



CDP Research Update -- June 8, 2017

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<http://onlinelibrary.wiley.com/doi/10.1002/da.22657/full>

There is an app for that! The current state of mobile applications (apps) for DSM-5 obsessive-compulsive disorder, posttraumatic stress disorder, anxiety and mood disorders.

Van Ameringen M, Turna J, Khalesi Z, Pullia K, Patterson B.

Depression and Anxiety

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Mental health apps are viewed as a promising modality to extend the reach of mental health care beyond the clinic. They do so by providing a means of assessment, tracking, and treatment through a smartphone. Given that nearly 2/3 of the American population owns a smartphone, mental health apps offer the possibility of overcoming treatment barriers such as geographic location or financial barriers. Unfortunately, the excitement surrounding mental health apps may be premature as the current supporting literature regarding their efficacy is limited. The app marketplace is littered with apps claiming to treat or assess symptoms, but even those created by reputable organizations or those incorporating components of evidence-based treatments have not yet been validated in terms of their efficacy. This review aims to provide a comprehensive review of the current state of the mental health app literature by examining published reports of apps designed for DSM-5 anxiety and mood disorders, OCD, and PTSD. The breadth of apps reviewed includes those oriented around assessment, symptom tracking, and treatment as well as “multipurpose” apps, which incorporate several of these components. This review will also present some of the most popular mental health apps which may have clinical utility and could be prescribed to clients. While we discuss many potential benefits of mental health apps, we focus on a number of issues that the current state of the app literature presents. Overall there is a significant disconnect between app developers, the scientific community and health care, leaving the utility of existing apps questionable.

<http://www.sciencedirect.com/science/article/pii/S1556407X17300401>

Depression and Hypersomnia: A Complex Association.

Régis Lopez, Lucie Barateau, Elisa Evangelista, Yves Dauvilliers

Sleep Medicine Clinics

Available online 26 May 2017

<https://doi.org/10.1016/j.jsmc.2017.03.016>

KEY POINTS

- Hypersomnolence in depression is commonly considered a consequence of the disorder, in line with disturbances in monoamine activity. However, associated factors may contribute to hypersomnolence in patients with depression.
- Depressive symptoms and hypersomnolence are often associated with complex and often bidirectional interactions.
- Although depressive symptoms are common in patients with central hypersomnia, the formal diagnosis of a major depressive episode requires a structured evaluation to avoid frequent clinical overlap between the 2 conditions.
- Ideally, the management of both depressive symptoms in central hypersomnias and hypersomnolence in depressive disorders requires a collaboration between sleep specialists and psychiatrists.

<https://link.springer.com/article/10.1007%2Fs12160-017-9911-3>

Observed Relationship Behaviors and Sleep in Military Veterans and Their Partners.

Jennifer Fillo, Stephanie Brooks Holliday, Amy DeSantis, Anne Germain, Daniel J. Buysse, Karen A. Matthews, Wendy M. Troxel

Annals of Behavioral Medicine

First Online: 09 May 2017

DOI: 10.1007/s12160-017-9911-3

Background

Emerging research has begun to examine associations between relationship functioning

and sleep. However, these studies have largely relied on self-reported evaluations of relationships and/or of sleep, which may be vulnerable to bias.

Purpose

The purpose of the study was to examine associations between relationship functioning and sleep in military couples. This is the first research to examine associations between observed relationship behaviors and subjective and polysomnographically measured sleep in a sample at-risk for both sleep and relationship problems.

Methods

The sample included 35 military veterans and their spouses/partners. Marital functioning was coded from a videotaped conflict interaction. Analyses focused on behavioral codes of hostility and relationship-enhancing attributions. Sleep was assessed via self-report and in-home polysomnography.

Results

Greater hostility was associated with poorer sleep efficiency for oneself ($b = -0.195$, $p = .013$). In contrast, greater relationship-enhancing attributions were associated with higher percentages of stage N3 sleep ($b = 0.239$, $p = .028$). Partners' hostility was also positively associated with higher percentages of stage N3 sleep ($b = 0.272$, $p = .010$). Neither hostility nor relationship-enhancing attributions was associated with self-reported sleep quality, percentage of REM sleep, or total sleep time.

Conclusions

Both partners' positive and negative behaviors during conflict interactions were related to sleep quality. These findings highlight the role that effective communication and conflict resolution skills may play in shaping not only the marital health of veterans and their spouses but also the physical health of both partners as well. Understanding the links between relationship functioning and sleep may be important targets of intervention in the aftermath of war.

http://journals.lww.com/jonmd/Abstract/2017/06000/General_Psychiatric_Management_for_Suicidal.1.aspx

General Psychiatric Management for Suicidal Patients, With Remarks on Chronicity: Contending With the Angel of Death.

Yager, Joel MD; Feinstein, Robert E. MD

Journal of Nervous & Mental Disease
June 2017 - Volume 205 - Issue 6 - p 419–426
doi: 10.1097/NMD.0000000000000701

Assessing, managing, and treating suicidal patients, particularly those with chronic suicidality, challenge clinical decision making and emotional self-management in trainees and seasoned practitioners. Educators and trainees have noted needs for additional teaching materials in these areas. This article assists in addressing these gaps. We reviewed diagnostic and phenomenological characteristics encountered in acutely and chronically suicidal patients, their comprehensive assessment, general approaches to management, risk mitigation and safety planning, and psychological and biological interventions. Integrating information from research and clinical experience–based literature, we offer concise guidance on comprehensive psychiatric management for the varieties of acutely and chronically suicidal patients encountered in practice. By actively engaging suicidal patients and their families, systematically attending to warning signs, conducting risk mitigation and safety planning, and using psychological and biological treatments as indicated, clinicians are likely to reduce suicidal ideation, plans, and attempts in patients and might reduce completed suicides.

[http://www.drugandalcoholdependence.com/article/S0376-8716\(17\)30221-1/pdf](http://www.drugandalcoholdependence.com/article/S0376-8716(17)30221-1/pdf)

Insomnia severity as a mediator of the association between mental health symptoms and alcohol use in young adult veterans.

Mary Beth Miller, Angelo M. DiBello, Kate B. Carey, Brian Borsari, Eric R. Pedersen

Drug and Alcohol Dependence

Published online: May 30, 2017

DOI: <http://dx.doi.org/10.1016/j.drugalcdep.2017.03.031>

Purpose

Prior research has documented associations between mental health and alcohol use, mental health and insomnia, and insomnia and alcohol use. This study examined insomnia severity as a mediator of the association between mental health and alcohol-related outcomes in young adult veterans.

Procedures

Veterans aged 18 to 34 years (N = 622, 83% male) who reported drinking in the past year completed assessments at baseline and one-month follow-up as part of a larger intervention trial. Participants reported symptoms of depression and posttraumatic stress disorder (PTSD) at baseline, insomnia severity at one month, and alcohol use and related consequences at baseline and one month. Mediation analyses using bootstrapped confidence intervals were used to examine the indirect effects of baseline mental health symptoms on alcohol-related outcomes at one month via insomnia severity.

Main Findings

Insomnia severity was associated with both drinking quantity and alcohol-related consequences. Greater depressive (but not PTSD) symptoms were associated directly with more alcohol-related consequences. Neither depressive nor PTSD symptoms had direct effects on drinking quantity when controlling for the other mental health symptoms (e.g., depressive symptoms did not predict drinking quantity when controlling for symptoms of PTSD). However, symptoms of depression and PTSD predicted drinks per week and alcohol-related consequences indirectly through insomnia severity.

Conclusions

Symptoms of depression and PTSD increase risk for alcohol use and related consequences in part by increasing symptoms of insomnia. Findings suggest that insomnia may be an appropriate target for prevention and intervention efforts among heavy-drinking Veterans reporting symptoms of depression or PTSD.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22185/full>

Sometimes Less is More: Establishing the Core Symptoms of PTSD.

Walton, J. L., Cuccurullo, L.-A. J., Raines, A. M., Vidaurri, D. N., Allan, N. P., Maieritsch, K. P. and Franklin, C. L.

Journal of Traumatic Stress

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DOI: 10.1002/jts.22185

Historically, the symptoms of posttraumatic stress disorder (PTSD) have garnered attention and controversy due to symptom overlap with other disorders. To improve

diagnostic specificity, researchers have proposed to reformulate PTSD symptoms into a parsimonious set of core criteria. The core symptoms consisted of recurrent distressing dreams or flashbacks; internal or external avoidance; and hypervigilance or exaggerated startle. The purpose of this study was to examine a previously proposed set of “core” PTSD criteria in identifying cases of PTSD within a veteran sample. Veterans (N = 383) presenting to a Veterans Affairs (VA) Medical Center PTSD clinic for psychological services were assessed using the Clinician Administered PTSD Scale for DSM-5 (CAPS-5). A logistic regression analysis revealed that the core criteria accurately identified 79% of veterans with PTSD (OR = 11.57). Findings support a parsimonious set of core criteria in the assessment and diagnosis of PTSD. Future studies should replicate these findings in diverse, nonveteran samples.

http://journals.lww.com/jonmd/Abstract/2017/06000/From_Whom_Do_Student_Veterans_Seek_Help_.12.aspx

From Whom Do Student Veterans Seek Help?: Understanding the Roles of Professional, Informal, and Religious Sources.

Currier, Joseph M. PhD; Deiss, Jessie BA; McDermott, Ryon C. PhD

Journal of Nervous & Mental Disease
June 2017 - Volume 205 - Issue 6 - p 491–494
doi: 10.1097/NMD.0000000000000673

The purpose of this brief report was to ascertain student veterans' patterns of help-seeking from professional, informal, and religious sources. In total, 350 veterans from an academic institution on the Gulf Coast completed assessments of help-seeking intentions from a range of potential sources in their communities. Analyses revealed that veterans had a neutral probability to seek help from professional sources (e.g., physicians and psychologists) but were likely to pursue informal sources (e.g., partner/spouse, friend) in a psychological/emotional crisis. However, when compared with their nonclinical counterparts, veterans with a probable need for treatment for PTSD and/or depression generally reported less probability to seek help from informal and religious sources. In addition, sex, ethnicity, and religious background each contributed a significant influence in shaping preferences for seeking help for psychological or emotional concerns. Given unmet mental health needs of student veterans, findings highlight the importance attending to help-seeking preferences in this growing population.

<http://psycnet.apa.org/psycinfo/2017-22807-001/>

Communication and Connection During Deployment: A Daily-Diary Study From the Perspective of At-Home Partners.

Wilson, Steven R.; Marini, Christina M.; Franks, Melissa M.; Whiteman, Shawn D.; Topp, Dave; Wadsworth, Shelley MacDermid

Journal of Family Psychology

May 25 , 2017

<http://dx.doi.org/10.1037/fam0000333>

In this study, 87 partners of deployed National Guard service members completed daily diaries in which they recorded for up to 7 consecutive days the channels (e.g., phone) by which they communicated with their service member, the communication activities (e.g., support provision) they and their service member engaged in, and how connected they felt to their service member. Multilevel modeling was used to explore two types of associations between couples' communication activities and partners' feelings of connection for partners who communicated with their service member via phone and/or video during the week. Findings indicated that, across the week, partners who reported that their service member provided them with higher levels of support and who made decisions together more often as a couple felt more connected to their service member (between-person associations). Additionally, on days when partners reported they provided support during phone calls more than they did on average, or their service member provided them support during video calls more than their service member did on average, they reported greater feelings of connection (within-person associations). Future research should explore how daily fluctuations in deployment communication may reinforce or challenge existing relationship processes, thus impacting how couples maintain their relationships after, as well as during, deployment. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

<http://econtent.hogrefe.com/doi/abs/10.1027/1614-0001/a000224?journalCode=jjd>

Do Individual Differences in Emotion Regulation Mediate the Relationship Between Mental Toughness and Symptoms of Depression?

Julian Mutz, Peter Clough, and Kostas A. Papageorgiou

Journal of Individual Differences
2017 38:2, 71-82
DOI: 10.1027/1614-0001/a000224

Mental Toughness (MT) provides crucial psychological capacities for achievement in sports, education, and work settings. Previous research examined the role of MT in the domain of mental health and showed that MT is negatively associated with and predictive of fewer depressive symptoms in nonclinical populations. The present study aimed at (1) investigating to what extent mentally tough individuals use two emotion regulation strategies: cognitive reappraisal and expressive suppression; (2) exploring whether individual differences in emotion regulation strategy use mediate the relationship between MT and depressive symptoms. Three hundred sixty-four participants ($M = 24.31$ years, $SD = 9.16$) provided self-reports of their levels of MT, depressive symptoms, and their habitual use of cognitive reappraisal and expressive suppression. The results showed a statistically significant correlation between MT and two commonly used measures of depressive symptoms. A small statistically significant positive correlation between MT and the habitual use of cognitive reappraisal was also observed. The correlation between MT and the habitual use of expressive suppression was statistically significant, but the size of the effect was small. A statistical mediation model indicated that individual differences in the habitual use of expressive suppression mediate the relationship between MT and depressive symptoms. No such effect was found for the habitual use of cognitive reappraisal. Implications of these findings and possible avenues for future research are discussed.

<https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-017-0395-x>

Experiences with VHA care: a qualitative study of U.S. women veterans with self-reported trauma histories.

Shannon M. Kehle-Forbes, Eileen M. Harwood, Michele R. Spont, Nina A. Sayer, Heather Gerould and Maureen Murdoch

BMC Women's Health
Published: 30 May 2017
DOI: 10.1186/s12905-017-0395-x

Background

Women veterans in the United States, particularly those with posttraumatic stress disorder (PTSD) or a history of military sexual assault, have unique health care needs, but their minority status in the US Veterans Health Administration (VHA) has led to documented healthcare disparities when compared to men. This study's objective was to obtain a richer understanding of the challenges and successes encountered by women veterans with self-reported service-related trauma histories (particularly those with a history of military sexual assault and/or posttraumatic stress symptomology) receiving VHA care.

Methods

Thirty-seven female Vietnam and post-Vietnam (1975–1998) era veterans were randomly selected from a cohort of PTSD disability benefit applicants to complete semi-structured interviews in 2011–2012. Grounded-theory informed procedures were used to identify interview themes; differences between veterans with and without a history of military sexual assault were examined through constant comparison.

Results

At the time of the interviews, many women believed that VHA was falling short of meeting women veterans' needs (e.g., lack of women-only mental health programming). Also common, but particularly among those with a military sexual assault history, was the perception that VHA's environment was unwelcoming; being "surrounded by men" yielded emotions ranging from discomfort and mistrust to severe anxiety. A few veterans reported recent positive changes and offered additional suggestions for improvement.

Conclusions

Findings suggest that while at the time of the interviews gains had been made in the delivery of gender-sensitive outpatient medical care, women veterans with a history of military sexual assault and/or posttraumatic stress symptomology perceived that they were not receiving the same quality of care as male veterans.

<http://www.tandfonline.com/doi/full/10.1080/10926771.2017.1322657>

Frequency of Interpersonal Trauma Types, Avoidant Attachment, Self-Compassion, and Interpersonal Competence: A Model of Persisting Posttraumatic Symptoms.

Steven L. Bistricky, Matthew W. Gallagher, Caroline M. Roberts, Lindsay Ferris, Adriana J. Gonzalez & Chad T. Wetterneck

Journal of Aggression, Maltreatment & Trauma

Published online: 01 Jun 2017

<http://dx.doi.org/10.1080/10926771.2017.1322657>

Given limited knowledge about how psychosocial factors interact to modulate posttraumatic stress symptoms, this study evaluated an integrative model proposing that experiencing more interpersonal trauma types (e.g., abuse, assault, rape, etc.) leads to greater avoidant attachment and lower self-compassion, which limits the development and use of effective interpersonal skills. In turn, lower levels of self-compassion and interpersonal competence perpetuate posttraumatic symptoms. Anonymous trauma-experienced adults (n = 132) completed self-report measures in an online study hyperlinked on trauma support websites. Data were subjected to confirmatory factor analysis and structural equation modeling, which provided support for the hypothesized model. Specifically, higher frequency of interpersonal trauma types experienced was linked to higher avoidant attachment and lower self-compassion, which in turn were associated with lower interpersonal competence, which correlated with greater posttraumatic stress symptoms. Although cross-sectional data cannot address directionality of associations, this study's findings emphasize the potential utility of future longitudinal research designed to examine possible causal relationships among these specific psychosocial factors. For example, study findings suggest that those who experience more types of interpersonal trauma and who are characterized by avoidant attachment and lower self-compassion and interpersonal competence may be the most susceptible to experiencing severe posttraumatic symptoms. However, findings also suggest that efforts to increase self-compassion and interpersonal skills may help reduce symptoms.

<https://link.springer.com/article/10.1007/s13665-017-0185-9>

Tobacco Cessation in the Military.

Sjulin, T.J., Hayes, J.A. & Bray, D.E. Curr

Current Pulmonology Reports
First Online: 31 May 2017
DOI: 10.1007/s13665-017-0185-9

Purpose of Review

The use of tobacco products in the military is higher than in the civilian population. Tobacco use is a major cause of morbidity and mortality and a major risk factor for many illnesses to include respiratory disease, cardiovascular disease, and malignancies. The use of tobacco products has also been associated with decreased physical fitness and higher attrition from military service. In veterans, there is an increased level of tobacco-related illnesses and potentially higher health care costs.

Recent Findings

The Department of Defense (DoD) continues to modify its tobacco use policies and limit tobacco use. There is an emphasis on education to prevent tobacco use and tobacco cessation programs to assist service members in quitting. Tobacco cessation efforts in the military are similar to those used in the civilian population but service members have unique challenges.

Summary

Tobacco use in the military continues to be higher than in the general population and continues to be a concern for military readiness. Tobacco cessation is associated with decreased incidence of tobacco related disease and prolonged lifespans. Tobacco use in the military is declining but more needs to be done.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22189/abstract>

Somatic Experiencing for Posttraumatic Stress Disorder: A Randomized Controlled Outcome Study.

Brom, D., Stokar, Y., Lawi, C., Nuriel-Porat, V., Ziv, Y., Lerner, K. and Ross, G.

Journal of Traumatic Stress
First published: 6 June 2017
DOI: 10.1002/jts.22189

This study presents the first known randomized controlled study evaluating the effectiveness of somatic experiencing (SE), an integrative body-focused therapy for

treating people with posttraumatic stress disorder (PTSD). There were 63 participants meeting DSM-IV-TR full criteria for PTSD included. Baseline clinical interviews and self-report measures were completed by all participants, who were then randomly assigned to study (n = 33) or waitlist (n = 30) groups. Study participants began 15 weekly SE sessions, whereas waitlist participants waited the same period, after which the second evaluation was conducted. All participants were evaluated a third time after an additional 15 weeks, during which time the waitlist group received SE therapy. Pretreatment evaluation showed no significant differences between groups. Mixed model linear regression analysis showed significant intervention effects for posttraumatic symptoms severity (Cohen's d = 0.94 to 1.26) and depression (Cohen's d = 0.7 to 1.08) both pre-post and pre-follow-up. This randomized controlled study of SE shows positive results indicating SE may be an effective therapy method for PTSD. Further research is needed to understand who shall benefit most from this treatment modality.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22194/abstract>

Randomized Clinical Trial Investigating the Effects of an Anxiety Sensitivity Intervention on Posttraumatic Stress Symptoms: A Replication and Extension.

Short, N. A., Boffa, J. W., Norr, A. M., Albanese, B. J., Allan, N. P. and Schmidt, N. B.

Journal of Traumatic Stress
First published: 6 June 2017
DOI: 10.1002/jts.22194

A growing body of research suggests the importance of anxiety sensitivity (AS) in the development and maintenance of posttraumatic stress symptoms (PTSS). Specifically, AS cognitive concerns (fears of cognitive dyscontrol) may be particularly relevant for those with elevated PTSS. Preliminary research has suggested that interventions targeting AS may be beneficial in decreasing PTSS, but to date there has been no randomized controlled trial testing the direct and indirect effects of an AS cognitive concerns intervention among a clinical sample of trauma-exposed individuals. The current study tested these effects among a sample 63 trauma-exposed participants who were randomized to either an AS cognitive concerns intervention or a repeated contact control. Results indicated a direct effect of the intervention on PTSS 1 month postintervention, and that this effect was mediated by changes in AS, specifically AS cognitive concerns, during the intervention period. Effect sizes were in the small-to-

medium range (variance accounted for ranged from .05 to .15; odds ratio for diagnostic change = .06). These findings provide further evidence that targeting AS may be beneficial in the treatment of PTSS, and expansion upon this area of research by demonstrating these effects may be specific to AS cognitive concerns and can be achieved within a mixed clinical sample.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22192/abstract>

Natural Course of Co-Occurring PTSD and Alcohol Use Disorder Among Recent Combat Veterans.

Possemato, K., Maisto, S. A., Wade, M., Barrie, K., Johnson, E. M. and Ouimette, P. C.

Journal of Traumatic Stress

First published: 6 June 2017

DOI: 10.1002/jts.22192

Posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD) commonly co-occur in veterans, yet little is known about the longitudinal course of PTSD and drinking in comorbid populations. This study assessed the natural course of daily alcohol consumption and weekly changes in PTSD symptoms in 112 recent combat veterans over the course of 11 months. Latent class growth mixture modeling was used to classify individuals into distinct classes with similar PTSD symptom and alcohol use growth trajectories. We then investigated theorized predictors of class membership including sociodemographics; pre-, peri-, and postdeployment factors; coping; symptom severity; and number of mental health/substance use appointments attended. Results revealed that most participants had severe and nonremitting PTSD. Trajectories for alcohol use included gradual and drastic declines, and chronic low-level drinking. The use of behavioral health services (odds ratio = 2.47) and fewer current stressors (odds ratio = 0.42) predicted AUD remission. Because little variation was observed in the PTSD course, our study did not observe coordinated fluctuations of PTSD symptoms and heavy drinking. Our findings suggest that treatment impacts the course of AUD and that recent combat veterans who do not seek PTSD treatment may have chronic and severe PTSD symptoms.

<http://bjp.rcpsych.org/content/210/6/396>

Strategies to prevent death by suicide: meta-analysis of randomised controlled trials.

Natalie B. V. Riblet, Brian Shiner, Yinong Young-Xu, Bradley V. Watts

The British Journal of Psychiatry
Jun 2017, 210 (6) 396-402
DOI: 10.1192/bjp.bp.116.187799

Background

Few randomised controlled trials (RCTs) have shown decreases in suicide.

Aims

To identify interventions for preventing suicide.

Method

We searched EMBASE and Medline from inception until 31 December 2015. We included RCTs comparing prevention strategies with control. We pooled odds ratios (ORs) for suicide using the Peto method.

Results

Among 8647 citations, 72 RCTs and 6 pooled analyses met inclusion criteria. Three RCTs (n = 2028) found that the World Health Organization (WHO) brief intervention and contact (BIC) was associated with significantly lower odds of suicide (OR = 0.20, 95% CI 0.09–0.42). Six RCTs (n = 1040) of cognitive-behavioural therapy (CBT) for suicide prevention and six RCTs of lithium (n = 619) yielded non-significant findings (OR = 0.34, 95% CI 0.12–1.03 and OR = 0.23, 95% CI 0.05–1.02, respectively).

Conclusions

The WHO BIC is a promising suicide prevention strategy. No other intervention showed a statistically significant effect in reducing suicide.

<http://bjp.rcpsych.org/content/210/6/429>

Predictive accuracy of risk scales following self-harm: multicentre, prospective cohort study.

Leah Quinlivan, Jayne Cooper, Declan Meehan, Damien Longson, John Potokar, Tom Hulme, Jennifer Marsden, Fiona Brand, Kezia Lange, Elena Riseborough, Lisa Page, Chris Metcalfe, Linda Davies, Rory O'Connor, Keith Hawton, David Gunnell, Nav Kapur

The British Journal of Psychiatry
Jun 2017, 210 (6) 429-436
DOI: 10.1192/bjp.bp.116.189993

Background

Scales are widely used in psychiatric assessments following self-harm. Robust evidence for their diagnostic use is lacking.

Aims

To evaluate the performance of risk scales (Manchester Self-Harm Rule, ReACT Self-Harm Rule, SAD PERSONS scale, Modified SAD PERSONS scale, Barratt Impulsiveness Scale); and patient and clinician estimates of risk in identifying patients who repeat self-harm within 6 months.

Method

A multisite prospective cohort study was conducted of adults aged 18 years and over referred to liaison psychiatry services following self-harm. Scale a priori cut-offs were evaluated using diagnostic accuracy statistics. The area under the curve (AUC) was used to determine optimal cut-offs and compare global accuracy.

Results

In total, 483 episodes of self-harm were included in the study. The episode-based 6-month repetition rate was 30% (n = 145). Sensitivity ranged from 1% (95% CI 0–5) for the SAD PERSONS scale, to 97% (95% CI 93–99) for the Manchester Self-Harm Rule. Positive predictive values ranged from 13% (95% CI 2–47) for the Modified SAD PERSONS Scale to 47% (95% CI 41–53) for the clinician assessment of risk. The AUC ranged from 0.55 (95% CI 0.50–0.61) for the SAD PERSONS scale to 0.74 (95% CI 0.69–0.79) for the clinician global scale. The remaining scales performed significantly worse than clinician and patient estimates of risk ($P < 0.001$).

Conclusions

Risk scales following self-harm have limited clinical utility and may waste valuable resources. Most scales performed no better than clinician or patient ratings of risk. Some performed considerably worse. Positive predictive values were modest. In line

with national guidelines, risk scales should not be used to determine patient management or predict self-harm.

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0177974>

Assessment of psychological pain in suicidal veterans.

Reist C, Mee S, Fujimoto K, Rajani V, Bunney WE, Bunney BG

PLoS ONE 12(5): e0177974

<https://doi.org/10.1371/journal.pone.0177974>

Psychological pain is a relatively understudied and potentially important construct in the evaluation of suicidal risk. Psychological pain also referred to as 'mental pain' or 'psychache' can be defined as an adverse emotional reaction to a severe trauma (e.g., the loss of a child) or may be associated with an illness such as depression. When psychological pain levels reach intolerable levels, some individuals may view suicide as the only and final means of escape. To better understand psychological pain, we previously developed and validated a brief self-rating 10-item scale, Mee-Bunney Psychological Pain Assessment Scale [MBP] in depressed patients and non-psychiatric controls. Our results showed a significant increase in psychological pain in the depressed patients compared to controls. We also observed a significant linear correlation between psychological pain and suicidality in the depressed patient cohort. The current investigation extends our study of psychological pain to a diagnostically heterogeneous population of 57 US Veterans enrolled in a suicide prevention program. In addition to the MBP, we administered the Columbia Suicide Severity Rating Scale (C-SSRS), Beck Depression Inventory (BDI-II), Beck Hopelessness Scale (BHS), and the Barratt Impulsiveness Scale (BIS-11). Suicidal patients scoring above a predetermined threshold for high psychological pain also had significantly elevated scores on all the other assessments. Among all of the evaluations, psychological pain accounted for the most shared variance for suicidality (C-SSRS). Stepwise regression analyses showed that impulsiveness (BIS) and psychological pain (MBP) contributed more to suicidality than any of the other combined assessments. We followed patients for 15 months and identified a subgroup (24/57) with serious suicide events. Within this subgroup, 29% (7/24) had a serious suicidal event (determined by the lethality subscale of the C-SSRS), including one completed suicide. Our results build upon our earlier findings and recent literature supporting psychological pain as a potentially important construct. Systematically evaluating psychological pain along with additional measures of

suicidality could improve risk assessment and more effectively guide clinical resource allocation toward prevention.

<http://journals.sagepub.com/doi/abs/10.1177/1363460717699771>

“Different than an infantry unit down in Georgia”: Narratives of queer liberation in the post-DADT military.

Catherine Connell

Sexualities

First Published June 2, 2017

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More than five years out from its implementation, we still know relatively little about how members of the US military and its ancillary institutions are responding to the repeal of Don't Ask, Don't Tell. Contrary to what one might expect given the long history of LGBTQ antipathy in the military, I found in interviews with Boston area Reserve Officer Training Core (ROTC) cadets unanimous approval for the repeal of DADT. When pressed to explain why there was so much homogeneity of favorable opinion regarding the repeal, interviewees repeatedly offered the same explanation: that Boston, in particular, is such a progressive place that even more conservative institutions like the ROTC are spared anti-gay sentiment. They imagined the Southern and/or rural soldier they will soon encounter when they enter the US military, one who represents the traditionally homophobic attitudes of the old military in contrast to their more enlightened selves. This “metronormative” narrative has been critiqued elsewhere as inadequate for understanding the relationship between sexuality and place; this article contributes to that critique by taking a new approach. Rather than deconstruct narratives of queer rurality, as the majority of metronormativity scholarship has done, I deconstruct these narratives of urban queer liberation. I find that such narratives mask the murkier realities of LGBTQ attitudes in urban contexts and allow residents like the ROTC cadets in this study to displace blame about anti-gay prejudice to a distant Other, outside of their own ranks.

<http://journals.sagepub.com/doi/abs/10.1177/2167702617705672>

The Role of PTSD, Depression, and Alcohol Misuse Symptom Severity in Linking Deployment Stressor Exposure and Post-Military Work and Family Outcomes in Male and Female Veterans.

Brian N. Smith, Emily C. Taverna, Annie B. Fox, Paula P. Schnurr, Rebecca A. Matteo, Dawne Vogt

Clinical Psychological Science

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DOI 10.1177/2167702617705672

Exposure to stressors during military deployment puts veterans at risk for reduced post-military quality of life. Stress-related mental health problems may lead to decreased well-being within work and family domains, yet few studies have explored associations in the context of gender. We examined relationships between deployment stressors and post-military functioning and satisfaction in the domains of work and family, with a focus on posttraumatic stress disorder (PTSD), depression, and alcohol misuse symptomatology as potential mediators. Participants included 522 male and female Iraq and Afghanistan war veterans assessed longitudinally. Structural equation models supported several direct and indirect pathways linking deployment stressors to work and family outcomes for both men and women. PTSD had an important role in these associations. Depression also played a significant role, particularly for women. These findings build on prior research by elucidating potential gender-specific risk, which may be applied to better tailor services to veterans' unique needs.

<http://journals.sagepub.com/doi/abs/10.1177/1078390317711768>

Military Lesbian, Gay, Bisexual, and Transgender (LGBT) Awareness Training for Health Care Providers Within the Military Health System.

Angela Shrader, Kellie Casero, Bethany Casper, Mary Kelley, Laura Lewis, Jess Calohan

Journal of the American Psychiatric Nurses Association

First published date: June-01-2017

DOI 10.1177/1078390317711768

BACKGROUND AND SIGNIFICANCE:

Lesbian, gay, bisexual, and transgender (LGBT) individuals serving within the U.S. military and their beneficiaries have unique health care requirements. Department of Defense Directive 1304.26 “Don’t Ask, Don’t Tell” created a barrier for service members to speak candidly with their health care providers, which left specific health care needs unaddressed. There are no standardized cultural education programs to assist Military Health System (MHS) health care providers in delivering care to LGBT patients and their beneficiaries.

PURPOSE:

The purpose of this project was to develop, implement, and evaluate the effectiveness of an LGBT educational program for health care providers within the MHS to increase cultural awareness in caring for this special population.

METHOD:

This multisite educational program was conducted at Travis Air Force Base and Joint Base Lewis-McChord from November 15, 2014, to January 30, 2015. A 15-question multiple-choice questionnaire was developed based on the education program and was administered before and after the education program. A total of 51 individuals completed the program.

RESULTS: Overall posttest scores improved compared to pretest scores.

CONCLUSION:

This program was designed to begin the process of educating health care providers about the unique health care issues of military LGBT Service Members and their beneficiaries. This program was the first to address the disparities in LGBT health care needs within the Department of Defense. It also provided a platform for facilitating open communication among providers regarding LGBT population health needs in the military.

<http://www.sciencedirect.com/science/article/pii/S000578941730062X>

Long-term effectiveness of treatment-as-usual couple therapy for military veterans.

Kathryn M. Nowlan, Emily J. Georgia, Brian D. Doss

Behavior Therapy

Available online 1 June 2017

<https://doi.org/10.1016/j.beth.2017.05.007>

Despite the fact that veterans face increased psychological and relationship distress as a result of their service-related experiences, no study to date has explored long-term effectiveness of couple therapy for veterans. In the present investigation, 238 individuals (113 couples and 12 additional individuals) completed assessments 18 months after termination of treatment-as-usual couple therapy at two Veteran Administration Medical Centers. From pre-treatment to 18-month follow-up, couples experienced significant increases in relationship satisfaction ($d = 0.59$) and significant decreases in both psychological distress ($d = -0.31$) and presence of intimate partner violence ($d = -0.47$). Overall, pre-treatment demographic, psychological, and relationship characteristics did not significantly moderate maintenance of gains across 18 months. However, African American individuals ($d = -0.58$) and individuals not reporting intimate partner violence at pre-treatment ($d = -0.46$) experienced smaller improvements in relationship satisfaction through 18-month follow-up. Further, older participants showed smaller reductions in psychological symptoms 18 months after treatment ($d = 0.16$). Thus, for many veterans and their spouses, treatment-as-usual couple therapy is effective at intervening in psychological and relationship distress long-term. Moreover, the long-term effectiveness of couple therapy with veterans appears to generalize across many demographic, intra-, and interpersonal factors.

<http://onlinelibrary.wiley.com/doi/10.1002/joec.12054/full>

Creating hope: Assisting Veterans with Job Search Strategies using Cognitive Information Processing Theory.

Buzzetta, M., Hayden, S. C. W. and Ledwith, K.

Journal of Employment Counseling

First published: 2 June 2017

DOI: 10.1002/joec.12054

Providing effective employment services to today's veterans is essential. Given the high unemployment rate that currently exists for the veteran population, it is essential that career development professionals consider ways to effectively address their needs. This

article highlights the complexities veterans experience in the job preparation and job search processes, as well as current efforts addressing the veteran unemployment concern. A clinical case study shows how cognitive information processing theory, a theory of career problem solving and decision making, can be used as a foundation for assisting veterans in the job search process.

<https://www.ncbi.nlm.nih.gov/pubmed/28323466>

Am J Public Health. 2017 May;107(5):732-739. doi: 10.2105/AJPH.2017.303693. Epub 2017 Mar 21

Sexual Assault Victimization and Mental Health Treatment, Suicide Attempts, and Career Outcomes Among Women in the US Army.

Rosellini AJ, Street AE, Ursano RJ, Chiu WT, Heeringa SG, Monahan J, Naifeh JA, Petukhova MV, Reis BY, Sampson NA, Bliese PD, Stein MB, Zaslavsky AM, Kessler RC

OBJECTIVES:

To examine associations of administratively recorded sexual assault victimization during military service with subsequent mental health and negative career outcomes among US Army women controlling for nonrandom victimization exposure.

METHODS:

We used data from the Army Study to Assess Risk and Resilience in Servicemembers to apply propensity score methods to match all 4238 female Regular Army soldiers with administratively recorded sexual assault victimization during 2004 to 2009 to 5 controls per case with similar composite victimization risk. We examined associations of this victimization measure with administratively recorded mental health treatment, suicide attempt, and Army career outcomes over the subsequent 12 months by using survival analysis for dichotomous outcomes and conditional generalized linear models for continuous outcomes.

RESULTS:

Women with administratively recorded sexual assault had significantly elevated odds ratios (ORs) of subsequent mental health treatment (any, OR = 2.5; 95% confidence interval [CI] = 2.4, 2.6; specialty, OR = 3.1; 95% CI = 2.9, 3.3; inpatient, OR = 2.8; 95% CI = 2.5, 3.1), posttraumatic stress disorder treatment (any, OR = 6.3; 95% CI = 5.7, 6.9;

specialty, OR = 7.7; 95% CI = 6.8, 8.6; inpatient, OR = 6.8; 95% CI = 5.4, 8.6), suicide attempt (OR = 3.0; 95% CI = 2.5, 3.6), demotion (OR = 2.1; 95% CI = 1.9, 2.3), and attrition (OR = 1.2; 95% CI = 1.1, 1.2).

CONCLUSIONS:

Sexual assault victimization is associated with considerable suffering and likely decreased force readiness.

<http://econtent.hogrefe.com/doi/10.1027/0227-5910/a000460>

Expanding Suicide Crisis Services to Text and Chat: Responders' Perspectives of the Differences Between Communication Modalities.

Zachary Predmore, Rajeev Ramchand, Lynsay Ayer, Virginia Kotzias, Charles Engel, Patricia Ebener, Janet E. Kemp, Elizabeth Karras, and Gretchen L. Haas

Crisis

Published online May 3, 2017

<https://doi.org/10.1027/0227-5910/a000460>

Background:

Crisis support services have historically been offered by phone-based suicide prevention hotlines, but are increasingly becoming available through alternative modalities, including Internet chat and text messaging.

Aims:

To better understand differences in the use of phone and chat/text services. Method: We conducted semistructured interviews with call responders at the Veterans Crisis Line who utilize multimodal methods to respond to veterans in crisis. Results: Responders indicated that veterans may access the chat/text service primarily for reasons that included a desire for anonymity and possible inability to use the phone. Responders were divided on whether callers and chatters presented with different issues or risk of suicide; however, they suggested that veterans frequently use chat/text to make their first contact with mental health services. Limitations: We spoke with call responders, not the veterans themselves. Additionally, as this is qualitative research, applicability to other settings may be limited. Conclusion: While new platforms offer promise, participants also indicated that chat services can supplement phone lines, but not replace them.

<http://www.tandfonline.com/doi/full/10.1080/07347324.2016.1256716>

Relationship between Provider Stigma and Predictors of Staff Turnover among Addiction Treatment Providers.

Magdalena Kulesza, Sarah B. Hunter, Amy L. Shearer, and Marika Booth

Alcoholism Treatment Quarterly

Vol. 35 , Iss. 1, 2017

<http://dx.doi.org/10.1080/07347324.2016.1256716>

To further our knowledge about feasible targets for improving quality of addiction treatment services, the current study provides preliminary assessment of the relationship between provider stigma and indicators of staff turnover. As predicted, results suggest that higher provider stigma was significantly related to lower ratings of job satisfaction and workplace climate. However, provider stigma was not significantly related to burnout. Our preliminary findings, if replicated, suggest the importance of considering provider stigma as a risk factor for future staff turnover and job dissatisfaction. Promising provider stigma interventions do exist and offer viable opportunity for improving quality of addiction treatment.

Links of Interest

Impact of Rank in Psychotherapy

<http://www.pdhealth.mil/news/blog/impact-rank-psychotherapy>

The military is building a case to block transgender applicants — at least for now

<http://www.militarytimes.com/articles/military-transgender-policy-jim-mattis-donald-trump>

Can Online Treatment Replace Your Therapist?

https://medlineplus.gov/news/fullstory_166141.html

Deployment stress impacts well-being through different mental health issues for female and male vets

<https://www.sciencedaily.com/releases/2017/06/170601124111.htm>

VA drops goal of zero homeless veterans

<http://www.militarytimes.com/articles/va-zero-homeless-veterans-goal-changes>

What Wounded Veterans Need: Medical Marijuana

<http://www.defenseone.com/ideas/2017/05/what-wounded-veterans-need-medical-marijuana/138204/>

Implementing Transgender Behavioral Health Care in the Military

<https://www.pdhealth.mil/news/blog/implementing-transgender-behavioral-health-care-military>

The Role of Family and Loved Ones in Substance Misuse

<http://www.realwarriors.net/family/support/substanceabuse.php>

VA to use DOD's electronic medical records system

<http://www.militarytimes.com/articles/va-share-dod-electronic-medical-records-decision>

Military telepain clinics in D.C. area help patients manage pain

<https://health.mil/News/Articles/2017/06/07/Military-telepain-clinics-in-DC-area-help-patients-manage-pain>

Veterans, lawmakers team up to treat PTSD with dogs

<http://www.foxnews.com/politics/2017/06/07/veterans-lawmakers-team-up-to-treat-ptsd-with-dogs.html>

Be Kind to Yourself: Understanding and Implementing Self-Compassion

<http://dcoe.mil/blog/17-06-07/be-kind-yourself-understanding-and-implementing-self-compassion>

What You Need to Know About Antidepressants

https://medlineplus.gov/news/fullstory_166186.html

Sleep duration impacts treatment response for depressed patients with insomnia

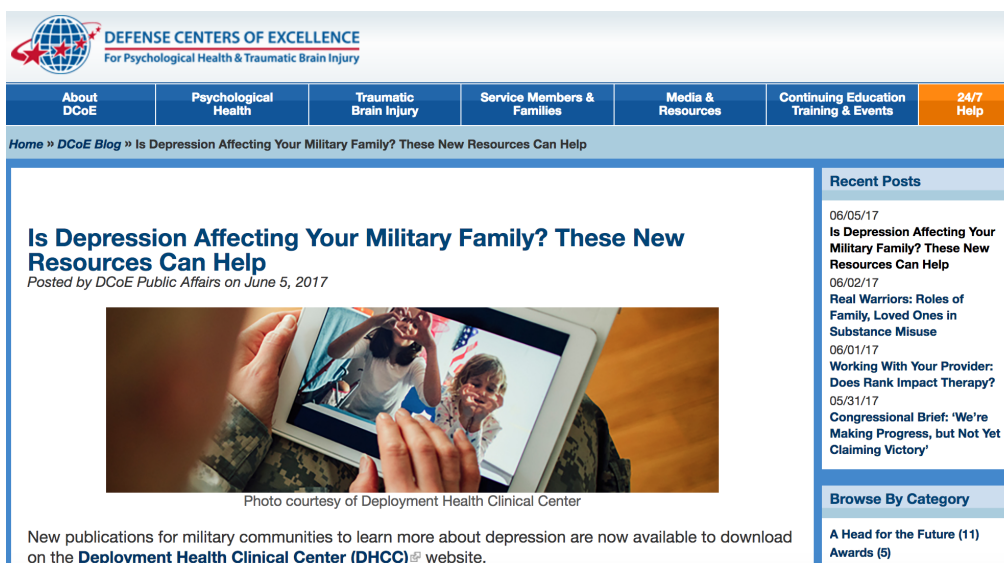
<https://www.sciencedaily.com/releases/2017/06/170605085339.htm>

Resource of the Week: [Is Depression Affecting Your Military Family? These New Resources Can Help](#)

New publications for military communities to learn more about depression are now available to download on the Deployment Health Clinical Center (DHCC) website.

“We created these materials to help patients and family members better understand and manage depression, a very common health concern,” said Cmdr. Angela Williams, chief of evidence-based practice at DHCC.

They include a brochure, “Depression: Fast Facts for Families” and a booklet, “Understanding Depression: A Resource for Providers and Patients,” which DHCC created through a collaborative effort with the Defense Department and Department of Veterans Affairs.



The screenshot shows the top navigation bar of the Defense Centers of Excellence (DCoE) website. The logo for DCoE is on the left, with the text "DEFENSE CENTERS OF EXCELLENCE For Psychological Health & Traumatic Brain Injury". The navigation menu includes: About DCoE, Psychological Health, Traumatic Brain Injury, Service Members & Families, Media & Resources, Continuing Education Training & Events, and 24/7 Help. Below the navigation is a breadcrumb trail: Home » DCoE Blog » Is Depression Affecting Your Military Family? These New Resources Can Help. The main content area features a blog post with the title "Is Depression Affecting Your Military Family? These New Resources Can Help" and a sub-headline "Posted by DCoE Public Affairs on June 5, 2017". The post includes a photo of a person's hands holding a tablet displaying a family photo. Below the photo is the caption "Photo courtesy of Deployment Health Clinical Center". The text of the post reads: "New publications for military communities to learn more about depression are now available to download on the **Deployment Health Clinical Center (DHCC)** website." To the right of the main content is a "Recent Posts" sidebar with a list of articles and their dates: "Is Depression Affecting Your Military Family? These New Resources Can Help" (06/05/17), "Real Warriors: Roles of Family, Loved Ones in Substance Misuse" (06/02/17), "Working With Your Provider: Does Rank Impact Therapy?" (06/01/17), and "Congressional Brief: 'We're Making Progress, but Not Yet Claiming Victory'" (05/31/17). Below the sidebar is a "Browse By Category" section with two items: "A Head for the Future (11)" and "Awards (5)".

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