



CDP Research Update -- June 15, 2017

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<http://tandfonline.com/doi/full/10.1080/16506073.2016.1263971>

Cognitive behavioral therapy in practice: therapist perceptions of techniques, outcome measures, practitioner qualifications, and relation to research.

Benjamin Bohman, Alberto Santi, and Gerhard Andersson

Cognitive Behaviour Therapy

Published online: 22 Dec 2016

<http://dx.doi.org/10.1080/16506073.2016.1263971>

Cognitive behavioral therapy (CBT) has a strong evidence base for several psychiatric disorders, however, it may be argued that currently there is no overall agreement on what counts as 'CBT'. One reason is that CBT is commonly perceived as encompassing a broad range of treatments, from purely cognitive to purely behavioral, making it difficult to arrive at a clear definition. The purpose of the present study was to explore practicing therapists' perceptions of CBT. Three hundred fifty members of two multi-disciplinary interest groups for CBT in Sweden participated. Mean age was 46 years, 68% were females, 63% psychologists and mean number of years of professional experience was 12 years. Participants completed a web-based survey including items covering various aspects of CBT practice. Overall, therapist perceptions of the extent to which different treatment techniques and procedures were consistent with CBT were in

line with current evidence-based CBT protocols and practice guidelines, as were therapists' application of the techniques and procedures in their own practice. A majority of participants (78%) agreed that quality of life or level of functioning were the most important outcome measures for evaluating treatment success. Eighty percent of therapists believed that training in CBT at a basic level was a requirement for practicing CBT. There was a medium size Spearman correlation of $r_s = .46$ between the perceived importance of research to practice and the extent to which participants kept themselves updated on research. Implications for training, quality assurance, and the effectiveness of CBT in clinical practice are discussed.

<http://onlinelibrary.wiley.com/doi/10.1111/jsr.12563/abstract>

Total sleep time as a predictor of suicidal behaviour.

Michaels, M. S., Balthrop, T., Nadorff, M. R. and Joiner, T. E.

Journal of Sleep Research
First published: 1 June 2017
DOI: 10.1111/jsr.12563

Insomnia symptoms are a known predictor of suicide; however, less is known about the relationship between hypersomnia and suicide, and how total sleep time may better account for suicidal ideation compared with subjective reports of insomnia symptoms. In the present secondary data analysis, a squared term confirmed the importance of both short and long total sleep time on suicidal behaviour. Total sleep time had a significant positive direct effect on suicidal behaviour ($b = 0.20$, $SE = 0.08$, $P < 0.05$), significant negative direct effects on insomnia symptoms ($b = -1.67$, $SE = 0.13$, $P < 0.0001$) and on depressive symptoms ($b = -1.76$, $SE = 0.29$, $P < 0.0001$). Depression had a significant positive effect on suicidal behaviour ($b = 0.17$, $SE = 0.01$, $P < 0.0001$), and significantly mediated the relationship between total sleep time and suicidal behaviour, but insomnia symptoms did not. Total sleep time squared had a significant positive relationship with suicidal behaviour ($b = 0.02$, $SE = 0.01$, $P < 0.05$), significant negative direct effects on insomnia symptoms ($b = -0.12$, $SE = 0.01$, $P < 0.0001$) and on depressive symptoms ($b = -0.12$, $SE = 0.02$, $P < 0.0001$). Depression had a significant positive effect on suicidal behaviour ($b = 0.17$, $SE = 0.01$, $P < 0.0001$), and significantly mediated the relationship between total sleep time and suicidal behaviour. These results suggest the importance of assessing for total sleep time in clinical settings with regard to suicide risk.

<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-017-1372-5>

Insomnia, psychiatric disorders and suicidal ideation in a National Representative Sample of active Canadian Forces members.

J. D. Richardson, A. Thompson, L. King, B. Corbett, P. Shnaider, K. St. Cyr, C. Nelson, J. Sareen, J. Elhai and M. Zamorski

BMC Psychiatry

Published: 6 June 2017

DOI: 10.1186/s12888-017-1372-5

Background

Past research on the association between insomnia and suicidal ideation (SI) has produced mixed findings. The current study explored the relationship between insomnia, SI, and past-year mental health status among a large Canadian Forces (CF) sample.

Method

Data was obtained from the 2013 Canadian Forces Mental Health Survey (CFMHS), and included a large representative sample of Canadian Regular Forces personnel (N = 6700). A series of univariate logistic regressions were conducted to test individual associations between past-year mental health status, insomnia, and potential confounds and SI. Mental health status included three groups: 0, 1, or two or more probable diagnoses of posttraumatic stress disorder (PTSD), major depressive disorder (MDD), generalized anxiety disorder (GAD), panic disorder (PD) and alcohol abuse/dependence. Stepwise multivariate logistic regression was used to assess the relationship between insomnia and SI with mental health status as a moderator.

Results

40.8% of respondents reported experiencing insomnia. Both insomnia and number of mental health conditions incrementally increased the risk of SI. However, past-year mental health status was a significant moderator of this relationship, such that for CF personnel with either no (AOR = 1.61, 1.37–1.89) or only one past-year mental health condition (AOR = 1.39, 1.12–1.73), an incremental increase in insomnia was associated with an increased likelihood of SI. However, in personnel with two or more past-year mental health disorders, insomnia was no longer significantly associated with SI (AOR = 1.04, 0.81–1.33).

Conclusions

Insomnia significantly increased the odds of SI, but only among individuals with no or one mental health condition. Findings highlight the importance of assessing insomnia among CF members in order to further suicide prevention efforts.

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

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://journals.lww.com/jonmd/Abstract/publishahead/Traumatic Brain Injury, Sleep Quality, and.99547.aspx](http://journals.lww.com/jonmd/Abstract/publishahead/Traumatic_Brain_Injury,_Sleep_Quality,_and.99547.aspx)

Traumatic Brain Injury, Sleep Quality, and Suicidal Ideation in Iraq/Afghanistan Era Veterans.

DeBeer, Bryann B. PhD; Kimbrel, Nathan A. PhD; Mendoza, Corina MA; Davidson, Dena PhD; Meyer, Eric C. PhD; La Bash, Heidi PhD; Gulliver, Suzy Bird PhD; Morissette, Sandra B. PhD

Journal of Nervous & Mental Disease
Post Author Corrections: June 3, 2017
doi: 10.1097/NMD.0000000000000695

The objective of this study was to test the hypothesis that sleep quality mediates the association between traumatic brain injury (TBI) history and current suicidal ideation. Measures of TBI history, sleep quality, and suicidal ideation were administered to 130 Iraq/Afghanistan veterans. As expected, sleep quality mediated the effect of TBI history on current suicidal ideation (indirect effect, 0.0082; 95% confidence interval, 0.0019-0.0196), such that history of TBI was associated with worse sleep quality, which was, in turn, associated with increased suicidal ideation. These findings highlight the importance of assessing TBI history and sleep quality during suicide risk assessments for veterans.

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

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://journals.lww.com/jonmd/Abstract/2017/02000/Social_Support_and_Relationship_Satisfaction_as.6.aspx

Social Support and Relationship Satisfaction as Moderators of the Stress-Mood-Alcohol Link Association in US Navy Members.

Kelley, Michelle L. PhD; Milletich, Robert J. MS; Hollis, Brittany F. MS; Veprinsky, Anna MS; Robbins, Allison T. BA; Snell, Alicia K. BS

Journal of Nervous & Mental Disease
February 2017 - Volume 205 - Issue 2 - p 99–105
doi: 10.1097/NMD.0000000000000555

The present study examined associations between stress and problematic alcohol use among US Navy members anticipating deployment, whether depressive symptoms mediated the stress-alcohol link, and whether social support and relationship satisfaction moderated associations between stress, depressive symptoms, and problematic alcohol use. Participants were 108 US Navy members assigned to an Arleigh Burke-class destroyer anticipating an 8-month deployment after Operational Enduring Freedom/Operation Iraqi Freedom. Stress was indirectly related to problematic alcohol use such that higher levels of stress were associated with higher levels of depressive symptoms, which were further associated with higher levels of alcohol use. The indirect effect of stress to problematic alcohol use via depressive symptoms was tested at different levels of social support and relationship satisfaction.

At higher levels of social support and relationship satisfaction, the association between stress and problematic alcohol use via depressive symptoms decreased. Results help identify targets for alcohol prevention efforts among current military members.

<https://www.ncbi.nlm.nih.gov/pubmed/28394217>

Cyberpsychol Behav Soc Netw. 2017 Apr;20(4):218-224. doi: 10.1089/cyber.2016.0554. Epub 2017 Feb 27

A Randomized, Head-to-Head Study of Virtual Reality Exposure Therapy for Posttraumatic Stress Disorder.

McLay RN, Baird A, Webb-Murphy J, Deal W, Tran L, Anson H, Klam W, Johnston S

Virtual reality exposure therapy (VRET) is one of the few interventions supported by randomized controlled trials for the treatment of combat-related posttraumatic stress disorder (PTSD) in active duty service members. A comparative effectiveness study was conducted to determine if virtual reality technology itself improved outcomes, or if similar results could be achieved with a control exposure therapy (CET) condition. Service members with combat-related PTSD were randomly selected to receive nine weeks of VRET or CET. Assessors, but not therapists, were blinded. PTSD symptom improvement was assessed one week and 3 months after the conclusion of treatment using the clinician-administered PTSD scale (CAPS). A small crossover component was included. Results demonstrated that PTSD symptoms improved with both treatments, but there were no statistically significant differences between groups. Dropout rates were higher in VRET. Of those who received VRET, 13/42 (31%) showed >30% improvement on the CAPS, versus 16/43 (37%) who received CET. Three months after treatment, >30% improvement was seen in 10/33 (30%) of VRET participants and 12/33 (36%) in CET. Participants who crossed over (n = 11) showed no statistically significant improvements in a second round of treatment, regardless of condition. This study supported the utility of exposure therapy for PTSD, but did not support additional benefit by the inclusion of virtual reality.

<https://www.ncbi.nlm.nih.gov/pubmed/28129258>

J Nerv Ment Dis. 2017 Feb;205(2):83-86. doi: 10.1097/NMD.0000000000000581

The Impact of Trauma Type or Number of Traumatic Events on PTSD Diagnosis and Symptom Severity in Treatment Seeking Veterans.

Jakob JM, Lamp K, Rauch SA, Smith ER, Buchholz KR.

Trauma history and increased exposure to combat and sexual trauma may account for heightened rates of PTSD among military populations. This study assessed trauma type and exposure history, diagnostic impressions, and PTSD severity in a large clinical dataset (n = 2463) of veterans presenting for PTSD evaluation at a Midwestern VA Medical Center between the years 2006 and 2013. The degree of lifetime trauma exposure was pronounced, with approximately 76% of the sample reporting exposure to at least four traumatic events. Higher numbers of lifetime trauma and higher levels of combat exposure were associated with more severe PTSD symptoms. Sexual trauma and combat trauma were more predictive of PTSD than other trauma types. Sexual trauma was associated with more severe PTSD than combat and other trauma.

<https://www.ncbi.nlm.nih.gov/pubmed/28581315>

Psychol Trauma. 2017 Jun 5. doi: 10.1037/tra0000290. [Epub ahead of print]

Moral Injury, Posttraumatic Stress Disorder, and Suicidal Behavior Among National Guard Personnel.

Bryan CJ, Bryan AO, Roberge E, Leifker FR, Rozek DC.

OBJECTIVE:

To empirically examine similarities and differences in the signs and symptoms of posttraumatic stress disorder (PTSD) and moral injury and to determine if the combination of these 2 constructs is associated with increased risk for suicidal thoughts and behaviors in a sample of U.S. National Guard personnel.

METHOD:

930 National Guard personnel from the states of Utah and Idaho completed an anonymous online survey. Exploratory structural equation modeling (ESEM) was used

to test a measurement model of PTSD and moral injury. A structural model was next constructed to test the interactive effects of PTSD and moral injury on history of suicide ideation and attempts.

RESULTS:

Results of the ESEM confirmed that PTSD and moral injury were distinct constructs characterized by unique symptoms, although depressed mood loaded onto both PTSD and moral injury. The interaction of PTSD and moral injury was associated with significantly increased risk for suicide ideation and attempts. A sensitivity analysis indicated the interaction remained a statistically significant predictor of suicide attempt even among the subgroup of participants with a history of suicide ideation.

CONCLUSION:

PTSD and moral injury represent separate constructs with unique signs and symptoms. The combination of PTSD and moral injury confers increased risk for suicidal thoughts and behaviors, and differentiates between military personnel who have attempted suicide and those who have only thought about suicide. (PsycINFO Database Record (c) 2017 APA, all rights reserved).

<https://academic.oup.com/acn/article-abstract/doi/10.1093/arclin/acx053/3862785/Premorbid-IQ-Predicts-Postconcussive-Symptoms-in>

Premorbid IQ Predicts Postconcussive Symptoms in OEF/OIF/OND Veterans with mTBI.

Jada J. Stewart-Willis Daniel Heyanka Zoe Proctor-Weber Heather England Maya Bruhns

Archives of Clinical Neuropsychology

Published: 08 June 2017

DOI: <https://doi.org/10.1093/arclin/acx053>

Objective

Extant literature has demonstrated that symptoms of postconcussive syndrome (PCS) persist well beyond the expected 3-month post-injury recovery period in a minority of individuals with mild traumatic brain injury (mTBI). Suboptimal performance on validity measures and pre- and post-injury psychosocial stressors – rather than actual mTBI or

current cognitive functioning – have been identified as predictors of chronic PCS. Whether premorbid IQ has any influence on chronic PCS has been understudied, in the context of established psychogenic etiologies.

Method

The sample included 31 veterans, who underwent mTBI neuropsychological evaluations six or more months post-injury in a VA outpatient neuropsychology clinic. A two-step multiple linear regression was conducted to examine the effects on the outcome variable, PCS (Neurobehavioral Symptom Inventory), of the following predictors: cognitive functioning (Repeatable Battery for the Assessment of Neuropsychological Status; Attention, Immediate Memory, and Delayed Memory Indices), performance validity, depression (Beck Depression Inventory-Second Edition), posttraumatic stress disorder (PTSD Checklist, Civilian Version), quality of sleep (Pittsburgh Sleep Quality Index), pain (Brief Pain Inventory), education, and Premorbid IQ (Wechsler Test of Adult Reading).

Results

The overall regression model containing all nine predictor variables was statistically significant. Depression ($p < .05$) and premorbid IQ ($p < .05$) were the most salient predictors of chronic PCS; in that lower premorbid IQ and greater endorsed symptoms of depression were associated with higher PCS scores. In Step 2 of the multiple linear regression, the WTAR explained an additional 6.7% of the variance in PCS after controlling for psychosocial stressors and current cognitive ability.

Conclusion

The findings support premorbid IQ as a unique and relevant predictor of chronic PCS, with significance variance accounted for beyond education, cognitive functioning, and psychosocial variables. Given the predictive relationship between premorbid IQ and PCS, adapting postconcussive interventions to meet the specific needs of individuals with varying levels of intellect may be important in minimizing ongoing symptomatology.

<http://psycnet.apa.org/journals/pro/48/3/149/>

Training clinicians to provide culturally competent treatment to military-connected children: A collaborative model between the Massachusetts Society for the Prevention of Cruelty to Children and the Red Sox Foundation and Massachusetts General Hospital Home Base Program.

Ohye, Bonnie Y.; Roizner, Monica; Laifer, Lauren M.; Chen, Yang; Bui, Eric

Professional Psychology: Research and Practice

Vol 48(3), Jun 2017, 149-155

<http://dx.doi.org/10.1037/pro0000143>

Between 2001 and 2011, over 700,000 military-connected children (MCC) in the United States experienced multiple parental deployments because of the operations in Iraq and Afghanistan. The stress of deployments significantly burdens MCC and nondeployed family members. Parental deployments are associated with significant increases in the use of mental healthcare resources. The majority of military families live off-base and access care through civilian healthcare providers; however, these community providers are often unfamiliar with specific challenges that military families, in particular MCC, face. To fill this gap, we developed a novel collaborative model to provide training in military culture, deployment, and reintegration challenges to experienced clinicians in a multisite child and family agency to build community capacity to address the mental health needs of MCC and their parents. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

<https://academic.oup.com/aje/article-abstract/doi/10.1093/aje/kwx117/3863002/Risk-Factors-Associated-With-Suicide-Completions>

Risk Factors Associated With Suicide Completions Among US Enlisted Marines.

Christopher J. Phillips Cynthia A. LeardMann Kartavya J. Vyas Nancy F. Crum-Cianflone Martin R. White

American Journal of Epidemiology

Published: 08 June 2017

DOI: <https://doi.org/10.1093/aje/kwx117>

US enlisted Marines have experienced a substantial increase in suicide rates. We sought to identify risk factors for suicide completions among male Marines who entered basic training in San Diego, California, between June 2001 and October 2010. Suicides that occurred during active-duty military service were counted from June 1, 2001, through June 30, 2012. A total of 108,930 male Marines (66,286 deployers and 42,644 never deployed) were followed for 467,857 person-years of active-duty service time. Of the 790 deaths, 123 (15.6%) were suicides. In the final multivariate hazard model,

preservice characteristics of not being a high-school graduate (hazard ratio (HR) = 2.17, 95% confidence interval (CI): 1.28, 3.68) and being a smoker at the time of enlistment (HR = 1.91, 95% CI: 1.32, 2.76) were significantly associated with a higher risk for suicide completion. Diagnosed with traumatic brain injury (HR = 4.09, 95% CI: 2.08, 8.05), diagnosed with depression (HR = 2.36, 95% CI: 1.22, 4.58), and received relationship counseling (HR = 3.71, 95% CI: 1.44, 9.54) during military service were significant risks for suicide death. Deployment alone was not significantly associated with a risk for suicide death (HR = 0.53, 95% CI: 0.26, 1.05).

<http://www.sciencedirect.com/science/article/pii/S0010440X17300329>

The association between specific combat experiences and aspects of the Interpersonal Theory of Suicide.

Sarah E. Butterworth, Bradley A. Green, Michael D. Anestis

Comprehensive Psychiatry

Available online 8 June 2017

<https://doi.org/10.1016/j.comppsy.2017.06.003>

Studies examining the relationship between combat exposure and suicide risk typically focus on combat exposure overall, combining numerous different combat experiences. Our study expands upon prior research by examining the association between specific combat experiences and components of both suicidal desire and the capability for suicide. We hypothesized that most combat experiences would be associated with capability for suicide. Furthermore, we hypothesized that experiences that involved direct exposure to death and injury (e.g. personally witnessing the death or injury of other soldiers) would be associated with higher levels of thwarted belongingness, perceived burdensomeness, and suicidal ideation. Participants were 400 service members drawn largely from the Army National Guard who had been deployed at least once and endorsed having experienced combat. Consistent with hypotheses, combat experiences involving direct exposure to injury or death exhibited a more pronounced pattern of associations with suicide risk factors than did other experiences. However, only a minority of combat experiences were associated with the capability for suicide. These results, while preliminary, indicate that different combat experiences are associated with different outcomes and that, in this sense, not all combat experiences are created equal with respect to suicide risk.

<http://guilfordjournals.com/doi/abs/10.1521/pdps.2017.45.2.217>

Psychodynamic Treatment of Combat Veterans with PTSD at Risk for Suicide.

Herbert Hendin, M.D.

Psychodynamic Psychiatry

Vol. 45, No. 2, pp. 217-235

<https://doi.org/10.1521/pdps.2017.45.2.217>

Posttraumatic stress disorder is a condition associated with suicide in both military personnel and combat veterans. Most veterans with PTSD, however, are not at risk of suicide. The major factor distinguishing those who attempted or were preoccupied with suicide is persistent severe guilt over behavior in combat while emotionally out of control. A 12-session short-term, psychodynamic psychotherapy, presented here, showed promise of success in dissipating the guilt from combat-related actions in veterans of the war in Vietnam. Preliminary work with combat veterans of the wars in Iraq and Afghanistan indicates it may be equally successful in treating them. Basic aspects of the psychodynamic approach could also be incorporated into current therapies and should improve their ability to treat veterans with PTSD at risk for suicide. Case examples are provided.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12361/full>

Nonlinear Change Processes During Psychotherapy Characterize Patients Who Have Made Multiple Suicide Attempts.

Craig J. Bryan PsyD, ABPP, M. David Rudd PhD, ABPP

Suicide and Life-Threatening Behavior

First published: 9 June 2017

DOI: 10.1111/sltb.12361

Research suggests that multiple suicide attempters experience considerable variability in suicide ideation and longer-duration suicidal crises, which suggests the possibility of two states of stability (one low risk and one high risk). To date, however, few studies

have examined nonlinear change processes in suicide ideation among patients. In a sample of 76 active duty U.S. Army soldiers receiving brief cognitive behavioral therapy for acute suicide risk, we examined differences in the ebb and flow of suicide ideation among multiple attempters, first-time attempters, and ideators. Results indicated that multiple attempters were characterized by two states of stability corresponding to low and high intensity suicide ideation; these states were separated by a region of instability corresponding to moderate intensity suicide ideation. In contrast, ideators and first-time attempters were characterized by only a single state of stability corresponding to low intensity suicide ideation. Among patients who have made multiple suicide attempts, suicide ideation may function as a bimodal rather than a continuous construct.

Links of Interest

Retired generals to Mattis: Don't delay accepting transgender recruits

<http://thehill.com/policy/defense/336716-retired-generals-to-mattis-dont-delay-accepting-transgender-recruits>

The Transgender Narrative: Defining a Unique Path

<http://www.pdhealth.mil/news/blog/transgender-narrative-defining-unique-path>

Opinion: Transgender policy delay would mean return of 'don't ask, don't tell'

<http://www.militarytimes.com/articles/opinion-transgender-policy-delay-would-mean-return-of-dont-ask-dont-tell>

U.S. combat veterans in Africa turn skills to protecting rhinos, fighting PTSD

<https://www.armytimes.com/articles/us-combat-veterans-in-africa-turn-skills-to-protecting-rhinos-fighting-ptsd>

Why the marijuana and tobacco policy camps are on very different paths

<https://www.sciencedaily.com/releases/2017/06/170608123528.htm>

Amygdala activity predicts posttraumatic stress disorder

<https://www.sciencedaily.com/releases/2017/06/170608073350.htm>

Overriding the urge to sleep: New research identifies a group of neurons that can help us stay awake when it matters

<https://www.sciencedaily.com/releases/2017/06/170608123641.htm>

It's time to focus on children of wounded warriors, experts say

<http://www.militarytimes.com/articles/its-time-to-focus-on-children-of-wounded-warriors-experts-say>

Understanding Cultural Differences and Health Care

<http://dcoe.mil/blog/17-06-12/understanding-cultural-differences-and-health-care>

Fewer students use TA, GI Bill in fiscal 2016

<http://www.militarytimes.com/most-popular-colleges-fiscal-2016>

Conway: White House looking into military spouse employment concerns.

<http://www.militarytimes.com/articles/conway-white-house-looking-into-military-spouse-employment-concerns>

E-cigarettes less addictive than cigarettes, study shows

<https://www.sciencedaily.com/releases/2017/06/170612102621.htm>

E-cigarettes potentially as harmful as tobacco cigarettes, study shows

<https://www.sciencedaily.com/releases/2017/06/170612094027.htm>

Insomnia not purely psychological condition: Insomnia genes found

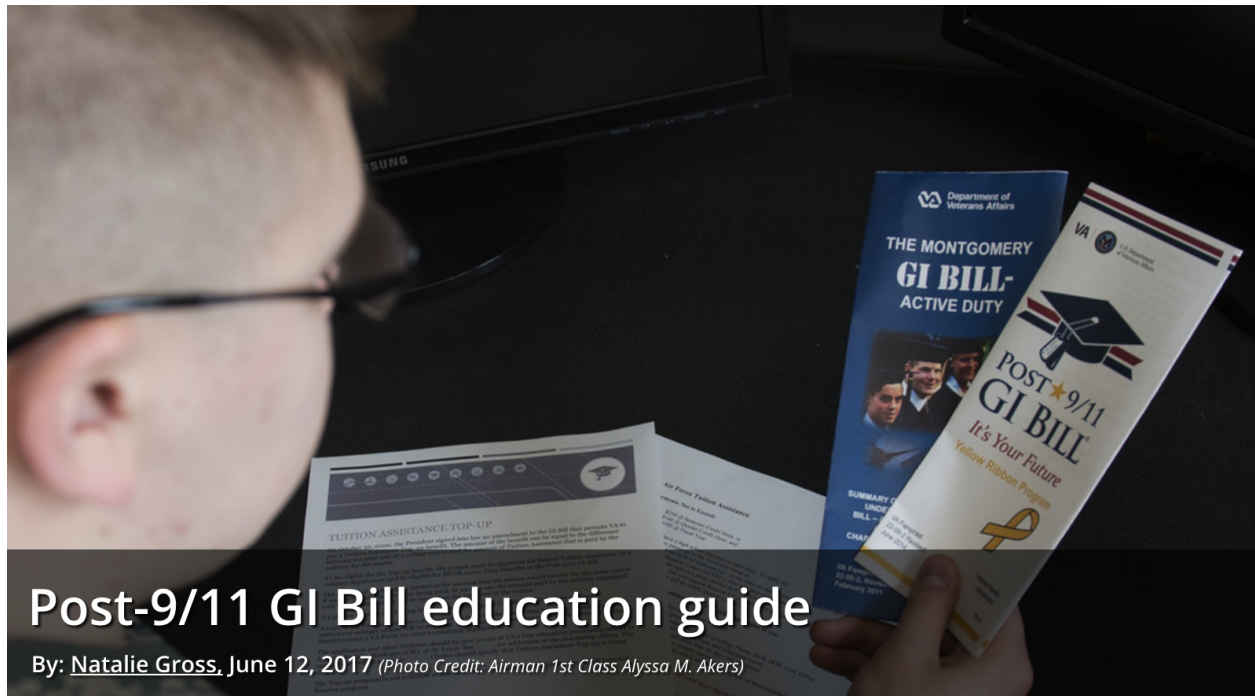
<https://www.sciencedaily.com/releases/2017/06/170612115358.htm>

Burden of physical health conditions linked to increased risk of suicide

<https://www.sciencedaily.com/releases/2017/06/170612094032.htm>

Resource of the Week: [Post-9/11 GI Bill education guide](#) (Military Times)

The Post-9/11 GI Bill is a generous education benefit for the latest generation of service members and veterans. It includes payment of tuition and fees, a monthly housing allowance and a stipend for textbooks and supplies.



Post-9/11 GI Bill education guide

By: [Natalie Gross](#), June 12, 2017 (Photo Credit: Airman 1st Class Alyssa M. Akers)

See also: [Tuition assistance education guide](#)

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