Research Update -- January 18, 2018

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The dissociative post-traumatic stress disorder (PTSD) subtype: A treatment outcome cohort study in veterans with PTSD.

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Objectives
Dissociation is a prevalent phenomenon among veterans with post-traumatic stress disorder (PTSD) that may interfere with the effectiveness of treatment. This study aimed to replicate findings of a dissociative PTSD subtype, to identify corresponding patterns in coping style, symptom type, and symptom severity, and to investigate its impact on post-traumatic symptom improvement.

Methods
Latent profile analysis (LPA) was applied to baseline data from 330 predominantly (97%) male treatment-seeking veterans (mean age 39.5 years) with a probable PTSD. Multinomial logistic models were used to identify predictors of dissociative PTSD. Eighty veterans with PTSD that commenced with psychotherapy were invited for a follow-up measure after 6 months. The majority (n = 64, 80% response rate) completed the follow-up measure. Changes in post-traumatic stress between baseline and follow-up were explored as a continuous distal outcome.

Results
Latent profile analysis revealed four distinct patient profiles: ‘low’ (12.9%), ‘moderate’ (33.2%), ‘severe’ (45.1%), and ‘dissociative’ (8.8%) PTSD. The dissociative PTSD profile was characterized by more severe pathology levels, though not post-traumatic reactions symptom severity. Veterans with dissociative PTSD benefitted equally from PTSD treatment as veterans with non-dissociative PTSD with similar symptom severity.

Conclusions
Within a sample of veterans with PTSD, a subsample of severely dissociative veterans
was identified, characterized by elevated severity levels on pathology dimensions. The dissociative PTSD subtype did not negatively impact PTSD treatment.

Practitioner points

- The present findings confirmed the existence of a distinct subgroup veterans that fit the description of dissociative PTSD.
- Patients with dissociative PTSD subtype symptoms uniquely differed from patients with non-dissociative PTSD in the severity of several psychopathology dimensions.
- Dissociative and non-dissociative PTSD patients with similar post-traumatic severity levels showed similar levels of improvement after PTSD treatment.
- The observational design and small sample size caution interpretation of the treatment outcome data.
- The IES-R questionnaire does not assess all PTSD DSM-IV diagnostic criteria (14 of 17), although it is considered a valid measure for an indication of PTSD.

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Entrapment as a mediator of suicide crises.

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BMC Psychiatry
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Background
Prior research has validated the construct of a suicide crisis syndrome (SCS), a specific psychological state that precedes and may precipitate suicidal behavior. The feeling of entrapment is a central concept of the SCS as well as of several other recent models of suicide. However, its exact relationship with suicidality is not fully understood. In efforts to clarify the exact role of entrapment in the suicidal process, we have examined if entrapment mediates the relationship of other components of the SCS, including ruminative flooding, panic-dissociation, fear of dying and emotional pain, with suicidal ideation (SI) in recently hospitalized psychiatric inpatients.
Methods
The Suicide Crisis Inventory (SCI) and Beck Scale for Suicidal Ideation (BSS) were administered to 200 high-risk adult psychiatric inpatients hospitalized following SI or suicide attempt, assessing SCS and SI levels at admission, respectively. The possible mediation effects of entrapment on the relationship between the other components of the SCS and SI at admission were evaluated.

Results
Entrapment significantly and fully mediated the relationship of ruminative flooding, panic-dissociation, and fear of dying with SI, with no direct relationships between these variables and SI reaching statistical significance. Further, no reverse mediation relationships between these variables and SI were found, indicating that the mediation effects of entrapment were unidirectional. While entrapment did mediate the association between emotional pain and SI, the direct relationship between emotional pain and SI was also significant. Moreover, in reverse mediational analysis, emotional pain was a partial mediator of the relationship between entrapment and SI.

Conclusion
Entrapment and emotional pain may have a more direct association with SI than the other components of the SCS, including ruminative flooding, panic-dissociation, and fear of dying, the effects of which are mediated by the former. This suggests entrapment and emotional pain may represent key symptomatic targets for intervention in acutely suicidal individuals. Further research is needed to determine the relationship of these constructs to suicidal behavior.


Examining the latent structure mechanisms for comorbid posttraumatic stress disorder and major depressive disorder.

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Journal of Affective Disorders
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Background
Posttraumatic stress disorder (PTSD) is a complex psychiatric illness that can be difficult to diagnose, due in part to its comorbidity with major depressive disorder (MDD). Given that researchers have found no difference in prevalence rates of PTSD and MDD after accounting for overlapping symptoms, the latent structures of PTSD and MDD may account for the high comorbidity. In particular, the PTSD Negative Alterations in Cognition and Mood (NACM) and Hyperarousal factors have been characterized as non-specific to PTSD. Therefore, we compared the factor structures of the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) PTSD and MDD and examined the mediating role of the PTSD NACM and Hyperarousal factors on the relationship between MDD and PTSD symptom severity.

Methods
Participants included 598 trauma-exposed veterans (Mage = 48.39, 89% male) who completed symptom self-report measures of DSM-5 PTSD and MDD.

Results
Confirmatory factor analyses indicated an adequate-fitting four-factor DSM-5 PTSD model and two-factor MDD model. Compared to other PTSD factors, the PTSD NACM factor had the strongest relationship with the MDD Affective factor, and the PTSD NACM and Hyperarousal factors had the strongest association with the MDD Somatic factor. Further, the PTSD NACM factor explained the relationship between MDD factors and PTSD symptom severity. More Affective and Somatic depression was related to more NACM symptoms, which in turn were related to increased severity of PTSD.

Limitations
Limitations include the reliance on self-report measures and the use of a treatment-seeking, trauma-exposed veteran sample which may not generalize to other populations.

Conclusions
Implications concerning the shared somatic complaints and psychological distress in the comorbidity of PTSD and MDD are discussed.


The therapeutic effects of Cannabis and cannabinoids: An update from the National Academies of Sciences, Engineering and Medicine report.
The National Academies of Sciences, Engineering and Medicine conducted a rapid turn-around comprehensive review of recent medical literature on The Health Effects of Cannabis and Cannabinoids. The 16-member committee adopted the key features of a systematic review process, conducting an extensive search of relevant databases and considered 10,000 recent abstracts to determine their relevance. Primacy was given to recently published systematic reviews and primary research that studied one of the committee's 11 prioritized health endpoints—therapeutic effects; cancer incidence; cardiometabolic risk; respiratory disease; immune function; injury and death; prenatal, perinatal and postnatal outcomes; psychosocial outcomes; mental health; problem Cannabis use; and Cannabis use and abuse of other substances. The committee developed standard language to categorize the weight of evidence regarding whether Cannabis or cannabinoids use for therapeutic purposes are an effective or ineffective treatment for the prioritized health endpoints of interest. In the Therapeutics chapter reviewed here, the report concluded that there was conclusive or substantial evidence that Cannabis or cannabinoids are effective for the treatment of pain in adults; chemotherapy-induced nausea and vomiting and spasticity associated with multiple sclerosis. Moderate evidence was found for secondary sleep disturbances. The evidence supporting improvement in appetite, Tourette syndrome, anxiety, posttraumatic stress disorder, cancer, irritable bowel syndrome, epilepsy and a variety of neurodegenerative disorders was described as limited, insufficient or absent. A chapter of the NASEM report enumerated multiple barriers to conducting research on Cannabis in the US that may explain the paucity of positive therapeutic benefits in the published literature to date.


The Effect of Physical Activity on PTSD.

Lauren M. Oppizzi & Reba Umberger
Although physical activity (PA) is known to reduce anxiety and depression, less is known about the effects of PA on post-traumatic stress disorder (PTSD). The author examined the state of the science regarding the effect of PA on PTSD. Three themes emerged: PA characteristics, added benefits of PA as a PTSD intervention, and theories on the method of action. Physical activity seems to be an effective adjunct therapy to reduce PTSD symptom severity. Findings are inconsistent between observational and controlled studies. More research is needed to identify the most effective type, dose, and duration of exercise.


Current and Military-Specific Gender Minority Stress Factors and Their Relationship with Suicide Ideation in Transgender Veterans.

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Suicide and Life-Threatening Behavior
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Research suggests the prevalence of suicide ideation and suicide attempts in the transgender veteran community may be upwards of 20 times higher than nontransgender veterans, who are known to be at increased risk than the general US population. This study aimed to understand the potential influence of external and internal minority stress experienced during and after military service on past-year and recent suicide ideation in a sample of 201 transgender veterans. Nonparametric bootstrapping analyses indicated past-year transgender-specific discrimination and rejection (external minority stress) indirectly predicted frequency of both past-year and past 2-week suicide ideation through past-year shame related to gender identity (internal minority stress). This result was significant when controlling for symptoms of depression and demographics. Similar patterns emerged when examining relationships among military external and internal minority stress on suicide outcomes. These results suggest that attempts to reduce both the experience and impact of minority stressors
related to gender identity during and after military service may be an important avenue for suicide prevention.


The Use of Telemental Health to Meet the Mental Health Needs of Women Using Department of Veterans Affairs Services.

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Women's Health Issues
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https://doi.org/10.1016/j.whi.2017.12.005

Background
Women veterans are a growing segment of Department of Veterans Affairs (VA) users with distinct mental health needs and well-documented barriers to care. Telemental health holds much promise for reducing barriers to mental health care. We assessed VA stakeholders' perceptions of telemental health's appropriateness and potential to address the mental health needs of women veteran VA users.

Methods
We conducted semistructured qualitative interviews with 40 key leadership and clinical stakeholders at VA medical centers and associated outpatient clinics. Transcripts were summarized in a template of key domains developed based on the interview guide, and coded for topics relevant to women's mental health needs and telehealth services.

Results
Telemental health was perceived to increase access to mental health care, including same-gender care and access to providers with specialized training, especially for rural women and those with other limiting circumstances. Respondents saw women veterans as being particularly poised to benefit from telemental health, owing to responsibilities associated with childcare, spousal care, and elder caregiving. Interviewees expressed enthusiasm for telemental health's potential and were eager to expand services, including women-only mental health groups. Implementation challenges were also noted.
Conclusions
Overall, our stakeholders saw telemental health as a good fit for helping to address the perceived needs of women veterans, especially in addressing the geographical barriers experienced by rural women and those with a limited ability to travel. These findings can help to inform gender-tailored expansion of telemental health within and outside of the VA.


27 Ways to Meet PTSD: Using the PTSD-Checklist for DSM-5 to Examine PTSD Core Criteria.


Psychiatry Research
Available online 11 January 2018
https://doi.org/10.1016/j.psychres.2018.01.021

Posttraumatic stress disorder (PTSD) has been criticized for including symptoms that substantially overlap with other depression and anxiety disorders. To address this concern, Brewin and colleagues (2009) reformulated the diagnosis around a core symptom set. Although several studies have examined the utility of the core criteria in predicting diagnostic status, none have done so using a self-report screening instrument. The sample included 617 veterans presenting for outpatient psychological services. As a part of the intake process, veterans completed the PTSD Checklist for DSM-5 (PCL-5) and were assessed using the Clinician Administered PTSD Scale for DSM-5 (CAPS-5). Veterans meeting core criteria on the PCL-5 were over 22 times more likely to meet PCL-5 diagnosed PTSD than veterans who met the core criteria on the PCL-5 but did not meet PCL-5 diagnosed PTSD (OR = 22.94; CI [12.76, 41.25]). Further, veterans who met core criteria on the PCL-5 were over 2 times more likely (OR = 2.34; 95.0% CI [1.53, 3.59]) to meet CAPS-5 diagnosed PTSD than veterans who met the core criteria on the PCL-5 but did not meet CAPS-5 diagnosed PTSD. Findings from the current study have implications for the assessment and classification of PTSD.
Adoption, penetration, and effectiveness of a secondary risk screener for intimate partner violence: Evidence to inform screening practices in integrated care settings.

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General Hospital Psychiatry
Available online 10 January 2018
https://doi.org/10.1016/j.genhosppsych.2018.01.002

Objective
Veterans Health Administration (VHA) has implemented screening for past-year intimate partner violence (IPV) in some healthcare facilities along with secondary screening of risk for severe violence among those screening positive in order to facilitate follow-up care for high-risk patients. We evaluated the adoption, penetration, and effectiveness of secondary screening as a tool to facilitate timely follow-up services.

Methods
Retrospective review of medical records (screening and healthcare use) of 774 women screening positive for past-year IPV (IPV+) at 11 facilities nationwide from April 2014–April 2016. Chi-square and t-tests examined factors related to secondary screening.

Results
Three of eleven (27.3%) facilities that implemented primary IPV screening adopted secondary screening. At adopting sites, 56.4% eligible (i.e., IPV+) women received secondary screening. Among 185 IPV+ women who completed secondary screening, 33.0% screened positive for severe IPV. Screening positive during secondary screening was associated with higher rate of psychosocial care within 60 days (73.8% vs. 54.0% of IPV+ patients screening negative; p < .05), posttraumatic stress disorder diagnosis (31.1% vs. 15.3%; p < .05), and being physically threatened or harmed (>50% vs. <15%; p < .001).

Conclusions
Secondary risk assessment following IPV screening may expedite access to psychosocial follow-up care in integrated healthcare settings. However, program uptake needs to be enhanced.
First, Do No Harm: Referring Primary Care Patients with Depression to an Internet Support Group.

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Telemedicine and e-Health
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Background:
Internet Support Groups (ISGs) offer people easy access to information regarding depression as well as support from others who are either currently suffering from depression or have previously suffered from depression. The safety and efficacy of ISGs for people with depression have not been thoroughly studied.

Introduction:
The safety and helpfulness of a depression ISG were assessed by analyzing pre- and postintervention depressive symptoms, other psychological outcomes, and participant ratings of helpfulness.

Materials and Methods:
Participants were recruited through self-referral from six primary care offices. Participants were given access to a depression ISG and participated in an ISG for 6 weeks.

Results:
Thirty-four (n = 34) participants enrolled in the study (mean age = 32.53, standard deviation [SD] = 16.10). Depressive symptoms approached significance for decreasing over time and self-efficacy increased over time. No self-harm occurred over the course of the study, but two participants developed self-harm ideation. Ratings of ISG helpfulness were mixed.

Discussion: Primary care patients participating in depression ISGs reported few adverse experiences directly related to the ISG. Depressive symptoms and self-efficacy have beneficial findings while ratings of helpfulness were mixed.
Conclusions: Primary care patients can benefit from the use of an ISG. This could be particularly pertinent to people in rural settings where mental health resources are not as available. An ISG offers a low-cost and easily accessible resource for primary care patients with depression.

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Links of Interest

VA publicly posts opioid prescription rates for all facilities

Air Force nurse refused to provide contraception to patients on religious grounds

Dog teaches Vietnam veteran to love again

Sailors must 'be able to handle fatigue,' top admiral says

The sobering reality of one drink too many

Providers: Help Service Members Stay in Mental Health Treatment Across Settings With Free DoD Program

Eight transgender volunteers apply to join the Air Force after courts ordered policy change

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Resource of the Week: Department of Veterans Affairs Opioid Prescribing Data

In keeping with the Department of Veterans Affairs' effort to be the most transparent agency in government, VA will begin posting information publicly on opioids dispensed from VA pharmacies, along with VA’s strategies to prescribe these pain medications appropriately and safely.

The interactive map shows data over a five-year period (2012-2017) and does not include Veterans’ personal information. The posted information shows opioid-dispensing rates for each facility and how much those rates have decreased over time. It is important to note that because the needs and conditions of Veterans may be different at each facility, the rates of the use of opioids may also be different for that reason, and cannot be compared directly.

The prescribing rate information will be updated semi-annually, on January 15 and July 15 of each year.

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