

CDP



Research Update -- February 22, 2018

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[http://www.jad-journal.com/article/S0165-0327\(17\)32228-0/fulltext](http://www.jad-journal.com/article/S0165-0327(17)32228-0/fulltext)

Exploring cross-lagged associations between spiritual struggles and risk for suicidal behavior in a community sample of military veterans.

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Journal of Affective Disorders

April 1, 2018, Volume 230, Pages 93–100

DOI: <https://doi.org/10.1016/j.jad.2018.01.009>

Highlights

- Nearly one-third of military veterans reported at least one spiritual struggle in the study.
- Spiritual struggles were positively associated with suicide ideation and likelihood of attempt.
- Primary Struggles Model provided the best-fitting solution for veterans' responses.

- Struggles with ultimate meaning emerged as a particularly salient risk factor for attempting suicide.

Abstract

Background

There is consensus that struggles with religious faith and/or spirituality likely contribute to risk for suicidal behavior in military populations. However, a lack of longitudinal information has limited the ability to clarify the temporal associations between these variables.

Methods

This study examined cross-lagged associations between key types of spiritual struggles (divine, morality, ultimate meaning, interpersonal relations, and doubting) and indices of risk for suicidal behavior (suicidal ideation and probability of future attempt) in a community sample of veterans who completed assessments spaced apart by six months.

Results

Greater severity of all forms of spiritual struggles was generally concurrently associated with indices of suicidal behavior at both time points. Of the possible models for predicting suicide risk, structural equation modeling analyses revealed that a cross-lagged option with spiritual struggles predicting risk provided the best-fitting solution for veterans' responses on study measures. In addition to PTSD and MDD symptomatology, issues with ultimate meaning at Time 1 were uniquely predictive of veterans' perceived likelihood of making a suicide attempt beyond the second assessment, after accounting for autoregressive effects and other variables in this model.

Limitations

This sample was recruited from a single geographic region with disproportionate ties to Christian religious traditions. In addition, reliance on self-report instrumentation potentially limited the accuracy of gauging suicide risk in some cases.

Conclusions

Findings highlight the prognostic value of spiritually integrated models for assessing suicide risk in military veterans that account for mental health conditions along with possible expressions of suffering in the spiritual domain.

[http://www.jad-journal.com/article/S0165-0327\(17\)32067-0/fulltext](http://www.jad-journal.com/article/S0165-0327(17)32067-0/fulltext)

Loneliness is closely associated with depression outcomes and suicidal ideation among military veterans in primary care.

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Journal of Affective Disorders

April 1, 2018, Volume 230, Pages 42–49

DOI: <https://doi.org/10.1016/j.jad.2018.01.003>

Highlights

- Social connectedness is correlated with multiple depression outcomes.
- Loneliness may be the most important marker of social connectedness.
- Social connectedness does not appear to be correlated with medication adherence.

Abstract

Background

Although the substantial influence of social relationships on health is well-known, studies that concurrently examine the influence of varying dimensions of social connectedness on major depression are more limited. This study's aim was to determine to what degree several facets of social connectedness (number of confidants, social support, interpersonal conflict, social norms, and loneliness) are correlated with depression-related outcomes.

Methods

Participants were primary care patients (n = 301) with probable major depression at a Veterans Health Administration hospital and its satellite clinics. Social connectedness was primarily measured using multi-item instruments from the NIH Toolbox of Adult Social Relationship Scales. Primary outcomes were clinical symptoms (depression and suicidal ideation) and secondary outcomes were self-reported health-related behaviors (medication adherence, patient activation, and help-seeking intentions).

Results

In multivariate models adjusting for potential confounders and other facets of connectedness, loneliness was associated with higher levels of depression and suicidal ideation, as well as lower patient activation and help-seeking intentions. Social support and social norms about depression treatment were each associated with higher patient

activation and help-seeking intentions. Social connectedness was not associated with medication adherence.

Limitations

The limitations of this study are primarily related to its cross-sectional survey design and study population.

Conclusions

Multiple aspects of social connectedness are associated with depression outcomes among military veterans with depression. Loneliness may represent the most important component of connectedness, as it is associated with depression severity, suicidality, and health-related behaviors.

<http://www.nejm.org/doi/full/10.1056/NEJMoa1507598>

Trial of Prazosin for Post-Traumatic Stress Disorder in Military Veterans.

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New England Journal of Medicine
February 8, 2018, 378:507-517
DOI: 10.1056/NEJMoa1507598

BACKGROUND

In randomized trials, prazosin, an α 1-adrenoreceptor antagonist, has been effective in alleviating nightmares associated with post-traumatic stress disorder (PTSD) in military veterans.

METHODS

We recruited veterans from 13 Department of Veterans Affairs medical centers who had chronic PTSD and reported frequent nightmares. Participants were randomly assigned to receive prazosin or placebo for 26 weeks; the drug or placebo was administered in escalating divided doses over the course of 5 weeks to a daily maximum of 20 mg in

men and 12 mg in women. After week 10, participants continued to receive prazosin or placebo in a double-blind fashion for an additional 16 weeks. The three primary outcome measures were the change in score from baseline to 10 weeks on the Clinician-Administered PTSD Scale (CAPS) item B2 ("recurrent distressing dreams"; scores range from 0 to 8, with higher scores indicating more frequent and more distressing dreams); the change in score from baseline to 10 weeks on the Pittsburgh Sleep Quality Index (PSQI; scores range from 0 to 21, with higher scores indicating worse sleep quality); and the Clinical Global Impression of Change (CGIC) score at 10 weeks (scores range from 1 to 7, with lower scores indicating greater improvement and a score of 4 indicating no change).

RESULTS

A total of 304 participants underwent randomization; 152 were assigned to prazosin, and 152 to placebo. At 10 weeks, there were no significant differences between the prazosin group and the placebo group in the mean change from baseline in the CAPS item B2 score (between-group difference, 0.2; 95% confidence interval [CI], -0.3 to 0.8; $P=0.38$), in the mean change in PSQI score (between-group difference, 0.1; 95% CI, -0.9 to 1.1; $P=0.80$), or in the CGIC score (between-group difference, 0; 95% CI, -0.3 to 0.3; $P=0.96$). There were no significant differences in these measures at 26 weeks (a secondary outcome) or in other secondary outcomes. At 10 weeks, the mean difference between the prazosin group and the placebo group in the change from baseline in supine systolic blood pressure was a decrease of 6.7 mm Hg. The adverse event of new or worsening suicidal ideation occurred in 8% of the participants assigned to prazosin versus 15% of those assigned to placebo.

CONCLUSIONS

In this trial involving military veterans who had chronic PTSD, prazosin did not alleviate distressing dreams or improve sleep quality. (Funded by the Department of Veterans Affairs Cooperative Studies Program; PACT ClinicalTrials.gov number, NCT00532493.)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5799885/>

Use of Acupuncture in the United States Military Healthcare System.

Med Acupunct. 2018 Feb 1; 30(1): 33–38.

Published online 2018 Feb 1. doi: 10.1089/acu.2017.1260

Objectives:

The Military Healthcare System (MHS) shows increasing interest in acupuncture as an

alternative to opioids for pain control. However, specific factors associated with this procedure in the MHS are not well-described in literature. This study examines usage within the MHS to determine patterns among the diagnoses, provider types, and facilities associated with acupuncture.

Materials and Methods:

Acupuncture-treated patients were identified from TRICARE claims data in the MHS Data Repository as having at least one acupuncture treatment in fiscal year (FY) 2014. Bivariate analysis was performed to determine demographics, diagnoses, and number of visits, for both active-duty and nonactive-duty personnel. Descriptive statistics were used to show associated provider and facility types.

Results:

A total of 15,761 people received acupuncture in the MHS in FY 2014. Use of acupuncture was greater for Army service, white race, and senior enlisted rank overall, and for males ages 26–35 among active-duty and females ages 46–64 among nonactive-duty beneficiaries. A cumulative 76% of diagnoses were for musculoskeletal or nerve and system issues. Approximately 60% of patients received acupuncture from physicians, 16% from physical therapists or chiropractors, and 9.7% from physician extenders. Specific acupuncture techniques (traditional, auricular, etc.) could not be determined from the data set.

Conclusions:

The most common diagnoses associated with acupuncture are consistent with pain management. However, full analysis is hampered by inconsistent coding and lack of granularity regarding specific techniques. Given the popularity of acupuncture in the MHS, further research is necessary to explore the full scope of this intervention.

<https://link.springer.com/article/10.1007/s10899-018-9749-z>

Gambling Disorder in Veterans: A Review of the Literature and Implications for Future Research.

Lauren Levy, J. Kathleen Tracy

Journal of Gambling Studies

First Online: 09 February 2018

DOI <https://doi.org/10.1007/s10899-018-9749-z>

To review the scientific literature examining gambling behavior in military veterans in order to summarize factors associated with gambling behavior in this population. Database searches were employed to identify articles specifically examining gambling behavior in military veterans. Cumulative search results identified 52 articles (1983–2017) examining gambling behavior in veteran populations. Articles generally fell into one or more of the following categories: prevalence, psychological profiles and psychiatric comorbidities, treatment evaluations, measurement, and genetic contributions to gambling disorder. Results from reviewed articles are presented and implications for future research discussed. Research to date has provided an excellent foundation to inform potential screening, intervention and research activities going forward. The authors suggest that a public health approach to future research endeavors would strengthen the evidence base regarding gambling in veteran populations and better inform strategies for screening, prevention and treatment.

<https://www.sciencedirect.com/science/article/pii/S0005789417301235>

Evaluating the Effectiveness of Safety Plans for Military Veterans: Do Safety Plans Tailored to Veteran Characteristics Decrease Suicide Risk?

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Behavior Therapy

Available online 22 November 2017

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

Highlights

- Generally, Safety Plans were of poor quality (incomplete, not personally relevant).
- More personally relevant Safety Plans may reduce future suicide-related outcomes.
- Identifying people/places that serve as distractions is a particularly important.
- Results highlight the need for training around Safety Plan implementation at VA.

Abstract

In response to high suicide rates among veterans, the Department of Veterans Affairs (VA) has mandated that veterans at risk for suicide be given Safety Plans (SP).

Research on the efficacy of SPs, however, is unclear and no prior study has examined the degree to which more personally relevant (i.e., higher quality) SPs may be associated with better outcomes or evaluate which components of SPs may be most effective at reducing suicidal behavior. The goal of the present study was to examine whether more personally relevant (i.e., higher quality) SPs reduce future suicide-related outcomes (psychiatric hospitalization, self-harm, and suicide attempts), and to determine which components of a SP may be most effective at reducing these outcomes. Participants were 68 individuals enrolled in a longitudinal national registry of returning military veterans receiving care from the VA, and who had at least one suicide-related event in the VA Suicide Prevention Applications Network. Data were collected between December 2009 and September 2016 and were analyzed between March 2016 and February 2017. Scores of SP quality were used to predict suicide-related outcomes. SP quality was low. Higher SP quality scores predicted a decreased likelihood of future suicide behavior reports (note entered into veteran's chart after a report of any self-harm behavior, including a suicide attempt). Higher scores on Step 3 (people and places that serve as distractions) predicted a decreased likelihood of future suicide behavior reports. More personally relevant SPs may reduce future suicide-related outcomes among veterans. Low SP quality scores highlight the need for training around SP implementation in the VA.

<http://jramc.bmj.com/content/early/2018/02/12/jramc-2017-000821>

Systematic review of caregiver burden in spouses and partners providing informal care to wounded, injured or sick (WIS) military personnel.

Thandi G, Harden L, Cole L, et. al.

Journal of the Royal Army Medical Corps
Published Online First: 12 February 2018
doi: 10.1136/jramc-2017-000821

Introduction For the purposes of this review, caregivers are individuals who provide care that is typically unpaid and usually takes place at home. This systematic review aims to identify burden among spouses/partners caring for wounded, injured or sick military personnel and the factors associated with caregiver burden.

Methods A systematic review was undertaken using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses reporting guidelines. Five electronic databases

and relevant websites were searched. Two reviewers appraised the quality of the studies and carried out data extraction.

Results Ten original papers were identified, of which eight were quantitative studies and two were qualitative. These papers highlighted the potential negative impact caregiving can have on spouses/partners and also some of the positive aspects of caring that can strengthen intimate relationships.

Conclusions Caring for an injured or ill military spouse or partner is a difficult task, compounded by the complexity of dealing with potentially both their physical and mental health problems. However, research has also identified some positive aspects of caring that can strengthen intimate relationships.

<http://www.nber.org/papers/w24300>

Making Big Changes: The Impact of Moves on Marriage among U.S. Army Personnel.

Susan Payne Carter, Abigail Wozniak

NBER Working Paper No. 24300

Issued in February 2018

We use exogenously determined, long-distance relocations of U.S. Army soldiers to investigate the impact of moving on marriage. We find that marriage rates increase sharply around the time of a move in an event study analysis. Reduced form exposure analysis reveals that an additional move over a five year period increases the likelihood of marriage by 14 percent. Moves increase childbearing by a similar magnitude, suggesting that marriages induced by a move are formed with long-term intentions. These findings are consistent with a model where the marriage decision is costly and relocation lowers the costs to making this decision. Our results have implications for understanding how people make major life decisions such as marriage, as well as the cost of migration.

<http://bmjopen.bmj.com/content/8/2/e016086>

Meta-analysis of self-reported health symptoms in 1990–1991 Gulf War and Gulf War-era veterans.

Maule AL, Janulewicz PA, Sullivan KA, et. al.

BMJ Open

2018;8:e016086

doi: 10.1136/bmjopen-2017-016086

Objectives Across diverse groups of Gulf War (GW) veterans, reports of musculoskeletal pain, cognitive dysfunction, unexplained fatigue, chronic diarrhoea, rashes and respiratory problems are common. GW illness is a condition resulting from GW service in veterans who report a combination of these symptoms. This study integrated the GW literature using meta-analytical methods to characterise the most frequently reported symptoms occurring among veterans who deployed to the 1990–1991 GW and to better understand the magnitude of ill health among GW-deployed veterans compared with non-deployed GW-era veterans.

Design

Meta-analysis.

Methods

Literature databases were searched for peer-reviewed studies published from January 1990 to May 2017 reporting health symptom frequencies in GW-deployed veterans and GW-era control veterans. Self-reported health symptom data were extracted from 21 published studies. A binomial-normal meta-analytical model was used to determine pooled prevalence of individual symptoms in GW-deployed veterans and GW-era control veterans and to calculate combined ORs of health symptoms comparing GW-deployed veterans and GW-era control veterans.

Results

GW-deployed veterans had higher odds of reporting all 56 analysed symptoms compared with GW-era controls. Odds of reporting irritability (OR 3.21, 95% CI 2.28 to 4.52), feeling detached (OR 3.59, 95% CI 1.83 to 7.03), muscle weakness (OR 3.19, 95% CI 2.73 to 3.74), diarrhoea (OR 3.24, 95% CI 2.51 to 4.17) and rash (OR 3.18, 95% CI 2.47 to 4.09) were more than three times higher among GW-deployed veterans compared with GW-era controls.

Conclusions

The higher odds of reporting mood-cognition, fatigue, musculoskeletal, gastrointestinal and dermatological symptoms among GW-deployed veterans compared with GW-era controls indicates these symptoms are important when assessing GW veteran health status.

<http://onlinelibrary.wiley.com/doi/10.1111/wvn.12274/full>

Complexity of the Relationships of Pain, Posttraumatic Stress, and Depression in Combat-Injured Populations: An Integrative Review to Inform Evidence-Based Practice.

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World Views on Evidence-Based Nursing

Version of Record online: 14 FEB 2018

DOI: 10.1111/wvn.12274

Background

Understanding the complex interrelationships between combat injuries, physical health, and mental health symptoms is critical to addressing the healthcare needs of wounded military personnel and veterans. The relationship between injury characteristics, pain, posttraumatic stress disorder (PTSD), and depression among combat-injured military personnel is unique to modern conflicts and understudied in the nursing literature.

Aim

This integrative review synthesizes clinical presentations and relationships of combat injury, PTSD, depression, and pain in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) United States military service members and veterans.

Methods

A literature search was conducted using relative key terms across databases to identify peer-reviewed publications between 2001 and 2016 that examined health outcomes of combat-injured persons in OEF and OIF. The quality of evidence was evaluated and results synthesized to examine the association of combat injury as a risk factor for PTSD, the relationship of PTSD and depression pre- and postinjury, and pain management throughout care.

Results

Twenty-two articles were included in this review. Greater injury and pain severity poses risks for developing PTSD following combat injury, while early symptom management lessens risks for PTSD. Depression appears to be both a contributing risk factor to postinjury PTSD, as well as a comorbidity.

Linking Evidence to Action

Findings demonstrate a compelling need for improvements in standardized assessment of pain and mental health symptoms across transitions in care. This integrative review informs nurse researchers and providers of the clinical characteristics of pain, PTSD, and depression following combat injury and offers implications for future research promoting optimal surveillance of symptoms.

<https://link.springer.com/article/10.1007/s11136-018-1806-7>

Health-related quality of life among US military personnel injured in combat: findings from the Wounded Warrior Recovery Project.

Susan I. Woodruff, Michael R. Galarneau, Cameron T. McCabe, Daniel I. Sack, Mary C. Clouser

Quality of Life Research

First Online: 15 February 2018

DOI <https://doi.org/10.1007/s11136-018-1806-7>

Purpose

Little is known about the long-term, health-related quality of life (HRQOL) of those wounded in combat during Operations Enduring Freedom, Iraqi Freedom, and New Dawn. The present study described the overall HRQOL for a large group of US service members experiencing mild-to-severe combat-related injuries, and assessed the unique contribution of demographics, service- and injury-related characteristics, and mental health factors on long-term HRQOL.

Method

The Wounded Warrior Recovery Project examines patient-reported outcomes in a cohort of US military personnel wounded in combat. Participants were identified from the Expeditionary Medical Encounter Database, a US Navy-maintained deployment

health database, and invited to complete a web-based survey. At the time of this study, 3245 service members consented and completed the survey. Hierarchical linear regression analyses were conducted to assess the unique contribution of each set of antecedents on HRQOL scores.

Results

HRQOL was uniquely associated with a number of demographics, and service- and injury-related characteristics. Nevertheless, screening positive for posttraumatic stress disorder ($B = -.09$; $P < .001$), depression ($B = -.10$; $P < .001$), or both as a set ($B = -.19$; $P < .001$) were the strongest predictors of lower long-term HRQOL.

Conclusions

Postinjury HRQOL among service members wounded in combat was associated with service and injury experience, and demographic factors, but was most strongly linked with current mental health status. These findings underscore the significance of mental health issues long after injury. Further, findings reinforce that long-term mental health screening, services, and treatment are needed for those injured in combat.

<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-018-1590-5>

Factors associated with persistent posttraumatic stress disorder among U.S. military service members and veterans.

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BMC Psychiatry

Published: 17 February 2018

<https://doi.org/10.1186/s12888-018-1590-5>

Background

Posttraumatic stress disorder (PTSD) can have long-term and far-reaching impacts on health and social and occupational functioning. This study examined factors associated with persistent PTSD among U.S. service members and veterans.

Methods

Using baseline and follow-up (2001–2013) questionnaire data collected approximately every 3 years from the Millennium Cohort Study, multivariable logistic regression was

conducted to determine factors associated with persistent PTSD. Participants included those who screened positive for PTSD using the PTSD Checklist–Civilian Version at baseline (N = 2409). Participants were classified as having remitted or persistent PTSD based on screening negative or positive, respectively, at follow-up.

Results

Almost half of participants (N = 1132; 47%) met criteria for persistent PTSD at the first follow-up; of those, 804 (71%) also screened positive for PTSD at the second follow-up. Multiple factors were independently associated with persistent PTSD in an adjusted model at the first follow-up, including older age, deployment with high combat exposure, enlisted rank, initial PTSD severity, depression, history of physical assault, disabling injury/illness, and somatic symptoms. Among those with persistent PTSD at the first follow-up, additional factors of less sleep, separation from the military, and lack of social support were associated with persistent PTSD at the second follow-up.

Conclusions

Combat experiences and PTSD severity were the most salient risk factors for persistent PTSD. Comorbid conditions, including injury/illness, somatic symptoms, and sleep problems, also played a significant role and should be addressed during treatment. The high percentage of participants with persistent PTSD supports the need for more comprehensive and accessible treatment, especially after separation from the military.

[http://www.jpain.org/article/S1526-5900\(17\)31014-3/abstract](http://www.jpain.org/article/S1526-5900(17)31014-3/abstract)

Clinical profiles of cannabis use in individuals with chronic pain: A CHOIR study.

J. Sturgeon, J. Hah, H. Hilmoe, D. Abrams, S. Mackey, M. Ware

Journal of Pain

March 2018; Volume 19, Issue 3, Supplement, Page S82

DOI: <https://doi.org/10.1016/j.jpain.2017.12.198>

Despite evidence of analgesic benefits of cannabis, there remains a relative scarcity of research on the short- and long-term effects of cannabis use in individuals with chronic pain. The current study utilized data from a large cohort of patients of a tertiary care pain clinic to characterize differences in pain and indicators of psychological and physical function according to self-reported, concurrent cannabis use. The study sample consisted of 7026 new patient visits drawn from the Collaborative Health Outcomes

Information Registry (CHOIR); of these, 797 patients with at least 2 follow-up time points within 180 days were included in a propensity score-matched longitudinal analysis.

<https://www.sciencedirect.com/science/article/pii/S0022395617313109>

Trauma related guilt cognitions partially mediate the relationship between PTSD symptom severity and functioning among returning combat veterans.

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Journal of Psychiatric Research

Available online 16 February 2018

<https://doi.org/10.1016/j.jpsychires.2018.02.003>

Trauma related guilt, a distressing emotion associated with negative cognitions regarding one's actions or inaction during a traumatic event, is common among individuals with posttraumatic stress disorder (PTSD). We hypothesized that trauma related guilt cognitions would partially explain the relationship between PTSD symptom severity and functioning. The sample consisted of 254 combat veterans or active duty military personnel who served in Operation Enduring Freedom, Operation Iraqi Freedom or Operation New Dawn (OEF/OIF/OND) who consented to participate in a larger PTSD treatment study. Results revealed a significant relationship between PTSD severity and guilt cognitions (standardized $\beta = 0.40$), as well as PTSD and overall functioning ($\beta = 0.49$). Guilt cognitions (β 's = 0.13 to 0.32) were significantly associated with nearly all domains of functioning, including overall functioning ($\beta = 0.27$), and partially explained the relationship between PTSD and functioning. This study lends support to the addition of guilt as a symptom of PTSD in the DSM-5 as it contributes significantly to functional impairment even when accounting for other symptoms of PTSD, although co-occurring mental health problems may also contribute to functional impairments associated with PTSD. Future studies are needed to investigate whether reductions in traumatic guilt are related to improved functional outcomes in PTSD treatments.

<http://www.tandfonline.com/doi/abs/10.1080/00952990.2018.1430149>

The impact of PTSD clusters on cannabis use in a racially diverse trauma-exposed sample: An analysis from ecological momentary assessment.

Julia D. Buckner, Emily R. Jeffries, Ross D. Crosby, Michael J. Zvolensky, Courtenay E. Cavanaugh & Stephen A. Wonderlich

The American Journal of Drug and Alcohol Abuse

Published online: 14 Feb 2018

<https://doi.org/10.1080/00952990.2018.1430149>

Background:

Accumulating evidence indicates a link between post-traumatic stress disorder (PTSD) and cannabis use and suggests that this link may vary as a function of the PTSD symptom cluster type. Consistent with negative reinforcement models of substance use, individuals with elevated Cluster D (Hyperarousal) symptoms may be more likely to use cannabis in response to elevated state anxiety and experience decreases in state anxiety after using cannabis.

Objectives:

We aimed to test hypotheses that the interaction of Cluster D and state anxiety would be related to subsequent cannabis use and that those with elevated Cluster D symptoms who used cannabis would report the greatest decreases in state anxiety. To test the specificity, we tested whether Clusters B (re-experiencing) and C (avoidance) showed similar relationships.

Methods:

The present study used ecological momentary assessment to examine cannabis use among 87 cannabis-using individuals with PTSD symptoms (64.4% male, 56.3% non-Hispanic Caucasian). State anxiety and cannabis use were assessed over the two-week period via signal contingent (six random prompts per day), interval contingent (each bedtime), and event contingent (cannabis use episodes) assessments.

Results:

Consistent with negative reinforcement models, participants with clinically significant Cluster D symptoms with elevated state anxiety had a greater likelihood of subsequent cannabis use and cannabis use resulted in less subsequent anxiety. The negative reinforcement hypothesis was only partially supported for those with Cluster B and C symptoms.

Conclusions:

The results suggest that negative reinforcement models may be especially relevant to understanding cannabis use among those with clinically elevated Cluster D symptoms.

<https://www.healio.com/psychiatry/journals/jpn/{5a6d8813-e761-44e3-a7aa-3136ec28ab02}/managing-opioid-use-disorder-and-co-occurring-posttraumatic-stress-disorder-among-veterans>

Managing Opioid Use Disorder and Co-Occurring Posttraumatic Stress Disorder Among Veterans.

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Journal of Psychosocial Nursing and Mental Health Services

Posted February 16, 2018

<https://doi.org/10.3928/02793695-20180212-03>

Support and safety measures are essential for Veterans admitted to acute psychiatric units with co-occurring posttraumatic stress disorder (PTSD) and opioid use disorder (OUD) to avoid unpleasant withdrawal symptoms. A human patient simulator was used to train clinicians to recognize opioid withdrawal symptoms. Clinicians were educated to assess for opioid withdrawal symptoms using the Clinical Opiate Withdrawal Scale. Knowledge was evaluated via pre/posttest. All participants' (N = 12) posttest scores improved. Participants self-rated their perception of clinical knowledge and practice skills as higher postintervention. Veterans indicated decreased concern about opioid withdrawal symptoms and increased perception that symptoms were adequately evaluated and treated by clinicians. Overall, the intervention appeared to enhance the provision of quality care in Veterans with OUD and co-occurring PTSD on an acute inpatient psychiatric unit.

<https://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201700237?code=ps-site>

General Medical, Mental Health, and Demographic Risk Factors Associated With Suicide by Firearm Compared With Other Means.

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Psychiatric Services

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<https://doi.org/10.1176/appi.ps.201700237>

Objective:

Mitigation of suicide risk by reducing access to lethal means, such as firearms and potentially lethal medications, is a highly recommended practice. To better understand groups of patients at risk of suicide in medical settings, the authors compared demographic and clinical risk factors between patients who died by suicide by using firearms or other means with matched patients who did not die by suicide (control group).

Methods:

In a case-control study in 2016 from eight health care systems within the Mental Health Research Network, 2,674 suicide cases from 2010–2013 were matched to a control group (N=267,400). The association between suicide by firearm or other means and medical record information on demographic characteristics, general medical disorders, and mental disorders was assessed.

Results:

The odds of having a mental disorder were higher among cases of suicide involving a method other than a firearm. Fourteen general medical disorders were associated with statistically significant ($p < .001$) greater odds of suicide by firearm, including traumatic brain injury (TBI) (odds ratio [OR]=23.53), epilepsy (OR=3.17), psychogenic pain (OR=2.82), migraine (OR=2.35), and stroke (OR=2.20). Fifteen general medical disorders were associated with statistically significant ($p < .001$) greater odds of suicide by other means, with particularly high odds for TBI (OR=7.74), epilepsy (OR=3.28), HIV/AIDS (OR=6.03), and migraine (OR=3.17).

Conclusions:

Medical providers should consider targeting suicide risk screening for patients with any mental disorder, TBI, epilepsy, HIV, psychogenic pain, stroke, and migraine. When suicide risk is detected, counseling on reducing access to lethal means should include both firearms and other means for at-risk groups.

<https://www.healio.com/psychiatry/journals/psycann/2018-2-48-2/{649f721f-154d-4635-9c00-ffe9f72c203d}/psychiatric-disability-evaluations>

Psychiatric Disability Evaluations.

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Psychiatric Annals

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Mental illness and substance abuse disorders are among the most frequent causes of disability in the United States and the world, rendering many people unable to be gainfully employed. As a result, psychiatrists and other mental health professionals often receive requests to perform independent medical examinations (IMEs) to provide opinions pertaining to a person's disability, work accommodation requirements, or fitness for duty. This article provides psychiatrists and other mental health professionals who conduct these examinations with pertinent background information as well as information about the examination process and report writing so they can perform a psychiatric IME when requested by lawyers, employers, or insurance companies. This article also uses an Illustrative Case to facilitate a better understanding of the information provided.

https://www.pdcnet.org/pdc/bvdb.nsf/purchase?openform&fp=ijap&id=ijap_2018_0999_1_30_87

Moral Dilemmas and Moral Injury.

Jennifer Mei Sze Ang

International Journal of Applied Philosophy

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Psychiatrists working with war veterans have, in recent years, constructed 'moral injury' as a separate manifestation of war trauma that is distinct from Post-Traumatic Stress Disorder (PTSD). This paper argues that for moral degradation to occur, it necessarily involves one's commissions or omissions that transgresses one's personal morality, and hence, distinguishes sufferers of moral injury from PTSD sufferers who were witnesses to traumatic and morally abhorrent events. To this end, it clarifies how some of the situations surrounding moral injury are misunderstood, by discussing the process of moral reasoning in the context of moral dilemmas, dirty hands, and moral blind alleys. Finally, it concludes that when we conceptualise moral injury as being caused by one's commissions and omissions in moral dilemmas, we find that shame and guilt are situation-appropriate responses with a role to play in what ethics mean.

<http://www.ingentaconnect.com/content/springer/jcogp/2018/00000032/00000001/art00001>

Training in Evidence-Based Psychological Practice at the Master's Level.

Lack, Caleb W.; Doan, Robert

Journal of Cognitive Psychotherapy

Volume 32, Number 1

DOI: <https://doi.org/10.1891/0889-8391.32.1.3>

Although a wealth of evidence supports the use of evidence-based psychological practice (EBPP) for clients with diverse difficulties, from anxiety and depression to behavioral problems, the majority of training in EBPP takes place at the doctoral and postdoctoral level. This is problematic given that there are many more master's level mental health professionals than doctoral ones, especially in rural and low-income areas. This article outlines a model for a 60-hour training program that focuses on preparing master's students to become competent in the practice of EBPP in a relatively short period of time, while at the same time meeting requirements for licensure in most states. Course sequence, course content, clinical experience, and supervision issues are all addressed, as are challenges to implementation of the model.

Links of Interest

Overcoming Post-Traumatic Stress Using Cognitive Behavioral Therapy

<https://inpublicsafety.com/2018/02/overcoming-post-traumatic-stress-using-cognitive-behavioral-therapy/>

In America's opioid crisis, military lets drug shipments go by

<https://www.defensenews.com/congress/2018/02/16/in-americas-opioid-crisis-military-lets-drug-shipments-go-by/>

Services, DoD offer options to reduce military moves

<https://www.militarytimes.com/pay-benefits/2018/02/15/services-dod-offer-options-to-reduce-military-moves/>

Personnel bosses are latest to weigh in on limiting military moves

<https://www.defensenews.com/home-hq/2018/02/16/personnel-bosses-are-latest-to-weigh-in-on-limiting-military-moves/>

Similar Long-Term Effects for Sertraline and Group CBT for Depression

<https://www.psychiatryadvisor.com/depression-advisor/sertraline-psychotherapy-cognitive-behavior-group-therapy-depression/article/743163/>

Fat, unhealthy Americans threaten Trump's defense surge

<https://www.politico.com/story/2018/02/19/pentagon-buildup-troop-recruiting-shortage-351365>

Non-citizens can provide an "untapped" pool of military recruits, experts say

<https://www.upi.com/Defense-News/2018/02/20/Non-citizens-can-provide-an-untapped-pool-of-military-recruits-experts-say/5811519137059/>

Two women could enter Navy special operations training this year

<https://www.navytimes.com/news/your-navy/2018/02/16/two-women-could-enter-navy-special-operations-training-this-year/>

The Research Gaps Report – Let's Get our Priorities Straight!

<https://www.pdhealth.mil/news/blog/research-gaps-report-let-s-get-our-priorities-straight>

Resource of the Week: [Comparing Ex-Servicemember and Civilian Use of Unemployment Insurance](#)

New, from the RAND Corporation:

Drawing from a unique administrative data set with audited unemployment compensation for ex–service members (UCX) and unemployment insurance (UI) claims from 2002 to 2012, this report provides a first portrait of the job search process of ex–service members relative to that for civilians. Overall, the claim data offer a portrait of a job search process that appears to be working for ex–service members in many ways, with this population making greater use of employment tools such as job referrals and training than civilians. We find that ex–service members delay filing for benefits as compared with similar civilians, although many ex–service members are made aware of their potential benefits as part of the Soldier for Life/Transition Assistance Program. Also, ex–service members had nearly identical durations of unemployment compared with civilian UI claimants. The data also suggest a number of opportunities for improving existing federal transition programs. Efforts to reduce the delay between separation and access of benefits may help ex–service members engage in the job search process more quickly, and ensuring that ex–service members have ready access to online registration tools might facilitate that process. Our data also suggest that ex–service members have different preferences from civilians about occupational mix and compensation that should be considered in designing transition programs. One way of accommodating these preferences would be to give service members better information about how their skills map onto civilian jobs and how best to describe these skills to potential employers.



Comparing Ex-Servicemember and Civilian Use of Unemployment Insurance

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