

CDP



Research Update -- August 3, 2017

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<http://jamanetwork.com/journals/jamapsychiatry/fullarticle/2645496>

Risk of Suicide Attempt Among Soldiers in Army Units With a History of Suicide Attempts.

Ursano RJ, Kessler RC, Naifeh JA, Herberman Mash H, Fullerton CS, Bliese PD, Zaslavsky AM, Ng THH, Aliaga PA, Wynn GH, Dinh HM, McCarroll JE, Sampson NA, Kao T, Schoenbaum M, Heeringa SG, Stein MB, for the Army Study to Assess Risk and Resilience in Servicemembers (STARRS) Collaborators

JAMA Psychiatry

Published online July 26, 2017

doi:10.1001/jamapsychiatry.2017.1925

Importance

Mental health of soldiers is adversely affected by the death and injury of other unit members, but whether risk of suicide attempt is influenced by previous suicide attempts in a soldier's unit is unknown.

Objective

To examine whether a soldier's risk of suicide attempt is influenced by previous suicide attempts in that soldier's unit.

Design, Setting, and Participants

Using administrative data from the Army Study to Assess Risk and Resilience in Servicemembers (STARRS), this study identified person-month records for all active-duty, regular US Army, enlisted soldiers who attempted suicide from January 1, 2004,

through December 31, 2009 (n = 9650), and an equal-probability sample of control person-months (n = 153 528). Data analysis was performed from August 8, 2016, to April 10, 2017.

Main Outcomes and Measures

Logistic regression analyses examined the number of past-year suicide attempts in a soldier's unit as a predictor of subsequent suicide attempt, controlling for sociodemographic features, service-related characteristics, prior mental health diagnosis, and other unit variables, including suicide-, combat-, and unintentional injury-related unit deaths. The study also examined whether the influence of previous unit suicide attempts varied by military occupational specialty (MOS) and unit size.

Results

Of the final analytic sample of 9512 enlisted soldiers who attempted suicide and 151 526 control person-months, most were male (86.4%), 29 years or younger (68.4%), younger than 21 years when entering the army (62.2%), white (59.8%), high school educated (76.6%), and currently married (54.8%). In adjusted models, soldiers were more likely to attempt suicide if 1 or more suicide attempts occurred in their unit during the past year (odds ratios [ORs], 1.4-2.3; $P < .001$), with odds increasing as the number of unit attempts increased. The odds of suicide attempt among soldiers in a unit with 5 or more past-year attempts was more than twice that of soldiers in a unit with no previous attempts (OR, 2.3; 95% CI, 2.1-2.6). The association of previous unit suicide attempts with subsequent risk was significant whether soldiers had a combat arms MOS or other MOS (ORs, 1.4-2.3; $P < .001$) and regardless of unit size, with the highest risk among those in smaller units (1-40 soldiers) (ORs, 2.1-5.9; $P < .001$). The population-attributable risk proportion for 1 or more unit suicide attempts in the past year indicated that, if this risk could be reduced to no unit attempts, 18.2% of attempts would not occur.

Conclusions and Relevance

Risk of suicide attempt among soldiers increased as the number of past-year suicide attempts within their unit increased for combat arms and other MOSs and for units of any size but particularly for smaller units. Units with a history of suicide attempts may be important targets for preventive interventions.

See also: [Suicidal Behaviors Within Army Units - Contagion and Implications for Public Health Interventions](#) (editorial)

<https://link.springer.com/article/10.1007/s11930-017-0120-7>

Transgender Health Care in the U.S. Military and Veterans Health Administration Facilities.

Michael R. Kauth, John R. Blosnich, Janelle Marra, Zander Keig, Jillian C. Shipherd

Current Sexual Health Reports

First Online: 27 July 2017

Purpose of the Review

Health care for transgender veterans in the United States (U.S.) Veterans Health Administration (VHA) is relatively new and for active duty service members (ADSMs) in the military is quite recent. Prevalence of transgender veterans and ADSMs, health conditions, and healthcare provision in VHA and military facilities are reviewed.

Recent Findings

There are approximately 134,300 transgender veterans and 15,000 ADSMs. Based on diagnostic codes, more than 5000 transgender veterans receive care in VHA. Transgender veterans experience higher rates of most mental and physical health conditions compared to non-transgender veterans. Comprehensive health care is provided at VHA facilities, except surgical interventions for gender confirmation, and is beginning to be provided in military facilities.

Summary

While VHA and military facilities have increased access to health care for transgender veterans and ADSMs, determining outcomes of care is premature. Healthcare delivery efforts alone are unlikely to erase health disparities experienced by this group.

<https://www.ncbi.nlm.nih.gov/pubmed/28657698>

Prim Care Companion CNS Disord. 2017 Jun 22;19(3). doi: 10.4088/PCC.17m02118

Mental and Physical Health Conditions in US Combat Veterans: Results From the National Health and Resilience in Veterans Study.

Thomas MM, Harpaz-Rotem I, Tsai J, Southwick SM, Pietrzak RH

OBJECTIVE:

To identify sociodemographic and military characteristics of combat-exposed and non-combat-exposed veterans in the United States and to compare rates of mental and physical health conditions in these populations.

METHODS:

Data were analyzed from the National Health and Resilience in Veterans Study (NHRVS), a contemporary, nationally representative survey of 1,480 US veterans conducted September-October 2013. Poststratification weights were applied to analyses to permit generalizability of results to the US veteran population. Outcomes measured included lifetime and current psychiatric disorders and physical health conditions.

RESULTS:

A total 38% of US veterans reported being exposed to combat. Compared to noncombat veterans, combat veterans were younger, had greater household income, and served a greater number of years in the military; were more likely to be male, to have served in the Marine Corps, and to use the Veterans Affairs Healthcare System as their main source of health care; and reported a greater number of lifetime potentially traumatic events. After adjustment for these sociodemographic and military differences, combat veterans were more than 3 times as likely as noncombat veterans to screen positive for lifetime posttraumatic stress disorder (PTSD) and more than twice as likely for current PTSD and had 82% greater odds of screening positive for current generalized anxiety disorder. After additionally controlling for lifetime diagnoses of PTSD and depression, alcohol or drug use disorder, and nicotine dependence, combat veterans had 68% greater odds of having attempted suicide and 85% and 38% greater odds of being diagnosed with a stroke and chronic pain, respectively. Younger combat veterans were more likely than older combat veterans to screen positive for lifetime (30.6% vs 10.1%) and current PTSD (19.2% vs 4.9%) and suicidal ideation (18.6% vs 6.9%) and to have been diagnosed with migraine headaches (12.8% vs 2.1%), while older combat veterans were more likely than younger combat veterans to report having been diagnosed with heart disease (19.2% vs 2.6%) and heart attack (13.9% vs 2.5%).

CONCLUSIONS:

Compared to noncombat veterans in the United States, combat veterans have elevated rates of PTSD, suicide attempt, stroke, and chronic pain independent of other sociodemographic, military, and mental health factors. Younger combat veterans have elevated rates of PTSD, suicidal ideation, and migraine headaches, while older combat veterans have elevated rates of heart disease and heart attack. These results characterize the population-based burden of mental and physical health conditions in

combat veterans. They further underscore the importance of age- and condition-sensitive screening, monitoring, and treatment efforts in this population.

<http://www.sciencedirect.com/science/article/pii/S0005789417300783>

A Comparison of Veterans Who Repeat versus Who Do Not Repeat a Course of Manualized, Cognitive-Behavioral Therapy for Posttraumatic Stress Disorder.

Jeremiah A. Schumm, Nicole D. Pukay-Martin, Whitney L. Gore

Behavior Therapy

Available online 13 July 2017

<http://dx.doi.org/10.1016/j.beth.2017.06.004>

Despite evidence that cognitive-behavioral therapy (CBT) for posttraumatic stress disorder (PTSD) is effective, some individuals do not experience clinically significant reduction or remission of their PTSD symptoms. These individuals may return for additional PTSD-focused psychotherapy. However, there is no research to know whether PTSD treatment repeaters have worse symptoms prior to the initial treatment episode or display differences in other pre-treatment characteristics versus non-repeaters. Research is also needed to explore whether treatment repeaters exhibit PTSD symptom changes during an initial or second course of treatment. The current study examines differences in pre-treatment characteristics and treatment response among US military veterans who participated in either a single course (n = 711) or in two separate courses (n = 87) of CBT for PTSD through an outpatient Veterans Affairs PTSD treatment program. Veterans completing two courses of CBT for PTSD were more likely to be married and employed and more likely to drop out of their initial course of treatment versus those who completed a single course. Hierarchical linear models showed that reductions in PTSD symptoms during treatment were not different for those who completed a second versus single course of CBT for PTSD. However, for those participating in two courses of CBT for PTSD, a relapse in PTSD symptoms was observed between the first and second course. These findings show that a second course of CBT may be viable for those with ongoing PTSD symptoms.

<http://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=5033&context=dissertations>

U.S. Military Psychologists' Contemporary Lived Experiences of Burnout

Rui Heng Babilonia

Walden University, Dissertation

August 2017

Currently, the high level of burnout among military psychologists resulting from contemporary military service is gaining attention. However, there is insufficient knowledge of their lived experiences of burnout. The purpose of this phenomenological study was to explore burnout, based on the military occupational mental health, military job demand-resources models, and biopsychosocial models. Eleven active duty and prior service military psychologists were recruited for interviews using snowball sampling. The first phase of data analysis employed NVivo software. The second and third phase used the 7-step modified version of the Van Kamm method, resulting in 7 themes and 1 discrepant case. The key findings indicated that the unique nature of military bureaucracy provided the environment that fostered burnout into a taboo milestone. Furthermore, the challenging task associated with finding meaning and balance for the ambiguous role of being a military psychologist also compounded the experiential factors contributing to burnout. Several shared experiential indications foretelling of burnout were identified. However, the reality of how military psychologist experienced burnout differed from textbook knowledge, indicating there is a theory-practice gap in personally diagnosing burnout progression. Military psychologists also indicated the theory-practice gap between the available resources for burnout and their limiting utilization practicability. The results of this study can be used to make a positive social change by better informing the development of prevention strategies benefiting not only military psychologists but potentially all military members who routinely describe themselves as burned out.

<http://acegonline.org/wp-content/uploads/2013/02/JMGC-Vol-5-Iss-1.pdf#page=41>

Counselor Competency in Divorce and Disputes in Military Families.

Brandé Flamez, Cheryl Mark, Ann Ordway, Joshua Francis, and Martina Moore

Over 2.7 million troops have deployed to the wars in Iraq and Afghanistan since 2001 (U.S. Department of Veteran's Affairs, 2014). Researchers found that within the first three years following deployment, 75% of service members experienced relationship problems and 35% either separated or divorced (Sautter, Armelie, Glynn, & Wielt, 2011). The counseling field lacks an understanding of divorce and disputes specific to military families; yet skills and knowledge in this clinical role are necessary. The absence of knowledge and skill can lead to various forms of ethical misconduct with numerous possible negative consequences. This article provides an overview of the relevant literature, cultural considerations, competencies, and effective treatments related to these issues within military families. An illustrative case study is provided.

<http://www.sciencedirect.com/science/article/pii/S2212144717300601>

A Functional Approach to Understanding and Treating Military-Related Moral Injury.

Jacob K. Farnsworth, Kent D. Drescher, Wyatt Evans, Robyn D. Walser

Journal of Contextual Behavioral Science

Available online 27 July 2017

<https://doi.org/10.1016/j.jcbs.2017.07.003>

The term moral injury has been coined to describe the suffering that may develop following a violation of deeply held moral beliefs and values and subsequent difficulties in functioning. Yet despite an increase in research and intervention approaches for this topic, the relationship between moral injury and mental health diagnoses such as Posttraumatic Stress Disorder (PTSD) remains unclear and concern exists that, in some cases, moral injury might be used to unnecessarily pathologize moral processes. With the goal of further refining the construct, we argue that moral injury is a condition distinct from PTSD and other disorders and, using a functional approach, propose enhanced definitions for the terms, morally injurious event, moral pain, moral injury, and moral healing. Consistent with these new definitions, we then argue for Acceptance and Commitment Therapy (ACT) as a feasible and promising treatment for moral injury and present initial qualitative data supporting the intervention.

<https://link.springer.com/article/10.1007/s00127-017-1423-8>

Systematic review of mental health disorders and intimate partner violence victimisation among military populations.

Katherine Sparrow, Jamie Kwan, Louise Howard, Nicola Fear, Deirdre MacManus

Social Psychiatry and Psychiatric Epidemiology

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doi:10.1007/s00127-017-1423-8

Purpose

There is growing awareness of the problem of intimate partner violence (IPV) among military populations. IPV victimisation has been shown to be associated with mental disorder. A better understanding of the link between IPV and mental disorder is needed to inform service development to meet the needs of military families. We aimed to systematically review the literature on the association between IPV victimisation and mental health disorders among military personnel.

Methods

Searches of four electronic databases (Embase, Medline, PsycINFO, and Web of Science) were supplemented by reference list screening. Heterogeneity among studies precluded a meta-analysis.

Results

Thirteen studies were included. There was stronger evidence for an association between IPV and depression/alcohol problems than between IPV and PTSD. An association between IPV and mental health problems was more frequently found among veterans compared to active duty personnel. However, the link between IPV and alcohol misuse was more consistently found among active duty samples. Finally, among active duty personnel psychological IPV was more consistently associated with depression/alcohol problems than physical/sexual IPV. The review highlighted the lack of research on male IPV victimisation in the military.

Conclusions

There is evidence that the burden of mental health need may be significant among military personnel who are victims of IPV. The influence of attitudes towards gender in the military on research in this area is discussed. Further research is needed to inform

development of services and policy to reduce IPV victimisation and the mental health consequences among military personnel.

<http://acegonline.org/wp-content/uploads/2013/02/JMGC-Vol-5-Is-1.pdf#page=73>

Deployments and Marital Satisfaction of Civilian Male Spouses.

Bonita M. Smith, Andy R. Brown, Terri Varnado, Sarah E. Stewart-Spencer

Journal of Military and Government Counseling
Jan-Apr 2017 - Vol 5, Num 1 - pps 70-85

Deployments can be unpredictable causing stress on the marital relationship. Research has shown that the strength of the marriage prior to deployment and the at-home spouses' ability to work or gain new skills are factors that affect the marital relationship. The life of an Army spouse is very difficult and the job of a Soldier affects the level of marital satisfaction from beginning to end. The marital satisfaction within those marriages offers a wide range of indicators that Army spouses, male or female, encounter on a day-to-day basis. These indicators may stem from the number of deployments (including Temporary Duty assignment or military trainings), the length of deployments, years married, amount of time between deployments, and the level of marital satisfaction. Therefore, the following quantitative correlational study using the Marital Adjustment Test (MAT) seeks to find the relationship between the number of deployments and the effect on the marital satisfaction of civilian male Army spouses to determine if those variables increase the risk of divorce among female Soldiers.

<https://link.springer.com/article/10.1007/s12671-017-0771-5>

Mindfulness and Psychological Health Outcomes: a Latent Profile Analysis Among Military Personnel and College Students.

Adrian J. Bravo, Matthew R. Pearson, Michelle L. Kelley

Mindfulness
First Online: 26 July 2017

Previous research on trait mindfulness facets using person-centered analyses (e.g., latent profile analysis [LPA]) has identified four distinct mindfulness profiles among college students: a high mindfulness group (high on all facets of the Five Facet Mindfulness Questionnaire [FFMQ]), a judgmentally observing group (highest on observing, but low on non-judging of inner experience and acting with awareness), a non-judgmentally aware group (high on non-judging of inner experience and acting with awareness, but very low on observing), and a low mindfulness group (low on all facets of the FFMQ). In the present study, we used LPA to identify distinct mindfulness profiles in a community-based sample of US military personnel (majority veterans; n = 407) and non-military college students (n = 310) and compare these profiles on symptoms of psychological health outcomes (e.g., suicidality, PTSD, anxiety, rumination) and percentage of participants exceeding clinically significant cutoffs for depressive symptoms, substance use, and alcohol use. In the subsample of college students, we replicated previous research and found four distinct mindfulness profiles; however, in the military subsample, we found three distinct mindfulness profiles (a combined low mindfulness/judgmentally observing class). In both subsamples, we found that the most adaptive profile was the “high mindfulness” profile (i.e., demonstrated the lowest scores on all psychological symptoms and the lowest probability of exceeding clinical cutoffs). Based on these findings, we purport that the comprehensive examination of an individual’s mindfulness profile could help clinicians tailor interventions/treatments that capitalize on an individual’s specific strengths and work to address their specific deficits.

<http://onlinelibrary.wiley.com/doi/10.1111/jmft.12252/full>

Army Soldiers and Suicidal Thoughts: The Impact of Negative Relationship Dynamics Moderated by the Dissolution of Romantic Relationships.

Love, H. A., Durtschi, J. A., Ruhlmann, L. M., Nelson Goff, B. S.

Journal of Marital and Family Therapy

First published: 18 July 2017

<https://doi.org/10.1111/jmft.12252>

Suicide among United States active-duty Army soldiers rapidly increased over the past two decades. Using a sample of 322 soldiers from the Army STARRS study, the researchers examined if romantic relationship factors (i.e., hostile disagreements and relationship distress) were linked with suicidal thoughts in Army soldiers, and if these associations were moderated by a recent separation or divorce. Hostile disagreements

and relational distress were both significantly associated with higher rates of suicidal ideation. These associations were significantly amplified in magnitude when in the context of a recent separation or divorce. Implications include novel assessment, prevention, and treatment efforts focused on romantic relationships that may reduce the likelihood of soldiers experiencing thoughts of suicide.

<http://onlinelibrary.wiley.com/doi/10.1111/cpsp.12202/full>

Posttraumatic Stress Disorder: An Integrated Overview of the Neurobiological Rationale for Pharmacology.

Benjamin Kelmendi, Thomas G. Adams, Steven Southwick, Chadi G. Abdallah, John H. Krystal

Clinical Psychology: Science and Practice

First published: 18 July 2017

DOI: 10.1111/cpsp.12202

Thirty years of research on the biology of posttraumatic stress disorder now provides a foundation for hypotheses related to the mechanisms underlying the pharmacotherapy of this disorder. Only two medications, sertraline and paroxetine, are approved by the U.S. Food and Drug Administration for the treatment of PTSD. Although these medications are somewhat effective, other treatment mechanisms must be explored to address the unmet need for effective treatment. This article provides a concise summary of advances in our understanding of the neurobiology of PTSD and novel approaches to pharmacotherapy.

<http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2017.16091072>

PTSD Psychotherapy Outcome Predicted by Brain Activation During Emotional Reactivity and Regulation.

Gregory A. Fonzo, Ph.D., Madeleine S. Goodkind, Ph.D., Desmond J. Oathes, Ph.D., Yevgeniya V. Zaiko, B.A., Meredith Harvey, B.A., Kathy K. Peng, M.A., M. Elizabeth Weiss, Ph.D., Allison L. Thompson, Ph.D., Sanno E. Zack, Ph.D., Steven E. Lindley, M.D., Ph.D., Bruce A. Arnow, Ph.D., Booil Jo, Ph.D., James J. Gross, Ph.D., Barbara O. Rothbaum, Ph.D., Amit Etkin, M.D., Ph.D.

The American Journal of Psychiatry

Published online: July 18, 2017

<https://doi.org/10.1176/appi.ajp.2017.16091072>

Objective:

Exposure therapy is an effective treatment for posttraumatic stress disorder (PTSD), but many patients do not respond. Brain functions governing treatment outcome are not well characterized. The authors examined brain systems relevant to emotional reactivity and regulation, constructs that are thought to be central to PTSD and exposure therapy effects, to identify the functional traits of individuals most likely to benefit from treatment.

Method:

Individuals with PTSD underwent functional MRI (fMRI) while completing three tasks assessing emotional reactivity and regulation. Participants were then randomly assigned to immediate prolonged exposure treatment (N=36) or a waiting list condition (N=30). A random subset of the prolonged exposure group (N=17) underwent single-pulse transcranial magnetic stimulation (TMS) concurrent with fMRI to examine whether predictive activation patterns reflect causal influence within circuits. Linear mixed-effects modeling in line with the intent-to-treat principle was used to examine how baseline brain function moderated the effect of treatment on PTSD symptoms.

Results:

At baseline, individuals with larger treatment-related symptom reductions (compared with the waiting list condition) demonstrated 1) greater dorsal prefrontal activation and 2) less left amygdala activation, both during emotion reactivity; 3) better inhibition of the left amygdala induced by single TMS pulses to the right dorsolateral prefrontal cortex; and 4) greater ventromedial prefrontal/ventral striatal activation during emotional conflict regulation. Reappraisal-related activation was not a significant moderator of the treatment effect.

Conclusions:

Capacity to benefit from prolonged exposure in PTSD is gated by the degree to which prefrontal resources are spontaneously engaged when superficially processing threat

and adaptively mitigating emotional interference, but not when deliberately reducing negative emotionality.

<http://www.sciencedirect.com/science/article/pii/S0278262617300891>

Neural activity and emotional processing following military deployment: Effects of mild traumatic brain injury and posttraumatic stress disorder.

Daniel V. Zuj, Kim L. Felmingham, Matthew A. Palmer, Ellie Lawrence-Wood, Miranda Van Hooff, Andrew J. Lawrence, Richard A. Bryant, Alexander C. McFarlane

Brain and Cognition

Volume 118, November 2017, Pages 19-26

<https://doi.org/10.1016/j.bandc.2017.07.001>

Posttraumatic Stress Disorder (PTSD) and mild traumatic brain injury (mTBI) are common comorbidities during military deployment that affect emotional brain processing, yet few studies have examined the independent effects of mTBI and PTSD. The purpose of this study was to examine distinct differences in neural responses to emotional faces in mTBI and PTSD. Twenty-one soldiers reporting high PTSD symptoms were compared to 21 soldiers with low symptoms, and 16 soldiers who reported mTBI-consistent injury and symptoms were compared with 16 soldiers who did not sustain an mTBI. Participants viewed emotional face expressions while their neural activity was recorded (via event-related potentials) prior to and following deployment. The high-PTSD group displayed increased P1 and P2 amplitudes to threatening faces at post-deployment compared to the low-PTSD group. In contrast, the mTBI group displayed reduced face-specific processing (N170 amplitude) to all facial expressions compared to the no-mTBI group. Here, we identified distinctive neural patterns of emotional face processing, with attentional biases towards threatening faces in PTSD, and reduced emotional face processing in mTBI.

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0180292>

Instruments for the assessment of suicide risk: A systematic review evaluating the certainty of the evidence.

Bo Runeson, Jenny Odeberg, Agneta Pettersson, Tobias Edbom, Ingalill Jildevik Adamsson, Margda Waern

PLOS ONE

Published: July 19, 2017

<https://doi.org/10.1371/journal.pone.0180292>

Background

Instruments have been developed to facilitate suicide risk assessment. We aimed to evaluate the evidence for these instruments including assessment of risk of bias and diagnostic accuracy for suicide and suicide attempt.

Methods

PubMed (NLM), PsycInfo, Embase, Cinahl and the Cochrane Library databases were searched until December 2014. We assessed risk of bias with QUADAS-2. The average sensitivity and specificity of each instrument was estimated and the certainty of the evidence was assessed with GRADE. We considered instruments with a sensitivity > 80% and a specificity > 50% to have sufficient diagnostic accuracy.

Results

Thirty-five relevant studies were identified but 14 were considered to have high risk of bias, leaving 21 studies evaluating altogether 15 risk assessment instruments. We could carry out meta-analyses for five instruments. For the outcome suicide attempt SAD PERSONS Scale had a sensitivity of 15% (95% CI 8–24) and specificity of 97% (96–98), and the Manchester Self-Harm Rule (MSHR) a sensitivity of 97% (97–97) and a specificity of 20% (20–21). ReACT, which is a modification of MSHR, had a similar low specificity, as did the Sodersjukhuset Self Harm Rule. For the outcome suicide, the Beck Hopelessness Scale had a sensitivity of 89% (78–95) and specificity of 42% (40–43).

Conclusions

Most suicide risk assessment instruments were supported by too few studies to allow for evaluation of accuracy. Among those that could be evaluated, none fulfilled requirements for sufficient diagnostic accuracy.

Who Are Likely to Attempt Suicide again? A Comparative Study between the First and Multiple Timers.

Yanzhang Liu, Jie Zhang, Long Sun

Comprehensive Psychiatry

Available online 20 July 2017

<https://doi.org/10.1016/j.comppsy.2017.07.007>

Background

Various explanations account for suicide incidents, and some patients continue to attempt afterwards and others never again. The suicide mortality rate increases with the number of serious attempts. The prevention of secondary attempt of suicide should be an important approach to reduce suicide mortality. However, the characteristics of the targeted population of repeated suicide attempters are understudied.

Methods

This was a cross-sectional data collection from hospital emergency room from patients who had either attempted suicide for the first time ($n = 721$) or for two or more times ($n = 70$). The subjects were between 14-53 years old and comprised 293 males and 498 females. In-depth interview was conducted for each suicide attempter with a semi-structural protocol. Demographic and social-psychological characteristics were compared between the two groups of suicide attempters. Logistic regression was used to identify independent predictors of multiple attempts.

Findings

The two groups only differed in religion factor among demographic characteristics and multiple suicide attempters group have a higher percentage of subjects who reported to have a religion affiliation than first time suicide attempters. Multiple attempters were more likely to have family suicide history, physical illness, mental disorder, higher scores on Beck Hopelessness Scale (BHS) and Suicide Intent Scale (SIS) and lower scores on Duke Social Support Scale (DSSI). In the final regression model, family history of suicide, mental disorder, hopelessness and social support emerged as significant predictors of multiple suicide attempts.

Conclusion

Suicide attempters that have mental disorder, family history of suicide, higher level of hopelessness and lower level of social support are more likely to re-attempt suicide

again. Social and clinical interventions may have to also focus on this sub-group of patients with these characteristics to effectively reduce suicide mortality rate.

[http://www.contemporaryclinicaltrials.com/article/S1551-7144\(17\)30132-5/fulltext](http://www.contemporaryclinicaltrials.com/article/S1551-7144(17)30132-5/fulltext)

The implementation of prolonged exposure: Design of a multisite study evaluating the usefulness of workshop with and without consultation.

Edna B. Foa, Carmen P. McLean, Laurie J. Zandberg, Yinyin Zang, Anu Asnaani, Kathy Benhamou, David Rosenfield, Heather Campbell, Jeremy Francis, Brenda S. Hanson, Ivett J. Lillard, Thomas J. Patterson, Valerie Scott, Charles Weber, Joseph E. Wise, Charles Zamora, Jim Mintz, Stacey Young-McCaughan, Alan L. Peterson, for the STRONG STAR Consortium

Contemporary Clinical Trials
October 2017; Volume 61, Pages 48–54
DOI: <http://dx.doi.org/10.1016/j.cct.2017.07.018>

This randomized trial examines the dissemination and implementation of prolonged exposure (PE) therapy for posttraumatic stress symptoms in U.S. Army medical treatment facilities. The study compares two PE training models: Standard PE training, comprised of a 4-day workshop only, and Extended PE training, comprised of a 4-day workshop plus expert case consultation. Behavioral health providers (N = 180) across three medium-to-large Army installations will be randomly assigned to either Standard PE training or Extended PE training. Changes in provider attitudes will be examined across groups. After completing PE training, the use of PE components with patients reporting posttraumatic stress symptoms and clinical outcomes of these participating patients (N = 500) will be examined. This article describes the rationale and methods of the study. In addition, a number of methodological issues in conducting a multisite naturalistic study in the U.S. Army are discussed.

<https://www.ncbi.nlm.nih.gov/pubmed/28728623>

J Clin Sleep Med. 2017 Jul 14. pii: jc-17-00143. [Epub ahead of print]

Veterans Affairs Primary Care Provider Perceptions of Insomnia Treatment.

Ulmer CS, Bosworth HB, Beckham JC, Germain A, Jeffreys AS, Edelman D, Macy S, Kirby A, Voils CI

STUDY OBJECTIVES:

Insomnia is a widespread issue among United States adults and rates of insomnia among veterans are even higher than the general population. Prior research examining primary care provider (PCP) perspectives on insomnia treatment found that: sleep hygiene and pharmacotherapy are the primary treatments offered; PCPs tend to focus on perceived causes of insomnia rather than the insomnia itself; and neither patients nor providers are satisfied with insomnia treatment options. Although insomnia complaints are typically first reported to primary care providers, little research has focused on perspectives regarding insomnia treatment among PCPs working in the largest integrated health care system in the United States-the Veterans Affairs (VA) health care system. This study was conducted to examine VA PCP perceptions of the availability of insomnia treatments, identify specific strategies offered by PCPs, and examine perceptions regarding the importance of treating insomnia and the role of comorbid conditions.

METHODS:

A survey was conducted within the VA health care system. Primary care providers completed surveys electronically.

RESULTS:

A high percentage of veterans (modal response = 20% to 39%) seen in VA primary care settings report an insomnia complaint to their provider. Almost half of respondents do not consistently document insomnia in the medical record (46% endorsed "sometimes," "rarely," or "never"). PCPs routinely advise sleep hygiene recommendations for insomnia (ie, avoid stimulants before bedtime [84.3%], and keep the bedroom environment quiet and dark and comfortable [68.6%]) and many are uncertain if cognitive behavioral therapy for insomnia is available at their facility (43.1%).

CONCLUSIONS:

Findings point to the need for systems-level changes within health care systems, including the adoption of evidence-based clinical practice standards for insomnia and PCP education about the processes that maintain insomnia.

<https://link.springer.com/article/10.1007/s10862-017-9618-6>

Residual Sleep Problems Predict Reduced Response to Prolonged Exposure among Veterans with PTSD.

Cristina M. López, Cynthia Luethcke Lancaster, Daniel F. Gros, Ron Acierno

Journal of Psychopathology and Behavioral Assessment

First Online: 24 July 2017

<https://doi.org/10.1007/s10862-017-9618-6>

While evidence-based treatments exist for posttraumatic stress disorder (PTSD), a significant sub-set of veterans continue to meet criteria for PTSD after treatment. Sleep problems may affect treatment retention and predict efficacy for PTSD treatments. The present study used data from a clinical trial of Prolonged Exposure therapy (PE) administered to veterans (N=154) to evaluate whether residual sleep symptoms remained after treatment completion, and if so, whether these residual sleep symptoms were associated with higher levels of PTSD and comorbid depression at the end of treatment. Participants (ages 20 to 75 years old; 35.7% Black; 54.5% married) completed demographic questions, symptom assessments, and engagement-related surveys. Hierarchical multiple linear regression models demonstrated that changes in sleep were significant predictors of PTSD and depression symptom reduction above and beyond the influence of demographic and engagement factors (e.g., therapy satisfaction). Greater residual sleep symptoms were predictive of smaller treatment gains. Findings illustrate the potential significance of sleep during the course of PTSD treatment, leading to several important clinical assessment and treatment implications.

<http://online.liebertpub.com/doi/abs/10.1089/cyber.2017.0221>

An App a Day Keeps the Doctor Away: Guided Education and Training via Smartphones in Subthreshold Post Traumatic Stress Disorder.

Roy Michael J., Costanzo Michelle E., Highland Krista B., Olsen Cara, Clayborne Denece, and Law Wendy

Cyberpsychology, Behavior, and Social Networking

July 2017, ahead of print

<https://doi.org/10.1089/cyber.2017.0221>

Post traumatic stress disorder (PTSD) symptoms are common in military service members (SMs), but stigma can impede treatment initiation. Smartphone applications (apps) are available anywhere, anytime, with the potential to both mitigate the impact of stigma and reduce PTSD symptom severity. We provided 144 SMs or family members, with subthreshold PTSD symptoms (PTSD Checklist [PCL] scores of 28–49), with apps promoting psychoeducation, social engagement, and relaxation and randomized them to 6 weeks of resilience enhancement (brief cognitive-behavioral session, followed by daily text messages directing app use) or a control group (daily text messages of inspirational quotes). Participants (54 percent males, 87 percent SMs) in both groups reported reductions in PTSD, anxiety, and depression symptoms during the 6-week intervention, which were sustained at 3 months, but exhibited partial rebound at 6–12 months. Our preliminary results suggest that app use, with or without specific direction, feasibly and effectively reduces symptom severity. Future studies should consider a longer intervention, enhanced compliance tracking, or boosters to sustain benefits.

Links of Interest

Trump's transgender ban will likely land in court

<http://www.militarytimes.com/news/your-military/2017/07/27/trumps-transgender-ban-will-likely-land-in-court/>

Poll: Active-duty troops worry about military's transgender policies

<http://www.militarytimes.com/news/pentagon-congress/2017/07/27/poll-active-duty-troops-worry-about-militarys-transgender-policies/>

Trump ban on transgender service members alarms some military officers

<https://www.reuters.com/article/us-usa-military-transgender-exclusive-idUSKBN1AC2FN>

Riding the waves of transgender policy, Coast Guardsman in transition fears ban's effects

https://www.washingtonpost.com/national/riding-the-waves-of-transgender-policy-coast-guardsman-in-transition-fears-bans-effects/2017/07/27/8ab5181a-72d2-11e7-8f39-eeb7d3a2d304_story.html

I Am a Transgender Female Captain in the U.S. Army

<https://www.nytimes.com/2017/07/27/opinion/trump-transgender-female-captain-army.html>

Mattis appalled by Trump tweets announcing transgender ban: report

<http://thehill.com/policy/defense/344290-mattis-appalled-by-trump-tweets-announcing-transgender-military-ban-report>

Report: Young vets are more successful than their civilian peers

<http://www.militarytimes.com/veterans/2017/07/29/report-young-vets-are-more-successful-than-their-civilian-peers/>

I served 34 years in the Army. I'm transgender. President Trump is wrong.

<https://www.washingtonpost.com/news/posteverything/wp/2017/07/26/i-served-34-years-in-the-army-im-transgender-president-trump-is-wrong/>

Commandant: 'I Will Not Break Faith' With Transgender Coast Guardsmen

<http://www.military.com/daily-news/2017/08/01/commandant-i-will-not-break-faith-transgender-coast-guardsmen.html>

She's one of the Army's first transitioned transgender soldiers — and an infantryman — but now her future is uncertain

<http://www.armytimes.com/news/your-army/2017/08/01/shes-one-of-the-armys-first-transitioned-transgender-soldiers-and-an-infantryman-but-now-her-future-is-uncertain/>

A New Way for Therapists to Get Inside Heads: Virtual Reality

<https://www.nytimes.com/2017/07/30/technology/virtual-reality-limbix-mental-health.html>

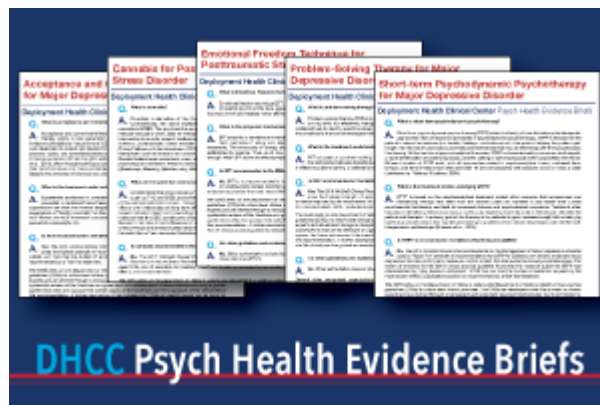
APA Launches Comprehensive Online Resource on Treatment for PTSD

<http://www.newswise.com/articles/apa-launches-comprehensive-online-resource-on-treatment-for-ptsd>

Resource of the Week - [Are You Keeping Up With Our Psych Health Evidence Briefs? Check Out the New Batch!](#)

Deployment Health Clinical Center's Psych Health Evidence Briefs give psychological health care providers an easy way to familiarize themselves with the available scientific evidence and clinical guidance for treatments for mental health conditions commonly experienced by military service members. The evidence briefs cover the gamut of available treatments, from front-line evidence-

based treatments to emerging treatments that have little or no research but are covered by the media.



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