



## CDP Research Update --April 27 , 2017

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<http://www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=31001>

## **Cognitive Behavioral Therapy Using a Mobile Application Synchronizable With Wearable Devices for Insomnia Treatment: A Pilot Study.**

Kang SG, Kang JM, Cho SJ, Ko KP, Lee YJ, Lee HJ, Kim L, Winkelman JW

Journal of Clinical Sleep Medicine  
2017;13(4):633–640

### **Study Objectives**

The use of telemedicine with a mobile application (MA) and a wearable device (WD) for the management of sleep disorders has recently received considerable attention. We designed an MA synchronizable with a WD for insomnia treatment. Our pilot study determined the efficacy of simplified group cognitive behavioral therapy for insomnia (CBT-I) delivered using our MA and assessed participant adherence to and satisfaction with the device.

### **Methods**

The efficacy of the CBT-I using MA (CBT-I-MA) was assessed by comparing sleep variables (sleep efficiency [SE], Insomnia Severity Index [ISI], and Pittsburgh Sleep Quality Inventory [PSQI] scores) before and after a 4-week treatment protocol in 19 patients with insomnia disorder patients. SE was assessed using a sleep diary, actigraphy, and the PSQI.

### **Results**

The intervention significantly improved all three measures of SE ( $P < .05$ ), and the response rate to treatment was high (94.7%). Total ISI and PSQI scores and sleep latency, as measured by the sleep diary, improved significantly. Participants showed relatively good adherence to our MA, and sleep diary entries were made on  $24.3 \pm 3.8$  of 28 days. Moreover, 94.7% of the participants reported that our MA was effective for treating insomnia.

### **Conclusions**

Our pilot study suggested the clinical usefulness of a CBT-I-MA. We expect that our findings will lead to further development and replication studies of CBT-I-MA.

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<http://www.tandfonline.com/doi/full/10.1080/21635781.2017.1310681>

## **An Integrated Model of Health and Happiness Among Post-9/11 Military Veterans.**

Jessica Kelley Morgan, Sarah L. Desmarais, and Shevaun D. Neupert

Military Behavioral Health

Published online: 28 Mar 2017

<http://dx.doi.org/10.1080/21635781.2017.1310681>

The authors developed an integrated model of well-being, defined by happiness and physical health, among post-9/11 veterans, by examining associations of religious attendance, trauma, appreciation in life, and ease of readjustment to civilian life with well-being. Data on 712 post-9/11 military veterans (81.0% male) were drawn from the Pew Research Center's 2011 Veterans Study. The authors conducted multiple regression analyses to identify predictors of health and happiness and used structural equation modeling to develop an integrated model of veteran well-being. The authors' findings indicate that ease of readjustment to civilian life is a critical contributor to the health and happiness of veterans.

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<http://www.sciencedirect.com/science/article/pii/S1077722917300457>

## **When Self-Blame Is Rational and Appropriate: The Limited Utility of Socratic Questioning in the Context of Moral Injury: Commentary on Wachen et al. (2016).**

Matt J. Gray, William P. Nash, Brett T. Litz

Cognitive and Behavioral Practice

Available online 18 April 2017

<http://doi.org/10.1016/j.cbpra.2017.03.001>

In this commentary, we argue that a generally sound therapeutic technique—Socratic questioning—is ill-suited to address a common variant of combat-related emotional and psychological distress. Specifically, moral injury is a term used to describe a syndrome of shame, self-handicapping, anger, and demoralization that occurs when deeply held beliefs and expectations about moral and ethical conduct are transgressed. Importantly, moral injury can and often does result from instances of intentional perpetration. We

contend that challenging the accuracy of self-blame in such cases is conceptually problematic and potentially harmful. Such an approach is based on a questionable premise—i.e., that self-blame and resulting guilt are inherently illogical or inaccurate. Though this is often the case, it is not invariably so. We briefly describe an alternate approach—Adaptive Disclosure—that allows for accurate and legitimate self-blame when warranted but also promotes the possibilities of self-forgiveness, compassion, and moral reparation.

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<http://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201600541>

### **Three Problems With Current Digital Mental Health Research . . . and Three Things We Can Do About Them.**

David C. Mohr, Ph.D., Ken R. Weingardt, Ph.D., Madhu Reddy, Ph.D., Stephen M. Schueller, Ph.D.

Psychiatric Services

Published online: April 17, 2017

<http://dx.doi.org/10.1176/appi.ps.201600541>

An increasingly large body of randomized controlled trials has demonstrated the efficacy of mental health technologies, such as Web-based and mobile interventions, to prevent and treat mental disorders and increase psychological well-being. However, there is little evidence that these tools can be successfully implemented in clinical settings. The authors highlight three widely held misconceptions that they believe are holding back the field, and they reconceptualize the issues to strengthen the path toward implementation and accelerate innovation.

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<http://journals.sagepub.com/doi/abs/10.1177/0886260517702491>

### **Intimate Partner Violence Among Female OEF/OIF/OND Veterans Who Were Evaluated for Traumatic Brain Injury in the Veterans Health Administration: A Preliminary Investigation.**

Katherine M. Iverson, PhD, Nina A. Sayer, PhD, Mark Meterko, PhD, Kelly Stolzmann, MS, Pradeep Suri, MD, MS, Katelyn Gormley, MPH, Marjorie Nealon Seibert, MBA, Kun

Yan, MD, PhD, Terri K. Pogoda, PhD

Journal of Interpersonal Violence

First Published April 18, 2017

Many female veterans have deployed to Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND), and some experience traumatic brain injury (TBI). Although TBI is increasingly recognized as an important health issue for female OEF/OIF/OND veterans, there is little attention to stressful experiences that may exacerbate health problems or hinder recovery among veterans who may have experienced TBI. Lifetime intimate partner violence (IPV) is common among general samples of female veterans. Given the negative implications of IPV on women's health, it is important to understand whether there is a relationship between lifetime IPV and health functioning among female veterans who have experienced possible TBI. This study provides an exploration of lifetime IPV and its associations with physical and mental health, as well as community reintegration, among female OEF/OIF/OND veterans who have been evaluated for TBI. The sample comprised 127 female veterans who participated in a larger study that examined reintegration among OEF/OIF/OND veterans who received a TBI evaluation in the Veterans Health Administration (VHA) and completed an assessment of lifetime IPV. Primary and secondary data sources included survey responses (e.g., health symptoms and reintegration) and VHA administrative data (e.g., health diagnoses). Results indicated that nearly two thirds (63.0%) of women who completed a TBI evaluation reported lifetime IPV, though clinician-confirmed TBI was not associated with IPV. Women who experienced IPV, compared with those who did not, reported higher levels of neurobehavioral symptoms and were significantly more likely to have diagnoses of back pain (48.6% vs. 30.0%, respectively) and substance abuse (12.2% vs. 0%, respectively). Notwithstanding, women with and without lifetime IPV reported similar levels of reintegration. Findings provide evidence that lifetime IPV may be common among female OEF/OIF/OND veterans who are evaluated for TBI, and that IPV is associated with several treatable health problems among this population.

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<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201600259>

**Postdeployment Behavioral Health Screens and Linkage to the Veterans Health Administration for Army Reserve Component Members.**

Megan E. Vanneman, Ph.D., M.P.H., Alex H. S. Harris, Ph.D., Cheng Chen, M.S., Rachel Sayko Adams, Ph.D., M.P.H., Thomas V. Williams, Ph.D., Mary Jo Larson, Ph.D., M.P.A.

Psychiatric Services

Published online: April 17, 2017

<http://dx.doi.org/10.1176/appi.ps.201600259>

Objective:

Approximately three to six months after returning from deployment, military service members complete the Post-Deployment Health Reassessment (PDHRA), which includes screens for alcohol misuse, depression, and posttraumatic stress disorder (PTSD). To determine whether Army Reserve Component (RC) members (Army National Guard and Army Reserve) with positive screening scores on the PDHRA receive needed care, the investigators examined the association between positive scores and enrollment and utilization of care (“linkage”) in the Veterans Health Administration (VHA), as well as rescreening scores, diagnosis, and behavioral treatment in VHA.

Methods:

Mixed-effects regression models were used to predict linkage to VHA within six months after RC members (N=73,164) completed the PDHRA, with alcohol misuse, depression, and PTSD screen scores as key independent variables. Regression models were stratified by gender and National Guard versus Reserve status. Among those who linked to VHA (N=25,168), screening scores and subsequent diagnosis and treatment in VHA were also examined.

Results:

Army RC members with positive PTSD and depression screening scores were more likely than those with negative screens to link to VHA, and most (54%–84%) received VHA treatment once diagnosed. Positive screens for alcohol misuse were associated with linkage to VHA for men but not for women, and treatment rates for alcohol use disorders were relatively low (0%–25%) for both men and women diagnosed as having an alcohol use disorder.

Conclusions:

The finding that Army RC members with greater indications of behavioral health problems linked to VHA is encouraging. However, more outreach and treatment engagement strategies could be directed to those with alcohol use disorder, particularly women.

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<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201600240>

## **Mental Health Treatment Seeking Among Veteran and Civilian Community College Students.**

John C. Fortney, Ph.D., Geoffrey M. Curran, Ph.D., Justin B. Hunt, M.D., M.S., Liya Lu, M.S., Daniel Eisenberg, Ph.D., Marcia Valenstein, M.D., M.S.

Psychiatric Services

Published online: April 17, 2017

<http://dx.doi.org/10.1176/appi.ps.201600240>

### Objective:

A Web-based survey examined treatment seeking among community college students to inform the design of engagement interventions.

### Methods:

Veteran and civilian community college students (N=765) were screened for mental disorders and reported perceptions of treatment need, effectiveness, and stigma, as well as service use. Regression analysis identified predictors of pharmacotherapy and psychotherapy use.

### Results:

Of the 511 students who screened positive for a current mental disorder or reported a perceived need for treatment (149 veterans and 362 civilians), 30% reported past-year use of psychotropic medications. Predictors were perceived treatment need (odds ratio [OR]=7.81,  $p<.001$ ) and the perception that psychotropic medications are effective (OR=3.38,  $p=.012$ ). Eleven percent of participants reported past-year psychotherapy use, and predictors were a positive screen for posttraumatic stress disorder (OR=2.78,  $p=.04$ ) and poorer financial status.

### Conclusions:

Modifiable barriers, including perceived need for and effectiveness of treatment, were correlated with pharmacotherapy use and should be targeted by engagement interventions.

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<http://psycnet.apa.org/journals/pro/48/2/107/>

### **Does the timing of suicide risk assessments influence ratings of risk severity?**

Chu, Carol; Van Orden, Kimberly A.; Ribeiro, Jessica D.; Joiner, Thomas E.

Professional Psychology: Research and Practice

Vol 48(2), Apr 2017, 107-114

<http://dx.doi.org/10.1037/pro0000130>

Clinicians are often tasked with identifying and managing patients who are at risk for suicide. Therefore, greater understanding of factors that impact the efficacy of suicide risk assessments (SRAs) are of critical importance. One potential factor that may affect assessments of risk severity is the timing of the evaluation during clinical interview. Given that some patients are reluctant to disclose suicide-related symptoms, it is possible that asking about suicide at the beginning of an interview elicits more false negatives. It is also possible that if risk assessments are conducted in a manner that is encouraging to the patient, timing does not significantly impact patient report. This study examined whether SRA timing within an initial intake interview affects risk severity ratings. Adult psychiatric outpatients (N = 169) were randomly assigned to receive an SRA during the beginning or middle of a 1-hr intake. We failed to find a significant difference in suicide risk ratings between those who were evaluated at the beginning compared to the middle of intake (14% vs. 15% rated at elevated risk). Findings were not moderated by age, gender, or attempt history. Our results provide preliminary evidence that the timing of SRA may not impact risk severity ratings. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

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<http://www.tandfonline.com/doi/full/10.1080/15402002.2017.1312404>

### **Poor Sleep Is Associated With Greater Marital Aggression: The Role of Self Control.**

Peggy S. Keller, Eric A. Haak, C. Nathan DeWall, and Claire Renzetti

Behavioral Sleep Medicine

Published online: 18 Apr 2017

<http://dx.doi.org/10.1080/15402002.2017.1312404>

Background/Objective:

Although sleep problems are linked to relationship difficulties, the mechanisms involved have not been empirically demonstrated. The present study considers self-control as such a mechanism.

Participants:

Data were collected from 342 predominantly white, middle-class, married adults.

Method:

Participants completed online questionnaires about sleep, marital aggression, and self-control, and a virtual voodoo doll task.

Results and Conclusions:

Sleep problems were associated with higher levels of aggression on all measures, and lower self-control mediated these associations. Associations did not depend on participant gender, presence of children in the home, income, or length of marriage.

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<http://www.sciencedirect.com/science/article/pii/S0272735815301884>

**Modification of cognitive biases related to posttraumatic stress: A systematic review and research agenda.**

Marcella L. Woud, Johan Verwoerd, Julie Krans

Clinical Psychology Review

Available online 17 April 2017

<http://doi.org/10.1016/j.cpr.2017.04.003>

Cognitive models of Posttraumatic Stress Disorder (PTSD) postulate that cognitive biases in attention, interpretation, and memory represent key factors involved in the onset and maintenance of PTSD. Developments in experimental research demonstrate that it may be possible to manipulate such biases by means of Cognitive Bias Modification (CBM). In the present paper, we summarize studies assessing cognitive biases in posttraumatic stress to serve as a theoretical and methodological background. However, our main aim was to provide an overview of the scientific literature on CBM in (analogue) posttraumatic stress. Results of our systematic literature review showed that most CBM studies targeted attentional and interpretation biases (attention: five studies;

interpretation: three studies), and one study modified memory biases. Overall, results showed that CBM can indeed modify cognitive biases and affect (analog) trauma symptoms in a training congruent manner. Interpretation bias procedures seemed effective in analog samples, and memory bias training proved preliminary success in a clinical PTSD sample. Studies of attention bias modification provided more mixed results. This heterogeneous picture may be explained by differences in the type of population or variations in the CBM procedure. Therefore, we sketched a detailed research agenda targeting the challenges for CBM in posttraumatic stress.

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<https://utah.pure.elsevier.com/en/publications/the-impact-of-aggression-on-the-relationship-between-betrayal-and>

### **The Impact of Aggression on the Relationship Between Betrayal and Belongingness Among US Military Personnel.**

Rachel L. Martin, Claire Houtsma, Anna Belle O Bryan, Craig J. Bryan, Bradley A. Green, Michael D. Anestis

Military Psychology

Accepted/In press - Feb 9 2017

The suicide rate among U.S. military personnel, particularly within the Army National Guard, is significantly higher than the rate found among the general population. To better understand why the Army National Guard has elevated rates of suicide, the current study examined how deployment-related moral injury interacts with interpersonal factors to predict suicide risk. Specifically, this study hypothesized that deployment-related betrayal, a facet of the Moral Injury Events Scale, would predict thwarted belongingness and that this relationship would be moderated by several types of aggression (physical aggression, verbal aggression, hostility, and anger). The current sample comprised 562 military personnel who had experienced at least 1 previous deployment. Results revealed that betrayal predicted thwarted belongingness in the presence of high but not low or mean levels of aggression among military personnel. This indicates that aggressive individuals who experience perceived betrayal while deployed may be at high risk for development of thwarted belongingness, an important risk factor for suicide. These results suggest the need for better assessment and treatment of betrayal among military personnel, as well as the need for programs to help soldiers manage aggression.

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<http://www.sciencedirect.com/science/article/pii/S2215036617301293>

**A brief psychological intervention to reduce repetition of self-harm in patients admitted to hospital following a suicide attempt: a randomised controlled trial.**

Rory C O'Connor, Eamonn Ferguson, Fiona Scott, Roger Smyth, David McDaid, A-La Park, Annette Beautrais, Christopher J Armitage

The Lancet Psychiatry

In Press, Corrected Proof, Available online 20 April 2017

[http://doi.org/10.1016/S2215-0366\(17\)30129-3](http://doi.org/10.1016/S2215-0366(17)30129-3)

Background

We investigated whether a volitional helpsheet (VHS), a brief psychological intervention, could reduce repeat self-harm in the 6 months following a suicide attempt.

Methods

We did a prospective, single-site, randomised controlled trial. Patients admitted to a hospital in Edinburgh, UK, after a suicide attempt were deemed eligible for the study if they were over the age of 16 years, had a self-reported history of self-harm, were fluent in English, were medically fit to interview, and were not participating in other research studies within the hospital. Eligible patients were randomly assigned (1:1), via web-based randomisation, to receive either VHS plus usual treatment (intervention group) or only treatment as usual (control group). Randomisation was stratified by sex and self-reported past self-harm history. The Information Services Division of the National Health Service (NHS-ISD) staff and those extracting data from medical notes were masked to the study group the participant was allocated to. Clinical staff working within the hospital were also masked to participants' randomisation status. There were three primary outcomes: the proportion of participants who re-presented to hospital with self-harm during the 6-month follow-up period; the number of times a participant re-presented to hospital with self-harm during the 6-month follow-up period; and cost-effectiveness of the VHS as measured by estimated incremental cost per self-harm event averted. Primary outcomes were analysed in all randomised patients. Follow-up data collection was extracted from the Information Services Division of the NHS and from patient medical records. The trial is registered with International Standard Randomised Controlled Trial Number Registry, number ISRCTN99488269.

## Findings

Between May 9, 2012, and Feb 24, 2014, we assessed 1308 people for eligibility. Of these, 259 patients were randomly assigned to the intervention group and 259 to the control group. We obtained complete follow-up data on 512 (99%) of 518 patients (five participants were lost to follow-up in the intervention group and one in the control group). 11 patients assigned to the intervention group did not complete the VHS in hospital. Overall, the intervention did not affect the number of people who re-presented with self-harm (67 [26%] of 254 patients in the intervention group vs 71 [28%] of 258 patients in the control group, odds ratio [OR] 0·90, 95% CI 0·58–1·39,  $p=0\cdot63$ ). The intervention had no effect on the number of re-presentations per patient (mean 0·67 [SD 2·55] re-presentations for the intervention group vs 0·85 [2·79] for the control group, incident rate ratio [IRR] 1·65, 95% CI 0·74–3·67,  $p=0\cdot21$ ). Mean total costs per person for NHS hospital services in the VHS intervention group over the 6 months were £513 versus £561 in the control group but this difference was not significant (95% CI–£353 to £257,  $p=0\cdot76$ ). Three patients died by suicide in the 6 months following their index suicide attempt (one in the intervention group and two in the control group). There were no reported unintended effects or adverse events in either group.

## Interpretation

For the primary outcomes, there were no significant differences between groups. Although the VHS had no overall effect, post-hoc analyses suggest VHS might be effective in reducing the number of self-harm repetitions following a suicide attempt in people who complete the helpsheet and who have been previously admitted to hospital with self-harm. This is the first study to investigate the usefulness of the VHS to reduce self-harm among those who have attempted suicide. These subgroup findings require replication. The potential use of the VHS in those who self-harm for different motives requires further exploration.

## Funding

Chief Scientist Office (CZH/4/704).

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<http://www.tandfonline.com/doi/abs/10.1080/07481187.2017.1320340>

## **Traumatic Brain Injury and Lifetime Suicidality: Applying the Interpersonal-Psychological Theory Perspective.**

Claire N. Bryson, Robert J. Cramer, and Adam T. Schmidt

## Death Studies

Accepted author version posted online: 20 Apr 2017

<http://dx.doi.org/10.1080/07481187.2017.1320340>

The present paper investigates the traumatic brain injury (TBI)-suicide link, assessing whether: (a) TBI accounts for variance in suicide risk, and (b) The Interpersonal-Psychological Theory of Suicide can be applied to TBI status. Matched case-control procedures applied to archival college student health data identified TBI and non-TBI subsamples (84 total). Individuals with a TBI possessed higher suicide risk than those without. Even accounting for the relative influence of strong suicide risk factors (i.e., depression, perceived burdensomeness, thwarted belongingness, and acquired capability), TBI was robustly associated with suicide risk. TBI history would be valuable to ascertain in assessing suicide risk.

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<http://bjp.rcpsych.org/content/early/2017/04/07/bjp.bp.116.187799>

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

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

The British Journal of Psychiatry

Apr 2017

DOI: 10.1192/bjp.bp.116.187799

#### Background

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

#### Aims

To identify interventions for preventing suicide.

#### Method

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

#### Results

Among 8647 citations, 72 RCTs and 6 pooled analyses met inclusion criteria. Three

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

#### Conclusions

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

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<http://www.tandfonline.com/doi/abs/10.1080/13811118.2017.1319313>

### **Mechanisms of Action Contributing to Reductions in Suicide Attempts Following Brief Cognitive Behavioral Therapy for Military Personnel: A Test of the Interpersonal-Psychological Theory of Suicide.**

Craig J. Bryan, David S. Wood, Alexis May, Alan L. Peterson, Evelyn Wertenberger, and M. David Rudd

Archives Of Suicide Research

Accepted author version posted online: 19 Apr 2017

<http://dx.doi.org/10.1080/13811118.2017.1319313>

Brief cognitive behavioral therapy (BCBT) is associated with significant reductions in suicide attempts among military personnel. However, the underlying mechanisms of action contributing to reductions in suicide attempts in effective psychological treatments remain largely unknown. The present study conducted a secondary analysis of a randomized controlled trial of BCBT versus treatment as usual (TAU) to examine the mechanisms of action hypothesized by the interpersonal-psychological theory of suicide (IPT): perceived burdensomeness, thwarted belongingness, and fearlessness about death. In a sample of 152 active duty U.S. Army personnel with recent suicide ideation or attempts, there were significantly fewer suicide attempts in BCBT, but there were no differences between treatment groups from baseline to 6 months postbaseline on any of the three IPT constructs or their interactions. Tests of the moderated moderated mediation failed to support an indirect effect for the IPT model, regardless of which IPT variables were specified as mediators or moderators. Results suggest that the IPT's hypothesized mechanisms of action do not account for reductions in suicide attempts in BCBT. Implications for clinical practice and research are discussed.

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[http://journals.lww.com/headtraumarehab/Abstract/publishahead/Outcomes\\_Associated\\_With\\_Blast\\_Versus.99569.aspx](http://journals.lww.com/headtraumarehab/Abstract/publishahead/Outcomes_Associated_With_Blast_Versus.99569.aspx)

## **Outcomes Associated With Blast Versus Nonblast-Related Traumatic Brain Injury in US Military Service Members and Veterans: A Systematic Review.**

Greer, Nancy PhD; Sayer, Nina PhD; Koeller, Eva BA; Velasquez, Tina MS; Wilt, Timothy J. MD, MPH

Journal of Head Trauma Rehabilitation

Post Author Corrections: April 18, 2017

doi: 10.1097/HTR.0000000000000304

### Objectives:

To systematically review the literature on comparative clinical and functional outcomes following blast-related versus nonblast-related traumatic brain injury (TBI) among US service members and Veterans.

### Design:

MEDLINE search (January 2001 to June 2016) supplemented with hand search of reference lists and input from peer reviewers.

### Results:

Thirty-one studies (in 33 articles) reported on health outcomes; only 2 were rated low risk of bias. There was variation in outcomes reported and methods of assessment. Blast and nonblast TBI groups had similar rates of depression, sleep disorders, alcohol misuse, vision loss, vestibular dysfunction, and functional status. Comparative outcomes were inconsistent with regard to posttraumatic stress disorder diagnosis or symptoms, headache, hearing loss, and neurocognitive function. Mortality, burn, limb loss, and quality of life were each reported in few studies, most with small sample sizes. Only 4 studies reported outcomes by blast injury mechanism.

### Conclusions:

Most clinical and functional outcomes appeared comparable in military service members and Veterans with TBI, regardless of blast exposure. Inconsistent findings and limited outcomes reporting indicate that more research is needed to determine whether there is



a distinct pattern of impairments and comorbidities associated with blast-related TBI.  
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[http://journals.lww.com/headtraumarehab/Abstract/publishahead/The\\_Deployment\\_Trauma\\_Phenotype\\_and\\_Employment.99573.aspx](http://journals.lww.com/headtraumarehab/Abstract/publishahead/The_Deployment_Trauma_Phenotype_and_Employment.99573.aspx)

## **The Deployment Trauma Phenotype and Employment Status in Veterans of the Wars in Iraq and Afghanistan.**

Amick, Melissa M. PhD; Meterko, Mark PhD; Fortier, Catherine B. PhD; Fonda, Jennifer R. PhD; Milberg, William P. PhD; McGlinchey, Regina E. PhD

Journal of Head Trauma Rehabilitation  
Post Author Corrections: April 18, 2017  
doi: 10.1097/HTR.0000000000000308

### Objectives:

To determine the prevalence of comorbid mild traumatic brain injury (mTBI), posttraumatic stress disorder (PTSD), and depression, termed the deployment trauma phenotype (DTP), and its constituent diagnoses' impact on unemployment status in a national cohort of veterans.

### Setting:

Retrospective analysis of the comprehensive TBI evaluation, a Veterans Affairs-wide protocol for assessing TBI, employment status, and psychiatric impressions.

### Participants:

The final data set consisted of 48 821 veterans.

### Main Outcomes and Measures:

Frequency of mTBI, PTSD, and depression in isolation and combinations and their association with unemployment status.

### Results:

Age- and education-adjusted risk ratios (RRs) showed that the mTBI-only group was the least likely to be unemployed, RR = 0.65 (0.59-0.71). By contrast, the greatest likelihood of unemployment was associated with membership in the DTP group, RR = 1.45 (1.36-1.56), and the comorbid PTSD and depression group, RR = 1.39 (1.27-1.52).

Furthermore, the DTP was nearly 3 times more prevalent (16.4%) in this sample compared with comorbid PTSD and depression (5.7%), indicating that the DTP conveys risk for unemployment to a significantly greater number of individuals.

#### Conclusions and Relevance:

The comorbid and interactive conditions of PTSD, depression, and mTBI, rather than mTBI in isolation, were linked to significant risk for unemployment in this veteran cohort. These findings suggest that multifaceted assessments and interventions to improve postdeployment reintegration are needed.

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<http://onlinelibrary.wiley.com/doi/10.1111/jabr.12066/full>

### **To Be or Not to Be Board Certified? A Question of Quality and Identification for Psychologists.**

William N. Robiner, Thyra A. Fossum

Journal of Applied Biobehavioral Research

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Achieving board certification in psychology is an important step in a psychologist's professional development. Board certification serves as a quality indicator for consumers, employers, and other stakeholders while providing enhanced opportunities for psychologists who complete the peer-review process that leads to it. This commentary provides an update on trends in board certification in psychology and explores the roles and benefits of board certification as well as barriers to pursuing board certification. Board certification is an important issue to consider because more mental and physical healthcare clinicians and researchers are now embracing the biopsychosocial model. Board certification could well help with maximizing reimbursement or clinical opportunities, as well as produce a greater understanding of the biobehavioral underpinnings of comorbid mental and physical disorders. Specialist data from the American Board of Professional Psychology and membership data from the American Psychological Association were reviewed across specialty areas. The work was archival and involved no human subjects, and therefore, this study was exempt from review by the Institutional Review Board of the University of Minnesota. There are currently 4,198 board certifications across the 15 boards of the American

Board of Professional Psychology. These represent a relatively small proportion (less than 4%) of U.S. licensed psychologists. The numbers correlate positively with membership levels in corresponding APA divisions. Between 2011 and 2015, there was a 25.8% increase in the number of board-certified psychologists. Board certification appears to be undergoing a period of rapid growth among psychologists. This trend appears to reflect multiple factors, including an increased number of boards representing expanding areas of specialization in the field, a growing interest in board certification as part of increasing quality emphasis within healthcare, and psychologists' desire to distinguish themselves in a competitive marketplace. Board certification in diverse areas, including clinical health psychology, affords various professionally and personally rewarding linkages and opportunities.

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<http://www.sciencedirect.com/science/article/pii/S0005789416300302>

### **The Role of Social Support in Cognitive-Behavioral Conjoint Therapy for Posttraumatic Stress Disorder.**

Philippe Shnaider, Iris Sijercic, Sonya G. Wanklyn, Michael K. Suvak, Candice M. Monson

Behavior Therapy

Volume 48, Issue 3, May 2017, Pages 285-294

<http://doi.org/10.1016/j.beth.2016.05.003>

The current study examined the effect of total, as well as different sources (i.e., family, friends, significant other) of, pretreatment/baseline social support on posttraumatic stress disorder (PTSD) severity and treatment response to cognitive-behavioral conjoint therapy (CBCT) for PTSD. Thirty-six patients were randomized to receive treatment immediately or to a waitlist condition. Those in the treatment condition were offered CBCT for PTSD, a couple-based therapy aimed at reducing PTSD symptoms and improving relationship functioning. PTSD symptoms were assessed at pre-/baseline, mid-/4 weeks of waiting, and posttreatment/12 weeks of waiting using the Clinician-Administered PTSD Scale, and patients self-reported on their levels of pretreatment/baseline social support using the Multidimensional Scale of Perceived Social Support. Total support, as well as social support from family and friends, was not associated with initial PTSD severity or treatment response. However, there was a significant positive association between social support from a significant other and initial PTSD severity ( $r = .92$ ). Additionally, significant other social support moderated

treatment outcomes, such that higher initial significant other support was associated with larger decreases in PTSD severity for those in the treatment condition ( $g = -1.14$ ) but not the waitlist condition ( $g = -.04$ ). Social support from a significant other may influence PTSD treatment outcomes within couple therapy for PTSD. The inclusion of intimate partners and other family members may be a fruitful avenue for improving PTSD treatment outcomes; however, future studies are needed to examine whether support can be increased with treatment and whether those improvements lead to greater PTSD symptom response.

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<http://www.sciencedirect.com/science/article/pii/S000578941630034X>

### **Daily Stress, Coping, and Negative and Positive Affect in Depression: Complex Trigger and Maintenance Patterns.**

David M. Dunkley, Maxim Lewkowski, Ihno A. Lee, Kristopher J. Preacher, David C. Zuroff, Jody-Lynn Berg, J. Elizabeth Foley, Gail Myhr, Ruta Westreich

Behavior Therapy

Volume 48, Issue 3, May 2017, Pages 349-365

<http://doi.org/10.1016/j.beth.2016.06.001>

Major depressive disorder is characterized by emotional dysfunction, but mood states in daily life are not well understood. This study examined complex explanatory models of daily stress and coping mechanisms that trigger and maintain daily negative affect and (lower) positive affect in depression. Sixty-three depressed patients completed perfectionism measures, and then completed daily questionnaires of stress appraisals, coping, and affect for 7 consecutive days. Multilevel structural equation modeling (MSEM) demonstrated that, across many stressors, when the typical individual with depression perceives more criticism than usual, he/she uses more avoidant coping and experiences higher event stress than usual, and this is connected to daily increases in negative affect as well as decreases in positive affect. In parallel, results showed that perceived control, less avoidant coping, and problem-focused coping commonly operate together when daily positive affect increases. MSEM also showed that avoidant coping tendencies and ongoing stress, in combination, explain why people with depression and higher self-critical perfectionism maintain daily negative affect and lower positive affect. These findings advance a richer and more detailed understanding of specific stress and coping patterns to target in order to more effectively accomplish the two predominant therapy goals of decreasing patients' distress and strengthening resilience.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22169/abstract>

## **Trauma-Related Disgust in Veterans With Interpersonal Trauma.**

Jessica Bomyea, Carolyn B. Allard

Journal of Traumatic Stress  
First published: 21 April 2017  
DOI: 10.1002/jts.22169

Although traditionally conceptualized as an anxiety disorder, variability in posttraumatic stress disorder (PTSD) may be explained by individual differences in peri- or posttraumatic disgust. We examined relationships between disgust reactions and other trauma-related symptoms in 100 veterans with a history of interpersonal trauma and gender differences in these variables. We also evaluated the mediating role of posttraumatic disgust and guilt in the relationship between peritraumatic disgust and PTSD symptoms. Participants completed cross-sectional self-report questionnaires of trauma-related emotions, PTSD, and other psychological symptoms as part of clinical intake procedures. Women and men did not differ on trauma-related emotions or symptoms. However, the relationship between peri- and posttraumatic disgust depended on gender, with men reporting a stronger association between peri- and posttraumatic disgust than women ( $p = .013$ ,  $\Delta R^2 = .04$ ). Posttraumatic disgust and guilt mediated the relationship between peritraumatic disgust and PTSD symptoms, controlling for gender ( $a_1 a_2 b_1 = 0.18$ ,  $SE = 0.09$ ,  $PM = .19$ ). Our results converge with those found in other studies suggesting that disgust is a common trauma-related emotion and that men and women may experience differential relationships between peri- and posttraumatic emotional experiences. Further study of the role of trauma-related emotional responses in PTSD etiology and treatment is warranted.

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<https://link.springer.com/article/10.1007%2Fs11325-016-1411-3>

## **Obstructive sleep apnea (OSA) and clinical depression—prevalence in a sleep center.**

Jens Acker, K Richter, A Piehl, J Herold, JH Ficker, G Niklewski

Sleep and Breathing

(2017) 21: 311

doi:10.1007/s11325-016-1411-3

## Background

This study aimed to determine the prevalence of clinical depression as defined by ICD-10 criteria in all patients with obstructive sleep apnea (OSA) referred to a sleep center.

## Methods

Prospective general and sleep evaluations were conducted in 447 consecutive patients referred to our sleep center during the first quarter of 2008. Inclusion criteria were Apnea Hypopnea Index (AHI) > 9, completion of the Beck Depression Inventory (BDI-II) with a score  $\geq 14$  and World Health Organization WHO-5 Well-Being Index (WHO-5)  $\leq 13$ . The subsequent psychiatric examination according to ICD-10 criteria was performed by in-house clinical sleep specialists.

## Results

A total of 447 patients were surveyed, of whom 322 had an AHI > 9. Out of these, 85 met the combined screening criterion BDI II  $\geq 14$  and WHO-5  $\leq 13$ .

Eighty-one patients underwent a psychiatric examination by psychiatric sleep specialists. In 21.5 % of the sample, clinical depression was diagnosed. Other complaints existed in 12 % (n = 10); 7 % (n = 6) of patients had a different psychiatric diagnosis.

## Conclusions

The prevalence of clinical depression according to ICD-10 criteria in a selected clinical sample (referred to the sleep center) was 21.5 %. Mood scales tend to overestimate complaints as compared to psychiatric consultation. Interdisciplinary cooperation is recommended for both OSA patients with symptoms of depression and depressed patients with treatment resistance.

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<https://link.springer.com/article/10.1007/s40653-017-0144-1>

**Child Sexual Abuse, Military Sexual Trauma, and Psychological Distress among Male Military Personnel and Veterans.**

Andrea L. Wolfe-Clark, Craig J. Bryan, AnnaBelle O. Bryan, Mira L. Reynolds, Dianna Fuessel-Herrmann, Kirsi L. White, Julia A. Harris

Journal of Child & Adolescent Trauma

First Online: 19 April 2017

DOI: 10.1007/s40653-017-0144-1

Previous research has demonstrated increased psychological distress and increased risk of revictimization for survivors of child sexual abuse (CSA). However, little is known about the associations among CSA, military sexual trauma (MST), and psychological distress among male military personnel and veterans. These issues were examined in the present study in a sample of 328 male military personnel and veterans enrolled in college. Results indicated that participants with a history of CSA were significantly more likely to experience MST (50%) than participants without a history of CSA (4%). Depression, posttraumatic stress, and guilt were significantly higher among participants with CSA and/or MST as compared to those with no history of sexual victimization, even when adjusting for age and combat exposure. Guilt significantly mediated the relationship between CSA and current psychological distress.

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<https://link.springer.com/article/10.1007/s12207-017-9285-7>

### **The Insanity Exemption to Other than Honorable Discharge for the Purpose of Claiming Benefits: The Role of the Mental Health Examiner.**

Jeffrey Garbelman

Psychological Injury and Law

First Online: 18 April 2017

DOI: 10.1007/s12207-017-9285-7

Former service-members are barred from veteran benefits if their character of discharge is other-than-honorable due to willful and persistent misconduct. One exception is if it is determined that the service-member was legally insane at the time of the behaviors resulting in discharge. Offering an expert opinion on a mental state years or decades in the past is complicated. Yet, cases involving such opinions are assigned to veterans affairs-based mental health professionals without additional training or resources. This article fills this gap by discussing the unique legal statutes that define insanity for the purpose of benefit eligibility. In addition, it shares available resources and highlights

themes resulting from having opined in such cases and having reviewed 30 Board of Veterans Appeals decisions involving claimed insanity.

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<https://link.springer.com/article/10.1007/s40675-017-0066-3>

## **Management of Insomnia in Patients with Alcohol Use Disorder.**

Schubert, J.R. & Todd Arnedt

Current Sleep Medicine Reports  
First Online: 22 April 2017  
DOI: 10.1007/s40675-017-0066-3

### Purpose of Review

Persistence of insomnia during recovery from alcohol use disorders (AUD) is common and associated with drinking relapse and suicidal ideation. Therefore, insomnia intervention is often warranted for AUD patients. This review critically evaluates current literature on approaches to insomnia management in recovering AUD patients.

### Recent Findings

Recent work has bolstered support for cognitive-behavioral therapy as the first-line intervention for insomnia in AUD patients, although more work is needed to determine its effects on drinking outcomes. Recent initial evidence suggests that CBT for insomnia delivered online improves insomnia and drinking outcomes. Finally, gabapentin is the most evidence-based medication for improving both sleep disturbance and drinking outcomes in AUD patients, but controlled studies are warranted on melatonin receptor agonists, which have low risk of abuse and could target identified circadian rhythm abnormalities in this population.

### Summary

Ongoing monitoring and treatment of insomnia in AUD is frequently indicated, and several behavioral and pharmacological sleep-focused interventions have garnered initial empirical support. However, the evidence base for insomnia treatments in recovering AUD patients is limited, and future research is warranted to establish more definitely their effectiveness and predictors of insomnia and drinking outcomes.

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<https://link.springer.com/article/10.1007/s40138-017-0135-4>

## **Identification, Assessment, and Management of Suicide Risk in Emergency Departments: Significant Updates in Research and Practice.**

Megan L. Petrik, Marian E. Betz, Jennifer H. Olson-Madden, Collin Davidson, Michael H. Allen

Current Emergency and Hospital Medicine Reports

First Online: 18 April 2017

DOI: 10.1007/s40138-017-0135-4

### Purpose of Review

It is estimated that emergency departments (EDs) could prevent 5% of all suicide attempts and 8% of suicide deaths, making EDs a critical setting in which to identify individuals at risk for suicide and to intervene to mitigate the risk. The goal of this review was to detail recent advances in the identification, assessment, and management of suicide risk in emergency medicine and to provide best practice recommendations for these processes.

### Recent Findings

Advances in caring for patients who present to EDs with suicide risk include improved workflows and tools for ED providers to identify, assess, and manage suicide risk, increased patient-centeredness and quality of ED care for patients at risk of suicide, and shifting beliefs of ED providers regarding the feasibility of integrating the assessment and management of suicide risk into emergency care.

### Summary

ED suicide prevention efforts have notably changed in recent years. Strategies for universal screening, secondary screening tools, and evidence-based workflows for the management of suicide risk all show potential for feasibly addressing suicide risk in EDs. Effective implementation of evidence-based practices is necessary as integrating these new practices requires significant change in the clinical practice and culture of many EDs.

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## Links of Interest

Colorado closer to allow medical pot for PTSD

<http://www.militarytimes.com/articles/colorado-closer-to-allow-medical-pot-for-ptsd>

A 'Brainwave' to Help Fight PTSD: Study is preliminary, but suggests an acoustic 'feedback' technology might help some patients

[https://medlineplus.gov/news/fullstory\\_164726.html](https://medlineplus.gov/news/fullstory_164726.html)

The Role of Evidence Synthesis in Health Care

<http://www.pdhealth.mil/news/blog/role-evidence-synthesis-health-care>

Bills would expand VA telehealth services across state lines

<http://www.militarytimes.com/articles/va-telehealth-expansion-bill-state-lines>

Scientific Test Reveals If You're a Morning Person or Night Owl

<http://www.makeuseof.com/tag/scientific-test-reveals-youre-morning-person-night-owl/>

DVBIC Podcast Looks at Substance Use after TBI

<http://www.dcoe.mil/17-04-26/dvbic-podcast-looks-substance-use-after-tbi>

Add your voice to the annual Blue Star Families survey

<http://www.militarytimes.com/articles/add-your-voice-to-the-annual-blue-star-families-survey>

VA limiting new hiring as it aims to widen private care

<http://www.militarytimes.com/articles/va-limiting-new-hiring-as-it-aims-to-widen-private-care>

Preventing Veteran Suicide: The Critical Role of Community-Based Prevention

<https://www.rand.org/pubs/testimonies/CT474.html>

Effects of alcoholism on the brain's reward system may be different in women than in men

<https://www.sciencedaily.com/releases/2017/04/170420162145.htm>

Afghanistan and Iraq veterans' opioid use similar to that of civilians

<https://www.sciencedaily.com/releases/2017/04/170425192904.htm>

Orange essential oil may help alleviate post-traumatic stress disorder  
<https://www.sciencedaily.com/releases/2017/04/170424141354.htm>

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**Resource of the Week: [Military Kids Connect provides online resources to help children cope and thrive](#)**

There are [1.7 million children of military parents](#). Every few years, most of them will pack up their belongings, say goodbye to friends, and move, sometimes halfway across the world. Concern about a deployed parent and worry a parent will return injured can test the mental health of any child. The Military Health System offers resources to help those children cope.

[Military Kids Connect](#) is an online community for children ages 6-17 years old, providing access to age-appropriate resources to help with the unique psychological challenges of military life.



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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