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Research Update -- November 16, 2017

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-

<https://content.govdelivery.com/accounts/USVHA/bulletins/1c38aee>

PTSD and Veterans, PTSD Monthly Update - November 2017

National Center for PTSD

November 11th marks Veterans Day, a celebration in honor of America's Veterans for their patriotism, love of country, and willingness to serve and sacrifice for the common good. On this day and always, we give our respect and sincere appreciation to our Veterans, fallen heroes, and their families.

Servicemembers are at high risk for exposure to traumatic events, especially during times of war. Going through a trauma does not mean that you will develop PTSD, though.

Learn more about Veterans and PTSD

- Follow the history of PTSD in Veterans from Soldier's Heart to what we know as PTSD today.
- Hear from Veterans who live with PTSD every day and find out how treatment turned their lives around.

<http://www.sciencedirect.com/science/article/pii/S1064748117305237>

The Prevalence of Mental Health Disorders in Elderly US Military Veterans: a Meta-Analysis and Systematic Review.

Victoria Williamson, Sharon A.M. Stevelink, Karla Greenberg, Neil Greenberg

The American Journal of Geriatric Psychiatry

Available online 8 November 2017

<https://doi.org/10.1016/j.jagp.2017.11.001>

Objectives

Older veterans may be vulnerable to mental health problems. Meta-analytic and systematic review methods sought to determine the prevalence rate of mental health disorders in older military veterans (≥ 65 years).

Methods

Eleven studies were eligible and meta-analyses of veteran depression, substance abuse, post-traumatic stress disorder (PTSD), anxiety, dementia, bipolar disorder and schizophrenia were conducted.

Results

Although conducted exclusively with US veterans, high prevalence rates of substance (5.7%) and alcohol use disorders (5.4%) in older veterans were found. However, the prevalence of other mental health disorders, including PTSD and depression, in older veterans were not markedly high.

Conclusions

The rates of disorder prevalence observed indicates a need for continued awareness of mental health difficulties, particularly substance and alcohol use disorders, in older veterans. In future, studies with non-US military samples using longitudinal design are required to further understand the prevalence of mental health disorders in geriatric veterans.

<https://link.springer.com/article/10.1007/s11920-017-0845-z>

Gender Dysphoria in the Military.

Shannon Ford, Carla Schnitzlein

Current Psychiatry Reports

December 2017, 19:102

<https://doi.org/10.1007/s11920-017-0845-z>

Purpose of Review

With the announcement that members of the military who identify as transgender are allowed to serve openly, the need for Department of Defense behavioral health providers to be comfortable in the assessment, diagnosis, and treatment of this population becomes quickly evident. This population has been seeking care in the community and standards have been developed to help guide decision-making, but a comparable document does not exist for the military population.

Recent Findings

Previously published papers were written in anticipation of the policy allowing for open

service. The civilian sector has treatment guidelines and evidence supporting the same for reference. There is no similar document for the military population, likely due to the recent change and ongoing development. This paper attempts to provide an overview of the recent Department of Defense policy and walks the reader through key considerations when providing care to a transgender member of the military as it relates to those who are currently serving in the military through the use of a case example.

Summary

The military transgender population faces some unique challenges due to the need to balance readiness and deployability with medically necessary health care. Also complicating patient care is that policy development is ongoing—as of this publication, the decision has not yet been made regarding how people who identify as transgender will access into the military nor is there final approval regarding coverage for surgical procedures. Unique circumstances of this population are brought up to generate more discussion and encourage further evaluation and refinement of the process.

<http://www.sciencedirect.com/science/article/pii/S0890856717318294>

National Trends in the Prevalence of Suicidal Ideation and Behavior Among Young Adults and Receipt of Mental Health Care Among Suicidal Young Adults.

Beth Han, Wilson M. Compton, Carlos Blanco, Lisa Colpe, ... Richard McKeon

Journal of the American Academy of Child & Adolescent Psychiatry

Available online 6 November 2017

<https://doi.org/10.1016/j.jaac.2017.10.013>

Objective

This study examined national trends in the prevalence of suicidal ideation and behavior among young adults and receipt of mental health care among suicidal young adults.

Method

We examined restricted data from 145,800 persons aged 18-25 who participated in the 2009-2015 National Surveys on Drug Use and Health. Descriptive analyses and bivariable and multivariable logistic regressions were applied.

Results

Among US young adults during 2009-2015, the 12-month prevalence of suicidal

ideation increased from 6.1% to 8.3%, the 12-month prevalence of suicide plan increased from 2.0% to 2.7%, and 12-month prevalence of suicide attempt increased from 1.1% to 1.6%. After adjusting for personal factors and changes in residing county's population characteristics, we found upward trends in suicidal ideation among non-Hispanic whites and Hispanics, an upward trend in suicide plan among young adults overall, and an upward trend in suicide attempt among those without major depressive episodes (MDE). Among young adults with MDE, the prevalence of suicide attempt remained high and unchanged. During 2009-2015, trends in receipt of mental health care remained unchanged among most suicidal young adults and declined slightly among uninsured suicidal young adults. The annual average prevalence of receipt of mental health care was 36.2% among suicidal young adults.

Conclusion

During 2009-2015, suicidal ideation, suicide plan, and suicide attempt increased among young adults overall, but receipt of mental health care among suicidal young adults did not increase. Our results suggest that effective efforts are needed for suicide prevention and promotion of mental health care among young adults.

<http://bjpo.rcpsych.org/content/3/6/274>

Cognitive ability and risk of post-traumatic stress disorder after military deployment: an observational cohort study.

Lars R. Nissen, Karen-Inge Karstoft, Mia S. Vedtofte, Anni B.S. Nielsen, Merete Osler, Erik L. Mortensen, Gunhild T. Christensen, Søren B. Andersen

British Journal of Psychiatry Open
Nov 2017, 3 (6) 274-280
DOI: 10.1192/bjpo.bp.117.005736

Background

Studies of the association between pre-deployment cognitive ability and post-deployment post-traumatic stress disorder (PTSD) have shown mixed results.

Aims

To study the influence of pre-deployment cognitive ability on PTSD symptoms 6–8 months post-deployment in a large population while controlling for pre-deployment education and deployment-related variables.

Method

Study linking prospective pre-deployment conscription board data with post-deployment self-reported data in 9695 Danish Army personnel deployed to different war zones in 1997–2013. The association between pre-deployment cognitive ability and post-deployment PTSD was investigated using repeated-measure logistic regression models. Two models with cognitive ability score as the main exposure variable were created (model 1 and model 2). Model 1 was only adjusted for pre-deployment variables, while model 2 was adjusted for both pre-deployment and deployment-related variables.

Results

When including only variables recorded pre-deployment (cognitive ability score and educational level) and gender (model 1), all variables predicted post-deployment PTSD. When deployment-related variables were added (model 2), this was no longer the case for cognitive ability score. However, when educational level was removed from the model adjusted for deployment-related variables, the association between cognitive ability and post-deployment PTSD became significant.

Conclusions

Pre-deployment lower cognitive ability did not predict post-deployment PTSD independently of educational level after adjustment for deployment-related variables.

<http://psycnet.apa.org/record/2017-49948-014>

Mental health treatment-related stigma and professional help seeking among student veterans.

Currier, J. M., McDermott, R. C., & McCormick, W. H.

Psychological Services

14(4), 531-542.

<http://dx.doi.org/10.1037/ser0000129>

Record numbers of military veterans are enrolling at colleges/universities across the United States. Although a substantive subset might suffer from mental health problems, the majority of these students might not be amenable to utilizing services. The purpose of this study was to examine the role of treatment-related stigma in intentions to seek professional help among undergraduate student veterans at a university on the U.S.

Gulf Coast. Focusing on 251 veterans and a gender-matched comparison group of 251 nonveterans, student veterans endorsed higher probabilities of seeking care from physicians ($d = .77$) and psychologists or other professionals ($d = .67$). In addition, nonveteran students had greater self-stigma about seeking help ($d = -.27$) but veterans had more negative beliefs about treatment efficacy ($d = 1.07$). When compared with veterans who did not exceed clinical thresholds, those with a probable need for treatment had more stigma ($ds = .63$). Multivariate analyses also revealed an inverse main effect of self-stigma on intentions to seek help from both professional categories. However, military experience differentially moderated associations between treatment-related beliefs and intentions to seek mental health services. Finally, exploratory analyses identified that student veterans were most likely to engage in therapy/counseling at a Veterans Affairs Medical Center or Clinic, Vet Center, or other noninstitutionally sponsored settings in the community (e.g., private practices, faith-based organizations). Looking ahead, these findings will inform research and the provision of services for addressing the mental health needs of this substantive subpopulation of college students in the United States. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

<http://journals.sagepub.com/doi/abs/10.1177/0891243217736006>

The Bureaucratic Harassment of U.S. Servicewomen.

Stephanie Bonnes

Gender & Society

Vol 31, Issue 6, 2017; page(s): 804-829

<https://doi.org/10.1177/0891243217736006>

Focusing on the U.S. military as a gendered and raced institution and using 33 in-depth interviews with U.S. servicewomen, this study identifies tactics and consequences of workplace harassment that occur through administrative channels, a phenomenon I label bureaucratic harassment. I identify bureaucratic harassment as a force by which some servicemen harass, intimidate, and control individual, as well as groups of, servicewomen through bureaucratic channels. Examples include issuing minor infractions with the intention of delaying or stopping promotions, threatening to withhold military benefits for reporting sexual abuse/harassment, and revoking servicewomen's qualifications in order to remove them from positions or units. The manipulation of administrative rules and regulations is made possible by the interplay between a

gendered and raced organizational climate and bureaucratic features such as discretion, hierarchy, and the blending of work and personal life. I show that bureaucratic harassment has both raced and gendered implications. Ultimately, harassment that is enacted through bureaucratic means is often overlooked but carries distinct consequences for the professional careers and workplace experiences of the victims.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22245/abstract>

Response to Cognitive Processing Therapy in Veterans With and Without Obstructive Sleep Apnea.

Mesa, F., Dickstein, B. D., Wooten, V. D. and Chard, K. M.

Journal of Traumatic Stress

Version of Record online: 13 NOV 2017

DOI: 10.1002/jts.22245

Recent studies have called attention to the need for enhancing treatment outcome in trauma-focused psychotherapies, such as cognitive processing therapy (CPT), with veterans. Given the prevalence of posttraumatic-related sleep disturbances, and the role of sleep in emotional learning and processing, sleep quality may be a target for improving CPT outcome. Elevated rates of obstructive sleep apnea (OSA) have been reported in samples of veterans with posttraumatic stress disorder (PTSD); however, the impact of OSA on response to CPT is unclear. In this study, CPT outcome was examined in veterans with and without a diagnosis of OSA. Following chart review, 68 OSA-positive and 276 OSA-negative veterans were identified. Generalized estimating equations were used to compare between-group differences in weekly self-reported PTSD symptomatology. The OSA-positive veterans reported greater PTSD severity over the course of treatment and at posttreatment compared with veterans without OSA ($B = -0.657$). Additionally, OSA-positive veterans with access to continuous positive airway pressure (CPAP) therapy reported less PTSD severity relative to OSA-positive veterans without access to CPAP ($B = -0.421$). Apnea appears to be a contributing factor to the reduced effectiveness of evidence-based psychotherapy for veterans with PTSD; however, preliminary evidence indicates that CPAP therapy may help mitigate the impact of OSA on treatment outcome.

<http://www.tandfonline.com/doi/full/10.1080/15325024.2017.1388344>

Family Conflict and Forgiveness Among Survivors of Suicide.

Eunjin Lee, Sung Won Kim, Jichan J. Kim & Robert D. Enright

Journal of Loss and Trauma

Published online: 06 Oct 2017

<http://dx.doi.org/10.1080/15325024.2017.1388344>

This study explored the lived experiences of immediate family members who were left behind and their intra- and interpersonal struggles with other family members and their coping efforts to overcome these struggles. We used interpretative phenomenological analysis for data collection and analysis and conducted in-depth interviews with 11 participants in Korea. Two superordinate themes, with two ordinate themes in each, were identified: (a) family conflict after a family member's suicide ("discordant grieving" and "suicide loss as a catalyst for family conflict") and (b) forgiveness ("struggling to forgive other family members, the deceased, and themselves" and "the process and importance of forgiveness"). The implications of these findings are discussed.

<http://www.tandfonline.com/doi/full/10.1080/10926771.2017.1389792>

Gaining Control Over Traumatic Experiences: The Role of Guilt in Posttraumatic Stress Disorder.

Aviad Raz, Eran Shadach & Sigal Levy

Journal of Aggression, Maltreatment & Trauma

Published online: 03 Nov 2017

<http://dx.doi.org/10.1080/10926771.2017.1389792>

The present study explores the relationship between guilt, sense of control, and posttraumatic stress disorder. Seventy-eight participants who had experienced a traumatic event completed the following self-report measures online: the Posttraumatic Stress Diagnostic Scale, the Guilt Cognitions subscale of the Trauma-Related Guilt Inventory, the Posttraumatic Cognitions Inventory, and Sense of Control During the Trauma. Results revealed that "behavioral self-blame" that refers to functioning during

the trauma, positively correlated with posttraumatic stress symptoms. However, when Sense of Control During the Trauma was introduced into the analysis, this correlation appeared only for participants who had experienced lack of control during the traumatic event. Among the participants who had experienced a sense of control, no such link was found. Results suggest that guilt may be produced to avoid feelings of helplessness following the trauma, because guilt conveys a sense of control.

<https://link.springer.com/article/10.1007/s13178-017-0304-y>

Violating Gender Norms in the Canadian Military: the Experiences of Gay and Lesbian Soldiers.

Poulin, C., Gouliquer, L. & McCutcheon

Sexuality Research and Social Policy

First Online: 06 November 2017

<https://doi.org/10.1007/s13178-017-0304-y>

Militaries are men-dominated and value a heteronormative masculine warrior ideal (Kaplan, 2003). Soldiers, however, are not necessarily heterosexual and men, nor do they always embody the prescribed warrior ideal. How the values related to hyper-masculinity and heteronormativity influence the experiences of gay and lesbian soldiers is an empirical question. In the present study, the Psycho-Social Ethnography of the Commonplace (P-SEC; Gouliquer & Poulin, 2005) methodology was used to investigate how the institutions of heterosexuality and the Canadian military shape gay and lesbian soldiers' experiences. Interviews with 10 lesbian and 10 gay soldiers were conducted and analysed. The findings reveal that lesbian and gay soldiers face fairly widespread discrimination in the military environment. They must contend with the institutional demands to meet the requirements of a hyper-masculine-heteronormative soldier ideal. Gender differences are highlighted and social policy recommendations are discussed.

<http://www.sciencedirect.com/science/article/pii/S030646031730415X>

Tobacco and alcohol use disorders: Evaluating multimorbidity.

R. Ross MacLean, Mehmet Sofuoğlu, Robert Rosenheck

Addictive Behaviors

Volume 78, March 2018, Pages 59-66

<https://doi.org/10.1016/j.addbeh.2017.11.006>

There is growing interest in applying the multimorbidity model for mental health disorders – i.e. the interactive effects of co-occurring diagnoses. Alcohol use disorder (AUD) and tobacco use disorder (TUD) often occur together, but distinctive correlates of their co-occurrence have not been studied. Veterans treated by the Veterans Health Administration (VHA) nationally in FY 2012 with diagnoses of both AUD and TUD were compared to those with only AUD or only TUD on socio-environmental factors, medical and psychiatric diagnoses, and service use. Multimorbid effects were defined as those in which patients with both AUD and TUD had more serious problems greater likelihood of specific co-occurring conditions than those with either AUD alone or TUD alone. Veterans with concurrent AUD and TUD ($N = 153,397$), as compared to those with AUD only ($N = 191,900$) or with TUD only ($N = 643,377$), had significantly higher rates of homelessness [odd ratios (ORs) = 1.24, 1.68], hepatic disease (ORs = 1.11, 2.18), substance use disorders (ORs = 1.42, 3.14), receipt of a VA disability pension (ORs = 1.26, 1.30) and use of substance and mental health outpatient services (ORs = 1.04, 1.12). Veterans with AUD and TUD appear to have more severe problems in some, but not all, socio-environmental, medical, psychiatric, and service use domains than veterans with either of these diagnoses alone. The combination of AUD and TUD yield generally more adverse effects in diverse areas and thus reflect an emergent phenomenon that may require a distinctive treatment approach.

<http://www.sciencedirect.com/science/article/pii/S0165178117311253>

Empirical extension of the interpersonal theory of suicide: Investigating the role of interpersonal hopelessness.

Raymond P. Tucker, Christopher R. Hagan, Ryan M. Hill, Meredith L. Slish, Courtney L. Bagge, Thomas E. Joiner Jr., LaRicka R. Wingate

Psychiatry Research

Volume 259, January 2018, Pages 427-432

<https://doi.org/10.1016/j.psychres.2017.11.005>

The Interpersonal Theory of Suicide posits that hopelessness about thwarted belongingness and perceived burdensomeness is an important risk factor for the desire for suicide and suicide risk. Past research has indicated that general feelings of hopelessness interact with the constructs of thwarted belongingness and perceived burdensomeness to predict suicide ideation. However, no research has explicitly tested whether hopelessness specific to the interpersonal constructs of thwarted belongingness and perceived burdensomeness predicts suicide ideation and suicide risk. Participants in the current study ($N = 173$) were undergraduate students oversampled for history of suicide ideation, planning for suicide, and suicide attempt(s). Participants completed study measures online, including a new measure of hopelessness about thwarted belongingness and perceived burdensomeness. Results indicated that a three-way interaction of thwarted belongingness, perceived burdensomeness, and hopelessness about these interpersonal constructs, but not general hopelessness, predicted unique variance of suicide ideation and suicide risk. Results suggest that hopelessness about thwarted belongingness and perceived burdensomeness may be an important target for reducing suicidal desire.

<http://onlinelibrary.wiley.com/doi/10.1111/slbt.12421/full>

Anxiety Sensitivity Differentially Predicts Factors of Interpersonal–Psychological Suicide Risk: A Consideration of Specificity.

Stephanie E. Hudburgh BA, Ashley M. Shaw PhD, Kimberly A. Arditte Hall PhD, Kiara R. Timpano PhD

Suicide and Life-Threatening Behavior

First published: 6 November 2017

DOI: 10.1111/slbt.12421

Recent studies have identified anxiety sensitivity (AS) as a risk factor for suicidality; however, limited work has been performed to understand this risk within the context of the interpersonal–psychological theory of suicide (IPTS; Joiner, 2005). The current study examined the relationship between overall AS, each AS subfactor (cognitive, social, and physical), and the three IPTS domains (perceived burdensomeness, thwarted belongingness, and acquired capability). While each AS subfactor uniquely predicted one IPTS domain, greater overall AS only predicted greater acquired capability, suggesting that assessment of AS at the subfactor level may offer us more information about an individual's interpersonal suicide risk.

<http://www.sciencedirect.com/science/article/pii/S0883941717300547>

Exploration of Aggression/Violence Among Adult Patients Admitted for Short-term, Acute-care Mental Health Services.

Ellen Giarelli, Romy Nocera, Michael Jobes, Carol Boylan, Jen Lopez, Julie Knerr

Archives of Psychiatric Nursing

Available online 4 November 2017

<https://doi.org/10.1016/j.apnu.2017.11.004>

Background/Purpose

The purpose of the study was to explore and describe: (a) the prevalence of incidents of aggression and violence among patients, including frequency, kinds and severity of incidents of among patients; target of the aggression; (b) situational factors including time of location and time of event; and (c) staff interventions. We describe the relationships among variables to answer the following research questions: (1) What factors are associated with incidents of aggression and violence, and (2) are factors modifiable?

Methods

The exploratory descriptive study used data collected by retrospective chart review over a three-year period; the dates of January 1, 2011 to December 31, 2013. A medical record was included if it met the following criteria: 1) person ages 18–75 years; 2) admitted to the psychiatric mental care unit (PMCU) during the designated time frame; 3) the length of stay was up to 7 days; and 4) during this time the person made a verbal threat of violence or exhibited violent behavior towards property, self, another patient, or a member of the hospital staff. We examined data for a relationship among score on risk assessment items, sociodemographic factors, and outcome variables. We employed a variety of statistical analytic approaches to describe our data and uncover relationships among variables.

Results

There were 132 incidents of aggression/violence between January 1, 2011 and December 31, 2013. Of the 93 patients, 68% ($n = 63$) were male and 32% ($n = 30$) were female. Their ages ranged from 20 to 57 years with a mean age of 37 for females and 39 for males. Significant associations were found between type of intervention and

patients' admitting diagnoses: χ^2 (5, N = 97) = 11.603, p = 0.004. Significant associations were also found with regard to drug history, χ^2 (1, n = 96) = 4.673, p = 0.03 and history of violence, χ^2 (1, N = 91) = 7.618, p = 0.006. Key variables were target (the staff) and location (the hallway). Multiple factor analysis yielded inconclusive results, as numerous factors were identified and variable loadings were weak possibly due to the small sample size and high number of relevant variables.

Conclusion

Findings from this study can be used to improve high quality care for hospitalized patients with acute mental health problems. All incidents of aggression/violence cannot realistically be prevented. Staff must stay vigilant for self-safety. The hallway may be modified to reduce visual and auditory stimuli.

<https://www.ncbi.nlm.nih.gov/pubmed/29131993>

Psychiatry Res. 2017 Nov 2;259:442-449. doi: 10.1016/j.psychres.2017.10.045. [Epub ahead of print]

The structure of co-occurring PTSD and depression symptoms in a cohort of Marines pre- and post-deployment.

Ben Barnes J, Hayes AM, Contractor AA, Nash WP, Litz BT

Symptoms of posttraumatic stress disorder (PTSD) and major depressive disorder are the most frequently co-occurring problems following potentially traumatic events. It is unclear whether these comorbidities represent two correlated but distinct disorders or a common post-event response. We sought to inform this question by examining the distinctiveness of PTSD and depression symptoms at four cross-sectional time points, using data from a parent prospective longitudinal study of 858 Marines evaluated before deployment and approximately 1, 5, and 8 months after returning from the Afghanistan war. We conducted a series of cross-sectional confirmatory factor analyses of PTSD and depression symptoms at each time point, using the Posttraumatic Stress Disorder Checklist IV and the Beck Depression Inventory II. Analyses indicated that across all four assessments, self-reported symptoms on the measures were best explained by distinct but correlated subclusters of symptoms within each measure. This structure was supported by the data both before and after deployment, even with increases in average PTSD symptoms after deployment. These findings suggest that despite shared method variance and some symptom overlap, self-reports of PTSD and depression symptoms

across a stressful combat deployment show distinct symptom subclusters rather than a general common trauma reaction in this sample of Marines. Copyright © 2017 Elsevier B.V. All rights reserved.

<https://www.ncbi.nlm.nih.gov/pubmed/27875926>

Cogn Neuropsychiatry. 2017 Jan;22(1):1-16. doi: 10.1080/13546805.2016.1255603. Epub 2016 Nov 22.

A meta-analysis of the relationship between symptom severity of Posttraumatic Stress Disorder and executive function.

Woon FL, Farrer TJ, Braman CR, Mabey JK, Hedges DW

INTRODUCTION:

Some studies of Posttraumatic Stress Disorder (PTSD) find executive dysfunction, whereas others do not. We meta-analytically examined the association between executive function and PTSD and used meta-regression to examine the potential moderating effect of PTSD severity on executive function.

METHODS:

We conducted a meta-analysis according to Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. We identified published peer-reviewed articles containing measures of executive function and PTSD symptom severity in subjects with PTSD compared to trauma-unexposed controls or trauma-exposed controls without PTSD, or both. We calculated an effect size for each study containing at least one measure of executive function and PTSD symptom severity.

RESULTS:

PTSD subjects for whom the Clinician-Administered PTSD Scale (CAPS) score was available had worse executive function compared to both trauma-unexposed controls ($g = 0.464$, $p < .001$) and to trauma-exposed controls without PTSD ($g = 0.414$, $p = .001$), as did PTSD subjects for whom the Mississippi Scale for Combat-Related PTSD (M-PTSD) score was available ($g = 0.390$, $p < .001$). Neither CAPS nor M-PTSD scores significantly moderated the effect size of executive function.

CONCLUSIONS:

PTSD is associated with executive dysfunction, but this association was not moderated

by PTSD symptom severity, suggesting that once PTSD occurs, executive dysfunction may occur regardless of PTSD severity.

<http://journals.sagepub.com/doi/abs/10.1177/0033294117740137>

Mindfulness and Fear Extinction: A Brief Review of Its Current Neuropsychological Literature and Possible Implications for Posttraumatic Stress Disorder.

Auretta S. Kummar

Psychological Reports

First Published November 9, 2017

<https://doi.org/10.1177/0033294117740137>

Research in the neuroscience of mindfulness has grown rapidly in recent years. This includes empirical investigations into structural and functional changes in several brain regions—particularly, the hippocampus, the prefrontal cortex, and the amygdala—in association with the practice of mindfulness. Of interest to the current paper is that such brain regions are also implicated in empirical research focusing on fear extinction. While fear extinction has, therefore, been suggested as one of the possible mechanisms to underlie the positive effects of mindfulness, the conceptual links and research implications have lacked specific focus and detailed discussion in the literature. The purpose of this paper is, therefore, two-fold. First, this paper briefly reviews the extant literature on the neuropsychological mechanisms underlying mindfulness—particularly that, which has been found to be similarly implied in fear extinction—and hence, suggests future research directions based on its current state in the literature. Second, this paper explores the implications of this for fear-based psychopathologies, specifically for posttraumatic stress disorder (PTSD). Discussion from this paper suggests the idea of fear extinction as an underlying mechanism of mindfulness to be one that is still preliminary, yet promising; in turn, elucidating the need for further methodologically rigorous study to specifically determine fear extinction as a result of mindfulness, as well as to incorporate neuroimaging techniques in supporting the existing literature that have found preliminary support of mindfulness for PTSD.

<https://www.nature.com/articles/s41598-017-15226-7>

Enhanced Attentional Bias Variability in Post-Traumatic Stress Disorder and its Relationship to More General Impairments in Cognitive Control.

Diane Swick & Victoria Ashley

Scientific Reports

7, Article number: 14559 (2017)

doi:10.1038/s41598-017-15226-7

Hypervigilance towards threat is one of the defining features of post-traumatic stress disorder (PTSD). This symptom predicts that individuals with PTSD will be biased to attend to potential dangers in the environment. However, cognitive tasks designed to assess visual-spatial attentional biases have shown mixed results. A newer proposal suggests that attentional bias is not a static phenomenon, but rather is characterized by fluctuations towards and away from threat. Here, we tested 28 combat Veterans with PTSD and 28 control Veterans on a dot probe task with negative-neutral word pairs. Combat-related words and generically negative words were presented in separate blocks. Replicating previous results, neither group showed a bias to attend towards or away from threat, but PTSD patients showed greater attentional bias variability (ABV), which correlated with symptom severity. However, the cognitive processes indexed by ABV are unclear. The present results indicated that ABV was strongly correlated with standard deviation at the reaction time (RT) level and with excessively long RTs (ex-Gaussian tau) related to cognitive failures. These findings suggest an overall increase in response variability unrelated to threat-related biases in spatial attention, and support a disruption in more general cognitive control processes in PTSD.

http://journals.lww.com/practicalpsychiatry/Abstract/2017/11000/Why_Suicide_Risk_Assessment_Still_Matters.8.aspx

Why Suicide Risk Assessment Still Matters.

WORTZEL, HAL S. MD; NAZEM, SARRA PhD; BAHRAINI, NAZANIN H. PhD;
MATARAZZO, BRIDGET B. PsyD

Journal of Psychiatric Practice
November 2017 - Volume 23 - Issue 6 - p 436–440
doi: 10.1097/PRA.0000000000000263

Both public awareness of suicide and professional efforts directed at suicide prevention have increased considerably in recent years. Unfortunately, rates of death by suicide have remained relatively stable over the past decade despite these enhanced efforts. Some have argued that “suicide risk assessment doesn’t work” and have called into question the utility of devoting clinical time and energy to risk assessment. In this column, the authors first present an overview of the argument against suicide risk assessment and the data supporting that argument, followed by an alternate argument as to why suicide risk assessment still matters. When properly performed in concert with patient-centered mental health care, suicide risk assessment and management may add to the therapeutic and recovery-oriented benefits of care, independent of the ability to predict death by suicide.

Veterans’ Offspring’s Personality Traits and the Intergenerational Transmission of Posttraumatic Stress Symptoms.

Jacob Y. Stein, Yafit Levin, Gadi Zerach, Zahava Solomon

Journal of Child and Family Studies
First Online: 10 November 2017
<https://doi.org/10.1007/s10826-017-0951-x>

Following war and war captivity, many combat veterans and former prisoners of war (ex-POWs) may suffer from posttraumatic psychopathologies, and these may be transmitted to their offspring. Though there are considerable individual differences between offspring in this respect, the mechanisms underlying such differences remain unclear. The current longitudinal study examined the role that veterans’ offspring’s Big Five personality traits may play within this intergenerational transmission. One hundred and twenty-three dyads consisting of veterans (79 ex-POWs and 44 combat veterans) and their adult offspring were examined. Fathers’ posttraumatic stress symptoms (PTSS) and global psychiatric distress (GD) were assessed 30 and 35 years after the war, and offspring’s PTSS, GD, and Big Five personality traits were assessed 40 years after the war. Findings indicate that veterans’ psychopathologies were associated with

those of their offspring. Furthermore, analyses revealed significant positive associations between offspring's psychopathologies and their Neuroticism, and negative associations with their Agreeableness and Conscientiousness. Finally, a mediation effect was found wherein the fathers' PTSS and GD were related to their offspring's Neuroticism levels, and the offspring's Neuroticism was related to their PTSS and GD levels. These findings suggest that offspring's personality traits may indeed play a role in the transmission of posttraumatic psychopathologies from veterans to their offspring, and may explain individual differences in this respect. Specifically, high levels of Neuroticism may place offspring at risk for secondary traumatization. Possible explanations and limitations are discussed, and future research directions are suggested.

<http://psycnet.apa.org/record/2017-49948-014>

Mental health treatment-related stigma and professional help seeking among student veterans.

Currier, J. M., McDermott, R. C., & McCormick, W. H.

Psychological Services
14(4), 531-542.
<http://dx.doi.org/10.1037/ser0000129>

Record numbers of military veterans are enrolling at colleges/universities across the United States. Although a substantive subset might suffer from mental health problems, the majority of these students might not be amenable to utilizing services. The purpose of this study was to examine the role of treatment-related stigma in intentions to seek professional help among undergraduate student veterans at a university on the U.S. Gulf Coast. Focusing on 251 veterans and a gender-matched comparison group of 251 nonveterans, student veterans endorsed higher probabilities of seeking care from physicians ($d = .77$) and psychologists or other professionals ($d = .67$). In addition, nonveteran students had greater self-stigma about seeking help ($d = -.27$) but veterans had more negative beliefs about treatment efficacy ($d = 1.07$). When compared with veterans who did not exceed clinical thresholds, those with a probable need for treatment had more stigma ($ds = .63$). Multivariate analyses also revealed an inverse main effect of self-stigma on intentions to seek help from both professional categories. However, military experience differentially moderated associations between treatment-related beliefs and intentions to seek mental health services. Finally, exploratory analyses identified that student veterans were most likely to engage in

therapy/counseling at a Veterans Affairs Medical Center or Clinic, Vet Center, or other noninstitutionally sponsored settings in the community (e.g., private practices, faith-based organizations). Looking ahead, these findings will inform research and the provision of services for addressing the mental health needs of this substantive subpopulation of college students in the United States. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

<http://www.tandfonline.com/doi/abs/10.1080/15402002.2017.1403326?journalCode=hbsm20>

Clinician perceptions related to the use of the CBT-I coach mobile app.

Katherine E Miller, Eric Kuhn, Jason Owen, Katherine Taylor, Jessica Yu, Brandon J Weiss, Jill J Crowley & Mickey Trockel

Behavioral Sleep Medicine

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<http://dx.doi.org/10.1080/15402002.2017.1403326>

Objective:

Clinicians' perceptions of CBT-I Coach, a patient-facing mobile app for cognitive-behavioral therapy for insomnia (CBT-I), are critical to its adoption and integration into practice. Diffusion of innovations theory emphasizes the influence of perceptions, including the relative advantage to current practice; the compatibility to clinician's needs; the complexity; the innovation's trialability; and observability. This study intended to evaluate the use and perceptions of CBT-I Coach among Veterans Affairs (VA)-trained CBT-I clinicians.

Participants and Methods:

Clinicians (N = 108) were surveyed about their use, feedback, and perceptions of CBT-I Coach a year after the app became available.

Results:

Overall perceptions of CBT-I Coach were favorable. Fifty percent of clinicians reported using CBT-I Coach, with 98% intending to continue use. The app was perceived to increase sleep diary completion and homework compliance. Clinicians viewed the app as providing accessibility to helpful tools and improving patient engagement. Of those not using the app, 83% endorsed intention to use it. Reasons for non-use were lack of

patient access to smartphones, not being aware of the app, not having time to learn it, and inability to directly access app data. Those who reported using CBT-I Coach had more favorable perceptions across all constructs ($p < .01$ – $p < .001$), except relative advantage, compared to non-users. Users perceived it as less complex and more compatible with their practice than non-users.

Conclusions:

Continued efforts are needed to increase adoption and enhance use of CBT-I Coach, as well as study if reported benefits can be evidenced more directly.

<http://www.tandfonline.com/doi/abs/10.1080/15504263.2017.1360535>

Increased Depression and Anxiety Symptoms are Associated with More Breakdowns in Cognitive Control to Cocaine Cues in Veterans with Cocaine Use Disorder.

Gregory J. DiGirolamo, Gerardo Gonzalez, David Smelson, Nathan Guevremont, Michael I. Andre, Pooja O. Patnaik & Zachary R. Zaniewski

Journal of Dual Diagnosis

Published online: 09 Nov 2017

<http://dx.doi.org/10.1080/15504263.2017.1360535>

Objective:

Cue-elicited craving is a clinically important aspect of cocaine addiction directly linked to cognitive control breakdowns and relapse to cocaine-taking behavior. However, whether craving drives breakdowns in cognitive control toward cocaine cues in veterans, who experience significantly more co-occurring mood disorders, is unknown. The present study tests whether veterans have breakdowns in cognitive control because of cue-elicited craving or current anxiety or depression symptoms.

Methods:

Twenty-four veterans with cocaine use disorder were cue-exposed, then tested on an antisaccade task in which participants were asked to control their eye movements toward cocaine or neutral cues by looking away from the cue. The relationship among cognitive control breakdowns (as measured by eye errors), cue-induced craving (changes in self-reported craving following cocaine cue exposure), and mood measures (depression and anxiety) was investigated.

Results:

Veterans made significantly more errors toward cocaine cues than neutral cues. Depression and anxiety scores, but not cue-elicited craving, were significantly associated with increased subsequent errors toward cocaine cues for veterans.

Conclusions:

Increased depression and anxiety are specifically related to more cognitive control breakdowns toward cocaine cues in veterans. Depression and anxiety must be considered further in the etiology and treatment of cocaine use disorder in veterans. Furthermore, treating depression and anxiety as well, rather than solely alleviating craving levels, may prove a more effective combined treatment option in veterans with cocaine use disorder.

Links of Interest

After Hurricane, Signs of a Mental Health Crisis Haunt Puerto Rico

<https://www.nytimes.com/2017/11/13/us/puerto-rico-hurricane-maria-mental-health.html>

Back from combat, guardsmen feel slighted by Army medical care

<https://www.militarytimes.com/news/pentagon-congress/2017/11/09/back-from-combat-guardsmen-feel-slighted-by-army-medical-care/>

Pentagon may stop running stateside schools for military children

<https://www.militarytimes.com/newsletters/pay-benefits/2017/11/13/pentagon-may-stop-running-state-side-schools-for-military-children/>

Army lifts ban on waivers for recruits with history of some mental health issues.

<https://www.usatoday.com/story/news/politics/2017/11/12/army-lifts-ban-recruits-history-self-mutilation-other-mental-health-issues/853131001/>

'No changes to standards': Army leaders take control of waiver controversy

<https://www.armytimes.com/news/your-army/2017/11/15/no-changes-to-standards-army-leaders-take-control-of-waiver-controversy/>

Advocates for military caregivers shift focus from awareness to action

<https://www.militarytimes.com/veterans/2017/11/13/advocates-for-military-caregivers-shift-focus-from-awareness-to-action/>

What Doesn't Kill You Changes You: Clinical Considerations for Exploring Posttraumatic Growth

<https://www.pdhealth.mil/news/blog/what-doesnt-kill-you-changes-you-clinical-considerations-exploring-posttraumatic-growth>

Pentagon to pay for surgery for transgender soldier

<https://www.nbcnews.com/news/us-news/pentagon-oks-surgery-transgender-soldier-military-hospital-n820721>

John McCain wants answers from Army on waivers for recruits with history of self-mutilation

<http://www.washingtonexaminer.com/john-mccain-wants-answers-from-army-on-waivers-for-recruits-with-history-of-self-mutilation/article/2640630>

Many military women don't feel valued. Here's a first step for fixing that.

<https://www.washingtonpost.com/news/checkpoint/wp/2017/11/14/many-military-women-dont-feel-valued-heres-a-first-step-for-fixing-that/>

What Vets Want at the End of Life Is Very Different From What Civilians Want

<https://ww2.kqed.org/stateofhealth/2017/11/09/what-vets-want-at-the-end-of-life-is-very-different-from-what-civilians-want/>

Cognitive behavioral therapy for chronic pain—can CBT help fight the opioid epidemic?

<https://medicalxpress.com/news/2017-11-cognitive-behavioral-therapy-chronic-paincan.html>

A Former Soldier Who Found Solace Rehabbing Raptors, Now Helps Other Struggling Veterans

<http://www.audubon.org/magazine/fall-2017/a-former-soldier-who-found-solace-rehabbing-raptors>

How Veterans Can Help Bridge the Civil-Military Divide

<https://www.theatlantic.com/politics/archive/2017/11/how-veterans-can-help-bridge-the-civilian-military-divide/545669/>

Resource of the Week -- Preserving the past: 9 tips on obtaining missing military records (and awards) for you or a loved one (Military Times)

Of the 16 million Americans who served in World War II, it's expected that about a half-million will be alive at the end of 2017.

Many veterans of this and other conflicts will take with them stories of service that can't be replaced. Some will have earned commendations they mentioned only in passing, or ignored out of modesty, or locked away alongside painful memories.

Family members who want to learn more about their relative's service, even those in service themselves, may have limited knowledge when it comes to navigating an archive process that, with a bit of persistence, can provide more than just a few dates and places.

Military Times sought advice from the National Personnel Records Center, as well as in-house expert Doug Sterner, curator of the Military Times Hall of Valor, to provide some basic steps on the path to piecing together a personal history.

Shirl Kennedy
Research Editor
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
240-535-3901