

CDP



Research Update -- September 20, 2018

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<https://www.sciencedirect.com/science/article/pii/S0165178118305833>

A genome-wide association study of suicide attempts and suicidal ideation in U.S. military veterans.

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Psychiatry Research

Volume 269, November 2018, Pages 64-69

<https://doi.org/10.1016/j.psychres.2018.07.017>

Highlights

- Death by suicide and suicidal behavior are major concerns among U.S. military veterans.
- We conducted a GWAS of suicide attempts and suicidal ideation in U.S. veterans.
- The gene most significantly associated with suicide attempts was KCNMB2.
- KCNMB2 plays a key role in neuronal excitability.
- Replication analyses provided additional support for the role of ABI3BP in suicide.

Abstract

Death by suicide and suicidal behavior are major concerns among U.S. military veterans; however, no genome-wide association studies (GWAS) studies of suicidal behavior have been conducted among U.S. military veterans to date, despite the elevated rate of suicidal behavior observed within this population. Accordingly, the primary objective of the present research was to conduct the first GWAS of suicide attempts and suicidal ideation in a large and well-characterized sample of U.S. military veterans. The gene most significantly associated ($p = 9.28 \times 10^{-7}$) with suicide attempts was the Potassium Calcium-Activated Channel Subfamily M Regulatory Beta Subunit 2 (KCNMB2) gene, which plays a key role in neuronal excitability. In addition, replication analyses provided additional support for the potential role of the ABI Family Member 3 Binding Protein (ABI3BP) gene in the pathogenesis of suicidal behavior, as numerous nominal associations were found between this gene and both suicide attempts and

suicidal ideation. Additional work aimed at replicating and extending these findings is needed.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/jopy.12415>

Neuroticism Confers Vulnerability in Response to Experimentally Induced Feelings of Thwarted Belongingness and Perceived Burdensomeness: Implications for Suicide Risk.

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Journal of Personality

First published: 12 July 2018

<https://doi.org/10.1111/jopy.12415>

Objectives

This study investigated the role of individual differences in neuroticism in conferring increased reactivity to the interpersonal antecedents for suicide proposed by the interpersonal theory of suicide.

Method

Undergraduate students (N = 113) were screened and selected to form high (n = 58) and low (n = 55) neuroticism groups and an experimental computer task was used to manipulate participants' experience of thwarted belongingness and perceived burdensomeness. Participants' self-reported desire to persist in the face of this induced interpersonal adversity was measured.

Results

Results indicate that high neuroticism confers increased reactivity to the experimental induction of the interpersonal antecedents of suicidal ideation; thwarted belongingness and perceived burdensomeness. Furthermore, this vulnerability corresponds to a diminished desire to persist with the task in the face of interpersonal adversity.

Conclusions

Neuroticism confers vulnerability for suicidal desire via an increased reactivity to the proximal, causal risk factors proposed by the interpersonal theory of suicide. This has implications for considering how personality risk factors such as neuroticism may

interact with proximal interpersonal risk factors to increase suicidal ideation.
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<https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-018-1814-8>

Reasons for living and dying in suicide attempters: a two-year prospective study.

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BMC Psychiatry

2018; 18:234

<https://doi.org/10.1186/s12888-018-1814-8>

Background

The internal suicide debate hypothesis assumes that in a suicidal crisis, individuals are involved in an internal struggle over whether to live or die. Reasons for living (RFL) and Reasons for dying (RFD) are important individual reasons for staying alive (e.g. family) or wanting to die (e.g. hopelessness) and reflect this internal motivational conflict of the suicidal mind. The aim of this study was to explore the association between RFL and RFD of suicide attempters and current and future suicide ideation and behavior.

Method

The sample consisted of 60 patients who were admitted at a psychiatric emergency unit in Switzerland following an attempted suicide. They received treatment as usual, participated in an assessment interview and completed self-report questionnaires. Additionally, they were instructed to write down up to five individual RFL and RFD. The number of RFL and RFD responses, depressive symptoms, and suicide ideation were assessed at baseline and 6, 12, and 24 months follow-up. Outcome measures were suicide ideation and repeated suicide attempts. Multiple imputations were used in order to address missing data.

Results

The number of RFD responses was the strongest predictor for increased suicide ideation at baseline. The number of RFL responses was not associated with suicide ideation and reattempts. RFD, depressive symptoms, and baseline suicide ideation predicted subsequent suicide reattempt up to 12 months later in simple regression

analyses. Mediation analyses suggested that RFD mediated the effect of depressive symptoms at baseline on suicide ideation at 12-months follow-up.

Conclusion

RFL were unrelated to the mental health of study participants and did not function as protective factor against suicide risk. RFD may be an important motivational driver in the suicidal process. Clinical interventions should focus more on the reduction of RFD than on RFL in suicidal individuals.

<https://link.springer.com/article/10.1007/s10608-018-9932-7>

Reasons for Living Among U.S. Army Personnel Thinking About Suicide.

Bryan, C.J., Oakey, D.N. & Harris, J.A.

Cognitive Therapy and Research

First Online: 12 July 2018

DOI: <https://doi.org/10.1007/s10608-018-9932-7>

Reasons for living are associated with reduced suicide risk, but have not received much empirical attention among U.S. military personnel, a population with elevated suicide risk. The present study examined the factor structure, reliability, and validity of the Brief Reasons for Living Inventory (BRFLI) in a clinical sample of 97 treatment-seeking Army personnel with recent suicide ideation and/or a history of suicide attempts. Results supported a five-factor structure for the BRFLI. Each factor had good internal consistency (ω 's > 0.94) and demonstrated convergent and divergent validity. Survival and coping beliefs and responsibility to family subscale scores were negatively correlated with recent suicidal thinking. Responsibility to family subscale scores were associated with significantly reduced risk of suicide attempts during follow-up. BRFLI subscale scores showed little to no clinical responsivity following intervention. Results suggest survival and coping beliefs and responsibility to family may be protective for high-risk military personnel.

<https://www.sciencedirect.com/science/article/abs/pii/S0005789418300996>

Testing an app-assisted treatment for suicide prevention in a randomized controlled trial: Effects on suicide risk and depression.

Mia Skytte O'Toole, Mikkel B. Arendt, Christian M. Pedersen

Behavior Therapy

Available online 30 July 2018

<https://doi.org/10.1016/j.beth.2018.07.007>

Highlights

- 129 participants were randomized to treatment with and without access to an app
- Access to the app resulted in poorer effects on self-reported suicide risk
- Much caution should be taken when adding new technology to existing treatments

Abstract

Suicide is a global public health problem and effective psychological interventions are needed. The objective of the present study was to evaluate the effect of an app-assisted suicide prevention treatment on suicide risk and depression. 129 participants were randomized to treatment as usual (TAU), consisting of psychotherapy adhering to the framework of Collaborative Assessment and Management of Suicidality (CAMS), with (TAU + APP, N = 60) or without (TAU, N = 69) access to a mobile application (i.e., "LifeApp'tite"). Suicide risk and symptoms of depression were assessed pre and post therapy, and at 4-month follow-up.

The TAU + APP group showed a smaller decrease on self-reported suicide risk at the end of treatment, corresponding to a medium between-group effect size ($p = .008$, $d = 0.46$). At the 4-month follow-up this was only the case at the trend level, where the effect size was also of a smaller magnitude ($p = .057$, $d = 0.30$). No differences between the treatment groups were observed on self-reported depressive symptoms, either immediately following treatment ($p = .732$, $d = 0.05$) or at follow-up ($p = .467$, $d = 0.11$). The unexpected negative effect concerning suicide risk points to crucial consideration of issues pertaining to timing, dosing, and content when adding new technology to existing treatments both in this and other populations.

<https://www.sciencedirect.com/science/article/pii/S016517811830458X>

Characteristics of a suicide attempt predict who makes another attempt after hospital discharge: A decision-tree investigation.

Joshua T. Jordan Ph.D., Dale E. McNiel Ph.D.

Psychiatry Research

Available online 31 July 2018

<https://doi.org/10.1016/j.psychres.2018.07.040>

Highlights

- Suicide attempt characteristics predict subsequent suicide attempts
- Individuals who extensively plan and prepare are at highest risk for re-attempt
- Recursive partitioning models can assist in identifying high-risk subgroups

Abstract

The year following discharge from psychiatric hospitalization is a high-risk period for suicidal behavior, particularly among patients initially hospitalized after a suicide attempt. Demographic and clinical correlates have been identified; however, characteristics of the initial attempt may provide insight into risk for subsequent attempts as well. This investigation examined whether individual or a combination of suicide attempt characteristics predicted future attempts. Two hundred and eighteen psychiatric inpatients from the MacArthur Violence Risk Assessment Study with a recent suicide attempt were administered items from the Suicide Intent Scale and followed one year after discharge. Sixty-nine (31.65%) made a subsequent attempt. Data were analyzed by a stepwise logistic regression, followed by an iterative receiver operator curve (IROC) analysis, a recursive partitioning classification tree. The cross-validated IROC, but not logistic regression, predicted subsequent suicide attempts. Furthermore, the IROC found that participants who made definite plans and underwent extensive preparation were at highest risk for subsequent attempts. These findings suggest that suicide attempt characteristics preceding psychiatric hospitalization can help identify patients at elevated risk for another attempt post-discharge.

<https://link.springer.com/article/10.1007/s11606-018-4647-8>

The Association between Mental Health Disorders and History of Unintended Pregnancy among Women Veterans.

Judge-Golden, C.P., Borrero, S., Zhao, X. et al.

Journal of General Internal Medicine

First Online: 05 September 2018

<https://doi.org/10.1007/s11606-018-4647-8>

Background

Women Veterans have high rates of mental health disorders and other psychosocial factors which may render this population particularly vulnerable to negative health outcomes associated with unintended pregnancy.

Objective

The objective of our study was to assess the relationship between self-reported mental illness and history of unintended pregnancy among women Veterans.

Design and Participants

Data are from a nationally representative, cross-sectional telephone survey of women Veterans, ages 18–45, who used VA for primary care within 12 months prior to interview (survey completion rate 83%).

Main Measures

Predictors were self-report of any and number of mental health disorders (depression, anxiety, post-traumatic stress disorder, bipolar disorder, or schizophrenia). Outcomes were any and number of unintended pregnancies. Multivariable logistic and negative binomial regression were used to assess relationships between mental illness and unintended pregnancy. To assess women's current risk of unintended pregnancy, we examined associations between any mental health disorder and contraceptive use at last sex among heterosexually active women not desiring pregnancy.

Key Results

Among 2297 women Veterans, 1580 (68.8%) reported a history of at least one mental health disorder, with 20.1, 21.6, and 27.0% reporting one, two, or three or more conditions, respectively. Any history of unintended pregnancy was reported by 1315 women (57.3%); 28.3% reported one, 15.6% reported two, and 13.4% reported three or

more. Compared to women with no mental illness, women with any mental health disorder were more likely to report any unintended pregnancy (60.3 vs. 50.5%; adjusted OR 1.40; 95% CI 1.15, 1.71) and to have experienced greater numbers of unintended pregnancies (adjusted incidence rate ratio 1.29; 95% CI 1.15, 1.44). Increasing numbers of mental health disorders were associated with greater numbers of unintended pregnancies. Contraceptive use and method efficacy at last sex did not differ by mental health status.

Conclusions

Women Veterans with mental health disorders are more likely to have experienced any and greater numbers of unintended pregnancies than Veterans without mental health disorders.

<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1478549>

Factors affecting behavioral health provider turnover in US Air Force primary care behavioral health services.

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Military Psychology

2018; 30:5, 398-403

DOI: 10.1080/08995605.2018.1478549

Turnover and retention of integrated behavioral health practitioners in primary care is a significant challenge with limited empirical evidence to inform risk factors. This study used retrospective archival data from the Air Force Medical Service's Behavioral Health Optimization Program on all civilian contractors hired from September 2012 to November 2014 to examine the potential influence of training background (e.g., social work v. psychology), size of healthcare facility, or the presence of on-site mentors. Turnover was evaluated across a large managed healthcare organization of 121 civilian contractors (psychologists and social workers) in 72 specific clinic settings. These sites varied considerably in regards to geographic location, population diversity, size of patient empanelment, rural, suburban, and urban settings and all provided care to active duty military, their civilian dependents and civilian retirees. Results found that 54% of all psychologists and social workers hired for these positions quit or were fired within 8 months of employment. Smaller medical facilities were found to have a more significant attrition rate compared to medium- and large-sized facilities; no other differences were

noted. Findings provide initial insight into a potential critical period in the first year of a behavioral health consultants on-boarding, as well as unique considerations for consultants placed in smaller facilities who may be at elevated risk for attrition. These preliminary findings suggest targeted interventions for new integrated care programs as well as important avenues for future research.

<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1478551>

Sleep, resilience, and psychological distress in United States military Veterans.

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Military Psychology

2018; 30:5, 404-414

DOI: 10.1080/08995605.2018.1478551

Sleep problems are prevalent among Veterans. Left untreated, such problems may elevate psychological distress and increase risk of subsequent mental health disorders. Psychological resilience may buffer against negative psychological outcomes, yet the relationship between sleep and resilience has not been studied. This study explored poor sleep, resilience, and psychological distress using questionnaires collected as part of the Study of Post-Deployment Mental Health. Participants (N = 1,118) had served in the US military since September 11, 2001, had one or more overseas deployments, and were free from a past-month DSM-defined mental health disorder. Hierarchical linear regression was used to examine the association between poor sleep quality (Pittsburgh Sleep Quality Index total score) and psychological distress (Global Symptom Index; Symptom Checklist-90-R), controlling for demographic and health characteristics. Moderation analyses tested for a potential buffering effect of resilience (Connor-Davidson Resilience Scale). Poor sleeping Veterans had worse physical and psychological health, lower resilience, and endorsed more lifetime traumatic events. Poor sleep was associated with greater psychological distress controlling for health and demographic characteristics. Both resilience factors—adaptability and self-efficacy—had significant buffering effects on the relationship between poor sleep and psychological distress, suggesting that resilience may protect against negative outcomes in poor sleepers. Additional research is warranted to better understand the relationships between sleep, resilience, and psychological distress. Such research may

inform pertinent prevention efforts, including interventions that improve sleep, enhance resilience, and protect against incident mental health diagnoses.

<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1478560>

Tailoring and testing an event history calendar of lifetime sexual partnerships for military Veterans.

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Military Psychology

2018; 30:5, 415-429

DOI: 10.1080/08995605.2018.1478560

Researchers have explored broadly the effects of military service and service-related experiences on sexual and intimate relationships among Veterans. However, descriptions of patterns of relationship functioning over time are lacking. Such information could advance an understanding of the course of relationships pre-, during, and postdeployment and be used to predict relationship outcomes and tailor clinical supports. In this study, we describe an adaptation of a life history calendar to collect detailed sexual relationship and life event histories from military Veterans. With a sample of 112 post-9/11-era Veterans, in the context of a broader assessment battery, lifetime sexual relationship histories were collected by the calendar and concurrently by a standard questionnaire. Assessment order was balanced, and the order effect on individual outcomes, and on agreement between assessments, was examined. Measures collected by the calendar were evaluated for retest reliability, agreement with the standard questionnaire, and construct validity. Results revealed highly variable partnering histories, and a more-than-typical number of lifetime partners reported by Veterans. Psychometric indices provided support for use of the calendar: self-reports were reliable over a 6-week retest period and correlations with theoretically related variables were stronger for variables measured by the calendar data than the same variables measured by standard questionnaire. Large discrepancies in self-reports between assessment methods among Veterans with more complex sexual histories highlighted the need for structured memory supports as provided by the calendar. Other advantages of calendar-derived histories over those assessed by standard questionnaire are discussed.

<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1478561>

Sleep deprivation and hallucinations. A qualitative study of military personnel.

Ståle Pallesen, Olav K. Olsen, Elisabeth M. Eide, Benedicte Nortvedt, Janne Grønli, Frank Larøi, Morten Nordmo & Fride E. Glomlien

Military Psychology

2018; 30:5, 430-436

DOI: 10.1080/08995605.2018.1478561

Much anecdotal evidence suggests that sleep deprivation not only impairs performance, but also brings about other extraordinary effects like hallucinations. However, knowledge about how sleep deprivation may trigger hallucinations is limited. To qualitatively describe hallucinatory experiences during sleep deprivation 12 male military officers from the Norwegian Armed Forces who all had experienced at least one sleep loss-induced hallucinatory experience were recruited. Data were collected and analyzed by semi-structured interviews and thematic analysis. This resulted in the identification of three distinct main themes: (1) Modalities, (2) circumstances/triggers and (3) reactions to hallucinations. Hallucinations were experienced in several modalities (visual, auditory and multi-modality), although visual hallucinations seemed to dominate. Typical reported circumstances/triggers were sleep loss, physical exhaustion, time-of-day, low calorie intake, mental exhaustion and lack of external stimuli (low sensory and social input, boring situations, and monotonous activity). Negative emotions were dominant during the hallucinatory episodes. Often some reasoning and checking on behalf of the officers were necessary to differentiate between real percepts and hallucinations. In some cases the hallucinations caused erroneous actions. Retrospectively, most officers viewed their hallucinatory experiences in light of positive emotions and several emphasized having learned something from them. The results are discussed in relation to the existing literature and suggestions for future studies are outlined.

<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1478562>

Subtypes of severe psychological distress among US Air Force remote warriors: A latent class analysis.

Craig J. Bryan, Tanya Goodman, Wayne Chappelle, Lillian Prince & William Thompson

Military Psychology

2018; 30:5, 437-448

DOI: 10.1080/08995605.2018.1478562

US Air Force remote warrior personnel include a range of military personnel composed of remotely piloted aircraft aircrew, intelligence operators, and cyber warfare operators. Job duties in these professions entail long work hours, rotating shifts, and regular engagement in combat operations. Although research has identified a number of factors correlated with elevated burnout and emotional distress in this population, little is known about the unique needs of discrete subgroups of distressed personnel. In a sample of 7,550 US Air Force remote warriors, results of latent class analysis yielded four distinct classes. Three of the four reported moderately elevated burnout and job dissatisfaction but differed with respect to demographics and development career stage. The fourth group reported significantly higher levels of emotional distress, burnout, job dissatisfaction, and problems in living. This latter group was comparable to the mid-career group with respect to demographics, although this group had much lower levels of responsibility and indicators of career advancement. Results suggest that, among remote warrior personnel, there are several subtypes of elevated emotional distress. Prevention and intervention strategies that are matched to each subtype may yield better occupational and mental health outcomes than universal, “one size fits all” strategies.

<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1482184>

Minority representation, tokenism, and well-being in army units.

Alycia L. U. Perez & Tatiana V. Strizhko

Military Psychology

2018; 30:5, 449-463

DOI: 10.1080/08995605.2018.1482184

Racial and ethnic diversity is increasing in the US Army and women are moving into more combat roles. This puts minority soldiers at risk for being underrepresented in their work units. Tokenism theory predicts that when a work group has less than 15% representation in a social group, the numerically underrepresented minority (i.e., token)

members are subject to three disadvantages: higher visibility, informal isolation, and role encapsulation. In the Army, where many companies contain small numbers of women and racial minorities, some soldiers may face additional stressors and constraints. We explored psychosocial, organizational, and health outcomes of all identifiable token women (N = 4,425) and Black soldiers (N = 5,040). Tokens were remarkably similar to non-tokens and majority soldiers on outcomes such as coping skills, adaptability, organizational trust, sleep, substance use, and pain. The intersection of token status in terms of race and gender was not related to any appreciable differences. One potential explanation is the shared Army culture that emphasizes group unity and the importance of the mission above individual characteristics and goals. The Army depends on cohesion, organizational identification, and commitment to the group in order to reduce stress and anxiety, and to maximize combat performance. For soldiers who have internalized this culture, it could be easier to see past individual differences such as gender and race and identify others in the unit as fellow soldiers primarily.

<https://www.sciencedirect.com/science/article/pii/S074054721830268X>

Alcohol screening and brief intervention in a representative sample of veterans receiving primary care services.

Rachel L. Bachrach, John R. Blosnich, Emily C. Williams

Journal of Substance Abuse Treatment
Volume 95, December 2018, Pages 18-25
<https://doi.org/10.1016/j.jsat.2018.09.003>

Highlights

- Screening about any alcohol use was common.
- Screening for quantity and heavy episodic drinking and report of brief intervention were less common.
- Veterans were more likely than non-Veterans to report receiving recommended care.
- Rates of advice to reduce or abstain/from drinking did not differ by Veteran Status.
- Gaps in delivery of alcohol-related care suggest a need for quality improvement.

Abstract

Aims

Unhealthy alcohol use is common among adults, and in particular, Veterans. Routine

alcohol screening followed by brief intervention is recommended and considered a prevention priority in primary care settings. While previous studies have found that Veterans enrolled in the Veteran's Health Administration (VA) receive high rates of screening and brief intervention, less than 50% of Veterans receive VA health care. No study has evaluated receipt of these services in a general sample of Veterans. Therefore, in a nationally-representative sample, we examine whether Veteran status was associated with receiving alcohol screening and brief intervention in primary care.

Methods

Using the Centers for Disease Control and Prevention's 2014 Behavioral Risk Factor Surveillance System data, we identified adults who endorsed visiting a doctor for routine checkup at least once in the past two years and responded to an optional module assessing alcohol-related care (N = 92,206; 14.1% Veterans). Multivariable logistic regression was used to assess the association between Veteran status and screening and brief intervention outcomes. We also evaluate differences in alcohol-related care across Veteran status stratified by gender. Models were adjusted for sociodemographic and clinical characteristics likely to confound the association.

Results

Overall, Veterans were more likely than non-Veterans to be screened for alcohol quantity and heavy episodic drinking ($p < 0.05$), and more likely to endorse receiving brief intervention advice about alcohol's harmful effects ($p < .001$). Veteran status predicted an increased likelihood of being screened and receipt of advice about alcohol's harmful effects, but did not predict the likelihood of receiving advice to reduce or abstain from drinking (AOR = 1.00, 95% C.I. [0.80–1.26]). Analyses stratified by gender indicated a similar pattern of results for males as the overall sample. Results among females indicated Veteran status predicted the likelihood of being asked about heavy episodic drinking (AOR = 1.47, 95% C.I. [1.09–1.99]) and being offered advice about the harmful effects of alcohol (AOR = 1.62, 95% C.I. [1.06–2.48]). Female Veterans were not more likely than female non-Veterans to be advised to reduce and/or abstain from drinking.

Conclusions

Screening about any alcohol use was common while report of screening for quantity and heavy episodic drinking occurrence and report of brief intervention were less common. Veterans were more likely than non-Veterans to report receiving recommended care, though rates of advice to reduce or abstain from drinking did not differ across groups. Persistent gaps in delivery of recommended alcohol-related care, especially for particularly vulnerable subpopulations such as women Veterans, suggest a need for quality improvement.

<https://www.sciencedirect.com/science/article/pii/S002239561830520X>

Clinical outcome of maintenance electroconvulsive therapy in comorbid Posttraumatic Stress Disorder and major depressive disorder.

Naser Ahmadi, Lori Moss, Peter Hauser, Charles Nemeroff, Nutan Atre-Vaidya

Journal of Psychiatric Research
Volume 105, October 2018, Pages 132-136
<https://doi.org/10.1016/j.jpsychires.2018.08.023>

Background

Post-traumatic stress disorder (PTSD) and major depressive disorder (MDD) are prevalent and frequently comorbid. Approximately 42–48% of patients with PTSD also meet diagnostic criteria for MDD. Maintenance electroconvulsive therapy (mECT) has been found to be efficacious for the prevention of recurrence of MDD. This study investigated the efficacy of mECT in the treatment of MDD with and without comorbid syndromal PTSD.

Methods

This retrospective study includes 36 patients, 26 with MDD and 10 with comorbid MDD & PTSD receiving monthly mECT for a mean of 1.5 years. The mean age was 52 ± 14 years and 25% were female. The change in PTSD and MDD symptoms in response to mECT was assessed using Clinical Global Impression - Severity Scale (CGI-S). Heart rate variability (HRV), 12-month hospitalization rate, suicide rate and all-cause mortality in response to mECT were assessed and compared between groups using repeated generalized linear regression (GLM) analysis.

Results

At mECT baseline, there were no statistically significant differences in CGI-S scores, HRV between patients with MDD alone and those with comorbid MDD and PTSD ($P > 0.05$). After 12-months of mECT, a significant increase in HRV (mean difference: 10.9 95%CI 4.8–20.3, $p = 0.001$) and decrease in CGI-S overall (mean difference: 3.5, 95% CI 3.3–3.6, $p = 0.001$), PTSD (mean difference: 3.4, 95% CI 3.2–3.6, $p = 0.001$), and MDD (mean difference: 3.8, 95% CI 3.5–3.9, $p = 0.001$) symptoms in both groups were noted ($p < 0.05$). No psychiatric hospitalization or suicide occurred in any of the patients.

Conclusions

Maintenance ECT is associated with improved HRV, reduction of both major depression and PTSD symptoms, and a favorable clinical outcome.

<http://journals.sagepub.com/doi/abs/10.1177/1049732318797623>

Broadcasting War Trauma: An Exploratory Netnography of Veterans' YouTube Vlogs.

Donna L. Schuman, Karen A. Lawrence, and Natalie Pope

Qualitative Health Research

First Published September 10, 2018

<https://doi.org/10.1177/1049732318797623>

This exploratory netnographic study is among the first to investigate military video blogs (milvlogs) posted by Iraq and Afghanistan veterans who self-published stories on military-related trauma to YouTube. Studies have shown that self-published milvlogs provide benefits such as education, social support, and self-management of chronic physical and psychological illness. The aim of this study was to explore combat veterans' milvlogs and to determine themes that emerged across the videos. We transcribed and analyzed content from 17 milvlogs. Our analysis yielded seven themes: motivation, loss, managing symptoms, help-seeking, guilt and shame, suicide, and connecting to other veterans. We concluded that veterans were initially drawn to vlogging to connect to others. Vlogging also served as a medium for combat veterans to tell their stories, position these stories against others' experiences, and engage in outreach and advocacy. Finally, milvlogs may provide an easily accessible resource for developing preventive and/or mental health treatment/support links.

<https://www.ncbi.nlm.nih.gov/pubmed/29657190>

Narrat Inq Bioeth. 2018;8(1):97-101. doi: 10.1353/nib.2018.0032

Fighting for Freedom by Killing the Pain.

Jeschke EA

This symposium includes six personal narratives about military veterans' experiences receiving health care through the Military Health System or the Veterans' Health Administration. Five of the narratives were autobiographical accounts of men's personal experience of care and one of the accounts was written by a wife who watched her husband suffer with chronic pain after leaving the military. There is a good deal of literature in military and veteran's medical research pertaining to psychological and physical trauma rehabilitation; however, there is little reflection on what it is like for injured military personnel or veterans to overcome obstacles while in pain and attempting interface with these governmental health care systems. This symposium provides a closer look at the difficulties faced as these six men attempt to fight for personalized care in a collective health care system.

<https://www.ncbi.nlm.nih.gov/pubmed/30218649>

Chest. 2018 Sep 12. pii: S0012-3692(18)32414-0. doi: 10.1016/j.chest.2018.08.1061

Optimizing Sleep in the Military: Challenges and Opportunities.

Capaldi VF, Balkin TJ, Mysliwiec V

Historically, scientific knowledge gaps - including a lack of information regarding the minimum amount of sleep needed to sustain nominally adequate, militarily-relevant performance and nescience of the potential impact of chronic sleep restriction on health and psychological well-being - have hindered decision-making vis-à-vis sleep/alertness management in operational environments. However, against a backdrop of increasing awareness of the importance of sleep for sustaining both performance and health, military researchers are currently (a) developing a comprehensive, individualized sleep/alertness management system to optimize the general effectiveness of military personnel (i.e., without regard to the potential relationship between sleep and specific aspects of military performance - thus sidestepping what has historically been an impediment to development of such a system), and (b) investigating the prevalence, potentially unique etiology (e.g., resulting from the interaction of long-term exposure to combat-related stressors and sleep restriction), and treatment of sleep disorders and comorbidities in the military population.

<https://onlinelibrary.wiley.com/doi/10.1002/jts.22306>

Efficacy of Imagery Rehearsal Therapy and Cognitive Behavioral Therapy in Sexual Assault Victims With Posttraumatic Stress Disorder: A Randomized Controlled Trial.

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Sleep disturbances are common among sexual assault victims with posttraumatic stress disorder (PTSD), but cognitive behavioral therapy (CBT) for PTSD does not directly address sleep-related symptoms. Trauma-related sleep disturbances are associated with more impairment and contribute to the maintenance of PTSD. In this study, we evaluated the efficacy of a combination of CBT and nightmare therapy (imagery rehearsal therapy; IRT) compared to CBT alone for the treatment of PTSD. We recruited 42 adult victims of sexual assault who were suffering from PTSD and randomly assigned them to either the experimental (IRT + CBT) or control condition (waiting period followed by CBT). After CBT, both groups demonstrated significant decreases in nighttime symptoms (except nightmare frequency) and PTSD symptoms and showed improvements in functional impairment and mental health, $d_s = 0.13\text{--}0.83$, $p_s = .005\text{--}.008$. Outcomes between the two groups did not differ significantly after CBT; however, we observed medium to medium-large differences between the control group and experimental group in terms of nighttime symptoms, $d_s = 0.45\text{--}0.63$. Although results did not clearly establish the superiority of IRT + CBT over CBT alone, they demonstrated that IRT yielded greater improvement in nighttime symptoms than the waiting period, $d_s = 0.72\text{--}1.13$, $p_s = .006\text{--}.047$ for all interaction effects. Findings suggest that targeting nightmares at the beginning of treatment for PTSD may yield rapid improvement in nighttime symptoms. This strategy could be useful for patients with time or resource constraints or those for whom nightmares are the primary complaint.

<https://academic.oup.com/sleep/advance-article/doi/10.1093/sleep/zsy174/5086077>

Posttraumatic Stress Disorder Diagnosis is Associated with Reduced Parasympathetic Activity during Sleep in United States Veterans and Military Service Members of the Iraq and Afghanistan Wars.

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Sleep

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<https://doi.org/10.1093/sleep/zsy174>

Study Objectives

To determine whether high frequency heart rate variability (HF-HRV) during sleep differs between those with and without PTSD as a function of sleep type (NREM versus REM), and to explore this relationship across successive sleep cycles. Participants with PTSD were hypothesized to have lower HF-HRV across both REM and NREM sleep.

Methods

Sixty-two post-9/11 military veterans and service members completed self-report measures of sleep quality, insomnia severity, and disruptive nocturnal behaviors. Participants then completed a laboratory-based polysomnographic study night with concurrent HRV assessment.

Results

Participants with PTSD (N=29) had lower HF-HRV in overall NREM sleep relative to those without PTSD (N=33) [$F(1, 54) = 4.24, p = .04$]. Groups did not differ on overall HF-HRV during REM sleep. HF-HRV increased over the night for the sample as a whole during both NREM and REM sleep. PTSD status did not moderate the association between HF-HRV and sleep cycles. However, the PTSD group had lower HF-HRV in the first $t(155) = 2.67, p = .008$, and fourth NREM cycles, $t(155) = 2.11, p = .036$, relative to participants without PTSD.

Conclusions

Findings suggest blunted parasympathetic modulation during NREM sleep in a young cohort of military veterans and service-members with PTSD. Findings are concerning considering the increased risk of incident cardiovascular events associated with impaired parasympathetic nervous system function. Reduced parasympathetic

modulation may be one mechanism underlying the increased prevalence of CVD among Veterans with PTSD.

<http://journals.sagepub.com/doi/abs/10.1177/0361684318796783>

**“Who Are You Going to Tell? Who’s Going to Believe You?”
Women’s Experiences Disclosing Military Sexual Trauma.**

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Psychology of Women Quarterly
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Researchers have identified disclosure as an important part of sexual assault recovery among civilian survivors. However, few researchers have examined the process of military sexual trauma (MST) disclosure, including the barriers and facilitators, positive and negative reactions from disclosure recipients, and positive and negative impacts of disclosure on survivors. Twenty-three women veteran MST survivors completed semi-structured qualitative interviews that assessed disclosure experiences; responses were coded using directed content analysis. Among the 20 women veterans who disclosed MST (87%), most volunteered information that they had disclosed to informal (74%, n = 17), military (70%, n = 16), and medical sources (52%, n = 12). Among women who reported that they disclosed MST to military personnel, all reported at least one negative reaction to the disclosure, including 50% (n = 8) who reported perceived retaliation for disclosure. Women who reported they disclosed to military personnel identified some barriers (e.g., feared consequences) that women who disclosed to nonmilitary personnel did not. We suggest that the responses of recipients to disclosure may contribute to the impact on participants, including dissatisfaction and disillusionment with the military. We discuss unique aspects of the military context that may contribute to negative reactions. Practitioners can use this information to increase empathy and understanding of the complexity of disclosure and to help survivors process and contextualize these experiences during therapy.

<https://academic.oup.com/painmedicine/advance-article-abstract/doi/10.1093/pm/pny174/5094682?redirectedFrom=fulltext>

An Open Trial of Morning Bright Light Treatment Among US Military Veterans with Chronic Low Back Pain: A Pilot Study.

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Pain Medicine

Published: 10 September 2018

<https://doi.org/10.1093/pm/pny174>

Objective

To examine the feasibility, acceptability, and effects of a home-based morning bright light treatment on pain, mood, sleep, and circadian timing in US veterans with chronic low back pain.

Design

An open treatment trial with a seven-day baseline, followed by 13 days of a one-hour morning bright light treatment self-administered at home. Pain, pain sensitivity, mood, sleep, and circadian timing were assessed before, during, and after treatment.

Setting

Participants slept at home, with weekly study visits and home saliva collections.

Participants

Thirty-seven US veterans with medically verified chronic low back pain.

Methods

Pain, mood, and sleep quality were assessed with questionnaires. Pain sensitivity was assessed using two laboratory tasks: a heat stimulus and an ischemia stimulus that gave measures of threshold and tolerance. Sleep was objectively assessed with wrist actigraphy. Circadian timing was assessed with the dim light melatonin onset.

Results

Morning bright light treatment led to reduced pain intensity, pain behavior, thermal pain threshold sensitivity, post-traumatic stress disorder symptoms, and improved sleep

quality ($P < 0.05$). Phase advances in circadian timing were associated with reductions in pain interference ($r = 0.55$, $P < 0.05$).

Conclusions

Morning bright light treatment is a feasible and acceptable treatment for US veterans with chronic low back pain. Those who undergo morning bright light treatment may show improvements in pain, pain sensitivity, and sleep. Advances in circadian timing may be one mechanism by which morning bright light reduces pain. Morning bright light treatment should be further explored as an innovative treatment for chronic pain conditions.

https://journals.lww.com/practicalpsychiatry/Abstract/2018/09000/PTSD_Symptom_Severity,_but_Not_Trauma_Type,.2.aspx

PTSD Symptom Severity, but Not Trauma Type, Predicts Mental Health Help-seeking in the Military.

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Journal of Psychiatric Practice

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Objective: Although veterans with posttraumatic stress disorder (PTSD) have been reported to have high rates of inadequate treatment, to our knowledge this is the first study to evaluate associations between each individual PTSD symptom and treatment-seeking, and the first PTSD help-seeking study to evaluate variables across all—rather than specific—types of trauma.

Methods: This case-control study surveyed a consecutive sample of active duty military outpatients with trauma histories ($N=211$), comparing those attending voluntary mental health services (help-seeking cases, $n=128$) or mandatory dental services required for all active duty personnel (general military population controls, $n=83$). We used logistic regression to estimate associations between help-seeking and demographics, PTSD symptoms, trauma type, suicide attempts, substance use problems, and chronic pain, with each variable adjusted for sex, age, and race.

Results: Significant associations were found between help-seeking and PTSD diagnosis (adjusted odds ratio=4.15, $P<0.001$) and between help-seeking and severities of PTSD symptoms (total, clusters, all individual symptoms except recklessness; each adjusted odds ratio >1 , $P<0.05$).

Conclusions: In this clinical sample, a clear positive relationship was found between help-seeking and PTSD symptom severity, but not with trauma type, suicide attempts, substance use problems, or pain, after adjusting for multiple testing. Possible explanations and implications of these findings are discussed.

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The Perceptions of Sexual Assault Prevention According to Military Spouses.

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Military spouses are at an increased vulnerability with regard to the potential of being sexually victimized. They are twice as likely as their civilian counterparts to experience sexual victimization. Despite the increased probability of sexual assault, not all military spouses perceive sexual assault and its prevention through the same lens. Recognizing that reality is subjective, the theoretical framework for this study was a constructivist paradigm. A qualitative case study was executed for the purpose of querying the perceptions of military spouses as it relates to sexual assault, its prevalence, and its prevention. The study employed the use of a web-based questionnaire consisting of 11 open-ended questions that included two scenario-based questions designed to explore perceptions of sexual assault, the need for a military spouse prevention program, and the catalyst for bystander intervention. Questionnaire results from 29 anonymous military wives whose husbands were affiliated with four out of the five branches of service were analyzed to gauge their perceptions specific to sexual assault and its prevention. The analysis of their responses resulted in the emergence of five themes related to sexual assault prevention that include the notion that military spouses view themselves as a vulnerable population for sexual victimization and its prevalence

although little discussion is given to the topic. Results also indicated that a military spouse-targeted sexual assault prevention program is needed to familiarize military spouses with definitions of sexual assault and consent, reporting options, and victims' rights. The study also found that the majority of military spouses are not familiar with the resources and services available to victims of sexual assault. The overarching implication is that a prevention program for military spouses is needed to familiarize them with reporting options and services as well as mitigate occurrences of sexual assault through training and education.

Links of Interest

Drug-Running, Lax Opioid Testing Found in VA's Residential Treatment Programs

<https://www.military.com/daily-news/2018/09/13/drug-running-lax-opioid-testing-found-vas-residential-treatment-programs.html>

How to Get Bad Sleep Back on Track

<https://www.psychologytoday.com/us/blog/think-act-be/201809/how-get-bad-sleep-back-track>

Suicide Prevention for Veterans: Safety Planning Intervention and Phone Follow-up Helps Lower Suicide Risk

<http://www.pdhealth.mil/news/blog/suicide-prevention-veterans-safety-planning-intervention-and-phone-follow-helps-lower-suicide-risk>

Here's why your child's school is asking whether you're active duty

<https://www.militarytimes.com/pay-benefits/2018/09/14/heres-why-your-childs-school-is-asking-whether-youre-active-duty/>

Navy gives families more flexibility to travel during PCS

<https://www.stripes.com/news/navy-gives-families-more-flexibility-to-travel-during-pcs-1.547494>

Female veterans push for eligibility for spouses to join American Legion Auxiliary

<https://www.militarytimes.com/veterans/2018/09/16/female-veterans-push-for-eligibility-for-spouses-to-join-american-legion-auxiliary/>

Cognitive Behavioral Therapy May Alter Suicidal Ideation in Anxiety Disorders
<https://www.psychiatryadvisor.com/anxiety/cognitive-behavioral-therapy-may-alter-suicidal-ideation-in-anxiety-disorders/article/795770/>

Report ranking military installations for sex assault risk delayed
<https://www.militarytimes.com/news/your-military/2018/09/19/report-ranking-military-installations-for-sex-assault-risk-delayed/>

Resource of the Week: [Resources for Military Members Following a Hurricane](#)

From the Psychological Health Center of Excellence (PHCoE):

In the midst and aftermath of Hurricane Florence, service members and their families living in North Carolina, South Carolina, Virginia, and Georgia may experience challenging living conditions and may be displaced from their homes. Given the uncertainty of Florence's final path and potential secondary impacts of hurricanes, those in other states may be affected as well. Access to emergency response resources can make a critical difference for those impacted by the hurricane and providers and commands should encourage service members, veterans and military families to leverage all available resources.



U.S. Air Force photo/Tech. Sgt. Ben Bloker

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