impulsivity (BIS-10). Data analysis was done using SPSS 16.0.

## Results

Our two groups did not differ significantly in sociodemographics or suicidality. However, patients in the SA early group were significantly more depressed ( $p < 0.001$ ), and scored lower in reward dependence ( $p < 0.001$ ) and persistence ( $p = 0.005$ ) but higher in harm avoidance ( $p < 0.001$ ); they did not differ significantly in impulsivity ( $p < 0.01$ ). Reward dependence, persistence, and harm avoidance remained significantly different between the two groups after controlling for depressive symptoms.

## Conclusions

Our findings suggest that some personality traits vary after a suicide attempt. Further investigations are necessary to verify our results, ideally in longitudinal studies with larger, carefully-described cohorts. It would be also clinically important to investigate the influence of therapeutic strategies on the variability of personality traits and their impact on suicidal behavior.

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<http://onlinelibrary.wiley.com/doi/10.1111/jrh.12201/full>

**Pre-Implementation Strategies to Adapt and Implement a Veteran Peer Coaching Intervention to Improve Mental Health Treatment Engagement Among Rural Veterans.**



Christopher J. Koenig PhD, Traci Abraham PhD, Kara A. Zamora MA, Coleen Hill BA, P. Adam Kelly PhD, MBA, Madeline Uddo PhD, Michelle Hamilton PhD, Jeffrey M. Pyne MD, Karen H. Seal MD, MPH

The Journal of Rural Health  
First published: 10 August 2016  
DOI: 10.1111/jrh.12201

### Purpose

Telephone motivational coaching has been shown to increase urban veteran mental health treatment initiation. However, no studies have tested telephone motivational coaching delivered by veteran peers to facilitate mental health treatment initiation and engagement. This study describes pre-implementation strategies with 8 Veterans Affairs (VA) community-based outpatient clinics in the West and Mid-South United States to adapt and implement a multisite pragmatic randomized controlled trial of telephone peer motivational coaching for rural veterans.

### Methods

We used 2 pre-implementation strategies, Formative Evaluation (FE) research and Evidence-Based Quality Improvement (EBQI) meetings to adapt the intervention to stakeholders' needs and cultural contexts. FE data were qualitative, semi-structured interviews with rural veterans and VA clinic staff. Results were rapidly analyzed and presented to stakeholders during EBQI meetings to optimize the intervention implementation.

### Findings

FE research results showed that VA clinic providers felt overwhelmed by veterans' mental health needs and acknowledged limited mental health services at VA clinics. Rural veteran interviews indicated geographical, logistical, and cultural barriers to VA mental health treatment initiation and a preference for self-care to cope with mental health symptoms. EBQI meetings resulted in several intervention adaptations, including veteran study recruitment, peer veteran coach training, and an expanded definition of mental health care outcomes.

### Conclusions

As the VA moves to cultivate community partnerships in order to personalize and expand access to care for rural veterans, pre-implementation processes with engaged stakeholders, such as those described here, can help guide other researchers and clinicians to achieve proactive and veteran-centered health care services.

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<http://search.informit.com.au/documentSummary;dn=258549553404380;res=IELHEA>

**Predictors of depression diagnoses and symptoms in United States female veterans: Results from a national survey and implications for programming.**

Thomas, Kate Hendricks; Albright, DL; Shields, MM; Kaufman, E; Michaud, C; Taylor, S. Plummer and Hamner, K.

Journal of Military and Veterans Health  
Volume 24 Issue 3 (Jul 2016)

**Abstract:**

**Background and Purpose:** Research suggests that female veterans of the United States military are more likely than their male counterparts to report mental health concerns such as posttraumatic stress, depression and suicidal thoughts. The purpose of this study was to explore the interaction of service era (time period during which active duty service occurred), social support, and beliefs about mental health care utility as they relate to depression in female veterans in the hope of improving health programming for this priority population.

**Materials and Methods:**

Secondary analysis of data from the 2012 Behavioral Risk Factor Surveillance Survey (BRFSS) conducted by the Centers for Disease Control and Prevention (CDC) involved logistic regression analysis of a large, nationally-sourced sample of 54,060 veterans, of whom 8.5% were women (n = 4,544). Correlations were found between social support, service era, and treatment stigma variables as they predicted outcome variables of diagnosed and undiagnosed depression.

**Results:**

Of the nationally-sourced sample of 4,544 female veterans, 25.5% reported a medically-diagnosed depression condition of mild, moderate, or major severity. Of veterans in the sample who did not already have a depression diagnosis, 12% indicated the presence of symptoms that indicate undiagnosed depression of mild, moderate, or major severity. Female veterans from recent wars in Iraq and Afghanistan were more likely than older peers to be struggling with symptoms that may indicate undiagnosed depression or to have a depression diagnosis.

**Conclusion:**

The findings of this study aided in identifying three demographic and behavioural health

predictors of diagnosed depression and one predictor of undiagnosed depression in the female military veteran population that demonstrated both practical and statistical significance.

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<https://search.informit.com.au/documentSummary;dn=258754516088220;res=IELHEA>

**A systematic review of the impacts of active military service on sexual and reproductive health outcomes among servicewomen and female veterans of armed forces.**

Lawrence-Wood, Ellie; Kumar, S; Cromptvoets, S; Fosh, BG; Rahmanian, H; Jones, L and Neuhaus, S.

Journal of Military and Veterans Health  
Volume 24 Issue 3 (Jul 2016)

There are clear evidence gaps relating to health outcomes of servicewomen and female military veterans (here included as servicewomen). In addition to physical health, mental wellbeing and maternal health, there is limited literature regarding their sexual and reproductive health, particularly within an international context.<sup>1</sup> Internationally, a recent increased focus on the health of servicewomen and female veterans reflects both increased numbers of females in the military and removal of duty restrictions. Consequently, specific policies addressing pregnancy, breastfeeding and return to work have been developed, although research evidence to inform these is lacking. Identifying available evidence and mapping evidence gaps is critical to develop policies that will support the future female military workforce. Therefore, as a basis to address these emerging issues, an evidence mapping review was conducted to identify reproductive and sexual health issues faced by servicewomen, and establish the evidence gaps and target areas for future research.

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<http://www.sciencedirect.com/science/article/pii/S1049386716300779>

**Military Sexual Trauma and Co-occurring Posttraumatic Stress Disorder, Depressive Disorders, and Substance Use Disorders among Returning Afghanistan and Iraq Veterans.**

Amanda K. Gilmore, Emily Brignone, Janelle M. Painter, Keren Lehavot, Jamison Fargo, Ying Suo, Tracy Simpson, Marjorie E. Carter, Rebecca K. Blais, Adi V. Gundlapalli

Women's Health Issues

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#### Purpose

Posttraumatic stress disorder (PTSD), depressive disorders (DD), and substance use disorders (SUD) are prevalent among veterans. A positive military sexual trauma (MST) screen is associated with higher likelihood of each of these disorders. The current study examined the associations between MST, gender, and co-occurring PTSD, DD, and SUD among veterans receiving services at the Department of Veterans Affairs to inform assessment and treatment. We were specifically interested in the interactions between MST and gender on co-occurring disorders.

#### Methods

The sample included 494,822 Department of Veterans Affairs service-seeking veterans (12.5% women) deployed to Iraq and Afghanistan who recently separated from the military and were screened for MST between 2004 and 2013.

#### Main Findings

Veterans with positive MST screens had higher odds than those with negative screens of individual and co-occurring PTSD, DD, and SUD. The association between positive MST screens and diagnostic outcomes, including PTSD, was stronger for women than for men, and the association between positive MST screens and some diagnostic outcomes, including DD, was stronger for men than for women.

#### Conclusions

These results highlight the importance of assessing for and recognizing the potential MST and gender interactions in the clinical context among veterans with co-occurring PTSD, DD, and/or SUD.

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<http://www.mdpi.com/2077-0383/5/8/70>

**PTSD Symptom Severities, Interpersonal Traumas, and Benzodiazepines Are Associated with Substance-Related Problems in Trauma Patients.**

Jeffrey Guina, Ramzi W. Nahhas, Adam J. Goldberg and Seth Farnsworth

Journal of Clinical Medicine

2016, 5(8), 70

doi:10.3390/jcm5080070

#### Background:

Trauma is commonly associated with substance-related problems, yet associations between specific substances and specific posttraumatic stress disorder symptoms (PTSSs) are understudied. We hypothesized that substance-related problems are associated with PTSS severities, interpersonal traumas, and benzodiazepine prescriptions.

#### Methods:

Using a cross-sectional survey methodology in a consecutive sample of adult outpatients with trauma histories ( $n = 472$ ), we used logistic regression to examine substance-related problems in general (primary, confirmatory analysis), as well as alcohol, tobacco, and illicit drug problems specifically (secondary, exploratory analyses) in relation to demographics, trauma type, PTSSs, and benzodiazepine prescriptions.

#### Results:

After adjusting for multiple testing, several factors were significantly associated with substance-related problems, particularly benzodiazepines (AOR = 2.78; 1.99 for alcohol, 2.42 for tobacco, 8.02 for illicit drugs), DSM-5 PTSD diagnosis (AOR = 1.92; 2.38 for alcohol, 2.00 for tobacco, 2.14 for illicit drugs), most PTSSs (especially negative beliefs, recklessness, and avoidance), and interpersonal traumas (e.g., assaults and child abuse).

#### Conclusion:

In this clinical sample, there were consistent and strong associations between several trauma-related variables and substance-related problems, consistent with our hypotheses. We discuss possible explanations and implications of these findings, which we hope will stimulate further research, and improve screening and treatment.

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<http://www.ncbi.nlm.nih.gov/pubmed/27504921>

Psychiatry Res. 2016 Jul 22;244:257-265. doi: 10.1016/j.psychres.2016.07.036. [Epub ahead of print]

**The influence of gender on suicidal ideation following military sexual trauma among Veterans in the Veterans Health Administration.**

Monteith LL, Bahraini NH, Matarazzo BB, Gerber HR, Soberay KA, Forster JE

No studies have examined whether military sexual trauma, as measured and defined within the Veterans Health Administration (VHA), is associated with suicidal ideation among Veterans in VHA care, when taking prior suicide attempts into account. Research regarding the role of gender in this association is also limited. The present study examined: (1) whether military sexual trauma was associated with the presence of past-week suicidal ideation among 354 Veterans in VHA (310 men, 44 women); (2) whether gender moderated the association between military sexual trauma and suicidal ideation. Information regarding military sexual trauma, suicidal ideation, suicide attempt, and psychiatric diagnoses was obtained from self-report instruments and medical records. Adjusting for age, gender, combat, posttraumatic stress disorder, depressive disorders, negative affect, and lifetime suicide attempt, Veterans with military sexual trauma were significantly more likely to report suicidal ideation, compared to Veterans without military sexual trauma. Furthermore, the association between military sexual trauma and suicidal ideation was stronger for men compared to women. These results contribute to a growing literature identifying military sexual trauma as a risk factor for suicidal thoughts and behaviors among Veterans in VHA care and emphasize the importance of screening for suicidal ideation among survivors of military sexual trauma. Published by Elsevier Ireland Ltd.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22108/abstract>

**Place and Posttraumatic Stress Disorder.**

Monson, E., Paquet, C., Daniel, M., Brunet, A. and Caron, J.

Journal of Traumatic Stress

Volume 29, Issue 4, pages 293–300, August 2016

DOI: 10.1002/jts.22108

Research on traumatic stress has focused largely on individual risk factors. A more thorough understanding of risk factors may require investigation of the contribution of neighborhood context, such as the associations between perceived neighbourhood disorder and social cohesion with reported trauma exposure (yes/no) and posttraumatic stress disorder (PTSD) diagnostic status (past-year PTSD, remitted). To examine these associations, we used a cross-sectional analysis of an epidemiological catchment area survey (N = 2,433). Visible cues, indicating a lack of order and social control in the community (neighbourhood disorder), were associated with increased trauma exposure (adjusted odds ratio [AOR] = 1.21, 95% confidence interval [CI] [1.12, 1.31]). For trauma-exposed individuals, neighbourhood disorder was associated with greater odds of lifetime PTSD (AOR = 1.38, 95% CI [1.10, 1.75]), and the willingness of residents who realize common values to intervene for the common good (social cohesion), was associated with lower likelihood of past-year PTSD (AOR = 0.64, 95% CI [0.42, 0.97]). For participants with a lifetime diagnosis of PTSD (including past-year), increased social cohesion was associated with higher odds of remission (AOR = 2.59, 95% CI [1.55, 4.30]). Environmental contexts play a role in the development and progression of PTSD. As such, traumatic stress outcomes may be better understood through a perspective that integrates individual and contextual risk factors.

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<http://onlinelibrary.wiley.com/wol1/doi/10.1002/jts.22113/abstract>

### **Intrusive Cognitive Content and Postdeployment Distress.**

Shipherd, J. C., Salters-Pedneault, K. and Matza, A.

Journal of Traumatic Stress

Volume 29, Issue 4, pages 301–308, August 2016

DOI: 10.1002/jts.22113

Although intrusive cognitions (ICs) are common posttrauma, little is known about trauma-related IC content, or associations between IC content and posttraumatic adjustment. A mixed-method cross-sectional approach was used in a secondary analysis of IC content and postdeployment distress. Participants were 1,521 U.S. Army soldiers 3–12 months postdeployment reporting their most distressing postdeployment ICs (mean number of ICs reported was 1.20). ICs were transcribed and content was categorized by 13 emergent themes. The most commonly reported ICs were of injury or death (48.2%) and combat (43.5%), and soldiers with probable posttraumatic stress disorder (PTSD; n = 187) were more likely to report the presence of these ICs,  $\chi^2(1) = 35.27$ ,  $ps < .001$ ,  $\phi_s < .16$  than those without probable PTSD (n = 1,331). Other



domains also emerged frequently, including ICs about friends (31.0%), family (15.8%), and leadership concerns (13.8%). IC content was a small, but significant correlate of distress after adjusting for combat exposure ( $\Delta R^2 \geq .02$ ,  $ps \leq .001$ ). The presence of ICs of injury or death, combat, military sexual trauma, health, leadership, and family ( $\beta s > .06$ ,  $ps < .02$ ) were unique correlates of distress. Results suggested that ICs about a wide range of topics should be addressed in postdeployment interventions.

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<http://onlinelibrary.wiley.com/wol1/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

Volume 29, Issue 4, pages 340–348, August 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  $\geq 50$  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.

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<http://onlinelibrary.wiley.com/wol1/doi/10.1002/jts.22122/abstract>

### **The Role of Posttraumatic Growth in a Randomized Controlled Trial of Cognitive–Behavioral Conjoint Therapy for PTSD.**

Wagner, A. C., Torbit, L., Jenzer, T., Landy, M. S. H., Pukay-Martin, N. D., Macdonald, A., Fredman, S. J. and Monson, C. M.

Journal of Traumatic Stress

Volume 29, Issue 4, pages 379–383, August 2016

DOI: 10.1002/jts.22122

Posttraumatic growth (PTG) is defined as a positive psychological change that can emerge following a traumatic life event. Although documented in noninterventional studies of traumatized individuals, there are scant data on the potential for therapy to induce or improve PTG. Thus, the primary goal of this study was to examine changes in PTG in a controlled trial of cognitive–behavioral conjoint therapy for posttraumatic stress disorder versus waitlist (CBCT for PTSD; Monson & Fredman, 2012). We also examined whether pretreatment relationship satisfaction and PTSD symptomatology moderated change in PTG. There were 40 couples (75% with a female partner with PTSD) who were randomized to either immediate CBCT for PTSD or a 3-month waitlist (WL). Compared to WL, individuals who received treatment immediately demonstrated a significant increase in PTG. There was a moderate effect size between-group difference (Hedge's  $g = 0.45$ ). There was a nonsignificant relationship with a moderate effect size (Hedge's  $g = 0.65$ ) for the positive effect of pretreatment relationship satisfaction on the trajectory of PTG, but no effect of pretreatment PTSD symptoms. Results suggested that CBCT for PTSD facilitated PTG, even with a limited focus on PTG in this conjoint intervention. Future research should target PTG as a treatment goal and further examine the role of close others in facilitating development of PTG.

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<http://onlinelibrary.wiley.com/wol1/doi/10.1002/jts.22115/abstract>

### **Secondary Traumatization in Vietnam Veterans' Families.**

Yager, T. J., Gerszberg, N. and Dohrenwend, B. P.

Journal of Traumatic Stress

Volume 29, Issue 4, pages 349–355, August 2016

DOI: 10.1002/jts.22115

This research focused on secondary traumatization of wives and offspring of 115 male Vietnam veterans, a subsample from the National Vietnam Veterans Readjustment Study who had one or more children aged 6 to 16 years and had had a clinical interview. Traumatization was defined as meeting criteria for lifetime war-related posttraumatic stress disorder (PTSD). Secondary traumatization was operationalized by elevated scores on children's internalizing or externalizing behavior problems and on wives' demoralization. There was evidence of secondary traumatization in the veterans' sons (odds ratio [OR] = 20.31 for internalizing behavior problems). Current PTSD in the veterans was associated with demoralization in their wives or partners ( $\beta = 0.24$ ), which in turn was associated with behavior problems in their daughters (ORs = 2.67 and 4.61 for internalizing and externalizing behavior problems, respectively; these were adjusted for veteran's PTSD). Demoralization of the wife or partner was also associated with current alcoholism in the veterans ( $\beta = 0.30$ , adjusting for veteran's PTSD). These associations were also adjusted for other veteran risk factors, including severity of combat exposure, involvement in harming civilians or prisoners, and prewar vulnerability. Even with the degree of secondary traumatization present, the veterans' children appeared at least as healthy as counterparts in the general population.

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<http://onlinelibrary.wiley.com/wol1/doi/10.1002/jts.22121/abstract>

**The Association of Combat Exposure With Postdeployment Behavioral Health Problems Among U.S. Army Enlisted Women Returning From Afghanistan or Iraq.**

Adams, R. S., Nikitin, R. V., Wooten, N. R., Williams, T. V. and Larson, M. J.

Journal of Traumatic Stress

Volume 29, Issue 4, pages 356–364, August 2016

DOI: 10.1002/jts.22121

An association between combat exposure and postdeployment behavioral health problems has been demonstrated among U.S. military service members returning from Afghanistan or Iraq in predominantly male samples, yet few studies have focused on the experiences of women. Using data from the longitudinal, observational Substance Use

and Psychological Injury Combat (SUPIC) Study, we explored the self-report of 4 combat exposure items and postdeployment behavioral health screening results for 42,397 Army enlisted women who had returned from Afghanistan or Iraq from fiscal years 2008 through 2011. We ran multivariate logistic regression models to examine how a constructed composite combat exposure score (0, 1, 2, 3+) was associated with screening positive postdeployment for posttraumatic stress disorder (PTSD), depression, and at-risk drinking among active duty (AD) and National Guard/Reserve (NG/R) women. AD and NG/R women commonly reported being wounded, injured, assaulted, or hurt (17.3% and 29.0%, respectively). In all 6 multivariate models, Army women with any report of combat exposure had increased odds of the behavioral health problem (i.e., PTSD, depression, or at-risk drinking). The magnitude of the association between combat exposure and PTSD was most striking, indicating increased odds of PTSD as combat exposure score increased. AD and NG/R women with a combat exposure score of 3+ had increased odds of PTSD, 20.7, 95% confidence interval (CI) [17.0, 25.1] and 27.8, 95% CI [21.0, 36.9], respectively. Women who report combat exposure may benefit from early prevention and confidential intervention to promote postdeployment health and reduce long-term behavioral health problems.

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<http://gradworks.umi.com/10/11/10117941.html>

**Stressors and mental health outcomes among female service members: The influence of coping strategies, social support, and psychological resilience.**

Combs, Jessica Yvonne, Psy.D.

Dissertation

SPALDING UNIVERSITY, 2016, 171 pages

Female veterans experience a variety of stressors while serving in the military, ranging from combat-related stressors to sexual assault. There are many theories about how these wide range of stressors impact female veterans' mental health; however, few studies examine the influence of each of these stressors on mental health and what factors protective individuals against the negative mental health outcomes of these stressors. Furthermore, research has shown that both stressors and protective factors, such as coping responses, resilience, and social support, influence the development of mental health symptoms. The purpose of the present study was to determine the specific types of stressors women experience while serving in the military, examine the degree of psychological symptoms women experience as a result of these stressors, and assess the role protective factors have on mediating the effects the stressors have on psychological functioning. The present study recruited 206 female military service

members via social media to complete a survey consisting of a demographic questionnaire and measures of sexual harassment, gender harassment, combat-related stressors, coping responses, resilience, social support, depression, and posttraumatic stress symptoms. A total of 116 participants completed the survey in its entirety. Analyses showed that 93.1% (N = 144) of the participants indicated experiencing at least one form of sexual harassment and 96.4% (N = 132, M = 14.0, SD = 4.7) of the participants indicated experiencing at least one form of gender harassment. With regard to mental health functioning, 16.4% of the participants met criteria for mild depression, 11.2% for moderate depression, and 17.2% for severe depression. In addition, a total of 13% of the participants met criteria for posttraumatic stress symptoms. Finally, resilience was negatively correlated with symptoms of both depression and posttraumatic stress. Overall, the results suggest that female service members experience a variety of stressors while serving in the military and are at increased risk of experiencing sexual and gender harassment. Also, experiences of sexual and gender harassment are associated with an increased risk of mental health problems. A discussion of the findings, implications for clinical practice, and directions for future research are addressed.

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### **Links of Interest**

How to fight chronic pain with more than opioids

<http://www.philly.com/philly/health/20160814> How to fight chronic pain with more than an opioids.html

ADF personnel suffering PTSD will face radical new treatment

<http://www.dailytelegraph.com.au/news/nsw/adf-personnel-suffering-ptsd-will-face-radical-new-treatment/news-story/864f59098d9e5e994135778bee57fd98>

Scientists Engineer An Opioid That May Reduce Pain With Less Risk

<http://www.npr.org/sections/health-shots/2016/08/17/490380937/scientists-engineer-an-opioid-that-may-reduce-pain-with-less-risk>

Human brain clocks exposed: Effects of circadian clocks, sleep loss vary across brain regions, new study finds

<https://www.sciencedaily.com/releases/2016/08/160811142728.htm>

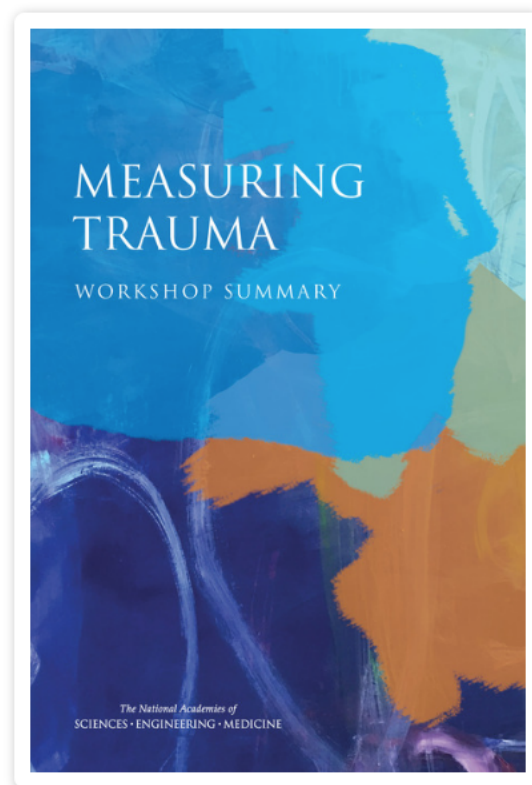
Does marriage affect drinking? A new study provides insights

<https://www.sciencedaily.com/releases/2016/08/160811171647.htm>

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**Resource of the Week - [Measuring Trauma: Workshop Summary](#)**

The Workshop on Integrating New Measures of Trauma into the Substance Abuse and Mental Health Services Administration's (SAMHSA) Data Collection Programs, held in Washington, D.C. in December 2015, was organized as part of an effort to assist SAMHSA and the Office of the Assistant Secretary for Planning and Evaluation of the U.S. Department of Health and Human Services in their responsibilities to expand the collection of behavioral health data to include measures of trauma. The main goals of the workshop were to discuss options for collecting data and producing estimates on exposure to traumatic events and PTSD, including available measures and associated possible data collection mechanisms. This report summarizes presentations and discussions from the workshop.



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