

CDP



Research Update -- July 12, 2018

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<https://www.healio.com/psychiatry/journals/jpn/2018-7-56-7/{f733bd24-10e5-42fe-9c26-34dcf88b9050}/insomnia-will-medication-bring-rest>

Insomnia: Will Medication Bring Rest?

Barbara J. Limandri, PhD, PMHNP, BC

Journal of Psychosocial Nursing and Mental Health Services
2018;56(7):9-14
<https://doi.org/10.3928/02793695-20180619-03>

Acute and chronic insomnia are common and difficult clinical problems that contribute to and are consequences of other mental and physical health problems. It is tempting to treat insomnia with medications for rapid relief; however, these medications have significant side effects that add health burden and may cause tolerance and dependency. First-line treatment for insomnia is cognitive-behavioral therapy for insomnia (CBT-I); however, this is less frequently prescribed than benzodiazepine and non-benzodiazepine sedative hypnotic agents. Prudent primary care and mental health clinicians should screen for insomnia using valid and reliable tools when clients report sleep difficulties. When screening is positive, further assessment with a sleep diary is warranted. The primary treatment for insomnia is CBT-I, and pharmacological treatment may provide temporary support for no more than 2 to 4 weeks. Non-benzodiazepine hypnotic agents, histamine blocking medications, dual orexin receptor antagonists, and over-the-counter herbal supplements may serve as adjuncts.

<https://www.sciencedirect.com/science/article/pii/S1697260017300637>

Positive mental health moderates the association between depression and suicide ideation: A longitudinal study.

Tobias Teismann, Thomas Forkmann, Julia Brailovskaia, Paula Siegmann, ... Jürgen Margraf

International Journal of Clinical and Health Psychology
Volume 18, Issue 1, January–April 2018, Pages 1-7
<https://doi.org/10.1016/j.ijchp.2017.08.001>

Background/Objective:

Depression and suicide ideation regularly occur together. Yet, little is known about factors that buffer individuals against the development of suicide ideation. The present study investigated, whether positive mental health buffers the association between depression and suicide ideation in a longitudinal study design.

Methods:

A total of 207 German students (70.3% female; age: $M = 26.04$, $SD = 5.33$) were assessed at a baseline evaluation and again twelve months later. Data were collected using self-report questionnaires. Linear hierarchical regression analysis was used to analyze the data. Positive mental health was considered to moderate the impact of depression on suicide ideation – controlling for age and gender.

Results:

Positive mental health was shown to moderate the impact of depression on suicide ideation: in those students who reported higher levels of positive mental health, depression severity showed no association with suicide ideation over time.

Conclusion:

Positive mental health seems to confer resilience and should be taken into account, when assessing individuals for suicide risk.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/jsr.12719>

Certification of fitness to drive in sleep apnea patients: Are we doing the right thing?

Ludger Grote, Sven Svedmyr, Jan Hedner

New European Union (EU) regulations state that untreated moderate to severe obstructive sleep apnea (OSA) coincident with excessive daytime sleepiness (EDS) constitutes a medical disorder leading to unfitness to drive. However, fitness to drive can be re-established by successful treatment of OSA and EDS. The aim of the current study was to compare patients undergoing the certification process with those of an unselected OSA patient cohort. The study compared consecutive patients in the certification group (n = 132) with a representative group of OSA patients with a current driving license and an Apnea Hypopnea Index (AHI) ≥ 15 n/h (n = 790). The adherence to positive airway pressure (PAP) therapy and the change in EDS (Epworth Sleepiness Scale [ESS] score) with treatment were analysed. Patient characteristics and severity of sleep apnea did not differ significantly between groups (certification/reference group: BMI $30 \pm 5/31 \pm 5$ kg/m², AHI $33 \pm 20/36 \pm 20$ n/hr, ESS $12 \pm 6/11 \pm 5$). However, the certification group was oversampled with elderly drivers (70–85 years: 22% vs. 9%, p = 0.001). PAP compliance was higher in the certification group than in the reference group (PAP use ≥ 4 hr/night in 96% vs. 53%, p = 0.001) and mean ESS reduction was -8.0 (-8.9 – -7.1) versus -4.0 (-4.4 – -3.5), respectively (p < 0.001). Patients attending the fitness to drive evaluation reported almost complete adherence to continuous positive airway pressure (CPAP) and elimination of EDS symptoms. Besides possible baseline differences, this strong response may be explained by factors such as a selection process of elderly patients, a self-rating component in the assessment of the treatment response and the threat of a driving license suspension. Our data suggest that an improved certification process with objective rather than subjective components, along with a reduced selection bias, is warranted.

<https://www.sciencedirect.com/science/article/pii/S1389945718303216>

Effects of zolpidem/triazolam on cognitive performance 12 hours after acute administration.

Yusuke Matsunaga, Hirokuni Tagaya, Yuko Fukase, Yuko Hakamata, ... Masakazu Kuroyama

Sleep Medicine

Available online 2 July 2018

<https://doi.org/10.1016/j.sleep.2018.06.011>

Highlights

- Acute administrations of ultra-short acting hypnotics, ie, zolpidem and triazolam showed sleep enhancement in healthy young male subjects.
- Objective sleepiness measured by psychomotor vigilance task (PVT) was not affected 12 hours after administration of ultra-short acting hypnotics.
- Attention and working memory represented by digit symbol subtraction test (DSST) was deteriorated even 12 hours after administration of ultra-short acting hypnotics.
- Although this study did not examine the chronic effects of hypnotic administration on the elderly or insomniacs, guidelines regulating hypnotic administration for drivers and pilots should be reexamined.

Abstract

Objective

Most previous studies have concluded that decreased cognitive function and performance due to ultra-short acting hypnotics do not persist after 6-9 hours post-administration. This study examined the effects of ultra-short acting hypnotics on cognitive function and performance 12 hours after administration, ie, a time considered sufficient for the effects of hypnotics to disappear.

Methods

Thirteen healthy young male volunteers (mean age, 23.4 ± 3.2 years) participated in this study. Participants attended three sessions of polysomnography (PSG) recording preceded by oral administration of placebo for the first session, and 5 mg zolpidem or 0.25 mg triazolam for the second and third sessions, in a double-blinded, randomized manner at intervals of at least five days. A cognitive test battery was administered following each session, consisting of a psychomotor vigilance task (PVT), which reflects alertness and sleepiness, digit symbol substitution test (DSST), which reflects attention and working memory function, and assessment of subjective sleepiness and mental condition using a visual analog scale (VAS).

Results and Conclusions:

The administration of hypnotics significantly increased total sleep time, sleep efficiency, and sleep stages 2 and 4, and significantly decreased wake after sleep onset and sleep

stage 1. PVT parameters were not affected by the administration of hypnotics, but DSST score was significantly lower, and “subjective alertness,” “vigor,” and “sadness” significantly deteriorated, after administration. In conclusion, while objective sleepiness disappeared 12 hours after the administration of ultra-short acting hypnotics, their effects to decrease cognitive function persisted even after 12 hours post-administration.

<https://www.sciencedirect.com/science/article/pii/S0277953618303563>

Moral injury in relation to public debates: The role of societal misrecognition in moral conflict-colored trauma among soldiers.

Tine Molendijk

Social Science & Medicine

Volume 211, August 2018, Pages 314-320

<https://doi.org/10.1016/j.socscimed.2018.06.042>

Highlights

- Conceptualizes ‘moral injury’, which refers to military trauma, as in part a socially shaped phenomenon.
- Examines Dutch veterans' suffering in relation to public debates.
- Argues that perceived misrecognition may go beyond perceived condemnation.
- Identifies relations between misrecognition, moral disorientation and self-estrangement.
- Argues that both veterans and society may struggle with the moral significance of war.

Abstract

The last decade has witnessed fast-growing scholarly interest in the concept of moral injury, which addresses the link between the ethics of military intervention and deployment-related suffering. However, current research on moral injury, predominantly psychological in nature, tends to approach the phenomenon as an internally contained disorder. Consequently, it medicalizes moral injury and de-contextualizes it from the people who send soldiers to conflict zones and ‘welcome’ them back. This article addresses the ways in which the experience of moral injury is embedded in and shaped

by public debates on military intervention, drawing on relevant literature from the fields of psychology, philosophy, and social sciences, and on in-depth qualitative interviews collected in 2016 and 2017 with 80 Dutch veterans. The article examines the explicit public condemnation experienced by Dutch veterans deployed to Bosnia as peacekeepers, and the more subtle public misunderstanding experienced by Dutch veterans deployed to Afghanistan as combat soldiers. It demonstrates that public criticism and admiration may both be experienced as misrecognition, and, in turn, societal misrecognition may directly or indirectly contribute to moral injury. Moreover, not only soldiers and veterans may struggle with the moral significance of military intervention, but society as well.

<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-018-1782-z>

Depression and the relationship between sleep disturbances, nightmares, and suicidal ideation in treatment-seeking Canadian Armed Forces members and veterans.

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BMC Psychiatry

201818:204

<https://doi.org/10.1186/s12888-018-1782-z>

Background

Research on the relationship between insomnia and nightmares, and suicidal ideation (SI) has produced variable findings, especially with regard to military samples. This study investigates whether depression mediated the relationship between: 1) sleep disturbances and SI, and 2) trauma-related nightmares and SI, in a sample of treatment-seeking Canadian Armed Forces (CAF) personnel and veterans (N = 663).

Method

Regression analyses were used to investigate associations between sleep disturbances or trauma-related nightmares and SI while controlling for depressive symptom severity, posttraumatic stress disorder (PTSD) symptom severity, anxiety symptom severity, and alcohol use severity. Bootstrapped resampling analyses were used to investigate the mediating effect of depression.

Results

Approximately two-thirds of the sample (68%; N = 400) endorsed sleep disturbances and 88% (N = 516) reported experiencing trauma-related nightmares. Although sleep disturbances and trauma-related nightmares were both significantly associated with SI on their own, these relationships were no longer significant when other psychiatric conditions were included in the models. Instead, depressive symptom severity emerged as the only variable significantly associated with SI in both equations. Bootstrap resampling analyses confirmed a significant mediating role of depression for sleep disturbances.

Conclusions

The findings suggest that sleep disturbances and trauma-related nightmares are associated with SI as a function of depressive symptoms in treatment-seeking CAF personnel and veterans. Treating depression in patients who present with sleep difficulties may subsequently help mitigate suicide risk.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.22651>

Examining the effectiveness of an intensive, 2-week treatment program for military personnel and veterans with PTSD: Results of a pilot, open-label, prospective cohort trial.

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Journal of Clinical Psychology

First published: 19 June 2018

<https://doi.org/10.1002/jclp.22651>

Objective

This study aimed to examine the effectiveness of cognitive processing therapy (CPT) for posttraumatic stress disorder (PTSD) when administered on a daily basis during a 2-week period of time.

Method

In an open-label, prospective cohort pilot trial, 20 U.S. military personnel and veterans diagnosed with PTSD or subthreshold PTSD participated in 12 daily sessions of CPT. Primary outcomes included Clinician Administered PTSD Scale for DSM-5 and PTSD

Checklist for DSM-5 scores. Secondary outcomes included Patient Health Questionnaire-8 and Beck Scale for Suicide Ideation (BSSI) scores. Interviews and self-report scales were completed at pretreatment, posttreatment, and 6 months after the treatment.

Results

Relative to baseline, PTSD symptom severity and rates of PTSD diagnosis were significantly reduced at posttreatment and 6-month follow-up. Depression symptom severity did not significantly improve, but suicide ideation significantly decreased at 6-month follow-up.

Conclusions

Daily administration of CPT is associated with significant reductions in PTSD and suicide ideation.

<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-5700-6>

History of co-occurring disorders and current mental health status among homeless veterans.

Kele Ding, Matthew Slate, and Jingzhen Yang

BMC Public Health

201818:751

<https://doi.org/10.1186/s12889-018-5700-6>

Background

Homeless veterans are at high risk for co-occurring disorders (COD), defined as mental illnesses that include at least one alcohol or other drug use disorder and at least one non-drug related mental disorder. However, epidemiological studies examining the prevalence of COD and associated mental health status in this population are limited. The objectives of the study were: (1) to describe a history of diagnosed mental disorders among homeless veterans admitted to a transitional housing program, and (2) to examine the associations of the prior diagnosed COD and other mental disorders with current mental health status.

Methods

Study participants were male homeless veterans admitted to a transitional housing

program from July 2015 to September 2017 in a large municipal area in Northeast Ohio, the United States. Cross-sectional, self-reported data from the admission assessment were included and analyzed. History of mental disorder diagnoses were aggregated into five categories for the purpose of this study: no mental disorders, only alcohol or other drug use disorder(s), one non-drug related mental disorder, two or more non-drug related mental disorders, and COD. Current mental status were measured as empowerment, mental component summary score (MCS) and physical component summary score (PCS) of health related quality of life (VR-12), and perceived overall well-being. Sample distribution of the five categories and their associations with current mental status were examined using Generalized Linear Model test.

Results

Of all participants, 76.7% had at least one prior diagnosed mental disorder, including 47.4% with any drug-related disorders. Over one-third (37.2%) reported having COD. Compared to those with no mental disorder history, those with COD scored significantly lower on MCS and empowerment scores; those with any prior diagnosed non-drug related mental disorders also scored significantly lower on MCS. No significant differences, however, were found in current mental health status between those with COD and those with mental disorders but not COD.

Conclusions

COD prevalence among homeless veterans was within the parameter of other literature reports. Veterans with COD compared to veterans with no history of mental disorders tended to have lower MCS and empowerment scores. Veterans with COD had the same mental health status as those with other mental disorders.

<http://psycnet.apa.org/record/2018-28691-003>

First responder mental healthcare: Evidence-based prevention, postvention, and treatment.

Lanza, A., Roysircar, G., & Rodgers, S.

Professional Psychology: Research and Practice
2018; 49(3), 193-204.

<http://dx.doi.org/10.1037/pro0000192>

Recent national tragedies of hurricanes, mass shootings, gun violence in schools, wild fires, and mudslides have drawn our attention to the trauma of affected individuals and schoolchildren, but less to the stressors of first responders. While commonly regaled as “heroes,” responders face a scarcity of systemic and tailored mental health support. First responders are susceptible to witnessing a wide array of traumatic events, often in their own communities, that contribute to their stress (Benedek, Fullerton, & Ursano, 2007; Castellano & Plionis, 2006; Kleim & Westphal, 2011). This article critiques systemic resources for first responders’ mental healthcare; addresses their personal-social characteristics as well as workplace cultural stigma about help-seeking attitudes; and includes a needs assessment of first responders’ resilience that was conducted by one of the authors (Roysircar, 2008a). Using this evidence-based practice knowledge about first responders, the authors present three hypothetical vignettes that highlight the different challenges that commonly effect first responders and recommend interventions. The authors advocate for access to specialized resources that enhance first responders’ preparedness for a potentially traumatic event (i.e., prevention education); increase their coping skills and social connections after an event (i.e., postvention service); and provide ongoing mental healthcare (i.e., treatment) that is culturally tailored to first responders’ unique needs arising from their work context and identity. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<https://link.springer.com/article/10.1007/s11920-018-0916-9>

Recent Advancements in Treating Sleep Disorders in Co-Occurring PTSD.

Peter J. Colvonen, Laura D. Straus, Carl Stepnowsky, Michael J. McCarthy, Lizabeth A. Goldstein, Sonya B. Norman

Current Psychiatry Reports

July 2018, 20:48

<https://doi.org/10.1007/s11920-018-0916-9>

Purpose of Review

Comorbidity of posttraumatic stress disorder (PTSD) and insomnia, nightmares, and obstructive sleep apnea (OSA) is high. We review recent research on psychotherapeutic and pharmacological interventions for sleep disorders in PTSD.

Recent Findings

PTSD treatments decrease PTSD severity and nightmare frequency, but do not resolve

OSA or insomnia. Research on whether insomnia hinders PTSD treatment shows mixed results; untreated OSA does interfere with PTSD treatment. Cognitive behavioral therapy for insomnia is the recommended treatment for insomnia; however, optimal ordering with PTSD treatment is unclear. PTSD treatment may be most useful for PTSD-related nightmares. CPAP therapy is recommended for OSA but adherence can be low.

Summary

Targeted treatment of sleep disorders in the context of PTSD offers a unique and underutilized opportunity to advance clinical care and research. Research is needed to create screening protocols, determine optimal order of treatment, and elucidate mechanisms between sleep and PTSD treatments.

[https://www.sleephealthjournal.org/article/S2352-7218\(18\)30081-0/fulltext](https://www.sleephealthjournal.org/article/S2352-7218(18)30081-0/fulltext)

Sleep disturbances after deployment: National Guard soldiers' experiences and strategies.

Martha L. Lincoln, Roland S. Moore, PhD, Genevieve M. Ames, PhD

Sleep Health: Journal of the National Sleep Foundation

Published online: June 21, 2018

DOI: <https://doi.org/10.1016/j.sleh.2018.05.005>

Sleep deprivation and sleep disturbance are pervasive among military personnel during and after combat deployment. However, occupational and other constraints often influence military workers to decline behavioral health services and prescription pharmaceutical sleep aids. This article, drawing on ethnographic interviews with National Guard veterans of combat deployment, demonstrates that soldiers with sleep disturbance frequently manage symptoms without medical supervision and by using ad hoc methods including alcohol use. Findings suggest the potential significance of further research into the sleep management practices of military populations, who face both high risk for sleep disturbance and occupational and cultural constraints in effectively managing these serious health concerns.

<https://link.springer.com/article/10.1007/s10826-018-1149-6>

Vulnerability and Resilience within Military Families: Deployment Experiences, Reintegration, and Family Functioning.

Catherine Walker O'Neal, Mallory Lucier-Greer, James M. Duncan, Jacquelyn K. Mallette, A. Laura Arnold, Jay A. Mancini

Journal of Child and Family Studies

First Online: 20 June 2018

<https://doi.org/10.1007/s10826-018-1149-6>

This study examined how family factors that diminish feelings of loss (frequent communication) and reflect system-level adaptation (effective household management) during deployment were associated with enhanced resilience and fewer vulnerabilities during reintegration and, ultimately, the promotion of family functioning following deployment. Multiple reporters from active duty (AD) military families (N = 214 families; 642 individuals) were examined, including AD members, civilian spouses, and their adolescent offspring. Most service members were men and enlisted personnel (95.3% male; 87.9% enlisted). Most AD and civilian spouses were between the ages of 31 and 40 (68.2% and 72.4%, respectively). Adolescent gender was relatively equal between boys (46.3%) and girls (53.7%), and their average age was 13.58. A SEM assessed the influence of communication frequency (reported by both AD and civilian spouses) and household management during deployment (reported by civilian spouses) on subsequent family functioning (reported by AD spouse, civilian spouse, and adolescent). The mediating role of positive and negative aspects of post-deployment family reintegration (reported by AD spouse, civilian spouse, and adolescent) was also assessed, as indicators of family resilience and vulnerability. Communication during deployment and civilian spouses' household management during deployment were associated with multiple family members' reintegration experiences. In turn, reintegration experiences were linked to self-perceptions of subsequent family functioning and, in some cases, other family members' perceptions of family functioning. Similarities and differences among family members are discussed. While deployment and reintegration create systemic family changes and challenges, results indicated opportunity for growth that can reinforce connections between family members.

<https://link.springer.com/article/10.1007/s11089-018-0825-1>

Accessible Spiritual Practices to Aid in Recovery from Moral Injury.

Elizabeth A. Liebert

Pastoral Psychology

First Online: 21 June 2018

<https://doi.org/10.1007/s11089-018-0825-1>

This article is based on the claim that spiritual practices can help sustain and rebuild even deeply wounded human spirits. It introduces simple spiritual practices, frequently originating within the Christian tradition but adaptable to other traditions or no specific tradition. Addressed primarily to those in recovery from the deep spiritual wound described as military moral injury, as well as their families, spiritual caregivers, congregations, and other supporters, its goal is to provide practices that offer practical and accessible means to spiritual healing.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22289>

Impact of Self-Blame on Cognitive Processing Therapy: A Comparison of Treatment Outcomes.

Laura E. Stayton, Benjamin D. Dickstein, Kathleen M. Chard

Journal of Traumatic Stress

First published: 20 June 2018

<https://doi.org/10.1002/jts.22289>

Research suggests that cognitive processing therapy (CPT) may be a particularly well-suited intervention for trauma survivors who endorse self-blame; however, no study has examined the impact of self-blame on response to CPT. Accordingly, the current study compared response to CPT between two groups of veterans seeking residential treatment for posttraumatic stress disorder (PTSD). In one group, participants endorsed low self-blame at pretreatment ($n = 133$) and in the other group, participants endorsed high self-blame ($n = 133$). Results from multilevel modeling analysis suggest that both groups experienced significant reductions in PTSD symptoms as measured by the PTSD Checklist, $B = -1.58$, $SE = 0.11$; 95% CI $[-1.78, -1.37]$; $t(1654) = -14.97$, $p <$

.001. After controlling for pretreatment symptom severity and additional covariates, there was no difference in treatment response between the low- and high-self-blame groups, Time × Self-blame interaction: $B = 0.18$, $SE = 0.12$; 95% CI = [-0.06, 0.42]; $t(1646) = 1.49$, $p = .138$. This suggests that CPT is an effective treatment for individuals exposed to trauma, regardless of level of self-blame.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/sltb.12482>

Relative Importance of Posttraumatic Stress Disorder and Depression in Predicting Risk of Suicide among a Cohort of Vietnam Veterans.

Tim Bullman MA, Aaron Schneiderman PhD, Jaimie L. Gradus DSc, MPH

Suicide and Life-Threatening Behavior

First published: 21 June 2018

<https://doi.org/10.1111/sltb.12482>

Objective

Research has demonstrated that posttraumatic stress disorder (PTSD) among Vietnam veterans is associated with increased risk of suicide. It is also widely reported that suicide is related to depression. This study examined the effect of PTSD and depression on risk of suicide among a cohort of Vietnam veterans.

Method

All study subjects were selected from the Department of Veterans Affairs Agent Orange Registry. Suicide risk associated with PTSD was first assessed by comparing the number of suicides among a cohort of 2,874 veterans with PTSD to that of 8,537 veterans not diagnosed with PTSD. Risk of suicide was approximated by hazard ratios (HRs), generated by Cox proportional hazard models, including a model that utilized competing risk analyses.

Results

The risk of suicide associated with PTSD and depression when examined separately was similar, $HR = 7.1$ (95% confidence interval (CI): 4.9, 10.3) and $HR = 7.2$ (95% CI: 4.8–10.8), respectively. Competing risk analysis indicated that veterans with both PTSD and depression compared to veterans with neither diagnosis had the highest risk of suicide, $HR = 15.22$.

Conclusions

This study suggests that depression as well as PTSD should be monitored as a way of reducing suicides among Vietnam veterans.

<https://academic.oup.com/ije/advance-article-abstract/doi/10.1093/ije/dyy126/5042982>

The impact of military service on the children of veterans: A problem not to be ignored despite the uncertainties.

Alexander C McFarlane

International Journal of Epidemiology

Published: 22 June 2018

<https://doi.org/10.1093/ije/dyy126>

The advocacy of Vietnam veterans was critical to getting governments, mental health professionals and the broader community to accept the impact of war on their mental health. The Vietnam Veterans' Readjustment Study demonstrated the importance of epidemiological studies in providing independent evidence about the legitimacy of the veterans' concerns.¹ The focus of veterans' advocacy increasingly broadened with time to focus on how their children were indirect victims of war. However, the challenges in designing epidemiological studies to investigate the impact of veterans' combat experience on the health of their children should not be underestimated because of the many potential confounding factors that need to be considered.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22285>

Description and Preliminary Outcomes of an In Vivo Exposure Group Treatment for Posttraumatic Stress Disorder.

Eliora Porter, Erin G. Romero, Melissa D. Barone

Journal of Traumatic Stress

First published: 20 June 2018

<https://doi.org/10.1002/jts.22285>

Prolonged exposure (PE) therapy is traditionally delivered individually to patients. To engage more veterans in care, an in vivo exposure group treatment was developed in an urban VA medical center. This treatment represented a modification of the in vivo exposure portion of PE, with the addition of in-session, therapist-assisted in vivo exposures. Here, we describe this 12-week treatment and present preliminary outcome data. Demographics and pre- and posttreatment scores on the PTSD Checklist–Specific (PCL-S) and Beck Depression Inventory–II (BDI-II) were extracted from a program evaluation database. The sample included veterans with a diagnosis of posttraumatic stress disorder (PTSD) who participated in the in vivo exposure group between October 2010 and March 2014 and had available treatment outcome data (N = 43). The majority of participants in the sample were male (n = 41, 95.3%) and Black (n = 34, 79.1%). Participation in the in vivo group was associated with a significant decrease in PCL-S scores, with a medium-large effect size, $t(42) = 5.35$, $p < .001$, $d = 0.73$, and a significant decrease in BDI-II scores, with a small effect size, $t(38) = 2.55$, $p = .015$, $d = 0.23$. Previous participation in an evidenced-based treatment (EBT) was not associated with symptom change following the in vivo group. Findings suggest that in vivo exposure group therapy constitutes a promising intervention for individuals who decline EBTs or remain symptomatic after completing an EBT for PTSD. Further study of this treatment using a randomized controlled trial design is warranted.

<https://www.sciencedirect.com/science/article/abs/pii/S0887618517305881>

Posttraumatic stress disorder and positive memories: Clinical considerations.

Ateka A. Contractor, Lily A. Brown, Stephanie V. Caldas, Anne N. Banducci, ... M. Tracie Shea

Journal of Anxiety Disorders
Volume 58, August 2018, Pages 23-32
<https://doi.org/10.1016/j.janxdis.2018.06.007>

Highlights

- Difficulties in retrieval of positive memories relate to PTSD severity (etiology/maintenance).
- Positive-memory interventions may regulate affect/cognitions and enhance specific memory retrieval.

- Positive-memory interventions integration in trauma-focused treatments may augment benefits.
- Clinically, a positive-memory intervention may contribute to reduced PTSD severity.
- Empirical investigations on positive-memory intervention effects for PTSD are needed.

Abstract

Encoding and retrieval difficulties, and avoidance of both traumatic and positive memories, are associated with posttraumatic stress disorder (PTSD) symptoms. However, most PTSD research and clinical work has solely examined the role of traumatic memories in the maintenance/resolution of PTSD symptoms. This review provides a comprehensive discussion of the literature on positive memories and PTSD. First, we review theories and evidence on the relations between trauma, PTSD, and memory processes (particularly positive memories). Next, we propose a conceptual model that integrates evidence from experimental and positive/memory-based intervention research and highlights hypothesized mechanisms underlying the potential effectiveness of targeting positive memories in PTSD interventions. Specifically, we discuss how targeting positive memories could (1) increase positive affect and reduce negative affect, (2) correct negative cognitions, (3) increase specificity of retrieving autobiographical memories, and (4) be effectively integrated/sequenced with and enhance the effects of trauma-focused interventions. Lastly, we suggest clinical research avenues for investigating the relations between positive memories and PTSD, to possibly alter the current PTSD intervention paradigm focused only on traumatic memories. Overall, our proposed model drawing from experimental and intervention research, and outlining potential effects of targeting positive memories to reduce PTSD severity, needs further empirical investigation.

https://static1.squarespace.com/static/50ce7827e4b03f46ba4a21cf/t/5af9cbc6aa4a996de9d7cca2/1526320070473/cser_woodaman.pdf

A Dynamic Model of Military Suicide for Improved Understanding of Effects and Integration of Interventions.

Ronald F. A. Woodaman

2018 Conference on Systems Engineering Research

The purpose of this paper is to introduce the Stress-Injury Pathway to Military Suicide (SIPMS), a systems model of suicide and its prevention in the military. SIPMS partitions the uniformed population into states that relate to mental health and suicide risk. For its states, SIPMS draws on two recent psychological theories: a) the Combat and Operational Stress Continuum - a mental health practice model used in the military based on the concept of stress-injury; and b) Thomas Joiner's Interpersonal Psychological Theory of Suicide, which separately establishes the conditions for the development of suicide ideation and the conditions that lead to a suicide attempt. These states, when combined with state transition rates, are used to create a dynamic model of suicide in the military. To this base model, we add states and transitions that address the role of so-called resilience programs and clinical treatment. Looking backwards, SIPMS aids in understand the dynamics of suicide rates, explaining the lag between changes in stressors and outcomes. In the near-term, SIPMS serves as an organizing framework for integrating and assessing suicide prevention activities within the military. Looking forward, it provides a basis for forecasting suicide rates, a quantitative means to evaluate proposed interventions, and a baseline for validating implemented interventions.

<http://mental.jmir.org/2018/2/e10732/>

Efficacy of Acceptance and Commitment Therapy in Reducing Suicidal Ideation and Deliberate Self-Harm: Systematic Review.

Tighe J, Nicholas J, Shand F, Christensen H

JMIR Mental Health
2018;5(2):e10732
DOI: 10.2196/10732

Background:

Since its emergence in the 1980s, acceptance and commitment therapy (ACT) has become a reputable evidence-based psychological therapy for certain disorders. Trials examining the efficacy of ACT are spread across a broad spectrum of presentations, such as chronic pain, anxiety, and depression. Nevertheless, ACT has very rarely been trialed as an intervention for suicidal ideation (SI) or deliberate self-harm (DSH).

Objective:

The objective of this review is to assess the efficacy of ACT in reducing SI and DSH and

to examine the suitability of reported SI, DSH, and other measures in determining the efficacy of ACT.

Methods:

We systematically reviewed studies on ACT as intervention for SI and self-harm. Electronic databases, including MEDLINE, PubMed, EMBASE, PsycINFO, SCOPUS, Cochrane Central Register of Controlled Trials, and the Cochrane Database of Systematic Reviews, were searched. The reference lists of included studies and relevant systematic reviews were examined to identify additional publications. Search terms were identified with reference to the terminology used in previous review papers on ACT and suicide prevention. The study design was not restricted to randomized controlled trials. Screening was completed by 2 reviewers, and all duplicates were removed. Publications were excluded if they were not published in English, were multicomponent therapy or were not based on ACT, or lacked a validated measure or structured reporting of SI/DSH outcomes.

Results:

After removing the duplicates, 554 articles were screened for relevance. Following the screening, 5 studies that used ACT as an intervention for suicidal or self-harming individuals were identified. The studies used diverse methodologies and included 2 case studies, 2 pre–post studies, and 1 mHealth randomized controlled trial.

Conclusions:

The review found that ACT is effective in reducing SI in the 2 pre–post studies but not in other studies. However, given the small number and lack of methodological rigor of the studies included in this review, insufficient evidence exists for the recommendation of ACT as an intervention for SI or DSH.

<https://www.nature.com/articles/s41598-018-28062-0>

Effects of Mild Blast Traumatic Brain Injury on Cognitive- and Addiction-Related Behaviors.

Matthew J. Muelbl, Megan L. Slaker, Alok S. Shah, Natalie N. Nawarawong, Clayton H. Gerndt, Matthew D. Budde, Brian D. Stemper & Christopher M. Olsen

Scientific Reports

Volume 8, Article number: 9941 (2018)

Traumatic brain injury (TBI) commonly results in cognitive and psychiatric problems. Cognitive impairments occur in approximately 30% of patients suffering from mild TBI (mTBI), and correlational evidence from clinical studies indicates that substance abuse may be increased following mTBI. However, understanding the lasting cognitive and psychiatric problems stemming from mTBI is difficult in clinical settings where pre-injury assessment may not be possible or accurate. Therefore, we used a previously characterized blast model of mTBI (bTBI) to examine cognitive- and addiction-related outcomes. We previously demonstrated that this model leads to bilateral damage of the medial prefrontal cortex (mPFC), a region critical for cognitive function and addiction. Rats were exposed to bTBI and tested in operant learning tasks several weeks after injury. bTBI rats made more errors during acquisition of a cue discrimination task compared to sham treated rats. Surprisingly, we observed no differences between groups in set shifting and delayed matching to sample, tasks known to require the mPFC. Separate rats performed cocaine self-administration. No group differences were found in intake or extinction, and only subtle differences were observed in drug-primed reinstatement 3–4 months after injury. These findings indicate that bTBI impairs acquisition of a visual discrimination task and that bTBI does not significantly increase the ability of cocaine exposure to trigger drug seeking.

<http://psycnet.apa.org/record/2017-51809-001>

Labeling of deployment sexual harassment experiences among male and female veterans.

Dardis, C. M., Vento, S. A., Gradus, J. L., & Street, A. E.

Psychological Trauma: Theory, Research, Practice, and Policy
2018; 10(4), 452-455.
<http://dx.doi.org/10.1037/tra0000330>

Objective:

Victims' conceptualizations of traumatic experiences can impact screening responses and decisions to utilize health care. Despite experiencing events constituting sexual harassment, many victims do not label their experiences as such. In the military, specific situational factors (e.g., occurred on-duty, higher ranking harasser) and victim appraisals of experiences (e.g., offensive, threatening) have been associated with increased labeling of sexual harassment. However, no research has examined sexual

harassment labeling among those deployed in recent Afghanistan and Iraq conflicts, where the context of harassment may differ from peacetime settings. The purpose of the present study was to examine frequencies of labeling sexual harassment during deployment, factors associated with labeling, and associations between labeling and perceived need for and use of mental health services.

Method:

2,348 veterans (51% women, 49% men) drawn from a random sample of veterans deployed in support of the wars in Afghanistan and Iraq completed a mail survey.

Results:

Women were significantly more likely than men to label experiences as harassment. Whereas appraisals of events were associated with both women's and men's labeling, situational factors were only associated with women's labeling. Among women, labeling was associated with a greater perceived need for and use of mental health services among those who experienced nonassaultive harassment.

Conclusions:

These results confirm the importance of using behavioral language when screening for experiences of harassment among veterans returning from deployment. We discuss strategies for addressing labeling in the context of mental health treatment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<http://psycnet.apa.org/record/2017-51811-001>

Negative outcomes after morally injurious experiences: A replication and extension.

Lancaster, Steven Lloyd

Psychological Trauma: Theory, Research, Practice, and Policy

2018; 10(4), 456-462.

<http://dx.doi.org/10.1037/tra0000341>

Objective:

The current study replicates and extends a model of the relationship between morally injurious experiences, moral emotions, and posttraumatic stress disorder (PTSD; Jordan, Eisen, Bolton, Nash, & Litz, 2017). The current study builds on this earlier work

by including broader measures of moral emotions and by including an assessment of symptoms of depression.

Method:

An online survey, distributed using crowdsourcing software, was completed by 161 military veterans. The survey included measures of transgressive acts, appraisals of these acts including self-transgressions and betrayal by leadership, and symptoms of PTSD and depression. The hypothesized model was tested using structural equation techniques.

Results:

The results of the current study largely replicate the earlier work, suggesting the effects of morally injurious experiences are mediated by moral emotions while also indicating transgressive acts can have a direct effect on PTSD. The model accounted for a large percentage of the variance of both PTSD and depression and supported specific paths between forms of morally injurious experiences, moral emotions, and negative psychological outcomes.

Conclusion:

The current study replicates the model that suggested moral emotions mediate the role of morally injurious experiences on symptoms of PTSD. The results also demonstrate that future studies should account for the role of transgressive acts in addition to appraisals of these acts. Finally, the results suggest the model developed by Jordan and colleagues may be useful in predicting outcomes beyond PTSD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<http://psycnet.apa.org/record/2017-45361-001>

Assailant identity and self-reported nondisclosure of military sexual trauma in partnered women veterans.

Blais, R. K., Brignone, E., Fargo, J. D., Galbreath, N. W., & Gundlapalli, A. V.

Psychological Trauma: Theory, Research, Practice, and Policy
2018; 10(4), 470-474.

<http://dx.doi.org/10.1037/tra0000320>

Objective:

Department of Veterans Affairs estimates of military sexual trauma (MST) suggest 27% of female veterans have experienced MST. However, Department of Defense data (Department of Defense, 2014) show that a subgroup of active-duty women do not report sexual assaults to a military authority, suggesting barriers to disclosure exist among military samples. No study of female veterans has examined rates of nondisclosure among those with previous screens for MST; these data could inform screening efforts and establishment of safe havens for candid disclosures.

Method:

Using an explanatory sequential mixed-methods survey, a history of MST, and postservice MST disclosures during screening and their associations with demographic, assault, and screening-setting characteristics were evaluated in 359 female veterans. Open-ended responses regarding barriers to disclosure were analyzed using editing analysis style.

Results:

Eighty-one percent (n = 289) reported MST. Of these, 50% (n = 143) reported a prior screening and 25% (n = 35) reported they did not disclose their true MST status. Veterans who experienced MST by a unit-member assailant were significantly less likely to disclose (adjusted odds ratio = 4.75, 95% confidence interval = 1.20–18.30). Disclosure barriers included stigma, experiential avoidance, and discomfort with the screening setting.

Conclusion:

Creative interventions to reduce nondisclosure among female veterans, with specific attention to those assaulted by a unit member, are urgently needed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<http://psycnet.apa.org/record/2017-45362-001>

Association of posttraumatic nightmares and psychopathology in a military sample.

de Dassel, T., Wittmann, L., Protic, S., Höllmer, H., & Gorzka, R. J.

Psychological Trauma: Theory, Research, Practice, and Policy
2018; 10(4), 475-481.
<http://dx.doi.org/10.1037/tra0000319>

Objective:

Nightmares are among the most frequent and disturbing symptoms of posttraumatic stress disorder (PTSD). However, basic research questions regarding key associations between certain nightmare characteristics, especially replicativeness, and posttraumatic psychopathology need further empirical elaboration.

Method:

Sixty-two German soldiers (mean age 33.8 years, 17.7% females) admitted to a hospital-based treatment program for veterans completed extensive assessments consisting of clinical interviews and self-rating measures with respect to sociodemographic characteristics and psychopathology as well as dream-related variables.

Results:

Although nightmare distress, frequency, and replicativeness were all linked to PTSD symptomatology, only the latter proved to be a significant predictor of PTSD diagnosis. Moreover, none of these nightmare characteristics predicted a depression diagnosis.

Conclusions:

The replicativeness of nightmares appears to be a key variable for understanding the relationship between posttraumatic nightmares and PTSD, whereas nightmare frequency and distress appear to be more aptly defined as generic markers of mental health. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<http://psycnet.apa.org/record/2017-52481-001>

Association between perceptions of military service and mental health problems in a nationally representative sample of United States military veterans.

Campbell, A. A., Wisco, B. E., Marx, B. P., & Pietrzak, R. H.

Psychological Trauma: Theory, Research, Practice, and Policy
2018; 10(4), 482-489.
<http://dx.doi.org/10.1037/tra0000337>

Objective:

In this study, we examined the prevalence of positive and negative perceptions of military service, associations between these perceptions and other demographic and military-related factors, and the extent to which endorsement of positive and negative perceptions of military service are associated with current mental health problems among United States veterans.

Method:

We analyzed data from the National Health and Resilience in Veterans Study (NHRVS), a nationally representative survey of 1,484 United States military veterans, 564 of which reported combat exposure. We assessed perceptions of the effects of military service using a scale developed by Elder and Clipp (1989).

Results:

Results showed that desirable effects of service (53.6–86.5%) were more frequently endorsed than undesirable effects (9.5%–48.1%), and that combat-exposed veterans (11.5%–59.7%) were more likely to endorse undesirable effects of service than veterans without combat exposure (4.0%–40.7%). We also found that undesirable effects of service predicted significantly higher odds of probable current mental health disorders (OR = 1.08, 95% CI [1.04, 1.12]), and current suicidal ideation (OR = 1.09, 95% CI [1.05, 1.13]), even after conservative adjustment for possible confounding variables. Desirable effects of service predicted significantly lower odds of current suicidal ideation (OR = 0.96, 95% CI [0.93, 0.99]).

Conclusion:

Taken together, results of this study suggest that perceptions of military service are associated with suicidal ideation and other mental health conditions. In addition, assessing veterans' perceptions of their service could be used as a method to identify possible at-risk veterans who may benefit from mental health services and resources. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<http://psycnet.apa.org/record/2018-30337-001>

Killing during combat and negative mental health and substance use outcomes among recent-era veterans: The mediating effects of rumination.

Kelley, M. L., Bravo, A. J., Hamrick, H. C., Braitman, A. L., & Judah, M. R.

Psychological Trauma: Theory, Research, Practice, and Policy

Advance online publication.

<http://dx.doi.org/10.1037/tra0000385>

Objective:

Although killing in combat is associated with negative mental health outcomes and hazardous alcohol use, mechanisms that underlie this risk are not well understood. To our knowledge, this present brief report is the first to use mediation analysis to examine associations between killing in combat, distinct facets of rumination (problem-focused thoughts, counterfactual thinking, repetitive thoughts, and anticipatory thoughts), and negative mental health outcomes (i.e., depression, anxiety, PTSD, suicidality) and hazardous alcohol use.

Method:

Participants were a community sample of 283 military personnel (158 males [60.31%]; mean age = 32.61 [SD = 7.11]) who had deployed in support of recent wars in Iraq or Afghanistan. Participants completed an online self-report survey.

Results:

Three rumination facets (i.e., problem-focused thoughts, counterfactual thinking, and anticipatory thoughts) uniquely (controlling for effects of other rumination facets) mediated the associations between killing in combat and negative mental health outcomes and hazardous alcohol use. Taken together, killing in combat was associated with higher levels of each rumination facet, which in turn were distinctly associated with more negative symptoms of mental health and more hazardous drinking (problem-focused thoughts were the only facet to mediate all effects). Beyond these significant mediation effects, killing in combat still had a significant direct effect on every outcome.

Conclusion:

These findings provide preliminary support for associations between killing in combat and negative mental health outcomes and hazardous alcohol use. Furthermore, rumination (particularly problem-focused thoughts) may be an important consideration in the evaluation and care of recent-era combat veterans. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<https://www.sciencedirect.com/science/article/pii/S2352250X18300836>

Physical separation in adult attachment relationships.

Lisa M. Diamond

Current Opinion in Psychology

Available online 3 July 2018

<https://doi.org/10.1016/j.copsy.2018.06.007>

Attachment theory suggests that at all stages of life, regular contact with attachment figures fosters a fundamental sense of safety and security. Yet an increasing number of romantic couples undergo prolonged physical separations from one another, ranging from several weeks to several years, and involving widely varying opportunities for communication and contact. This article reviews contemporary research on the implications of such separations for attachment-related dynamics, including relationship satisfaction and psychobiological attunement between partners. Recent technological innovations in computer-mediated contact (such as video calls and electronic messaging) and their capacity to “stand in” for direct physical contact are also discussed, along with directions for future research in the diverse psychobiological mechanisms underlying attachment formation and functioning at different stages of life and in different contexts.

Links of Interest

Corps denies using dating apps to recruit new Marines

<https://www.marinecorpstimes.com/news/your-marine-corps/2018/07/06/corps-denies-using-dating-apps-to-recruit-new-marines/>

Why Are Vietnam Vets, Families Still Waiting for VA Caregiver Benefits?

<https://www.military.com/daily-news/2018/07/07/why-are-vietnam-vets-families-still-waiting-va-caregiver-benefits.html>

Dogs are leading California veterans out of the darkness

<https://www.mercurynews.com/2018/07/08/dogs-leading-veterans-out-of-the-darkness/>

Meet MARCo — NJ students create therapy robot for the mentally ill

<http://nj1015.com/meet-marco-nj-students-create-therapy-robot-for-the-mentally-ill/>

Binge eating, other disorders up among servicemembers

<https://www.stripes.com/news/binge-eating-other-disorders-up-among-servicemembers-1.536170>

Here's how White House 'Chef Rush' is using internet fame and 24-inch biceps to help fellow vets

<https://rebootcamp.militarytimes.com/vet-stars/2018/07/05/heres-how-white-house-chef-rush-is-using-internet-fame-and-24-inch-biceps-to-help-fellow-vets/>

FDA Approval and Recommendations in the VA/DoD Clinical Practice Guidelines: How Can They Differ?

<http://pdhealth.mil/news/blog/fda-approval-and-recommendations-vadod-clinical-practice-guidelines-how-can-they-differ>

VA secretary nominee promises care for all vets, including transgender veterans

<https://www.militarytimes.com/veterans/2018/07/10/va-secretary-nominee-promises-protections-for-transgender-veterans/>

Resource of the Week: [DoDSER - Department of Defense Suicide Event Report - Calendar Year 2016 Annual Report](#)

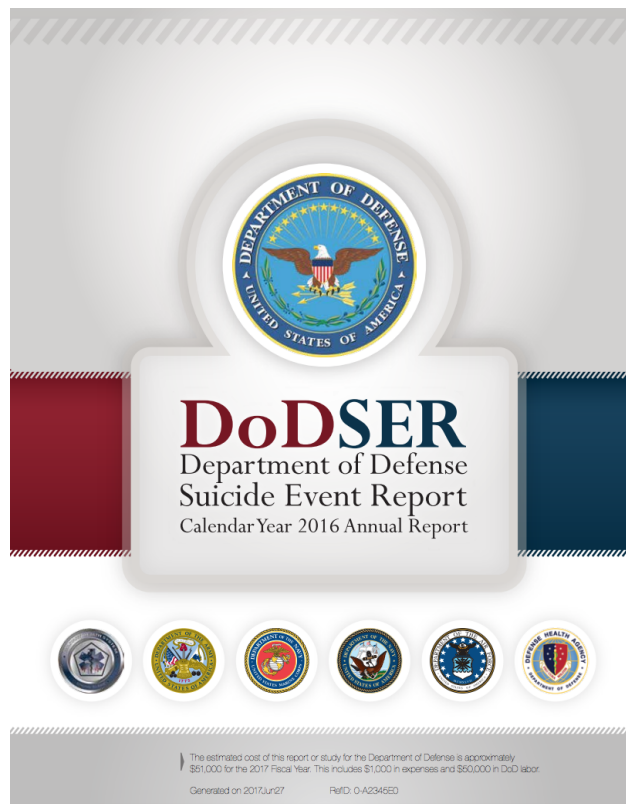
From Psychological Health Center of Excellence (PHCoE) [press release](#):

The Department of Defense (DoD) has released its annual report on the occurrence of military suicide for calendar year 2016. PHCoE's DoD Suicide Event Report (DoDSER) team is currently preparing the 2017 report and we're also collecting information on cases that, unfortunately, have occurred in 2018.

The 2016 DoDSER presents a comprehensive overview of the rates and risk factors associated with military suicide, as well as changes over time and comparisons to the U.S. general adult population. The report serves as an invaluable tool for researchers, policy makers, and DoD leaders to inform suicide prevention plans, policies, and programs.

Military suicide is an important and sensitive topic, and the public needs to have access to accurate facts and information, otherwise myths and misunderstandings about suicide can become persistent. However, the DoDSER

is a technical report and the content, which includes pages of statistics, data tables and figures, may not be easy for the layperson to understand. This blog aims to provide a plain language summary of the key information and take-aways from the 2016 report. An important note: While it's easy to just pay attention to 'the numbers,' we shouldn't forget those numbers come from the tragic loss of a service member's life due to suicide.



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