



CDP Research Update -- September 25, 2014

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http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_v8n4.pdf

Clinician's Trauma Update

Issue 8(4)

August 2014

National Center for PTSD

CTU - Online contains summaries of clinically relevant research articles. Articles authored by staff of the National Center for PTSD are available in full text; just click the link. For other articles we provide a link to where you might be able to view or download the full text and a PILOTS ID for easy access.

<http://www.ingentaconnect.com/content/afap/ajp/2014/00000068/00000003/art00002>

Prolonged Exposure for Guilt and Shame in a Veteran of Operation Iraqi Freedom.

Paul, Lisa A.; Gros, Daniel F.; Strachan, Martha; Worsham, Glenna; Foa, Edna B.; Acierno, Ron

American Journal of Psychotherapy, Volume 68, Number 3, 2014, pp. 277-286(10)

Morally injurious events appear to be capable of producing posttraumatic stress disorder (PTSD) although these events may not involve actual or perceived life threat or fear, horror, or

helplessness. Researchers have questioned whether exposure therapies can address PTSD that develops as a result of these events. The current report presents evidence of the effectiveness of this treatment approach for addressing posttraumatic symptoms related to a morally injurious event through a case report of a veteran of Operation Iraqi Freedom who had PTSD characterized by symptoms of guilt and shame. The veteran was successfully treated with nine sessions of prolonged exposure therapy. He reported minimal PTSD symptoms one week post-treatment and at a six-month follow-up assessment. Implications for the treatment of veterans with significant guilt and shame using exposure-based therapies, and with respect to the recent changes to the diagnostic criteria for PTSD, are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/24377974>

J Trauma Dissociation. 2014;15(1):79-90. doi: 10.1080/15299732.2013.834861.

Co-occurrence of dissociative identity disorder and borderline personality disorder.

Ross CA, Ferrell L, Schroeder E

The literature indicates that, among individuals with borderline personality disorder, pathological dissociation correlates with a wide range of impairments and difficulties in psychological function. It also predicts a poorer response to dialectical behavior therapy for borderline personality disorder. We hypothesized that (a) dissociative identity disorder commonly co-occurs with borderline personality disorder and vice versa, and (b) individuals who meet criteria for both disorders have more comorbidity and trauma than individuals who meet criteria for only 1 disorder. We interviewed a sample of inpatients in a hospital trauma program using 3 measures of dissociation. The most symptomatic group was those participants who met criteria for both borderline personality disorder and dissociative identity disorder on the Dissociative Disorders Interview Schedule, followed by those who met criteria for dissociative identity disorder only, then those with borderline personality disorder only, and finally those with neither disorder. Greater attention should be paid to the relationship between borderline personality disorder and dissociative identity disorder.

<http://www.ncbi.nlm.nih.gov/pubmed/25232637>

Intimate Partner Violence: Prevalence Among U.S. Military Veterans and Active Duty Servicemembers and a Review of Intervention Approaches.

Editors Gierisch JM, Shapiro A, Grant NN, King HA, McDuffie JR, Williams JW.

Source Washington (DC): Department of Veterans Affairs; 2013 Aug.

VA Evidence-based Synthesis Program Reports.

Excerpt

In the United States, intimate partner violence (IPV) poses a significant public health burden that affects both men and women. Over a third (35.6%) of women and a fourth (28.5%) of men in the United States have experienced rape, physical violence, or stalking by an intimate partner in their lifetime. Outcomes associated with IPV include a wide range of social, physical, and mental issues such as family dissolution, adverse pregnancy outcomes, mental health issues (depression, posttraumatic stress disorder [PTSD], anxiety), incarceration, and death. IPV affects many facets of society including medical, mental health, social services, and criminal justice systems. Moreover, productivity losses and costs attributable to IPV are significant. Military service has unique psychological, social, and environmental factors that may contribute to elevated risk of IPV among active duty servicemembers and Veterans. Multiple deployments, family separation and reintegration, demanding workloads at home and while on duty, histories of head trauma, mental illness, and substance abuse can contribute to partner conflict and elevated risk of IPV among active duty servicemembers, Veterans, and their intimate partners. Currently the VA does not have a comprehensive national program to address IPV. Thus, the VA convened the Domestic Violence Task Force to define the scope of, and design a plan for evaluating domestic violence among Veterans. In order to support the goals and mission of this task force, the Durham VA Evidence-based Synthesis Program conducted a systemic review of the literature to synthesize the evidence on the prevalence of IPV among active duty servicemembers and Veterans and to conduct an evidence synthesis of the systematic review (SR) literature on intervention strategies to address IPV. Key Question 1. What is the prevalence of intimate partner violence among Veterans and active duty servicemembers, and does the prevalence vary by cohort (e.g., Vietnam era, OEF/OIF/OND era), gender, or race? Key Question 2. For persons who are at risk for, experience, or commit intimate partner violence, what interventions are associated with decreased exposure to intimate partner violence and its associated physical harms, mental harms, or mortality?

<http://www.ncbi.nlm.nih.gov/pubmed/25231857>

Crisis. 2014 Sep 17:1-8. [Epub ahead of print]

Presence and Persistence of Sleep-Related Symptoms and Suicidal Ideation in Psychiatric Inpatients.

Nadorff MR, Ellis TE, Allen JG, Winer ES, Herrera S

Background:

Although sleep is an important risk factor for suicidal behavior, research has yet to examine the

association between sleep problems and suicidality across the course of inpatient treatment. This study examined the relationship among sleep-related symptoms and suicidal ideation across inpatient treatment.

Aims:

To examine whether poor sleep at admission longitudinally predicts less improvement in suicidal ideation over the course of treatment. Further, to examine whether suicidal ideation is reduced in patients whose sleep does not improve.

Method:

The study utilized the Beck Depression Inventory (BDI)-II, which contains items measuring depressive symptoms, sleep-related symptoms, and suicidal ideation. The study sample consisted of 1,529 adult psychiatric inpatients. Patients were assessed at admission, biweekly, and at treatment termination.

Results:

Admission fatigue, loss of energy, and change in sleep pattern were associated with higher levels of suicidal ideation at admission and discharge. Fatigue at admission predicted suicidal ideation at termination independent of admission depression and suicidal ideation. Individuals whose sleep did not improve over the course of treatment had significantly higher suicidal ideation scores at termination relative to those whose sleep symptoms improved, after controlling for sleep, depression, and suicidal ideation scores at admission. Conclusion: These findings suggest that persistence of sleep-related symptoms warrants clinical attention in the treatment of suicidal patients.

<http://www.ncbi.nlm.nih.gov/pubmed/25231363>

Int J Clin Pract. 2014 Sep 18. doi: 10.1111/ijcp.12568. [Epub ahead of print]

Suvorexant for insomnia: a systematic review of the efficacy and safety profile for this newly approved hypnotic - what is the number needed to treat, number needed to harm and likelihood to be helped or harmed?

Citrome L

OBJECTIVE:

To describe the efficacy and safety of suvorexant for the treatment of insomnia.

DATA SOURCES:

The pivotal registration trials were accessed by querying <http://www.ncbi.nlm.nih.gov/pubmed/> and <http://www.clinicaltrials.gov> for the search terms 'suvorexant' and 'MK4305'. Briefing

documents from the US Food and Drug Administration Peripheral & Central Nervous System Drugs Advisory Committee and product labelling, provided additional information.

STUDY SELECTION: All available clinical reports of studies were identified.

DATA EXTRACTION: Descriptions of the principal results and calculation of number needed to treat (NNT) and number needed to harm (NNH) for relevant dichotomous outcomes were extracted from the available study reports and other sources of information.

DATA SYNTHESIS: Suvorexant (MK4305) is the first orexin receptor antagonist approved for the treatment of insomnia. This approval was based in part on a Phase 3 clinical development programme that included two similarly designed, 3-month, randomised, double-blind, placebo-controlled, parallel-group studies examining suvorexant 40 and 20 mg in non-elderly adults (age < 65 years) and 30 and 15 mg in elderly patients (age ≥ 65 years). Suvorexant was superior to placebo for sleep latency as assessed both objectively by polysomnography and subjectively by patient-estimated sleep latency; suvorexant was also superior to placebo for sleep maintenance, as assessed both objectively by polysomnography and subjectively by patient-estimated total sleep time. NNT vs. placebo for response as measured by a ≥ 6 point improvement on the Insomnia Severity Index at month 3 was 8 (95% CI 6-14) for both the higher and lower dose regimens. The most commonly encountered adverse event (incidence ≥ 5% and at least twice the rate of placebo) as identified in product labelling is somnolence, with NNH values vs. placebo of 13 (95% CI 11-18) for suvorexant 40 and 30 mg, and 28 (95% CI 17-82) for suvorexant 20 and 15 mg. The efficacy and tolerability profile of suvorexant is similar for those < 65 and ≥ 65 years of age. Rebound insomnia and withdrawal effects were not observed when suvorexant was discontinued after 3 months or after 12 months of nightly use. Because of concerns about dose-related, next-day effects, including sedation, the recommended dose range is 10-20 mg.

CONCLUSIONS: Suvorexant appears efficacious and relatively tolerable. Its different mechanism of action and potentially different safety and tolerability profile compared with currently available hypnotics represents a new option for the pharmacological treatment of insomnia. © 2014 John Wiley & Sons Ltd.

http://www.rand.org/pubs/research_reports/RR719.html

Enhancing Capacity to Address Mental Health Needs of Veterans and Their Families: The Welcome Back Veterans Initiative

by Terri Tanielian, Laurie T. Martin, Caroline Epley

RAND Corporation, 2014

In the context of the conflicts in Iraq and Afghanistan over the past decade, there have been a growing number of efforts designed to support service members, veterans, and their families as they cope with deployment and ensure that those who experience mental health problems following their service have access to high-quality care for themselves and their families. Among these is the Welcome Back Veterans (WBV) Initiative, launched in 2008 by Major League Baseball and the Robert R. McCormick Foundation. During 2011–2013, the WBV Initiative issued grants to academic medical institutions around the nation to create and implement programs and services designed to address the mental health needs of returning veterans and their families. In 2010, the McCormick Foundation asked RAND to join the WBV Initiative in a performance monitoring role. RAND designed a system of regular data reporting to assess performance and impact of the WBV-funded activities at each site. This report provides an overview of the WBV Initiative, summarizes the impact of WBV-funded programs during their funding cycle between February 2011 and June 2013, and outlines the lessons learned in implementing veteran support programs. It also discusses the role of partnerships and innovative strategies for outreach.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2014.963757>

A Scoping Review of Psychological Interventions for PTSD in Military Personnel and Veterans.

Stephen Rose, Alice Aiken, Mary Ann McColl

Military Behavioral Health

Accepted author version posted online: 15 Sep 2014

Post-traumatic Stress Disorder (PTSD) has emerged as a key concern for military and Veteran populations. This article describes what is being done programmatically and therapeutically to treat PTSD in military personnel and Veterans returning from deployment. This scoping review demonstrates that: 1) research published in this area has been rapidly increasing since its inception in the 1980's; 2) The vast majority of articles focus on cognitive-behavioural approaches to treatment, and this area of the literature presents strong evidence for these approaches; and 3) There is a lack of randomized controlled trials for treatments such as art therapies and group therapies.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2014.897206>

Prevalence of Childhood Abuse Among Army National Soldiers and Its Relationship to Adult Suicidal Behavior.

James Griffith

Military Behavioral Health
Volume 2, Issue 2, 2014

The present study examined childhood abuse (self-reported early childhood harsh punishment and physical abuse from parents) and its relationship to adult suicidal behavior among Army National Guard soldiers. Analyses of data obtained from routinely administered the Unit Risk Inventory (N = 12,567 soldiers in 180 company-sized units) showed prevalence rates of 16.0% for harsh punishment and 7.8% for physical abuse, generally consistent with those of past studies investigating childhood abuse among civilian and military populations. Soldiers who reported childhood abuse were three to eight times more likely to report suicidal behavior (i.e., thought about suicide, made plans, or had attempted), with the highest likelihood of such behaviors for self-reported physical abuse. Level 2 or unit-level effects were also observed, though the effects were less evident.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2014.897205>

Combat Exposure Factors Associated With the Likelihood of Behavioral and Psychiatric Issues.

Michael S. Gallaway, Mary Mitchell, David S. Fink, Kelly Forays-Donahue, Joseph Pecko,
Michael R. Bell, Amy M. Millikan

Military Behavioral Health
Vol. 2, Iss. 2, 2014

The objective was to evaluate correlated combat exposure factors among active-duty combat veterans deployed to Afghanistan and then determine how these factors are associated with behavioral and psychiatric issues postdeployment. Active-duty soldiers from one brigade combat team (N = 1,739) were surveyed to assess their most recent combat exposures and behavioral outcomes. Combat exposures were factor analyzed and included in a larger structural equation model. Three factors emerged from the analysis: some combat exposures (e.g., "active exposure") are protective of screening positive for post-traumatic stress, while others ("passive exposure" and "exposure invoking emotion") are predictive of screening positive for post-traumatic stress. These varying relationships should be considered during implementation of intervention and treatment of redeploying soldiers.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2014.901117>

How Military Wives Decide What to Share With Their Deployed Husbands: A Reciprocal Process.

Bryan M. Cafferky

Military Behavioral Health
Volume 2, Issue 2, 2014

For this study, 13 military wives were interviewed about how they decided what to share and what not to share with their deployed husbands. An inductive, line-by-line analysis revealed a reciprocal and dynamic decision-making process that progressively moved through four thematic internal questions that military wives asked themselves: (1) Can I share this information with my deployed husband? (2) How much of this information do I share with my deployed husband? (3) How do I share this information with my deployed husband? and (4) How did my husband respond? Their husbands' feedback reciprocally influenced how these military wives decided to disclose stressful information in the future.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2014.890884>

Treating Behavioral Health Conditions of OEF/OIF Veterans and Their Families: A State Needs Assessment of Civilian Providers.

Sally A. Koblinsky, Leigh A. Leslie, Emily T. Cook

Military Behavioral Health
Vol. 2, Iss. 2, 2014

With the return of troops from Afghanistan and Iraq, increasing numbers of civilian behavioral health providers are treating veterans and their families for service-related conditions. However, little is known about civilian providers' capacity to meet the needs of this population. A statewide needs assessment of 1,665 clinicians examined their screening/referral practices, knowledge and confidence in treating 14 veteran conditions, and training interests. Overall, providers had limited knowledge and confidence to treat veteran conditions but reported high interest in training to enhance their clinical skills. Findings informed the training of more than 700 state clinicians to provide culturally competent behavioral health care for veterans and their families.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2014.892410>

Perceived Barriers to Care and Gender Preferences Among Veteran Women Who Experienced Military Sexual Trauma: A Qualitative Analysis.

Jessica A. Turchik, Meggan M. Bucossi, Rachel Kimerling

Military Behavioral Health
Vol. 2, Iss. 2, 2014

The primary goal of this pilot study was to investigate potential barriers to accessing military sexual trauma (MST)–related care for female veterans within the Veterans Administration (VA) health care system. Secondary goals were to explore whether female veterans have preferences regarding the gender of clinicians who provide MST-related care and preferences concerning whether psychoeducational materials are gender targeted. Qualitative analyses were used to examine data collected from semistructured interviews conducted with nine female veterans enrolled in Veterans Health Administration care who reported MST. Veterans identified four types of potential barriers: psychological avoidance, stigma related, gender related, and lack of knowledge. Most women reported a gender preference for a female clinical provider, and all reported preferences for a gender-targeted psychoeducational brochure on MST compared to a gender-neutral brochure. These preliminary data suggest that different types of barriers may exist for women seeking MST-related care. In addition, these data suggest that psychoeducation and outreach for women who have experienced sexual trauma should be provided in a gender-targeted manner.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2014.892411>

Reintegrating National Guard Soldiers After Deployment: Implications and Considerations.

Bonnie M. Vest

Military Behavioral Health
Volume 2, Issue 2, 2014

U.S. Army National Guard members are serving overseas on deployments at a level well above expectations of reserve service, and successful reintegration of citizen-soldiers postdeployment has become a significant concern. This article examines soldiers' experiences transitioning postdeployment and offers preliminary observations on one state's Yellow Ribbon Reintegration Program. Data from interviews and participant-observation identified postdeployment experiences in three areas: (1) remembering the positive, (2) dealing with American civilian sociocultural norms and values, and (3) coping with mental and emotional health needs. Data

suggest that the social context of reintegration is important and that existing programs may not adequately meet soldiers' needs.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2014.891433>

Impact of Combat and Social Support on PTSD and Alcohol Consumption in OEF/OIF Veterans.

Megan L. Avery, Meghan E. McDevitt-Murphy

Military Behavioral Health
Vol. 2, Iss. 2, 2014

We tested buffering and direct effect theories of social support to determine if combat exposure level moderated relationships between two aspects of social support (unit cohesion and postdeployment support) and two outcomes (post-traumatic stress disorder [PTSD] and alcohol consumption) in 69 hazardous-drinking OEF/OIF veterans (65% Caucasian, 91% male). Combat exposure moderated the relationship between unit cohesion and PTSD. Unit cohesion was related to lower PTSD severity only for veterans with less severe combat exposure. Higher postdeployment support was related to less severe PTSD for all veterans. Alcohol consumption results were not significant.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2014.963763>

Taking Control: Examining the Influence of Locus of Control on the Treatment of Nightmares and Sleep Impairment in Veterans.

Katherine E. Miller, Joanne L. Davis, Noelle E. Balliett

Military Behavioral Health
Accepted author version posted online: 15 Sep 2014

Trauma exposure has been linked to external locus of control (E-LOC). This feeling of uncontrollability may be maintained after the trauma by recurring posttrauma nightmares. The present study utilized data from a larger trial, with 19 United States Veterans, examining the efficacy of a modified version of treatment for nightmares, to examine changes in locus of control in relation to improvements in symptomatology following treatment. Following treatment, internal control beliefs about sleep and nightmares significantly increased, while general control beliefs did not change. Preliminary evidence that ERRT-M is associated with increased sense of control over sleep and nightmares was observed.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2014.963765>

Destructive and Supportive Leadership In Extremis: Relationships With Post-Traumatic Stress During Combat Deployments.

Dennis McGurk, Robert R. Sinclair, Jeffrey Thomas, Julie C. Merrill, Paul D. Bliese, Carl Castro

Military Behavioral Health

Accepted author version posted online: 16 Sep 2014

Many studies demonstrate the importance of supportive leader behavior for followers' well-being and more recent literature shows similar negative effects of destructive leader behavior. However, few studies have investigated positive and negative aspects of leadership in extremis: dangerous contexts such as those encountered by police, fire fighters, and soldiers. The present study investigates the contributions of supportive and destructive leadership by U.S. Army Non-Commissioned Officers (NCOs) to post-traumatic stress disorder (PTSD) of 773 junior enlisted soldiers deployed to Iraq and Afghanistan. Both forms of leadership obtained significant interactions with unit-level combat exposure in predicting PTSD. Individuals who reported high levels of destructive leadership also reported high rates of PTSD regardless of whether the unit had high or low levels of combat. Conversely, individuals who reported high rates of supportive leadership had low levels of PTSD regardless of the overall levels of combat within the units. Although some researchers assume that leadership is universally more important in dangerous contexts, such as combat, these data suggest that this may only be true for positive forms of leadership; negative leadership appears to have a strong negative impact regardless of the context. Implications are discussed for practice, as well as for research on leadership.

<http://www.ingentaconnect.com/content/springer/arnr/2014/00000032/00000001/art00008>

Family Caregivers of Veterans: A Critical Review of the Empirical Literature and Recommendations for Future Research.

Uphold, Constance R.; Jordan, Meggan; Freytes, Magaly

Annual Review of Nursing Research, Volume 32, Number 1, 2014, pp. 155-202(48)

In recent years, research on caregiving has grown in both quality and quantity. Caregivers play an important role in supporting and promoting the health and recovery of injured, disabled, and ill family members in their care. Although researchers have made a substantial contribution to

our understanding of family caregiving, less is known about family caregivers of U.S. Veterans. The purpose of this review is to identify and evaluate the research surrounding caregivers of U.S. Veterans, particularly two populations of Veterans: those who returned from the wars in Iraq and Afghanistan and those who had suffered a stroke. A search of the available literature from 1987 to present day resulted in a review of 18 publications on Operation Enduring Freedom/Operation Iraqi Freedom caregivers and 19 publications on caregivers of Veterans with stroke. We summarize empirical findings, critique the study methods, and provide our recommendations to improve the quality of care of Veterans and their caregivers.

[http://www.comppsyjournal.com/article/S0010-440X\(14\)00266-1/abstract](http://www.comppsyjournal.com/article/S0010-440X(14)00266-1/abstract)

Prevalence of Suicidal Ideation and Other Suicide Warning Signs in Veterans Attending an Urgent Care Psychiatric Clinic.

Janet R. McClure, Michael H. Criqui, Caroline A. Macera, Ming Ji, Caroline M. Nievergelt, Sidney Zisook

Comprehensive Psychiatry
Published Online: September 14, 2014

Background

Suicide prevention in the clinical setting is focused on evaluating risk in the coming hours to days, yet little is known about which factors increase acute risk.

Purpose

To determine the prevalence of factors that may serve as warnings of heightened acute risk.

Methods

Veterans attending an urgent care psychiatric clinic (n = 473) completed a survey on suicidal ideation and other acute risk warning signs.

Results

More than half the sample (52%) reported suicidal ideation during the prior week. Of these, more than one-third (37%) had active ideation which included participants with a current suicide plan (27%) and those who had made preparations to carry out their plan (12%). Other warning signs were also highly prevalent, with the most common being: sleep disturbances (89%), intense anxiety (76%), intense agitation (75%), hopelessness (70%), and desperation (70%). Almost all participants (97%) endorsed at least one warning sign. Participants with depressive syndrome and/or who screened positive for post-traumatic stress disorder endorsed the largest number of warning signs. Those with both depressive syndrome and post-traumatic stress disorder were more likely to endorse intense affective states than those with either disorder alone. All p-values for group comparisons < .008.

Conclusion

Our major findings are the strikingly high prevalence of past suicidal ideation, suicide attempts, current suicidal ideation and intense affective states in veterans attending an urgent care psychiatric clinic; and the strong associations between co-occurring post-traumatic stress disorder and depressive syndrome with intense affective states.

<http://link.springer.com/article/10.1007/s12671-014-0340-0>

Feasibility and Acceptability of a Brief Mindfulness Program for Veterans in Primary Care with Posttraumatic Stress Disorder.

Wilfred Pigeon, Christy Allen, Kyle Possemato, Dessa Bergen-Cico, Scott Treatman

Mindfulness
September 2014

Mindfulness-based stress reduction programs have improved psychological health for clinical populations including veterans with posttraumatic stress disorder (PTSD). Veterans with PTSD who seek services in Department of Veterans Affairs primary care are especially in need of brief treatments that can alleviate PTSD symptoms. A clinical demonstration project was carried out to assess the feasibility and acceptability of a brief mindfulness program consisting of four weekly 1.5-h class sessions. Veterans enrolled in primary care with diagnostic or subthreshold PTSD were recruited. The brief mindfulness intervention was feasible to deliver, and veterans were generally satisfied with the program. Despite good retention once a class session was attended, a large number of veterans provided a variety of reasons for not attending the program at all. Veteran feedback that can be addressed to improve the brief mindfulness program is discussed, including enhancing initial attendance.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2014.963764>

Combat Experiences Predict Post-deployment Symptoms in U.S. Army Combat Medics.

Barbara L. Pitts, Paula Chapman, Martin A. Safer, Dale W. Russell

Military Behavioral Health
Accepted author version posted online: 15 Sep 2014

U.S. Army combat medics who were three-months post-deployment reported higher prevalence of PTSD and aggressive behaviors than did medics who had never been deployed to a combat

zone. Combat experiences were then separated into six categories: killing, fighting, threat-to-onself, death and injury of others, providing aid to the wounded, and saving a life. After controlling for socially desirable response bias, providing aid and threat-to-onself predicted post-traumatic stress, providing aid predicted depression, and reports of killing predicted aggressive behaviors in post-deployed medics. Despite their non-combatant status and primary role as healthcare providers, medics report behavioral health symptoms in association with combat experiences.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2014.963761>

Ecological Systems of Combat and Operational Stress: Theoretical Basis for the U.S. Navy Mobile Care Team in Afghanistan.

Justin S. Campbell, Robert L. Koffman

Military Behavioral Health

Accepted author version posted online: 15 Sep 2014

The Navy Mobile Care Team (MCT) provided combat and operational stress control (COSC) to Navy Individual Augmentee (IA) Sailors deployed to Afghanistan from 2009 through 2013. The MCT was unique in the history of Navy combat stress control in that its operational model was theoretically informed by human ecological systems theory adapted for modern combat landscapes and influenced in practice by multi-systemic therapy and U.S. Navy aerospace medical programs. The result was a COSC systems model that combined clinical mental health prevention with industrial/organizational psychological consulting to address individual, unit, and organizational systems that influenced the health and well-being of the IA population. This paper describes the process by which these unique perspectives were interwoven into the MCT mission and provides some lessons learned from the first Mobile Care Team mission.

<http://oem.bmj.com/content/early/2014/09/16/oemed-2014-102207.full>

The prevalence of mental health disorders in (ex-)military personnel with a physical impairment: a systematic review.

S A M Stevelink, E M Malcolm, C Mason, S Jenkins, J Sundin, N T Fear

Occupational & Environmental Medicine

Published Online First 16 September 2014

Background

Having a visual, hearing or physical impairment (defined as problems in body function or structure) may adversely influence the mental well-being of military personnel. This paper reviews the existing literature regarding the prevalence of mental health problems among (ex-)military personnel who have a permanent, predominantly, physical impairment.

Method

Multiple electronic literature databases were searched for relevant studies (EMBASE (1980–January 2014), MEDLINE (1946–January 2014), PsycINFO (2002–January 2014), Web of Science (1975–January 2014)).

Results

25 papers were included in the review, representing 17 studies. Studies conducted among US military personnel (n=8) were most represented. A range of mental health disorders were investigated; predominately post-traumatic stress disorder (PTSD), but also depression, anxiety disorder (excluding PTSD), psychological distress and alcohol misuse. The findings indicate that mental health disorders including PTSD (range 2–59%), anxiety (range 16.1–35.5%), depression (range 9.7–46.4%) and psychological distress (range 13.4–36%) are frequently found whereby alcohol misuse was least common (range 2.2–26.2%).

Conclusions

Common mental health disorders were frequently identified among (ex-)military personnel with a physical impairment. Adequate care and support is necessary during the impairment adaptation process to facilitate the psychosocial challenges (ex-)military personnel with an impairment face. Future research should be directed into factors impacting on the mental well-being of (ex-)military personnel with an impairment, how prevalence rates vary across impairment types and to identify and act on specific needs for care and support.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2014.963760>

Social Problem Solving as a Predictor of Attitudes Towards Seeking Mental Health Care and Medical Care Among Veterans.

Andrea G. Segal, Christopher E. Diaz, Christine Maguth Nezu, Arthur M. Nezu

Military Behavioral Health

Accepted author version posted online: 15 Sep 2014

Attitudes towards seeking health care, particularly mental health care, are significantly affected by stigma. Stigma surrounding mental health care is a particularly poignant issue for military Veterans who are returning home in need of both medical and psychological care. The present study aimed to investigate whether social problem solving plays a role in perceptions of stigma,

and subsequent attitudes towards seeking both mental health care and medical care among Veterans. Social problem solving was found to be a significant predictor of psychological openness, a subscale of the Inventory of Attitudes towards Seeking Mental Health Services (IASMHS) assessing the extent to which one is open about recognizing a problem and seeking help for that difficulty. These findings suggest that programs aimed at improving social problem solving skills may help Veterans seek necessary care.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2014.963762>

Suicide-Focused Group Therapy for Veterans.

Lora L. Johnson, Stephen S. O'Connor, Barbara Kaminer, David A. Jobes, Peter M. Gutierrez

Military Behavioral Health

Accepted author version posted online: 16 Sep 2014

Objective:

The US Military and Veteran populations are presently at increased risk for suicide when compared to demographically matched cohorts in the general population. Previous research suggests that the constructs of perceived burdensomeness and thwarted belongingness may contribute to the desire for death in these populations.

Method:

In this article we describe a post-hospitalization group therapy designed specifically for suicidal Veterans that utilizes a collaborative approach to foster relationships and interpersonal contributions between group members and focuses on the specific factors underlying each individual's suicidal ideation.

Results:

Preliminary results from the existing post-hospitalization group therapy suggest that the intervention is acceptable to clients and providers and feasible to deliver in a real-world clinical setting.

Conclusion:

This clinical care-transition model provides a potentially cost-effective and meaningful suicide-specific intervention for the critical post-discharge risk period.

<http://www.sciencedirect.com/science/article/pii/S0022399914003274>

Perceptions of Paramedic and Emergency Care Workers of those who Self Harm: A Systematic Review of the Quantitative Literature.

Nigel Rees, Frances Rapport, Gareth Thomas, Ann John, Helen Snooks

Journal of Psychosomatic Research
Available online 16 September 2014

Objective

The U.K. has one of the highest rates of self harm in Europe at 400 per 100,000 of population. Paramedics and emergency staff may be the first professionals encountered, therefore understanding their views and approaches to care is crucial. The aim of this study was to systematically review published quantitative literature relating to paramedic and emergency workers' perceptions and experiences of caring for people who self harm.

Methods

Databases including CINAHL®, MEDLINE®, OVID® and Psych INFO® were searched, PRISMA guidelines were followed, and two researchers independently screened titles, abstracts and full papers against a priori eligibility criteria. Data synthesis was achieved by extracting and descriptively analysing study characteristics and findings.

Results

16 studies met inclusion criteria; one included ambulance staff, all used questionnaires. Training, policies and guidelines improved staff knowledge and confidence in caring for people who self harm. Limited access to training was reported, ranging from 75% to 90% of staff not receiving any. Limited departmental procedures to guide staff were also reported. Staff in acute settings exhibited increased feelings of negativity, becoming less positive closer to front line care. Recent studies report positive attitudes amongst emergency staff.

Discussion

Despite guidelines indicating need for education and policies to guide staff in self harm care, there is limited evidence of this happening in practice. The lack of literature including paramedics suggests a gap in our understandings around care for self harm. This gap warrants greater attention in order to improve care for patients who self harm in their first point of contact.

<http://psycnet.apa.org/journals/adb/28/3/912/>

Anxiety sensitivity mediates relations between emotional disorders and smoking.

Zvolensky, Michael J.; Farris, Samantha G.; Leventhal, Adam M.; Schmidt, Norman B.

Research has documented consistent and robust relations between emotional disorders (i.e., depressive and anxiety disorders) and smoking. Yet, it is presently unclear whether anxiety sensitivity—the fear of aversive internal anxiety states—accounts for the relations between emotional disorders and various smoking processes, including nicotine dependence, perceived barriers to smoking cessation, and severity of problematic symptoms during past cessation attempts. Participants (N = 465) were treatment-seeking daily tobacco smokers recruited as part of a larger tobacco-cessation study. Baseline (pretreatment) data were utilized. Emotional disorders were assessed via clinical diagnostic interview; self-report measures were used to assess anxiety sensitivity and 3 criterion variables: nicotine dependence, barriers to smoking cessation, and severity of problematic symptoms while quitting in past attempts. Emotional disorders were predictive of higher levels of nicotine dependence, greater perceived barriers to cessation, and greater severity of problematic symptoms while attempting to quit in the past; each of these relations were accounted for by the indirect effect of anxiety sensitivity. The present findings suggest that anxiety sensitivity may be an important transdiagnostic construct in explicating the nature of the relations between emotional disorders and various smoking processes. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2014.963759>

Long Distance Military and Civilian Relationships: Women's Perceptions of the Impact of Communication Technology and Military Culture.

Alexa Smith-Osborne, Jayshree Jani

Military Behavioral Health

Accepted author version posted online: 15 Sep 2014

Research Aim:

This qualitative study investigates military female partners' perceptions of communication technologies during long-distance relationships, contrasted with civilians' experiences. Military female partners in this sample included both female civilians and female military members whose male partners were deployed for wartime military-related service.

Method:

Purposive iterative sampling of military cases and contrast civilian cases was done of women prior to and after current cyberspace-based communication technologies became widely available.

Results:

Post 1980's predeployment expectations of communication frequency and dependability were commonly not met. Pre 1980's expectations were more aligned with reality, although not necessarily less stressful. Perspectives of military partners across eras suggested that weaknesses/gaps in communication pose higher risk to relationship resilience for younger military partners and those more distal from military culture and support services.

<http://www.sciencedirect.com/science/article/pii/S0749379714004036>

Deployment-Related Depression Screening, 2001–2008: Comparing Clinical Versus Research Surveys.

Marleen M. Welsh, Susan P. Federinko, Daniel G. Burnett, Gary D. Gackstetter, Edward J. Boyko, Amber D. Seelig, Timothy S. Wells, Tomoko I. Hooper

American Journal of Preventive Medicine
Available online 16 September 2014

Background

Potential adverse mental health effects of deployment, including depression, are an ongoing concern. Although a previous study assessed under-reporting of depression on post-deployment health assessments compared to anonymous surveys, those results were not examined at the individual level to identify demographic or military factors that may be associated with unwillingness to report depression symptoms.

Purpose

To compare self-reported depression symptoms on post-deployment health assessments with responses to the same depression questions on a research survey.

Methods

This cross-sectional study analyzed depression screening responses from 2001 to 2008 from participants of the Millennium Cohort Study, a longitudinal military cohort study, who completed a post-deployment health assessment within 30 days of a research survey. Kappa statistics and percent positive and negative agreement were calculated. Demographic and military characteristics associated with discordant screening results were examined. Initial analyses were performed in 2011, with additional analyses in 2013.

Results

Moderate agreement ($\kappa=0.464$) was observed between paired survey responses. A higher proportion of active duty members, the unmarried, and new accessions into military service endorsed depression symptoms on the research survey but not the military-linked survey. In stratified analyses, agreement was higher in Reserve/National Guard members than active duty

($\kappa=0.561$ vs 0.409). New active duty accessions showed lower agreement ($\kappa=0.388$), as did unmarried active duty participants ($\kappa=0.304$).

Conclusions

Deployment health surveys are important tools for identifying returning service members experiencing depression symptoms. However, these findings suggest that ongoing stigma and barriers to appropriate follow-up mental health care remain to be addressed in the military setting.

<http://www.sciencedirect.com/science/article/pii/S0749379714003286>

Examining Sexual Orientation Disparities in Alcohol Misuse Among Women Veterans.

Keren Lehavot, Kendall C. Browne, Tracy L. Simpson

American Journal of Preventive Medicine

Available online 16 September 2014

Background

Alcohol misuse is a significant health concern among women veterans, especially among lesbian and bisexual veterans. Mediators that might explain alcohol disparities between heterosexual and sexual minority veterans have not yet been identified.

Purpose

To examine the role of civilian and military traumas and mental health symptoms (i.e., depression, post-traumatic stress disorder) in explaining sexual orientation disparities in alcohol misuse between sexual minority and heterosexual women veterans across the U.S.

Methods

Women veterans were recruited using Internet methods to participate in an online, anonymous, national survey (N=699, 37% lesbian or bisexual) from February to May 2013. Path analysis was used to examine a model wherein sexual orientation both directly and indirectly predicted alcohol misuse through trauma exposures and mental health symptoms. Data were analyzed in November 2013.

Results

Findings indicated significant disparities in alcohol misuse among women veterans by sexual orientation, with indirect effects via childhood trauma, physical victimization in adulthood both during the military and as a civilian, and depressive and post-traumatic stress disorder symptoms.

Conclusions

Lesbian and bisexual women veterans reported higher rates of some trauma exposures and mental health symptoms than their heterosexual counterparts, partly accounting for their higher rates of alcohol misuse. Interventions that attend to both victimization and drinking among this population are needed, as well as future research that addresses other factors influencing alcohol misuse.

<http://www.ncbi.nlm.nih.gov/pubmed/25240140>

J Affect Disord. 2014 Aug 28;170C:112-118. doi: 10.1016/j.jad.2014.08.023. [Epub ahead of print]

Therapist-rated outcomes in a randomized clinical trial comparing cognitive behavioral therapy and psychodynamic therapy for major depression.

Driessen E, Van HL, Peen J, Don FJ, Kool S, Westra D, Hendriksen M, Cuijpers P, Twisk JW, Dekker JJ

BACKGROUND:

The efficacy of psychodynamic therapy (PDT) for depression is debated due to a paucity of high-quality studies. We compared short psychodynamic supportive psychotherapy (SPSP) to cognitive behavioral therapy (CBT) in a randomized clinical trial. We used therapist-rated outcomes to examine how the course of change during treatment could be best represented and to compare treatment efficacy, hypothesizing non-significant differences.

METHODS:

Three hundred and forty-one adults meeting DSM-IV criteria for a depressive episode and with Hamilton Depression Rating Scale (HAM-D) scores ≥ 14 were randomized to 16 sessions of individual manualized CBT or SPSP. Severely depressed patients (HAM-D >24) received additional antidepressant medication. After each session, therapists rated the Clinical Global Impression Scale subscales 'Severity of Illness' (CGI-S) and 'Global Improvement' (CGI-I), and the DSM-IV Axis V Global Assessment of Functioning Scale (GAF). We fitted growth curves using mixed model analyses with intention-to-treat samples.

RESULTS:

CGI-S and GAF scores during treatment were best represented by a linear symptom decrease. CGI-I scores were best represented by an S-shaped curve with relative more improvement in the first and last phases than in the middle phase of treatment. No significant post-treatment treatment differences were found. A non-significant trend for a treatment effect on CGI-S scores vanished when controlling for therapist gender and profession.

LIMITATIONS:

Therapists were not specifically trained for CGI and GAF assessments.

CONCLUSIONS:

These findings add to the evidence-base of PDT for depression. Therapist characteristics and differences between severity and improvement measures might influence ratings and need to be taken into account when using therapist-rated outcome measures. Copyright © 2014 Elsevier B.V. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/25238984>

Psychiatry Res. 2014 Sep 6. pii: S0165-1781(14)00750-1. doi: 10.1016/j.psychres.2014.08.053. [Epub ahead of print]

The critical warzone experiences (CWE) scale: Initial psychometric properties and association with PTSD, anxiety, and depression.

Kimbrel NA, Evans LD, Patel AB, Wilson LC, Meyer EC, Gulliver SB, Morissette SB

The objective of the present research was to develop and evaluate a critical warzone experiences (CWE) scale for use with Iraq/Afghanistan veterans. The psychometric properties of the CWE were evaluated across three independent samples of Iraq/Afghanistan veterans. Despite its brevity (7 items), the CWE exhibited good internal consistency (average $\alpha = 0.83$), good temporal stability (1-year test-retest reliability = 0.73), good concurrent validity with lengthier measures of warzone experiences (average $r = 0.74$), and a clear unidimensional factor structure (average factor loading = 0.69). Study 2 confirmed the CWE's factor structure through confirmatory factor analysis, and structural equation modeling demonstrated a strong association between CWE and post-deployment mental health, $\beta = 0.49$, $p < 0.001$. Study 3 provided further support for the predictive validity of the CWE by demonstrating that it was associated with PTSD diagnosis, clinician-rated PTSD symptom severity, and global functional impairment in an independent sample of Iraq/Afghanistan veterans (average $r = 0.59$). While replication of these findings in more diverse samples is needed, the preliminary evidence from these studies indicates that the CWE is a brief, reliable, and valid measure of critical warzone experiences among Iraq/Afghanistan war veterans. Published by Elsevier Ireland Ltd.

<http://www.pnas.org/content/111/37/13529.abstract>

Expression profiling associates blood and brain glucocorticoid receptor signaling with trauma-related individual differences in both sexes.

Nikolaos P. Daskalakis, Hagit Cohen, Guiqing Cai, Joseph D. Buxbaum, and Rachel Yehuda

PNAS 2014 111 (37) 13529-13534; published ahead of print August 11, 2014

Delineating the molecular basis of individual differences in the stress response is critical to understanding the pathophysiology and treatment of posttraumatic stress disorder (PTSD). In this study, 7 d after predator-scent-stress (PSS) exposure, male and female rats were classified into vulnerable (i.e., “PTSD-like”) and resilient (i.e., minimally affected) phenotypes on the basis of their performance on a variety of behavioral measures. Genome-wide expression profiling in blood and two limbic brain regions (amygdala and hippocampus), followed by quantitative PCR validation, was performed in these two groups of animals, as well as in an unexposed control group. Differentially expressed genes were identified in blood and brain associated with PSS-exposure and with distinct behavioral profiles postexposure. There was a small but significant between-tissue overlap (4–21%) for the genes associated with exposure-related individual differences, indicating convergent gene expression in both sexes. To uncover convergent signaling pathways across tissue and sex, upstream activated/deactivated transcription factors were first predicted for each tissue and then the respective pathways were identified. Glucocorticoid receptor (GR) signaling was the only convergent pathway associated with individual differences when using the most stringent statistical threshold. Corticosterone treatment 1 h after PSS-exposure prevented anxiety and hyperarousal 7 d later in both sexes, confirming the GR involvement in the PSS behavioral response. In conclusion, genes and pathways associated with extreme differences in the traumatic stress behavioral response can be distinguished from those associated with trauma exposure. Blood-based biomarkers can predict aspects of brain signaling. GR signaling is a convergent signaling pathway, associated with trauma-related individual differences in both sexes.

Significance

Because posttraumatic stress disorder (PTSD) occurs in a subset of trauma-exposed persons, expression profiling in the context of an animal model that focuses on individual differences in stress response permits identification of the relevant signaling pathways that lead to sustained impairment or resilience. The inclusion of blood and brain samples from both sexes is important because it allows the detection of convergent susceptibility pathways and concomitant identification of blood-based biomarkers. The across tissue and sex involvement of glucocorticoid receptor signaling with exposure-related individual differences suggests that targeting this signaling pathway may lead to a promising therapeutic strategy in PTSD.

<http://occmmed.oxfordjournals.org/content/early/2014/09/19/occmmed.kqu096.abstract>

Perceptions of the impact a military career has on children.

S. L. Rowe, M. Keeling, S. Wessely, and N. T. Fear

Occupational Medicine

First published online: September 20, 2014

Background

The perceived effects of a military career on service personnel's children have been largely overlooked.

Aims

To examine the views of military personnel about the impact their career has on their children in relation to socio-demographic variables, military characteristics and mental health symptoms.

Methods

Service personnel (regular and reserve) with one or more children (<18 years) were included. Data were taken from a large UK military cohort study completed between 2007 and 2009. Participants were asked to report whether they viewed their military career as having a positive, negative or no impact on their children.

Results

There were 3198 participants. Just over half (51%) of service personnel perceived their military career as having a negative impact on their children. Not being in a relationship (multinomial odds ratio 2.65, 95% CI 1.81–3.88), deployment for 13 months or more within a 3 year period (1.85, 1.31–2.62), symptoms of common mental health disorder (2.21, 1.65–2.96) and probable post-traumatic stress disorder (3.26, 1.39–7.66) were associated with perceiving military career as affecting children negatively. Reserves were less likely than regulars (0.37, 0.27–0.51) and other ranks were less likely than non-commissioned officers (0.67, 0.46–0.98) to report negative effects of their military career on their children.

Conclusions

Contrary to previous research findings, regulars were more likely to report a negative impact, reflecting this study's focus on the wider military context, rather than just deployment. These findings are consistent with existing research showing links between deployment length and negative impact.

http://digilib.gmu.edu:8080/jspui/bitstream/1920/8858/1/Falkey_gmu_0883E_10647.pdf

An Exploratory Study of the Transition Experiences of Post-9/11 GI Bill Era Student/Veterans from Active Duty Military Service to College Student.

Mary Falkey

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Arts at George Mason University, College of Visual and Performing Arts, Spring 2014

This qualitative study explores the transition experiences of Post-9/11 era military veterans from active duty military service to college students for the purpose of adding to the body of knowledge about this student population. The subjects, who voluntarily offered to participate, were 15 community college student/veterans and 10 four-year institution student/veterans. Each interview was transcribed to create a written manuscript and the data was analyzed and coded. The themes which emerged from analysis of the interview transcripts were financial issues, interpersonal issues, academic issues, community issues, isolation, and inconsistency of information received from academic institutions.

Community college students reported high levels of interaction with faculty and virtually no interaction with other students, including other student/veterans while the four year institution students reported low levels of interaction with faculty, high levels of interaction with other student/veterans and minimal interaction with non-veteran students. The information suggests need and opportunity for future in-depth study of the student/veteran transition experience.

<http://www.psycontent.com/content/v3583h448v3563q1/>

Dissociation and Acquired Capability as Facilitators of Suicide Ideation Among Soldiers.

Lea Shelef, Yossi Levi-Belz, and Eyal Fruchter

Crisis: The Journal of Crisis Intervention and Suicide Prevention

DOI 10.1027/0227-5910/a000278

Background:

The phenomenon of suicide and suicidal behaviors during military service is universal, with a recent dramatic rise in some armies. Aims: The aim of this study was to shed light on the role of dissociation and habituation as facilitators of suicidal behavior, beyond other well-established risk factors of stress, such as depression and hopelessness.

Method:

The study group included 167 soldiers, aged 18–21 years divided into three research groups: soldiers who made suicide attempts, soldiers who were psychologically treated, and a control group of soldiers having no history of mental health treatment. All subjects completed a suicide ideation scale and instruments measuring stress, mental pain, bodily dissociation, and habituation.

Results:

Suicide attempters had higher levels of subjective stress as well as depression and hopelessness compared with the psychologically treated and control groups. Using regression

analysis, suicide facilitators of dissociation and habituation explained a significant proportion of the suicidal ideation variance, above and beyond the contribution of stress, depression, and hopelessness. A combined effect of stress and facilitating factors amplifies the level of suicidal ideation among soldiers.

Conclusion:

Identifying psychological facilitators of suicide-like dissociation and habituation may contribute to understanding suicidal behavior in soldiers and assist in developing effective suicide-prevention initiatives in the military setting.

<http://www.sciencedirect.com/science/article/pii/S0887618514001261>

A Historical Review of Trauma-Related Diagnoses to Reconsider the Heterogeneity of PTSD.

Jennifer DiMauro, Sarah Carter, Johanna B. Folk, Todd B. Kashdan

Journal of Anxiety Disorders

Available online 16 September 2014

Based on the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders, there are 636,120 ways for an individual to qualify for a diagnosis of posttraumatic stress disorder (PTSD) (Galatzer-Levy & Bryant, 2013). To unravel this heterogeneity, we examine the historical trajectory of trauma-related diagnoses. Our review addresses four traumas (i.e., combat, natural disaster, life-threatening accident, sexual assault) that have contributed the most to conceptual models of PTSD. Although these trauma types are all subsumed under the same diagnostic label, our literature review indicates that the psychological consequences of different traumatic experiences are traditionally studied in isolation. Indeed, most research addresses hypotheses regarding specific trauma types using samples of individuals selected for their experience with that specific event. We consider the possibility that PTSD is not a single, unified construct and what this means for future research and clinical applications.

http://journals.lww.com/practicalpsychiatry/Abstract/2014/09000/Suicide_Risk_Assessment_and_Suicide_Risk.9.aspx

Suicide Risk Assessment and Suicide Risk Formulation: Essential Components of the Therapeutic Risk Management Model.

SILVERMAN, MORTON M. MD

Journal of Psychiatric Practice:
September 2014 - Volume 20 - Issue 5 - p 373-378

Suicide and other suicidal behaviors are often associated with psychiatric disorders and dysfunctions. Therefore, psychiatrists have significant opportunities to identify at-risk individuals and offer treatment to reduce that risk. Although a suicide risk assessment is a core competency requirement, many clinical psychiatrists lack the requisite training and skills to appropriately assess for suicide risk. Moreover, the standard of care requires psychiatrists to foresee the possibility that a patient might engage in suicidal behavior, hence to conduct a suicide risk formulation sufficient to guide triage and treatment planning. Based on data collected via a suicide risk assessment, a suicide risk formulation is a process whereby the psychiatrist forms a judgment about a patient's foreseeable risk of suicidal behavior in order to inform triage decisions, safety and treatment planning, and interventions to reduce risk. This paper addresses the components of this process in the context of the model for therapeutic risk management of the suicidal patient developed at the Veterans Integrated Service Network (VISN) 19 Mental Illness Research, Education and Clinical Center by Wortzel et al.

<http://www.psycontent.com/content/76782026p17j7168/>

Assessment and Management of Suicide Risk in Primary Care.

Pooja Saini, David While, Khatidja Chantler, Kirsten Windfuhr, Navneet Kapur

Crisis: The Journal of Crisis Intervention and Suicide Prevention

DOI 10.1027/0227-5910/a000277

Background:

Risk assessment and management of suicidal patients is emphasized as a key component of care in specialist mental health services, but these issues are relatively unexplored in primary care services. Aims: To examine risk assessment and management in primary and secondary care in a clinical sample of individuals who were in contact with mental health services and died by suicide.

Method:

Data collection from clinical proformas, case records, and semistructured face-to-face interviews with general practitioners.

Results:

Primary and secondary care data were available for 198 of the 336 cases (59%). The overall agreement in the rating of risk between services was poor (overall $\kappa = .127$, $p = .10$).

Depression, care setting (after discharge), suicidal ideation at last contact, and a history of self-

harm were associated with a rating of higher risk. Suicide prevention policies were available in 25% of primary care practices, and 33% of staff received training in suicide risk assessments.

Conclusion:

Risk is difficult to predict, but the variation in risk assessment between professional groups may reflect poor communication. Further research is required to understand this. There appears to be a relative lack of suicide risk assessment training in primary care.

<http://www.psycontent.com/content/am513704087u2777/>

The Relation Between Illegal Risk Behaviors and the Acquired Capability for Suicide.

Sean M Mitchell, Danielle R Jahn, Kelly C Cukrowicz

Crisis: The Journal of Crisis Intervention and Suicide Prevention

Background:

Suicide is the third leading cause of death among college students. The interpersonal theory of suicide may provide a way to conceptualize suicide risk in this population. Aims: We sought to examine relations between illegal behaviors that may act as risk factors for suicide and the acquired capability for suicide.

Method:

College students (N = 758) completed assessments of acquired capability and previous exposure to painful and provocative events, including illegal risk behaviors (IRBs). Linear regression, a nonparametric bootstrapping procedure, and two-tailed partial correlations were employed to test our hypotheses.

Results:

There was no significant relation between IRBs and acquired capability after controlling for legal painful and provocative experiences. A significant positive relation was identified between IRBs and fear/anxiety, contradicting the expected relation between increased painful and provocative experiences and lower fear/anxiety. Acquired capability explained variance in the relation between IRBs and history of suicide attempt or self-injury history.

Conclusion:

Further research is needed to examine links between IRBs and painful and provocative events, particularly to identify the point at which habituation begins to increase acquired capability, as our unexpected results may be due to a lack of habituation to risky behaviors or low variability of scores in the sample.

Links of Interest

No sedative necessary: Scientists discover new 'sleep node' in the brain

http://www.eurekalert.org/pub_releases/2014-09/uab-nsn091814.php

PTSD Link to Food Addiction Seen in Report

http://www.nlm.nih.gov/medlineplus/news/fullstory_148436.html

Stigma as a barrier to mental health care

http://www.eurekalert.org/pub_releases/2014-09/afps-saa090514.php

Ft. Leonard Wood court-martial highlights sex crisis in military

http://www.stltoday.com/news/local/metro/article_0f402c37-f199-5e21-9553-6008aeb14bcc.html

One Dose of Antidepressant Changes Brain Connections, Study Says

http://www.nlm.nih.gov/medlineplus/news/fullstory_148453.html

Research Shows Possible Neurological Patterns for PTSD Symptoms

http://www.nlm.nih.gov/medlineplus/news/fullstory_148451.html

Criminals or victims?: When good soldiers scarred from war do wrong at home

http://www.washingtonpost.com/national/criminals-or-victims-when-good-soldiers-scarred-from-war-do-wrong-at-home/2014/09/20/eb08ff8e-26f3-11e4-8593-da634b334390_print.html

Suicide Prevention Requires Access to Effective, Evidence Based Treatment, APA Member Tells Congress

<http://www.apa.org/news/press/releases/2014/09/suicide-prevention.aspx>

Desire to be resilient can sometimes mask underlying depression

http://www.army.mil/article/134002/Desire_to_be_resilient_can_sometimes_mask_underlying_depression/

Sleep drunkenness disorder may affect one in seven

<http://www.sciencedaily.com/releases/2014/08/140825185311.htm>

Army health officer: DOD, VA collaboration needed on mental health metrics

http://www.army.mil/article/134058/Army_health_officer_DOD_VA_collaboration_needed_on_mental_health_metrics/

Doc's advice for those with PTSD: Stay in treatment

http://www.army.mil/article/134009/Doc_s_advice_for_those_with_PTSD_Stay_in_treatment/

BG Bobeck: Every suicide tragic, got to get to zero

[http://www.army.mil/article/133997/BG Bobeck Every suicide tragic got to get to zero/](http://www.army.mil/article/133997/BG_Bobeck_Every_suicide_tragic_got_to_get_to_zero/)

What's Going on with Young Veterans in the Labor Market?

<http://www.brookings.edu/research/opinions/2014/09/22-veterans-labor-market-rothwell>

Resource of the Week: [National Guideline Clearinghouse](#) (AHRQ)

NGC is an initiative of the Agency for Healthcare Research and Quality (AHRQ) External Web Site Policy, U.S. Department of Health and Human Services. NGC was originally created by AHRQ in partnership with the American Medical Association and the American Association of Health Plans (now America's Health Insurance Plans [AHIP]).

The NGC mission is to provide physicians and other health professionals, health care providers, health plans, integrated delivery systems, purchasers, and others an accessible mechanism for obtaining objective, detailed information on clinical practice guidelines and to further their dissemination, implementation, and use.

There are a host of useful tools and features here:

- If you [create an account](#), you can “save your favorite guideline summaries and organizations, create custom e-mail alerts, and set up topic alerts.”
- The [advanced search form](#) allows you to zero in on guidelines by clinical specialty, target population, organizations/organization types, evaluation methods and much more.
- You can subscribe to a [weekly e-mail update](#) or [RSS feeds](#).
- A [Guideline Resources](#) page offers links to AHRQ Evidence Reports, Complementary Web Sites, Mobile Device Resources and Patient Education Materials.

An [extensive FAQ](#) provides detailed information on inclusion criteria, site personalization features, searching/browsing, and information about the guidelines.

The screenshot shows the National Guideline Clearinghouse website. At the top, there is a navigation bar with links for Help, Videos, RSS, and a subscription option. Below this is a search bar with a 'GO' button and links for Search Tips, Advanced Search, and About: Search. The main content area is divided into several sections: a left sidebar with a menu (Home, Guidelines, Expert Commentaries, etc.), a central 'New This Week' section with a date of September 22, 2014, and an 'Announcements' section titled 'My NGC Personalization Feature'. On the right, there is a 'Sign In to My NGC' section with fields for E-mail and Password, and a 'New User? Create a free account' section. At the bottom, there are three columns of links: 'Find' (Topic, Organizations, Guideline Index), 'Learn' (AHRQ Evidence Reports, Hospital-Acquired Conditions, Mobile Device Resources), and 'Compare' (Guideline Syntheses, Compare Guidelines). A 'Technical Assistance Videos' section is also visible at the bottom right.

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