



**CDP Research Update -- September 1, 2016**

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- Ethical Issues and Practical Challenges in Suicide Research: Collaboration With Institutional Review Boards.
- Links of Interest
- Resource of the Week -- After the Post-9/11 GI Bill: A Profile of Military Service Members and Veterans Enrolled in Undergraduate and Graduate Education

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<http://onlinelibrary.wiley.com/doi/10.1002/cpp.2037/abstract>

## **Psychologists' Perspectives on Therapy Termination and the Use of Therapy Engagement/Retention Strategies.**

Robin Westmacott, John Hunsley

Clinical Psychology & Psychotherapy

First published: 25 August 2016

DOI: 10.1002/cpp.2037

Practicing psychologists (n = 269) were surveyed regarding their perspectives on client reasons for termination at different points in therapy and their use of strategies to engage and retain clients in therapy. Psychologists estimated that one-third of their caseload unilaterally terminated (M = 13% before the third therapy session; M = 20% after the third session). They viewed lack of readiness for change/insufficient motivation as the most important barrier to early treatment engagement, and symptom improvement as the most important reason for clients' unilateral decisions to end therapy after the third session. Most psychologists reported occasional use of the majority of engagement and retention strategies. Although some strategies were used by most psychologists (e.g., building the early working alliance), fewer than 25% of psychologists reported the frequent use of time-limited treatment, appointment reminders or case management procedures. As the implementation of these strategies in clinical practice has the potential to greatly influence client retention rates, future research should examine psychologists' perspectives on and barriers to using these strategies. Copyright © 2016 John Wiley & Sons, Ltd.

### Key Practitioner Message

- Therapists tend to underestimate the number of clients who make unilateral decisions to end treatment in their own practices. Therapists are unlikely to take steps to engage and retain clients in treatment unless they believe that unilateral termination is a significant problem.
- Clients who unilaterally end treatment are often experiencing problems with the process of therapy (e.g., dissatisfaction, lack of fit, feeling as though therapy is going nowhere), whereas therapists often attribute failed therapy to clients. It is important to be aware of this tendency and look for other explanations.
- It is worthwhile to actively solicit clients' barriers in an effort to mitigate them.
- The empirical literature provides ample evidence that it is helpful for therapists to deliberately employ strategies to engage and retain clients in therapy. All

therapists would benefit from considering which strategies fit with their practices.

- Although almost all therapists emphasize building the early working alliance, and this is essential to good outcome, other evidence-based methods of engaging clients in therapy are largely underutilized, such as systematically monitoring client progress and barriers, placing time limits on treatment, using appointment reminders, and case management.

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<http://link.springer.com/article/10.1007%2Fs10942-016-0248-9>

### **Jealousy, Infidelity, and the Difficulty of Diagnosing Pathology: A CBT Approach to Coping with Sexual Betrayal and the Green-Eyed Monster.**

David M. Buss, Mike Abrams

Journal of Rational-Emotive & Cognitive-Behavior Therapy

First Online: 22 August 2016

DOI: 10.1007/s10942-016-0248-9

Humans have evolved adaptations for infidelity, as well defenses against a partner's betrayal—centrally the emotion of jealousy. Both create problems that bring couples to therapy. Diagnosing jealousy as pathological versus normal turns out to be difficult, in part because infidelity has evolved to be concealed from the betrayed mate, which creates a signal detection problem. Because missing an infidelity committed by a mate has been more costly in evolutionary currencies than falsely suspecting a partner of cheating, selection has created an error management cognitive bias to over-infer a partner's betrayal. Moreover, adaptations for jealousy become activated by predictors of infidelity, such as mate value discrepancies, when no actual infidelities have occurred. Cognitive-behavior therapy (CBT) offers several ways to deal with these complexities. One way is to highlight potential mismatches, distinguishing between jealous emotions that were functional in ancestral environments but are less so in modern environments. A second is to distinguish between the goal of personal well-being and reproductive outcomes. Understanding the evolutionary logic of jealousy, in short, provides patients with conceptual tools for cognitively reframing jealousy and infidelity.

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<http://onlinelibrary.wiley.com/doi/10.1111/jgs.14304/full>

## **Cognitive Behavioral Therapy for Insomnia in Older Veterans Using Nonclinician Sleep Coaches: Randomized Controlled Trial.**

Alessi, C., Martin, J. L., Fiorentino, L., Fung, C. H., Dzierzewski, J. M., Rodriguez Tapia, J. C., Song, Y., Josephson, K., Jouldjian, S. and Mitchell, M. N.

Journal of the American Geriatric Society

First published: 22 August 2016

DOI: 10.1111/jgs.14304

### Objectives

To test a new cognitive behavioral therapy for insomnia (CBT-I) program designed for use by nonclinicians.

### Design

Randomized controlled trial.

### Setting

Department of Veterans Affairs healthcare system.

### Participants

Community-dwelling veterans aged 60 and older who met diagnostic criteria for insomnia of 3 months duration or longer (N = 159).

### Intervention

Nonclinician “sleep coaches” delivered a five-session manual-based CBT-I program including stimulus control, sleep restriction, sleep hygiene, and cognitive therapy (individually or in small groups), with weekly telephone behavioral sleep medicine supervision. Controls received five sessions of general sleep education.

### Measurements

Primary outcomes, including self-reported (7-day sleep diary) sleep onset latency (SOL-D), wake after sleep onset (WASO-D), total wake time (TWT-D), and sleep efficiency (SE-D); Pittsburgh Sleep Quality Index (PSQI); and objective sleep efficiency (7-day wrist actigraphy, SE-A) were measured at baseline, at the posttreatment assessment, and at 6- and 12-month follow-up. Additional measures included the Insomnia Severity Index (ISI), depressive symptoms (Patient Health Questionnaire-9 (PHQ-9)), and quality of life (Medical Outcomes Study 12-item Short-form Survey version 2 (SF-12v2)).

## Results

Intervention subjects had greater improvement than controls between the baseline and posttreatment assessments, the baseline and 6-month assessments, and the baseline and 12-month assessments in SOL-D (-23.4, -15.8, and -17.3 minutes, respectively), TWT-D (-68.4, -37.0, and -30.9 minutes, respectively), SE-D (10.5%, 6.7%, and 5.4%, respectively), PSQI (-3.4, -2.4, and -2.1 in total score, respectively), and ISI (-4.5, -3.9, and -2.8 in total score, respectively) (all  $P < .05$ ). There were no significant differences in SE-A, PHQ-9, or SF-12v2.

## Conclusion

Manual-based CBT-I delivered by nonclinician sleep coaches improves sleep in older adults with chronic insomnia.

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<http://psycnet.apa.org/psycinfo/2016-39635-001/>

## **Sleep Problems and Physical Pain as Moderators of the Relationship Between PTSD Symptoms and Aggression in Returning Veterans.**

LaMotte, Adam D.; Taft, Casey T.; Weatherill, Robin P.; Casement, Melynda D.; Creech, Suzannah K.; Milberg, William P.; Fortier, Catherine B.; McGlinchey, Regina E.

Psychological Trauma: Theory, Research, Practice, and Policy

Aug 15 , 2016

<http://dx.doi.org/10.1037/tra0000178>

### Objective:

This study investigated sleep problems and physical pain as moderators of the relationship between PTSD symptoms and aggression among returning veterans. Prior research has demonstrated associations between PTSD symptoms and aggression, but little work has sought to identify moderators of this relationship. Sleep problems and physical pain are both common clinical problems among veterans and have theoretical links to aggression.

### Method:

Participants were 103 returning service members and veterans recruited from the greater Boston area and enrolled in the VA Translational Research Center for Traumatic Brain Injury (TBI) and Stress Disorders (TRACTS). Aggression outcomes included physical and psychological intimate partner aggression (IPA), as well as physical and psychological general aggression (GA). Variables were measured via self-report

questionnaires, with the exception of PTSD symptoms, which were assessed via clinician interview.

#### Results:

Bivariate correlations revealed significant associations between PTSD symptoms, sleep problems, physical pain, and aggression outcomes. Both sleep problems and physical pain significantly moderated the relationship between PTSD symptoms and physical GA, such that this relationship became stronger at higher levels of these moderator variables. However, moderation was not found for the other aggression outcomes.

#### Conclusions:

Findings suggest that sleep problems and physical pain strengthen the relationship between veterans' PTSD symptoms and physical aggression toward others. Although further replication and elucidation is needed, these factors may disinhibit aggression among those at higher risk due to their PTSD symptoms. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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<http://psycnet.apa.org/psycinfo/2016-40101-001/>

### **Efficacy of Warrior Renew Group Therapy for Female Veterans Who Have Experienced Military Sexual Trauma.**

Katz, Lori S.

Psychological Services

Aug 18 , 2016

<http://dx.doi.org/10.1037/ser0000103>

This is a program evaluation of the Warrior Renew treatment protocol delivered in an outpatient therapy group for survivors of military sexual trauma (MST) at a Department of Veterans Affairs medical center. The group was delivered via a manualized protocol with 12 weekly topics. It includes coping skills for affect management (e.g., triggers and anxiety) and addresses unique aspects of MST including anger/resentments because of injustice and lack of closure, betrayal, and self-blame. It also addresses interpersonal factors such as relationship patterns and healthy interpersonal skills. This evaluation was conducted as part of routine clinical care in a naturalistic setting. Forty-three female veterans started and 34 completed treatment (21% dropout rate). Of the 34 graduates, 32 opted to complete pre- and posttreatment assessments. Findings revealed significant decreases in symptoms of anxiety, depression, posttraumatic negative thinking, and posttraumatic stress disorder (PTSD) all with large effect sizes. In addition,

75% of the sample had a reliable clinical change at the 95% confidence interval. These results are promising and further investigation is warranted to examine Warrior Renew to address the unique issues related to MST. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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<http://psycnet.apa.org/psycinfo/2016-40084-001/>

### **Meditation for Posttraumatic Stress: Systematic Review and Meta-analysis.**

Hilton, Lara; Maher, Alicia Ruelaz; Colaiaco, Benjamin; Apaydin, Eric; Sorbero, Melony E.; Booth, Marika; Shanman, Roberta M.; Hempel, Susanne

Psychological Trauma: Theory, Research, Practice, and Policy

Aug 18 , 2016

<http://dx.doi.org/10.1037/tra0000180>

#### Objective:

We conducted a systematic review and meta-analysis that synthesized evidence from randomized controlled trials of meditation interventions to provide estimates of their efficacy and safety in treating adults diagnosed with posttraumatic stress disorder (PTSD). This review was based on an established protocol (PROSPERO: CRD42015025782) and is reported according to PRISMA guidelines. Outcomes of interest included PTSD symptoms, depression, anxiety, health-related quality of life, functional status, and adverse events.

#### Method:

Meta-analyses were conducted using the Hartung-Knapp-Sidik-Jonkman method for random-effects models. Quality of evidence was assessed using the Grade of Recommendations Assessment, Development, and Evaluation (GRADE) approach.

#### Results:

In total, 10 trials on meditation interventions for PTSD with 643 participants met inclusion criteria. Across interventions, adjunctive meditation interventions of mindfulness-based stress reduction, yoga, and the mantram repetition program improve PTSD and depression symptoms compared with control groups, but the findings are based on low and moderate quality of evidence. Effects were positive but not statistically significant for quality of life and anxiety, and no studies addressed functional status. The variety of meditation intervention types, the short follow-up times, and the



quality of studies limited analyses. No adverse events were reported in the included studies; only half of the studies reported on safety.

#### Conclusions:

Meditation appears to be effective for PTSD and depression symptoms, but in order to increase confidence in findings, more high-quality studies are needed on meditation as adjunctive treatment with PTSD-diagnosed participant samples large enough to detect statistical differences in outcomes. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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<http://www.sciencedirect.com/science/article/pii/S0166432816305538>

### **Combat blast related traumatic brain injury (TBI): Decade of recognition; promise of progress.**

Ralph G. DePalma, MD FACS, Stuart W. Hoffman, PhD

Behavioural Brain Research

Available online 20 August 2016

<http://dx.doi.org/10.1016/j.bbr.2016.08.036>

#### Highlights

- Between 2007–2015, out of the one million combat veterans screened for traumatic brain injury (TBI), 8.4% of these Veterans received a diagnosis of TBI after comprehensive evaluation, the majority are characterized as mTBI/Concussion (mTBI) and, in great proportion, related to blast exposures.
- Mild traumatic brain injury called ‘a signature injury’ also known as ‘the invisible injury’ of war received increased attention during current conflicts.
- Specific clinical and research challenges in mTBI include identification and assessment of neuropathological, cellular and resulting cognitive, emotional, behavioral and neurological consequences.
- Enhanced research support for understanding TBI promises opportunities for advances in its diagnosis, management as well as for understanding pathogenesis of degenerative brain disease and other brain related disorders.

Between April 2007 and December 2015, the Veterans Health Administration (VHA) screened one million combat veterans for traumatic brain injury (TBI), among 2.6 million deployed during operations Enduring Freedom, Iraqi Freedom and New Dawn

(OEF/OIF/OND). Since 2007, among those reporting, screened and referred for definitive evaluation, approximately 8.4% of these Veterans received a diagnosis of TBI, the majority characterized as mTBI/Concussion (mTBI) and, in great proportion, related to blast exposures. Mild Traumatic brain injury called “a signature injury” is also known as ‘the invisible injury’ of these conflicts. Identifying and assessing neuropathological, cellular and resulting cognitive, emotional, behavioral and neurological consequences of mTBI comprise vast clinical and research challenges. We provide a brief overview of current history, injury mechanisms related to blast exposure, coordinated research support, and the need to understand specific cellular and neurological changes occurring with blast injury, particularly mTBI.

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<http://aje.sagepub.com/content/early/2016/08/23/1098214016664584.abstract>

### **Evaluation Capacity Building in the Context of Military Psychological Health; Utilizing Preskill and Boyle’s Multidisciplinary Model.**

Lara Hilton and Salvatore Libretto

American Journal of Evaluation  
First published on August 23, 2016  
doi:10.1177/1098214016664584

The need for evaluation capacity building (ECB) in military psychological health is apparent in light of the proliferation of newly developed, yet untested programs coupled with the lack of internal evaluation expertise. This study addresses these deficiencies by utilizing Preskill and Boyle’s multidisciplinary ECB model within a post-traumatic stress disorder treatment program. This model outlines a theoretical framework, offers practical strategies, and emphasizes both context and culture, which are paramount in military health-care settings. This study found that the model provides a highly applicable ECB framework that includes ways to identify ECB objectives, tailor activities, and understand outcomes. While there was high utilization of ECB activities by program staff, there was misaligned evaluative thinking, which ultimately truncated sustainable evaluation practice. Based on this research, evaluators can better understand how to provide an ECB intervention in a complex cultural and political environment and assess its effectiveness.

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<http://www.sciencedirect.com/science/article/pii/S0163834316300494>

## **Patterns of Help-Seeking in a National Sample of Student Veterans: A Matched Control Group Investigation.**

Joseph M. Currier, Ryon C. McDermott, Brook M. Sims

General Hospital Psychiatry

Available online 22 August 2016

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

### Objectives

This study examined patterns of professional and non-traditional help-seeking in a national sample of veterans from 57 colleges/universities and demographically-matched students from the same institutions who had not served in the US Armed Forces.

### Methods

In total, 945 veterans and 2835 demographically-matched non-veteran students from the same four-year institutions completed assessments of help-seeking intentions and behaviors from professional, religious, and informal sources in the Healthy Minds Study between 2011 and 2015.

### Results

Drawing on bivariate and multivariate logistic regression models, equal ratios of these samples (2:1) did not endorse professional help-seeking intentions or behaviors. When compared to non-veteran students, veterans had greater intentions for religious help-seeking but were less likely to seek help from family/friends. Nearly half of depressed veterans who had not utilized services had also not sought help from any religious or informal sources.

### Conclusions

Unmet mental health needs might interfere with the success of a sizeable contingent of veterans pursuing new vocational goals. Community-based programs that can educate and/or equip non-traditional sources of support in veterans' naturally-occurring relationships might offset these concerns.

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<http://www.sciencedirect.com/science/article/pii/S00104440X16302462>

## **Intolerance of Uncertainty and Post-traumatic Stress Symptoms: An Investigation within a Treatment Seeking Trauma-Exposed Sample.**

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

Comprehensive Psychiatry

Available online 21 August 2016

<http://dx.doi.org/10.1016/j.comppsy.2016.08.011>

### Background:

Intolerance of uncertainty (IU) has been associated with post-traumatic stress symptoms (PTSS) in the literature. However, no research to date has investigated the relationship between IU and PTSS within a clinical trauma-exposed sample, which is an important next step in the literature and crucial for the generalizability of these findings. Therefore, the current study hypothesized that IU would be related to increased PTSS within a clinical sample of trauma-exposed individuals. Further, we hypothesized that IU would be related to elevated PTSS after accounting for anxiety sensitivity (AS) and negative affect (NA), two known correlates of PTSS. Finally, we examined the relations between IU and the PTSS clusters (i.e., avoidance, emotional numbing, hyperarousal, and re-experiencing) while covarying for AS and NA.

### Methods:

Participants included community adults (n = 126) presenting at an outpatient clinic. All participants had previously experienced a traumatic event as defined by the DSM-5 PTSD Criterion A.

### Results:

Results revealed IU was significantly associated with increased PTSS above and beyond AS and NA. Further, results indicated that IU was significantly related to the avoidance, hyperarousal, and emotional numbing PTSS clusters, even after covarying for AS and NA. IU was not significantly associated with the PTSS re-experiencing cluster once AS and NA were taken into account.

### Conclusions:

Our results expand upon the extant literature by demonstrating that IU is associated with PTSS above and beyond AS and NA within a clinical trauma-exposed sample.

These findings are discussed in terms of promising directions for future research and treatment strategies.

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<http://www.sciencedirect.com/science/article/pii/S1389945716301319>

### **Insomnia among current and remitted common mental disorders and the association with role functioning: results from a general population study.**

Margreet ten Have, Brenda W.J.H. Penninx, Saskia van Dorsselaer, Marlous Tuithof, Marloes Kleinjan, Ron de Graaf

Sleep Medicine

Available online 26 August 2016

<http://dx.doi.org/10.1016/j.sleep.2016.07.015>

#### Objective/Background

Insomnia is a neglected topic in psychiatric epidemiological studies. Despite the fact that insomnia is a common phenomenon and usually co-occurs with mental disorders, it remains to be addressed to what extent insomnia is associated with remitted and current common mental disorders and with impaired functioning in the population, after considering a wide variety of confounders.

#### Patients/Methods

Data were used from three waves of the Netherlands Mental Health Survey and Incidence Study-2 (N=4618), a nationally representative face-to-face survey of the general population. Insomnia was assessed at the third wave with the Women's Health Initiative Insomnia Rating Scale. Mental disorders were assessed at all waves with the Composite International Diagnostic Interview version 3.0. Confounders included sociodemographic characteristics, physical health and psychotropic medication use. Role functioning was assessed with the Medical Outcomes Study Short Form Health Survey and work loss with the World Health Organization Disability Assessment Schedule.

#### Results

Forty-two percent of the population reported none to mild insomnia, 35% moderate insomnia, and 23% severe insomnia. Both current and remitted anxiety disorder and current mood disorder were significantly associated with severe insomnia with adjusted odds ratios ranging from 1.8 to 3.3. Current and remitted substance use disorder were associated with moderate insomnia (adjusted OR range: 1.3–1.8). Moderate and severe

insomnia were significantly associated with impaired role functioning and work loss after adjustment for confounders.

#### Conclusion

Insomnia is a prevalent problem across different categories of mental disorders, even in the remitted phase. As insomnia has a high impact on daily functioning, insomnia deserves wide clinical attention.

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[http://www.europsy-journal.com/article/S0924-9338\(15\)00645-8/abstract](http://www.europsy-journal.com/article/S0924-9338(15)00645-8/abstract)

### **An effective suicide prevention program in the Israeli Defense Forces: A cohort study.**

L. Shelef, L. Tatsa-Laur, E. Derazne, J.J. Mann, E. Fruchter

European Psychiatry

January 2016; Volume 31, Pages 37–43

DOI: <http://dx.doi.org/10.1016/j.eurpsy.2015.10.004>

#### Objective

To evaluate the effectiveness of the IDF Suicide Prevention Program, implemented since 2006.

#### Design

Quasi-experimental (before and after) cohort study.

#### Participants

Two cohorts of IDF mandatory service soldiers: the first inducted prior to (1992–2005, n = 766,107) and the second subsequent to (2006–2012, n = 405,252) the launching of the intervention program.

#### Exposure

The IDF Suicide Prevention Program is a population-based program, incorporating: reducing weapon availability, de-stigmatizing help-seeking behavior, integrating mental health officers into service units, and training commanders and soldiers to recognize suicide risk factors and warning signs.

## Main outcome measure

Suicide rate and time to suicide in cohorts before and after exposure to the Suicide Prevention Program.

## Results

Trend analysis showed lower suicide rates in the cohort after intervention. The hazard ratio for the intervention effect on time to suicide was 0.44 (95% CI = 0.34–0.56,  $P < .001$ ) among males. Lower risk was associated with: male gender; born in Israel; higher socio-economic status; higher intelligence score; and serving in a combat unit (HR = 0.43: 95% CI = 0.33–0.55).

## Conclusions

There was a 57% decrease in the suicide rate following the administration of the IDF Suicide Prevention Program. The effect of the intervention appears to be related to use of a weapon, and being able to benefit from improved help-seeking and de-stigmatization. Future efforts should seek to extend the program's prevention reach to other demographic groups of soldiers. The success of the IDF program may inform suicide prevention in other military organizations and in the civilian sector.

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<http://www.ncbi.nlm.nih.gov/pubmed/25324296>

J Gerontol B Psychol Sci Soc Sci. 2016 May;71(3):415-24. doi: 10.1093/geronb/gbu150. Epub 2014 Oct 16

## **Subjective Age and Health in Later Life: The Role of Posttraumatic Symptoms.**

Avidor S, Benyamini Y, Solomon Z

### OBJECTIVES:

We examined: (a) long-term effects of war-related trauma and captivity on posttraumatic stress symptoms (PTSS), physical health, and subjective age; and (b) the moderation effect of PTSS and health on subjective age among ex-prisoners of war (ex-POWs) and war veterans.

### METHOD:

Israeli veterans of the 1973 Yom Kippur War (mean age 57 years), including 111 ex-POWs and 167 matched veterans were assessed for subjective age, war-related PTSS, and health-related measures (physical symptoms, somatization, health-risk behaviors, and self-rated health).

## RESULTS:

Controlling for age, ex-POWs endorsed higher subjective age than controls, and ex-POWs with posttraumatic stress disorder (PTSD) endorsed higher subjective age than ex-POWs and controls without PTSD. PTSS and health measures besides health-risk behaviors predicted subjective age. Significant interactions were found between PTSS and each health measure, suggesting that health only predicts subjective age for those reporting high PTSS.

## DISCUSSION:

PTSS appear to be implicated in the link between health measures and subjective age in later life, pointing to the long-term effect of captivity and war-induced traumatic distress on aging.

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<http://stars.library.ucf.edu/etd/5219/>

## **Role of Sleep in Exposure Therapy for Posttraumatic Stress Disorder in OIF/OEF Combat Veterans.**

Mesa, Franklin

University of Central Florida, 2016  
Electronic Theses and Dissertations, Paper 5219

Exposure therapy is theorized to reduce posttraumatic stress disorder (PTSD) symptomatology by promoting habituation/extinction of fear responses to trauma-related cues. Empirical evidence indicates that emotional memory, including habituation/extinction learning, is enhanced by sleep. However, service members with combat-related PTSD often report disturbed sleep. In this study, quality of sleep and indicators of extinction learning were examined in veterans of recent wars who had completed an exposure-based PTSD intervention. Fifty-five participants were categorized into two groups based on self-reported quality of sleep: low sleep disruption severity (LSDS; N = 29) and high sleep disruption severity (HSDS; N = 26). Participants in the LSDS group exhibited faster habituation to their traumatic memories and reported less PTSD symptomatology during and following treatment relative to participants in the



HSDS group. These findings indicate that individuals with combat-related PTSD reporting less disturbed sleep experience greater extinction learning during exposure therapy. Thus, incorporating interventions that target PTSD-related sleep disturbances may be one way to maximize exposure therapy outcomes in service members with PTSD.

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<http://www.psychiatrist.com/jcp/article/pages/2016/v77n08/v77n0818.aspx>

### **A Systematic Review of the Evidence for Medical Marijuana in Psychiatric Indications.**

Samuel T. Wilkinson, MD; Rajiv Radhakrishnan, MD; and Deepak Cyril D'Souza, MD

The Journal of Clinical Psychiatry  
2016;77(8):1050–1064  
10.4088/JCP.15r10036

#### **Objective:**

Marijuana has been approved for a number of psychiatric conditions in many states in the US including posttraumatic stress disorder (PTSD), agitation in Alzheimer's disease, and Tourette's disorder. In this systematic review, we examine the strength of evidence for the efficacy of marijuana and other cannabinoids for these psychiatric indications.

#### **Data Sources:**

The literature (MEDLINE) was searched for studies published between January 1980 and March 2015 using search terms related to marijuana and other cannabinoids and the specific diagnosis.

#### **Study Selection:**

The best quality of evidence, namely placebo-controlled, randomized clinical trials (RCTs) and meta-analyses, was sought per PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines. In the absence of RCTs, the next best available evidence (eg, observational studies, case reports) was reviewed. Of 170 publications that were screened, 40 were related to the topic, 29 were included in the qualitative synthesis, and 13 studies examined the efficacy of cannabinoids in humans.

#### **Data Extraction:**

The evidence was rated using the GRADE (Grading of Recommendations, Assessment, Development, and Evaluation) method.

#### Results:

No RCTs have thus far examined the efficacy of marijuana for Tourette's disorder, PTSD, or Alzheimer's disease. Lower-quality studies examined the efficacy of marijuana,  $\Delta$ 9-tetrahydrocannabinol, and nabilone; the strength of evidence for the use of cannabinoids for these conditions is very low at the present time. The consequences of chronic cannabinoid exposure includes tolerance, dependence, and withdrawal. Early and persistent marijuana use has been associated with the emergence of psychosis. Marijuana impairs attention, memory, IQ, and driving ability.

#### Conclusions:

Given its rapidly changing legal status, there is an urgent need to conduct double-blind, randomized, placebo- or active-controlled studies on the efficacy and safety of marijuana or its constituent cannabinoids for psychiatric conditions. Physicians and policy-makers should take into account the limited existing evidence and balance that with side effects before approving medical marijuana for psychiatric indications.

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<http://www.sciencedirect.com/science/article/pii/S0031395516410266>

### **Impact of Military Deployment on the Development and Behavior of Children.**

Suzie C. Nelson, Matthew J. Baker, Christina G. Weston

Pediatric Clinics of North America

Volume 63, Issue 5, October 2016, Pages 795–811

<http://dx.doi.org/10.1016/j.pcl.2016.06.003>

#### KEY POINTS

- Military culture has changed in recent years, increasing the likelihood that military-connected children will be affected by stresses unique to military life.
- Military deployment, resulting in separation of parents from their families for long periods of time, has repercussions on child development and behavior.
- Interventions to strengthen family resilience and parenting skills/coping have shown promise in mitigating potentially negative outcomes following deployment.
- More research, including longitudinal studies of military families, is needed to design further interventions and to bolster policies that support military families.

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[http://etd.fcla.edu/CF/CFE0006268/Branham\\_Dissertation\\_Final\\_7\\_21.pdf](http://etd.fcla.edu/CF/CFE0006268/Branham_Dissertation_Final_7_21.pdf)

**Wounded Warrior or War Hero? Or Maybe, Neither?: Resisting Common Tropes of the Veteran and Developing Digital Literacy Practices via Narrative Building and Identity Presentation in Social Networking Spaces**

Cassandra Ann Branham

University of Central Florida, 2016

Dissertation

This project reports on the results of a study that investigated the social networking use of student and non-student veterans, with a particular focus on the narrative building and identity presentation practices involved in this use. In this dissertation, I argue that stereotypical and exclusionary tropes of the veteran, such as the veteran as war hero and the veteran as wounded warrior, are damaging to our veterans and to others, in both the society and the classroom. However, through the detailed analysis of survey data and data collected from an interview and social networking profile tour with one student veteran participant, I highlight the exclusionary nature of these tropes and argue that the complex digital narratives crafted in social networking spaces can offer resistance to popular tropes of the veteran. The complexity of my participants' digital narratives also offers support for the argument that elements of one's social networking profiles, when viewed independently and decontextualized, can lead to invalid and unfair assumptions about the users' identity. Additionally, I argue that, for my participants, many of whom demonstrated a nuanced and critical understanding of audience, decisions to self-identify as military personnel in social networking spaces are intertwined with perceptions of privacy. Finally, this project culminates in the identification of a number of digital literacy practices present in my participants' social networking use, as well as a set of pedagogical and programmatic recommendations for writing teachers and writing program administrators interested in aiding student veterans in the process of transition and reintegration.

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<http://psycnet.apa.org/psycinfo/2016-38180-001/>

**Decision-Making and Exchange Processes of Dual-Military Couples: A Review and Suggested Strategies for Navigating Multiple Roles.**

Huffman, Ann Hergatt; Craddock, Emily B.; Culbertson, Satoris S.; Klinefelter, Zachary

Military Psychology

Aug 8 , 2016

<http://dx.doi.org/10.1037/mil0000135>

As the number of dual-earner couples has increased, so has the number of dual-military couples. Individuals in dual-military couples experience many of the same challenges and benefits as dual-earner couples with added difficulties and advantages that are unique to military employment. The current article presents the exchange-based dual-military marriage model, which builds on Huffman and Payne's (2005) model for dual-military marriages. Whereas the previous model did not adequately address the decision-making process that dual-military couples must engage in to navigate their unique situation, we address this oversight by incorporating exchanges that occur between the partners as well as between the couple and the military. Our model stresses the importance that perceived resources and the exchange relationship have on dual-military members. Included is a discussion of unique groups (i.e., gender issues, parental status, and sexual orientation), strategies for success for both dual-military couples and the military organization, and a suggested future research agenda. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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<http://stars.library.ucf.edu/cgi/viewcontent.cgi?article=6120&context=etd>

## **Battle on the Homefront: An Auto-Ethnographic Perspective on Domestic Violence Post-Deployment**

Michelle Craske

University of Central Florida, 2016

Thesis

Domestic and sexual trauma that occurs during the time a soldier is actively serving in the military are difficult for researchers to measure in large part because the Department of Defense does not report these offenses to the public. Recent combat missions to the Middle East have increased mental health issues among soldiers, but it is unclear whether these issues are related to domestic violence and sexual trauma soldiers may have endured. The purpose of this study is to investigate how combat operations may have increased domestic violence and sexual trauma among soldiers. An auto ethnographic method is used to explore two waves of marriages in relation to two waves of combat deployments. Several themes were present in both waves of

deployment and marriages. Emergent themes were heavy alcohol consumption and mental health issues, which resulted in an increase in domestic violence rates post-deployment. Military sexual trauma also emerged in the findings and was present in both the pre- and post-deployment phases.

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<http://onlinelibrary.wiley.com/doi/10.1111/jrh.12203/full>

### **Overcoming Barriers to Sustained Engagement in Mental Health Care: Perspectives of Rural Veterans and Providers.**

Fischer, E. P., McSweeney, J. C., Wright, P., Cheney, A., Curran, G. M., Henderson, K. and Fortney, J. C.

The Journal of Rural Health  
First published: 24 August 2016  
doi:10.1111/jrh.12203

#### **Purpose**

To better understand the attitudes, beliefs, and values that influence use of mental health care among rural veterans.

#### **Methods**

In-depth, semistructured interviews were conducted with 25 rural veterans and 11 rural mental health care providers in 4 states. Experienced qualitative interviewers asked participants about the attitudinal factors they thought most influenced rural veterans' decisions to seek and sustain mental health care. Verbatim transcriptions were analyzed using content analysis and constant comparison.

#### **Findings**

Rural veterans and their mental health care providers reported the same major attitudinal barriers to veterans' mental health treatment-seeking. Pre-eminent among those barriers was the importance rural veterans place on independence and self-reliance. The centrality of self-reliance was attributed variously to rural, military, religious, and/or gender-based belief systems. Stoicism, the stigma associated with mental illness and health care, and a lack of trust in the VA as a caring organization were also frequently mentioned. Perceived need for care and the support of other veterans were critical to overcoming attitudinal barriers to initial treatment-seeking, whereas critical facilitators of ongoing service use included "warm handoffs" from

medical to mental health care providers, perceived respect and caring from providers, as well as provider accessibility and continuity.

### Conclusions

Attitudes and values, like self-reliance, commonly associated with rural culture may play an important role in underutilization of needed mental health services. System support for peer and provider behaviors that generate trust and demonstrate caring may help overcome attitudinal barriers to treatment-seeking and sustained engagement in mental health care among rural veterans.

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<http://psycnet.apa.org/psycinfo/2016-37287-001/>

### **Addressing Dropout From Prolonged Exposure: Feasibility of Involving Peers During Exposure Trials.**

Hernandez-Tejada, Melba A.; Acierno, Ron; Sanchez-Carracedo, David

Military Psychology

Aug 8 , 2016

<http://dx.doi.org/10.1037/mil0000137>

Posttraumatic stress disorder (PTSD) is a significant problem for combat veterans. Fortunately, effective treatments, such as Prolonged Exposure (PE), are available and widely disseminated in the Veterans Affairs (VA) health-care system. Nonetheless, despite well-documented effectiveness, attrition remains high at approximately 30% across evidence-based interventions. Early studies indicated that dropout was largely related to stigma and logistical barriers (e.g., travel time and cost). However, research demonstrates that eliminating these logistical and stigma-based barriers (e.g., through home-based telemedicine) has little effect on dropout. We surveyed 82 veterans who dropped out of PE treatment regarding reasons for leaving treatment. Approximately half indicated that in vivo homework assignments caused significant problems, and when asked to consider the possibility of peer support during in vivo exposure assignments, 52% indicated that they would consider returning to treatment with such assistance. In response to this feedback, we constructed an in vivo therapy peer support program wherein peers are directly involved with in vivo exposure exercises. The following brief report presents the rationale for, outline of, and initial feasibility data supporting this program to enhance both return to, and completion of, exposure therapy treatment for PTSD. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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<http://onlinelibrary.wiley.com/doi/10.1002/cpp.2039/abstract>

## **Emotional Processing Theory Put to Test: A Meta-Analysis on the Association Between Process and Outcome Measures in Exposure Therapy.**

Christian Rupp, Philipp Doebler, Thomas Ehring, Anna N. Vossbeck-Elsebusch

Clinical Psychology & Psychotherapy

First published: 26 August 2016

DOI: 10.1002/cpp.2039

In order to test the predictions derived from emotional processing theory (EPT), this meta-analysis examined correlations between outcome of exposure therapy and three process variables: initial fear activation (IFA), within-session habituation (WSH) and between-session habituation (BSH). Literature search comprised a keyword-based search in databases, a reverse search and the examination of reference lists. Of the 21 studies included in the analyses, 17 provided data concerning IFA (57 endpoints, total N = 490), five concerning WSH (7 endpoints, total N = 116) and eight concerning BSH (22 endpoints, total N = 304). Owing to this data structure, analyses were performed using robust variance estimation with random-effects models being assumed a priori.

Results indicated that WSH and BSH are positively related to treatment outcome. By contrast, the statistical association between IFA and outcome of exposure was not confirmed, whereas our moderator analysis suggested that physiological process measures lead to higher correlations than non-physiological ones. The results for IFA and BSH were affected by selective reporting. In sum, our results do not specifically strengthen EPT while matching other theoretical perspectives such as inhibitory learning and reality testing. Further research is needed to provide recommendations concerning the best way of delivering exposure therapy.

### Key Practitioner Message:

- This meta-analysis examined three variables of emotional processing theory (EPT).
- Initial fear activation was not linearly related to outcomes of exposure therapy.
- Habituation within and between sessions were shown to correlate with outcome.
- Outcome reporting bias was shown to play a crucial role in this meta-analysis.
- Results do not specifically support EPT.

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<http://www.sciencedirect.com/science/article/pii/S0165178116301081>

**Suicidal Ideation among Young Afghanistan/Iraq War Veterans and Civilians: Individual, Social, and Environmental Risk Factors and Perception of Unmet Mental Healthcare Needs, United States, 2013.**

Joseph Logan, Amy Bohnert, Erica Spies, Mary Jannausch

Psychiatry Research

Available online 26 August 2016

<http://dx.doi.org/10.1016/j.psychres.2016.08.054>

Suicidal Ideation among Afghanistan/Iraq War Veterans remains a health concern. As young Veterans adjust to civilian life, new risk factors might emerge and manifest differently in this group versus those in the general population. We explored these differences. With 2013 National Survey on Drug Use and Health data, we examined differences in risk of past-year suicidal ideation between Veterans of the Afghanistan/Iraq War periods aged 18-34 years (N=328) and age-comparable civilians (N=23,222). We compared groups based on individual and socio-environmental risk factors as well as perceptions of unmet mental healthcare needs. We report adjusted rate ratios (aRRs); interaction terms tested for between-group differences. PY suicidal ideation rates for Veterans and civilians did not differ (52 versus 59 per 1,000, p=0.60) and both groups shared many risk factors. However, drug problems and perceived unmet mental health care needs were vastly stronger risk factors among Veterans versus civilians (interaction terms indicated that the aRRs were 3.8-8.0 times higher for Veterans versus civilians). Other differences were discovered as well. Past-year suicidal ideation rates did not differ by Veteran status among young adults. However, different risk factors per group were detected, which can inform Veteran suicide prevention efforts.

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<http://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000415?journalCode=cri>

**Ethical Issues and Practical Challenges in Suicide Research: Collaboration With Institutional Review Boards.**

Melanie A. Horn, Matthew C. Podlogar Ian H. Stanley and Jr. Thomas E. Joiner



## Crisis

Published online August 26, 2016

DOI: 10.1027/0227-5910/a000415

### Background:

Research with human subjects represents a critical avenue for suicide prevention efforts; however, such research is not without its ethical and practical challenges. Specifically, given the nature of research with individuals at elevated risk for suicide (e.g., increased concerns regarding participant safety, adverse events, liability, difficulties often arise during the institutional review board (IRB) evaluation and approval process.

### Aims:

This paper aims to discuss IRB-related issues associated with suicide prevention research, including researcher and IRB panel member responsibilities, suicide risk assessment and management ethics and procedures, informed consent considerations, preparation of study protocols, and education and training. Points to consider and components to potentially include in an IRB application for suicide-related research are additionally provided.

### Method:

Literature relevant to ethics in suicide research and suicide risk assessment and management was reviewed and synthesized.

### Results:

Suicide research can be conducted in accordance with ethical principles while also furthering the science of suicide prevention.

### Conclusion:

Despite the challenging nature of suicide prevention research, empirically informed solutions exist to address difficulties that may emerge in interfacing with IRBs. There remain areas for improvement in the IRB approval process that warrant further investigation and work.

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### Links of Interest

Veterans take 'The Odyssey' back home

<http://fosters.com/article/20160828/NEWS/160829491>

Key Studies That Inform Clinical Practice: Cognitive Behavioral and Mindfulness-Based Therapies

<http://www.psychiatrytimes.com/cognitive-behavioral-therapy/key-studies-inform-clinical-practice-cognitive-behavioral-and-mindfulness-based-therapies>

Many Depressed Adults Not Getting Treatment: Reasons range from dismissal of symptoms to shame or stigma

[https://medlineplus.gov/news/fullstory\\_160670.html](https://medlineplus.gov/news/fullstory_160670.html)

Connection between chronic pain, anxiety disorders found by researchers

<https://www.sciencedaily.com/releases/2016/08/160831133421.htm>

Researcher finds mechanism affecting alcohol consumption: Targeted drug turns lush mouse into teetotaler

<https://www.sciencedaily.com/releases/2016/08/160830211651.htm>

Memory activation before exposure reduces life-long fear of spiders

<https://www.sciencedaily.com/releases/2016/08/160825130602.htm>

Youth crimes spike immediately after drinking age

<https://www.sciencedaily.com/releases/2016/08/160831102834.htm>

We are all 'wired' for addiction, says researcher

<https://www.sciencedaily.com/releases/2016/08/160824172706.htm>

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**Resource of the Week -- [After the Post-9/11 GI Bill: A Profile of Military Service Members and Veterans Enrolled in Undergraduate and Graduate Education](#)**

This new data brief from the National Center for Education Statistics “compares key statistics on military students’ demographic characteristics, enrollment experiences, and benefit participation in both 2007–08 and 2011–12.”

# STATS IN BRIEF

U.S. DEPARTMENT OF EDUCATION AUGUST 2016 NCES 2016-435

## After the Post-9/11 GI Bill

### A Profile of Military Service Members and Veterans Enrolled in Undergraduate and Graduate Education

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Statistics in Brief publications present descriptive data in tabular formats to provide useful information to a broad audience, including members of the general public. They address simple and topical issues and questions. They do not investigate more complex hypotheses, account for inter-relationships among variables, or support causal inferences. We encourage readers who are interested in more complex questions and in-depth analysis to explore other NCES resources, including publications, online data tools, and public- and restricted-use datasets. See [nces.ed.gov](http://nces.ed.gov) and references noted in the body of this document for more information.

#### The Post-9/11 GI Bill

took effect on August 1, 2009 (U.S. Department of Veterans Affairs 2009), increasing the education benefits available to military service members who served after September 10, 2001.<sup>1</sup> Focusing on the academic years examined in this report, during the 2007–08 academic year (before the new law took effect), its predecessor, the Montgomery GI Bill, provided veterans enrolled full time in postsecondary education up to \$1,101 per month for both living and education expenses (for a maximum annual amount of \$9,909, assuming a 9-month full-time academic year, regardless of tuition and fee charges (exhibit 1) (U.S. Department of Veterans Affairs 2007). In contrast, by the 2011–12 academic year, the Post-9/11 GI Bill was available, and it covered eligible service members and veterans' complete tuition and fee costs at any public college or university in their state of residence or up to \$17,500 towards a private or foreign institution, with the opportunity to secure additional money at participating institutions through the Yellow Ribbon GI Education Enhancement Program (U.S. Department of Veterans Affairs 2007, 2011–2012, 2015).

<sup>1</sup> This bill was subsequently updated in the Post-9/11 Veterans Educational Assistance Improvements Act of 2010, which was signed into law January 4, 2011 (P.L. 111-377).

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