

# CDP



## Research Update -- February 28, 2019

### What's Here:

- CLINICIAN'S TRAUMA UPDATE Online
- Sticking it out in trauma-focused treatment for PTSD: It takes a village.
- Suicidal Imagery in Borderline Personality Disorder and Major Depressive Disorder.
- Traumatic Event Exposure, Posttraumatic Stress Disorder, and Sleep Disturbances in a National Sample of U.S. Adults.
- Nonsuicidal Self-Injury and Borderline Personality Features as Risk Factors for Suicidal Ideation Among Male Veterans With Posttraumatic Stress Disorder.
- Hypersexual Behavior as a Symptom of PTSD: Using Cognitive Processing Therapy in a Veteran with Military Sexual Trauma-Related PTSD.
- Longitudinal association of PTSD symptoms and self-reported physical functioning among Veterans.
- Factors influencing suicide risk assessment clinical practice: protocol for a scoping review.
- A Randomized Controlled Trial of Prolonged Exposure Therapy Versus Relaxation Training for Older Veterans with Military-Related PTSD.
- Posttraumatic stress disorder and traumatic brain Injury: Sex differences in veterans.
- The Impact of Leadership Responses to Sexual Harassment and Gender Discrimination Reports on Emotional Distress and Retention Intentions in Military Members.

- Effect of Chronic Low Back Pain and Post-Traumatic Stress Disorder on the Risk for Separation from the US Army.
- The Health Status of Veteran Employees Compared to Civilian Employees in Veterans Health Administration.
- Severity and Variability of Depression Symptoms Predicting Suicide Attempt in High-Risk Individuals.
- Obsessive-Compulsive Symptom Dimensions and Insomnia: Associations Among a Treatment-Seeking Veteran Sample.
- Conceptual Confusion in Psychological Therapy: Towards a Taxonomy of Therapies.
- Links of Interest
- Resource of the Week -- Movement and Maneuver: Culture and the Competition for Influence Among the U.S. Military Services

-----

[https://www.ptsd.va.gov/publications/ctu\\_docs/ctu\\_v13n1.pdf](https://www.ptsd.va.gov/publications/ctu_docs/ctu_v13n1.pdf)

### **CLINICIAN'S TRAUMA UPDATE Online**

Issue 13(1), February 2019

National Center for PTSD

CTU-Online includes brief updates on the latest clinically relevant research. Content on treatment and assessment is emphasized. Publications on other topics are included if the content has significant clinical implications.

-----

<https://psycnet.apa.org/record/2019-08708-001>

### **Sticking it out in trauma-focused treatment for PTSD: It takes a village.**

Meis, L. A., Noorbaloochi, S., Hagel Campbell, E. M., Erbes, C. R., Polusny, M. A., Velasquez, T. L., . . . Spoont, M. R.

Journal of Consulting and Clinical Psychology  
2019; 87(3), 246-256.  
<http://dx.doi.org/10.1037/ccp0000386>

**Objective:**

One in 3 veterans will dropout from trauma-focused treatments for posttraumatic stress disorder (PTSD). Social environments may be particularly important to influencing treatment retention. We examined the role of 2 support system factors in predicting treatment dropout: social control (direct efforts by loved ones to encourage veterans to participate in treatment and face distress) and symptom accommodation (changes in loved ones' behavior to reduce veterans' PTSD-related distress).

**Method:**

Veterans and a loved one were surveyed across 4 VA hospitals. All veterans were initiating prolonged exposure therapy or cognitive processing therapy (n = 272 dyads). Dropout was coded through review of VA hospital records.

**Results:**

Regression analyses controlled for traditional, individual-focused factors likely to influence treatment dropout. We found that, even after accounting for these factors, veterans who reported their loved ones encouraged them to face distress were twice as likely to remain in PTSD treatment than veterans who denied such encouragement.

**Conclusions:**

Clinicians initiating trauma-focused treatments with veterans should routinely assess how open veterans' support systems are to encouraging veterans to face their distress. Outreach to support networks is warranted to ensure loved ones back the underlying philosophy of trauma-focused treatments. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

-----

[https://guilfordjournals.com/doi/abs/10.1521/pedi\\_2019\\_33\\_406](https://guilfordjournals.com/doi/abs/10.1521/pedi_2019_33_406)

**Suicidal Imagery in Borderline Personality Disorder and Major Depressive Disorder.**

Katharina SchulteBraucks, Moritz Duesenberg, Martina Di Simplicio, Emily A. Holmes, and Stefan Roepke

Journal of Personality Disorders  
2019 (ahead of print)  
[https://doi.org/10.1521/pedi\\_2019\\_33\\_406](https://doi.org/10.1521/pedi_2019_33_406)

A better understanding of suicidal behavior is important to detect suicidality in at-risk populations such as patients with borderline personality disorder (BPD), posttraumatic stress disorder (PTSD), and major depressive disorder (MDD). Suicidal tendencies are clinically assessed by verbal thoughts rather than by specifically asking about mental images. This study examines whether imagery and verbal thoughts about suicide occur and differ between patients with BPD with and without comorbid PTSD compared to patients with MDD (clinical controls). All patient groups experienced suicide-related images. Patients with BPD with comorbid PTSD reported significantly more vivid images than patients with MDD. Severity of suicidal ideation, number of previous suicide attempts, and childhood traumata were significantly associated with suicidal imagery across all patient groups. The authors demonstrate for the first time that suicide-related mental imagery occurs in BPD and is associated with suicidal ideation. This finding highlights the importance of assessing mental imagery related to suicide in clinical practice.

-----

<https://onlinelibrary.wiley.com/doi/10.1002/jts.22360>

### **Traumatic Event Exposure, Posttraumatic Stress Disorder, and Sleep Disturbances in a National Sample of U.S. Adults.**

Melissa E. Milanak, Kelly L. Zuromski, Ian Cero, Allison K. Wilkerson, Heidi S. Resnick, Dean G. Kilpatrick

Journal of Traumatic Stress  
First published: 31 January 2019  
<https://doi.org/10.1002/jts.22360>

Posttraumatic stress disorder (PTSD) is a highly prevalent, debilitating disorder found to develop after exposure to a potentially traumatic event (PTE). Individuals with PTSD often report sleep disturbances, specifically nightmares and insomnia, which are listed within the criteria for PTSD. This research examined prevalence of insomnia and nightmares within a national sample of 2,647 adults (data weighted by age and sex to correct for differences in sample distribution) who had been exposed to one or more PTEs. Prevalence of self-reported sleep disturbance, sleep disturbances by PTE type,

and gender differences were examined. All participants completed a self-administered, structured online interview that assessed exposure to stressful events and PTSD symptoms. Among individuals who met DSM-5 criteria for PTSD, a large majority (more than 92%) reported at least one sleep disturbance. Insomnia was relatively more prevalent than PTE-related nightmares among individuals with PTSD and among all PTE-exposed individuals. A higher number of PTEs experienced significantly increased the likelihood of both trauma-related nightmares and insomnia, McFadden's pseudo  $R^2 = .07$ ,  $p < .001$ . Women exposed to PTEs were more likely to endorse experience of insomnia,  $\chi^2(1, N = 2,647) = 99.13$ ,  $p < .001$ ,  $\phi = .194$ , and nightmares compared to men,  $\chi^2(1, N = 2,648) = 82.98$ ,  $p < .001$ ,  $\phi = .177$ , but this gender difference was not significant among individuals with PTSD,  $ps = .130$  and  $.050$ , respectively. Differences in sleep disturbance prevalence by PTE type were also examined. Implications for treatment and intervention and future directions are discussed.

-----

<https://onlinelibrary.wiley.com/doi/10.1002/jts.22369>

### **Nonsuicidal Self-Injury and Borderline Personality Features as Risk Factors for Suicidal Ideation Among Male Veterans With Posttraumatic Stress Disorder.**

Katherine C. Cunningham, Jessica L. Grossmann, Kathryn B. Seay, Paul A. Dennis, Carolina P. Clancy, Michael A. Hertzberg, Kate Berlin, Rachel A. Ruffin, Eric A. Dedert, Kim L. Gratz, Patrick S. Calhoun, Jean C. Beckham, Nathan A. Kimbrel

Journal of Traumatic Stress

First published: 29 January 2019

<https://doi.org/10.1002/jts.22369>

U.S. veterans are at increased risk for suicide compared to their civilian counterparts and account for approximately 20% of all deaths by suicide. Posttraumatic stress disorder (PTSD) and borderline personality features (BPF) have each been associated with increased suicide risk. Additionally, emerging research suggests that nonsuicidal self-injury (NSSI) may be a unique risk factor for suicidal behavior. Archival data from 728 male veterans with a PTSD diagnosis who were receiving care through an outpatient Veterans Health Administration (VHA) specialty PTSD clinic were analyzed. Diagnosis of PTSD was based on a structured clinical interview administered by trained clinicians. A subscale of the Personality Assessment Inventory was used to assess BPF, and NSSI and suicidal ideation (SI) were assessed by self-report. Findings revealed that NSSI (58.8%) and BPF (23.5%) were both relatively common in this

sample of male veterans with PTSD. As expected, each condition was associated with significantly increased odds of experiencing SI compared to PTSD alone, odds ratios (ORs) = 1.2–2.6. Moreover, co-occurring PTSD, NSSI, and BPF were associated with significantly increased odds of experiencing SI compared with PTSD, OR = 5.68; comorbid PTSD and NSSI, OR = 2.57; and comorbid PTSD and BPF, OR = 2.13. The present findings provide new insight into the rates of NSSI and BPF among male veterans with PTSD and highlight the potential importance of these factors in suicide risk.

-----

<https://link.springer.com/article/10.1007/s10508-018-1378-1>

### **Hypersexual Behavior as a Symptom of PTSD: Using Cognitive Processing Therapy in a Veteran with Military Sexual Trauma-Related PTSD.**

Sadie E. Larsen

Archives of Sexual Behavior

First Online: 19 February 2019

<https://doi.org/10.1007/s10508-018-1378-1>

Hypersexual behavior is a construct that is well recognized yet vaguely conceptualized, leading to some arguments that it may be comprised of multiple etiologies. Childhood sexual abuse is often acknowledged as a common experience among those with sexually addictive behaviors, yet the intersection between PTSD and sexual addiction has not been fully explored. This case illustrates the use of Cognitive Processing Therapy, an empirically supported treatment for PTSD, as a means to treat both PTSD symptoms and hypersexual behaviors in a veteran who had experienced military sexual trauma. Treatment led to a meaningful decrease in both types of symptoms, even in the absence of a structured treatment approach for sexual addiction. It is argued that differential diagnosis, including functional analysis of hypersexual behaviors, is crucial in treatment planning. Further, attention to trauma and PTSD is important in veterans and others for whom PTSD is part of the etiology of hypersexual behavior; trauma-focused CBT therapies can provide a useful treatment approach in these cases.

-----

## **Longitudinal association of PTSD symptoms and self-reported physical functioning among Veterans.**

Ashkan J. Ahmadian, Thomas C. Neylan, Thomas Metzler, Beth E. Cohen

Journal of Affective Disorders

Available online 19 February 2019

<https://doi.org/10.1016/j.jad.2019.02.048>

### Highlights

- Cross-lagged investigation of the link between PTSD symptoms and physical function.
- Association between PTSD symptoms and physical function was bidirectional over time.
- PTSD symptoms predicted future physical functioning to a greater degree.
- Findings held after controlling for health behaviors and comorbidities.
- Long-term control of PTSD symptoms may prevent functional decline.

### Abstract

#### Background

Few longitudinal studies have investigated the potentially dynamic relationship between Posttraumatic Stress Disorder (PTSD) and physical functioning, and the number of follow-up timepoints have been limited. We evaluated whether PTSD symptoms predicted future physical functioning and vice versa using five assessments over four years.

#### Methods

Data was used from a longitudinal cohort of 695 participants recruited from Veteran Affairs medical outpatient clinics who experienced a traumatic event. PTSD symptom severity was assessed annually with the PTSD Checklist (PCL). Physical functioning was measured with the 10-item subscale of the SF-36. An autoregressive cross-lagged panel model was used to determine the temporal associations between PTSD and physical functioning, adjusting for age, sex, ethnicity, education and employment. Comorbidities and health behaviors were added to assess their roles in the relationship.

#### Results

Greater PTSD symptom severity predicted worse physical functioning the following year (average  $\beta = -0.10$ ,  $P < .001$ ), where a 10-point increase in PCL score predicted a 0.3-point decline in physical function score over one year. Similarly, better physical

functioning also predicted reduced PTSD severity the following year, but to a smaller magnitude (average  $\beta = -0.04$ ,  $P = .003$ ). The pattern of effects was similar after controlling for comorbidities and health behaviors.

#### Limitations

Both primary variables relied on self-report, and generalizability may be limited by the mostly male Veteran sample.

#### Conclusions

Our results support a bidirectional, but unequal, relationship between PTSD and physical functioning over time. They also highlight the importance of long-term control of PTSD symptoms in preventing functional decline.

-----

<https://bmjopen.bmj.com/content/9/2/e026566>

### **Factors influencing suicide risk assessment clinical practice: protocol for a scoping review.**

Sequeira L, Strudwick G, Bailey SM, et al

BMJ Open

2019; 9:e026566

doi: 10.1136/bmjopen-2018-026566

#### Introduction

Every year, suicide accounts for nearly 800 000 deaths worldwide. Appropriate risk assessment and intervention are imperative since evidence demonstrates that a large proportion of those who die by suicide visit health professionals prior to their death. Much previous research has focused on identifying patient-level risk factors that can improve the risk assessment process through scales and algorithms. However, the best practice guidelines emphasise the importance of clinical interviews and prioritise the clinician's final judgement. The purpose of this review is to (1) understand the clinician and organisational level barriers and facilitators that influence a clinician's assessment of suicide risk, (2) identify the types of biases that exist within this process and (3) list any evidence-based training protocols and educational initiatives to aid (or support) clinicians with this process.



## Methods and analysis

This scoping review protocol uses the Arksey and O'Malley framework, and Preferred Reporting Items for Systematic Reviews and Meta-Analyses reporting guidelines for scoping reviews. Literature will be identified using a multidatabase search strategy developed in consultation with a medical librarian. The proposed screening process consists of a title and abstract scan, followed by a full-text review by two reviewers to determine the eligibility of articles. Studies outlining any factors that affect a clinician's suicide risk assessment process, ranging from individual experience and behaviours to organisational level influences, will be included. A tabular synthesis of the general study details will be provided, as well as a narrative synthesis of the extracted data, organised into themes using the Situated Clinical Decision-Making framework.

## Ethics and dissemination

Ethical approval is not required for this review. Results will be translated into educational materials and presentations for dissemination to appropriate knowledge users. Knowledge outputs will also include academic presentations at relevant conferences, and a published, peer-reviewed journal article.

-----

<https://www.sciencedirect.com/science/article/abs/pii/S0887618518303074>

## **A Randomized Controlled Trial of Prolonged Exposure Therapy Versus Relaxation Training for Older Veterans with Military-Related PTSD.**

StevenThorp, Lisa Hayley Glassman

Journal of Anxiety Disorders

Available online 21 February 2019

<https://doi.org/10.1016/j.janxdis.2019.02.003>

## Highlights

- All participants experienced improvements in PTSD and depression symptoms.
- Clinically significant change was modest, especially in follow-up phase.
- Both treatments were well tolerated among older adults.
- There were no significant differences in symptom change between treatment groups.
- Many symptom gains were lost during follow-up period (6 months).

## Abstract

### Objective

Although prolonged exposure (PE) has strong support for treating posttraumatic stress disorder (PTSD), there is little research on PE for older adults. Likewise, Relaxation Training (RT) has shown some benefit for PTSD, but has not been adequately tested in this population.

### Method

This study represents the first randomized controlled trial of two active psychotherapies for PTSD among older adults. Male combat veterans (N = 87; mean age = 65 years) were randomly assigned to 12 sessions of PE (n = 41) or RT (n = 46). Clinician-administered and self-report assessments were conducted at pre-treatment, post-treatment, and six-month follow-up; self-reported symptoms were also measured at each treatment session.

### Results

Multi-level modeling indicated that Clinician-Administered PTSD Scale scores significantly decreased from pre-treatment to follow-up, but the time by treatment condition interaction was not significant. Pre- to post-treatment change was large in PE and moderate in RT, but many gains were lost at follow-up. For self-reported PTSD symptoms, a significant time by treatment condition interaction emerged, suggesting that participants who received PE had both greater decreases in symptoms and a greater rebound in self-reported PTSD symptoms than those who received RT. Unlike PTSD symptoms, depression symptoms neither changed nor were moderated by treatment condition from pre-treatment to follow-up. For self-reported PTSD and depression symptoms assessed at each session, time significantly predicted symptom reductions across psychotherapy sessions.

### Conclusions

PE and RT are well-tolerated, feasible, and effective for older adults, though treatment gains were not maintained at follow-up.

-----

<https://www.ncbi.nlm.nih.gov/pubmed/30784779>

Psychiatry Res. 2019 Jan 31;274:105-111. doi: 10.1016/j.psychres.2019.01.097. [Epub ahead of print]

**Posttraumatic stress disorder and traumatic brain Injury: Sex differences in veterans.**

Epstein EL, Martindale SL, Va Mid-Atlantic Mirecc Workgroup, Miskey HM

Around half of Iraq and Afghanistan war veterans with traumatic brain injury (TBI) have co-occurring posttraumatic stress disorder (PTSD). Research on the differences between male and female veterans with co-occurring PTSD/TBI is sparse. This study evaluated behavioral health differences between sexes with these conditions. Veterans (N = 1577) completed a structured psychiatric interview, TBI interview, and self-report interviews assessing sleep quality, alcohol use, substance use, pain, depression symptoms, PTSD symptoms, and combat exposure. Groups depended on the presence/absence of a lifetime PTSD diagnosis and history of TBI. Among veterans with PTSD and TBI, males and females were equally likely to meet criteria for current PTSD, and in the PTSD only group, male veterans were more likely to have current PTSD. Male veterans with PTSD were also more likely to meet criteria for lifetime alcohol and substance use disorders (AUD and SUD), and mild TBI. Although TBI severity did not differ between sexes in the TBI only group, female veterans were more likely to have a moderate/severe TBI among veterans with co-occurring PTSD. Female veterans without PTSD and TBI were more likely to have major depressive disorder (MDD). Significant sex differences were found for AUD, MDD, current PTSD, and TBI severity. Copyright © 2019. Published by Elsevier B.V.

-----

<https://www.tandfonline.com/doi/abs/10.1080/15299732.2019.1571887>

**The Impact of Leadership Responses to Sexual Harassment and Gender Discrimination Reports on Emotional Distress and Retention Intentions in Military Members.**

Samantha Daniel, Adon Neria, Abigail Moore & Elizabeth Davis

Journal of Trauma & Dissociation  
Published online: 20 Feb 2019  
DOI: [10.1080/15299732.2019.1571887](https://doi.org/10.1080/15299732.2019.1571887)

Reporting instances of sexual harassment and gender discrimination in the workplace is an integral part of the prevention and response efforts of the United States Department of Defense (DoD). Any military member who comes forward to report their experience should be provided appropriate intervention, support, and restorative care. While much research has focused on prevention efforts and encouraging reporting, few researchers have systematically examined what happens when military members come forward. In the military, leaders (the chain of command) are primarily responsible for receiving and investigating reports of potential sex-based military equal opportunity violations (SBMEO) involving sexual harassment or gender discrimination. This study used results from the congressionally-mandated 2016 Workplace and Gender Relations Survey of Active Duty Members (2016 WGRA) to identify military members who indicated experiencing a potential SBMEO violation and reported to their chain of command (n = 3,982) in order to examine the relationships among the actions as a result of reporting, reporting satisfaction, emotional distress, and retention intentions. Findings revealed experiencing positive actions as a result of reporting was associated with increased satisfaction with reporting, which in turn, was associated with decreased emotional distress and increased retention intentions. Conversely, experiencing negative actions as a result of reporting was associated with decreased satisfaction with reporting, increased emotional distress, and decreased retention intentions. These findings highlight the crucial role military leaders serve in supporting those who come forward in mitigating potential negative outcomes associated with SBMEO violations that could impact military readiness.

-----

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usz020/5357473>

### **Effect of Chronic Low Back Pain and Post-Traumatic Stress Disorder on the Risk for Separation from the US Army.**

Timothy M Benedict, SP USA, Michael D Singleton, Arthur J Nitz, Tracie L Shing, Joseph R Kardouni, SP USA

Military Medicine  
Published: 22 February 2019  
<https://doi.org/10.1093/milmed/usz020>

## Introduction

Co-morbid post-traumatic stress disorder (PTSD) and low back pain (LBP) are common reasons for increased disability in the Veteran communities. Medical discharge from the military represents a considerable financial cost to society. Little is currently known about the impact of LBP and PTSD as longitudinal risk factors for medical discharge from Active Duty military service.

## Materials and Methods

A retrospective analysis of US Army Active Duty Soldiers from 2002 to 2012 was performed to determine the risk for medical discharge. Four levels of exposure for were identified as independent variables: no chronic LBP or PTSD, chronic LBP only, PTSD only, and co-morbid PTSD present with chronic LBP. Statistical analysis utilized modified Poisson regression controlling for sex, age, rank, time in service, deployment, mental health, sleep disorders, alcohol use, tobacco use, obesity, and military occupation. This study was approved by a Department of Defense Institutional Review Board.

## Results

After controlling for potential confounding variables, the RR for chronic LBP and PTSD independently was 3.65 (95% CI: 3.59–3.72) and 3.64 (95% CI: 3.53–3.75), respectively, and 5.17 (95% CI: 5.01–5.33) when both were present.

## Conclusions

This is the first study to identify a history of both chronic LBP and PTSD as substantial risk factors for medical discharge from the US Army. PTSD and chronic LBP may mutually reinforce one another and deplete active coping strategies, making Soldiers less likely to be able to continue military service. Future research should target therapies for co-morbid PTSD and chronic LBP as these conditions contribute a substantial increase in risk of medical discharge from the US Army.

-----

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usy410/5357459>

## **The Health Status of Veteran Employees Compared to Civilian Employees in Veterans Health Administration.**

Tamara M Schult, Sandra K Schmunk, James R Marzolf, David C Mohr

Military Medicine

Published: 22 February 2019

<https://doi.org/10.1093/milmed/usy410>

## Introduction

Veterans Health Administration (VHA) is undergoing changes in the practice of health care focusing on approaches that prioritize veteran well-being. Given transformation efforts, opportunities exist to enhance the health and well-being of patients and employees alike – a significant proportion of whom are veterans. To date, differences in health status between veteran and civilian employees within VHA have not been examined.

## Materials and Methods

Data from an annual organizational census survey with health promotion module conducted in 2015 were analyzed to estimate the prevalence of health risk behaviors, mental health, and chronic health conditions by veteran status within genders ( $n = 86,257$ ). To further examine associations by gender between veteran status and health measures controlling for covariates, multivariate logistic regression analyses were utilized.

## Results

Prevalence estimates generally indicated veterans have worse health status and health risk behaviors than their civilian counterparts. Results from multivariate logistic regression analyses indicated many significant associations between veteran status and health by gender controlling for other important demographic variables and a total comorbidity score. Compared to civilian employees within respective genders, both male and female veteran employees have increased odds of being a current smoker. Both male and female veteran employees have decreased odds of physical inactivity compared to civilian employees. For mental health and chronic health conditions, there are several conditions that veteran employees have increased odds for when compared to civilian employees of like gender; these include low back problems, arthritis, anxiety, depression, and sleep disorders.

## Conclusions

Veteran employees in VHA have worse health status than their civilian counterparts on a number of measures of health risk behaviors, mental health, and chronic health conditions. Given current organizational priorities aimed at cultural transformation, the present time is an optimal one to work collaboratively to enhance the health and well-being services that are available for patients and employees alike. All employees,

particularly our unique population of veteran employees, will benefit from such an approach.

-----

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2726611>

## **Severity and Variability of Depression Symptoms Predicting Suicide Attempt in High-Risk Individuals.**

Melhem NM, Porta G, Oquendo MA, et al.

JAMA Psychiatry

Published online February 27, 2019

doi:10.1001/jamapsychiatry.2018.4513

### Key Points

#### Question

What are the most important clinical predictors of suicide attempt?

#### Findings

In this longitudinal study of 663 offspring of parents with mood disorders, the trajectory of depression symptoms showing the highest mean scores and variability over time predicted suicide attempt above and beyond psychiatric diagnoses. Additional predictors were younger age ( $\leq 30$  years), mood disorders, childhood abuse, and personal and parental history of suicide attempt.

#### Meaning

Predictors were identified that clinicians already assess during routine psychiatric evaluation; clinicians should especially monitor and treat depression symptoms to reduce the risk for suicidal behavior.

#### Abstract

##### Importance

Predicting suicidal behavior continues to be among the most challenging tasks in psychiatry.

#### Abstract

##### Objectives

To examine the trajectories of clinical predictors of suicide attempt (specifically,

depression symptoms, hopelessness, impulsivity, aggression, impulsive aggression, and irritability) for their ability to predict suicide attempt and to compute a risk score for suicide attempts.

### Design, Setting, and Participants

This is a longitudinal study of the offspring of parents (or probands) with mood disorders who were recruited from inpatient units at Western Psychiatric Institute and Clinic (Pittsburgh) and New York State Psychiatric Institute. Participants were recruited from July 15, 1997, to September 6, 2005, and were followed up through January 21, 2014. Probands and offspring (n = 663) were interviewed at baseline and at yearly follow-ups for 12 years. Lifetime and current psychiatric disorders were assessed, and self-reported questionnaires were administered. Model evaluation used 10-fold cross-validation, which split the entire data set into 10 equal parts, fit the model to 90% of the data (training set), and assessed it on the remaining 10% (test set) and repeated that process 10 times. Preliminary analyses were performed from July 20, 2015, to October 5, 2016. Additional analyses were conducted from July 26, 2017, to July 24, 2018.

### Main Outcomes and Measures

The broad definition of suicide attempt included actual, interrupted, and aborted attempts as well as suicidal ideation that prompted emergency referrals during the study. The narrow definition referred to actual attempt only.

### Results

The sample of offspring (n = 663) was almost equally distributed by sex (316 female [47.7%]) and had a mean (SD) age of 23.8 (8.5) years at the time of censored observations. Among the 663 offspring, 71 (10.7%) had suicide attempts over the course of the study. The trajectory of depression symptoms with the highest mean scores and variability over time was the only trajectory to predict suicide attempt (odds ratio [OR], 4.72; 95% CI, 1.47-15.21; P = .01). In addition, we identified the following predictors: younger age (OR, 0.82; 95% CI, 0.74-0.90; P < .001), lifetime history of unipolar disorder (OR, 4.71; 95% CI, 1.63-13.58; P = .004), lifetime history of bipolar disorder (OR, 3.4; 95% CI, 0.96-12.04; P = .06), history of childhood abuse (OR, 2.98; 95% CI, 1.40-6.38; P = .01), and proband actual attempt (OR, 2.24; 95% CI, 1.06-4.75; P = .04). Endorsing a score of 3 or higher on the risk score tool resulted in high sensitivity (87.3%) and moderate specificity (63%; area under the curve = 0.80).

### Conclusions and Relevance

The specific predictors of suicide attempt identified are those that clinicians already assess during routine psychiatric evaluations; monitoring and treating depression



symptoms to reduce their severity and fluctuation may attenuate the risk for suicidal behavior.

-----

<http://connect.springerpub.com/content/sgrjcp/33/1/46>

### **Obsessive-Compulsive Symptom Dimensions and Insomnia: Associations Among a Treatment-Seeking Veteran Sample.**

Raines, Amanda M., PhD; Franklin, C. Laurel, PhD; Carroll, Michele N., PsyD

Journal of Cognitive Psychotherapy

Vol 33, Issue 1

DOI: 10.1891/0889-8391.33.1.46

Sleep disturbances are a prevalent and pernicious correlate of most emotional disorders. A growing body of literature has recently found evidence for an association between sleep disturbances and obsessive-compulsive disorder (OCD). Though informative, this link has yet to be explored in a veteran population. Further, the degree to which this relationship is accounted for by relevant third variables is limited. The current study investigated the relationship between self-reported insomnia and OCD symptoms after controlling for probable depression and posttraumatic stress disorder (PTSD) using an unselected sample of veterans (N = 57). Most of the sample reported clinically significant OCD (61%) and insomnia symptoms (58%). Results revealed associations between insomnia and OCD unacceptable thoughts/neutralizing compulsions, but not contamination obsessions/washing compulsions, responsibility for harm obsessions/checking compulsions, or symmetry obsessions/ordering compulsions. Findings highlight the need for more research on OCD and sleep problems and clinical work focused on sleep for patients reporting increased OCD symptoms, particularly veterans.

-----

<https://link.springer.com/article/10.1007/s10942-019-00313-7>

### **Conceptual Confusion in Psychological Therapy: Towards a Taxonomy of Therapies.**

James J. Collard

Journal of Rational-Emotive & Cognitive-Behavior Therapy  
First Online 25 February 2019  
<https://doi.org/10.1007/s10942-019-00313-7>

This paper addresses confusion apparent in the discussion of psychological therapies. Such confusion relates to the differentiation, or lack of, of therapy constructs across categorical levels. Conceptual confusion is identified in terms of an apparent failure to differentiate theoretical frameworks of human functioning, specific therapy packages, and individual techniques from one another. Confusing to which level various concepts belong results in misunderstandings in psychological research, practice and education. The paper further sets out to provide a framework to help delineate these conceptual levels and to highlight the problems arising from confusing them.

-----

### **Links of Interest**

Behavioral Health Technician Work Group Updates and a Look Ahead

<https://www.pdhealth.mil/news/blog/behavioral-health-technician-work-group-updates-and-look-ahead>

How many medical personnel, and what kind, are needed in wartime? Military is still trying to figure that out

<https://www.militarytimes.com/pay-benefits/2019/02/24/how-many-medical-personnel-and-what-kind-are-needed-in-wartime-military-is-still-trying-to-figure-that-out/>

Military services delay financial help for spouse employment

<https://www.militarytimes.com/pay-benefits/2019/02/21/military-services-delay-financial-help-for-spouse-employment/>

He Was Fired for Degrading Female Marines. Now He Wants Marines to Learn from His Mistakes

<https://www.military.com/daily-news/2019/02/23/he-was-fired-degrading-female-marines-now-he-wants-marines-learn-his-mistakes.html>

CBT, pharmacotherapy equally effective for remission in depression

<https://www.healio.com/psychiatry/depression/news/online/%7B2220832e-4992-42f9-89bc-9e029a2d5981%7D/cbt-pharmacotherapy-equally-effective-for-remission-in-depression>

Transgender troops tell Congress they excel in military

<https://www.militarytimes.com/news/your-military/2019/02/27/care-for-transgender-service-members-has-cost-the-military-about-8-million-since-2016/>

After Court Ruling, Here's What's Next for Women and the Draft

<https://www.military.com/daily-news/2019/02/26/no-women-dont-have-sign-draft-yet-heres-whats-next.html>

Suicide prevention: Research on successful interventions

<https://journalistsresource.org/home/suicide-prevention-research-on-successful-interventions/>

Death of 7-month-old military child fuels questions about unlicensed daycare on base

<https://www.militarytimes.com/pay-benefits/2019/02/27/death-of-7-month-old-military-child-fuels-questions-about-unlicensed-daycare-on-base/>

-----

**Resource of the Week -- [Movement and Maneuver: Culture and the Competition for Influence Among the U.S. Military Services](#)**

New, from the RAND Corporation:

This report analyzes the current character of competition between the United States Army, Navy, Air Force, Marine Corps, and U.S. Special Operations Command (USSOCOM) and examines how culture impacts the ways the services posture themselves to gain resources, authorities, access, and influence. The report identifies cultural characteristics, primary goals, and competitive strategies exhibited by the military services and USSOCOM. Further, it explores the current modalities of competition and tactics of competition employed by each service. The authors evaluate whether the cultures of the services have changed substantively over time and whether the services wield as much influence as they did before the Goldwater-Nichols Department of Defense Reorganization Act of 1986. Finally, the authors assess how each service might adapt and respond if it faced major policy shifts in the future, focusing specifically on contingencies in China and North Korea. The authors make three essential arguments: First, service personalities are alive and well. They endure, but they also evolve slowly to allow adaptation to the present environment. Second, post-Goldwater-Nichols, services remain the most powerful organizational actors in

national defense. However, their relative edge over the Office of the Secretary of Defense, combatant commands, and the Joint Staff has decreased, leading to a more complex field of competition. Third, this complexity introduced by Goldwater-Nichols has created changes to the character of competition in the national security arena. The relevant actors have expanded to include elevated roles for the Marine Corps and USSOCOM, and the tactics and arenas of competition have changed.

## Key Findings

The Army Competes for Missions by Positioning Itself as a Master of Leadership and Command, and for Resources by Arguing for Its Positions in Terms of Unacceptable Risk to the Nation

- The Army seeks to drive acceptance of the centrality of conventional ground combat, preserve and grow end strength and force structure, and participate in all contingencies.

The Navy Competes for Roles and Missions Through Its Tightly Articulated Service Strategies and Institutional Resistance to Jointness

- Its chief competitive goals are to maintain forward presence, sea control, power projection through force structure changes, and secure Department of Defense acceptance of purely naval missions.

The Air Force Competes Through Early Investment in and Promotion of Top Performers, as well as the Development of Senior-Level Resource Management Expertise

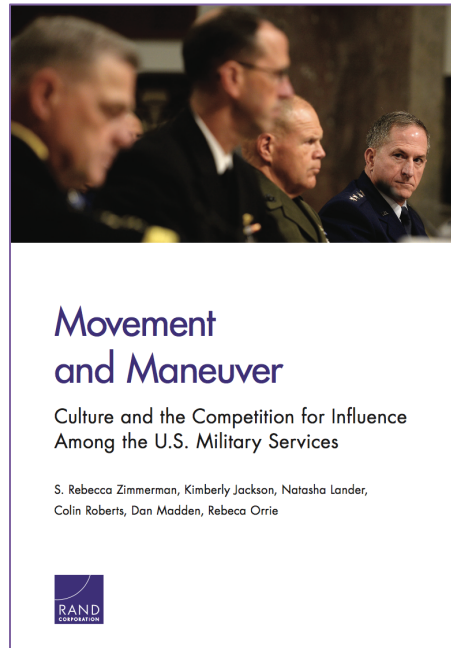
- The Air Force focuses on technology, innovation, and strategic analysis, and aims to make air superiority central to U.S. strategy, reinforce an identity beyond enabling, and sustain dominance in space and cyber realms.

The Marine Corps Competes by Engaging Congress and the U.S. Public and Protecting Its Elite Brand

- The Marine Corps competes by demonstrating relevance through forward presence, maintains operational autonomy, and preserves Marine culture and the forcible entry mission.

## U.S. Special Operations Command Competes by Building on Its Operational Credibility, Strategically Shifting Between Combatant Command and Service-like Roles, and Maintaining Strong Congressional Support

- USSOCOM's chief competitive goals are to maintain and grow autonomy, limit Special Operations Forces overuse, and retain primacy on a critical mission set that ensures its relevance.



-----

Shirl Kennedy  
Research Editor  
Center for Deployment Psychology  
[www.deploymentpsych.org](http://www.deploymentpsych.org)  
[skennedy@deploymentpsych.org](mailto:skennedy@deploymentpsych.org)  
240-535-3901