

CDP



Research Update -- October 27, 2018

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Special Section Suicide Prevention Month

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- Mental and Physical Health Correlates of Pain Treatment Utilization Among Veterans With Chronic Pain: A Cross-sectional Study.
- Association of Cannabinoid Administration With Experimental Pain in Healthy Adults: A Systematic Review and Meta-analysis.
- Links of Interest
- Resource of the Week: Sexual Assault and Sexual Harassment in The U.S. Military -- Volume 5 -- Estimates for Installation- and Command-Level Risk of Sexual Assault and Sexual Harassment from the 2014 RAND Military Workplace Study

<https://onlinelibrary.wiley.com/doi/abs/10.1111/sltb.12494>

Intentional Injury and the Risk of Subsequent Hospitalization for Attempted Suicide.

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Suicide and Life-Threatening Behavior

First published: 02 August 2018

<https://doi.org/10.1111/sltb.12494>

Objective

Trauma patients are at increased risk of suicidal behavior. The association between assault injury and subsequent suicidal behavior relative to unintentional injury remains under-studied. This study hypothesized that trauma patients with assault injuries would demonstrate greater risk of subsequent suicide attempt hospitalization compared to patients with unintentional injury.

Method

Trauma patients hospitalized in Washington State were identified via administrative records. Proportional hazard analysis was conducted to test differences in risk of suicide attempt hospitalization up to 5 years after the initial trauma hospitalization, and time to onset of first suicide attempt hospitalization by subgroup.

Results

Approximately 2% (n = 1264) of trauma inpatients were subsequently hospitalized for attempted suicide, and 0.3% died by suicide (n = 177) during the follow-up period. Relative to patients with unintentional injuries, those with assault-related injuries (aHR = 1.38, 95% CI: 1.02 to 1.86), and self-inflicted injuries (aHR = 8.22, 95% CI: 7.24 to 9.33) demonstrated greater risk of suicide attempt hospitalization after discharge.

Conclusion

These findings demonstrate a greater risk of suicidal behavior among trauma patients with assault injuries relative to patients with unintentional injuries. This suggests the importance of intentional cause of injury as a risk factor for suicidal behavior to be

considered in assessment of suicidality and discharge planning for trauma patients.

<https://www.sciencedirect.com/science/article/abs/pii/S0887618517305649>

Does CBT for anxiety-related disorders alter suicidal ideation? Findings from a naturalistic sample.

Lily A. Brown, Thea Gallagher, Julie Petersen, Kathy Benhamou, ... Anu Asnaani

Journal of Anxiety Disorders

Volume 59, October 2018, Pages 10-16

<https://doi.org/10.1016/j.janxdis.2018.08.001>

Highlights

- PTSD and SAD were associated with elevated SI at baseline.
- Significant reductions in SI were observed across all participants.
- When divided by diagnosis, PTSD and unspecified anxiety were associated with significant SI reductions.
- Rates of exacerbation in SI were low.

Abstract

Background

Anxiety disorders commonly co-occur with suicidal ideation (SI). To our knowledge, no studies have reported on the baseline prevalence of SI and the reduction in SI in a naturalistic sample receiving cognitive behavior therapy (CBT) for anxiety-related disorders.

Methods

Participants (n = 355) recruited from an anxiety specialty clinic reported SI at pre-, mid-, and post-CBT. Multilevel mixed effects logistic regression models compared differences in SI endorsement over Time.

Results

Posttraumatic stress disorder (PTSD) and social anxiety disorder (SAD) were associated with significantly elevated baseline SI relative to specific phobia. PTSD and unspecified anxiety-related disorders were associated with significant reductions in SI, whereas reductions in SAD, GAD, OCD, and panic disorder did not reach significance. Rates of new onset and exacerbation of SI were low.

Discussion

CBT for anxiety disorders was associated with significant reductions in SI over time, with no evidence for exacerbation of suicide risk. Clinical implications are discussed, as well as future research directions to further understand the effect of anxiety disorder treatments on SI.

<http://psycnet.apa.org/record/2018-37731-006>

Pilot trial of post-admission cognitive therapy: Inpatient program for suicide prevention.

LaCroix, J. M., Perera, K. U., Neely, L. L., Grammer, G., Weaver, J., & Ghahramanlou-Holloway, M.

Psychological Services

2018; 15(3), 279-288.

<http://dx.doi.org/10.1037/ser0000224>

Suicide remains a significant public health problem for the United States military. Trauma-related diagnoses such as acute stress disorder (ASD) or posttraumatic stress disorder (PTSD) may exacerbate suicide risk, particularly among service members psychiatrically hospitalized following suicide-related events. To date, treatments to address suicide risk and trauma symptomatology among service members within inpatient milieus have been nonexistent. To address this gap, a randomized controlled pilot trial of Post-Admission Cognitive Therapy (PACT) was conducted to evaluate a targeted cognitive-behavioral program among traumatized military personnel (N = 36) hospitalized following a recent suicide attempt. All participants met criteria for ASD or PTSD and were randomly assigned to receive either PACT and enhanced usual care (PACT + EUC) or EUC alone. PACT consisted of six 60- to 90-min individual psychotherapy sessions, adapted from Brown et al.'s (2005) cognitive therapy protocol for suicide prevention. Blinded follow-up assessments were conducted at 1-, 2-, and 3-months postpsychiatric discharge. The primary outcome was days until repeat suicide attempt. Secondary outcomes included depression, hopelessness, suicide ideation, and PTSD symptoms. Participants did not significantly differ in reattempt status. However, based on reliable change index analyses, a greater proportion of PACT + EUC versus EUC participants met criteria for clinically significant change on measures of depression (100% vs. 78%), hopelessness (83% vs. 57%), and PTSD symptom severity (100% vs.

38%), but not for suicide ideation (60% vs. 67%). PACT is an innovative inpatient protocol, currently under evaluation in a well-powered multisite RCT for its efficacy in reducing subsequent suicidal behaviors. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<https://www.sciencedirect.com/science/article/pii/S0005796718301220>

Evaluation of two web-based interventions in reducing the stigma of suicide.

Megan L. Rogers, Matthew E. Schneider, Anna R. Gai, Julia Y. Gorday, Thomas E. Joiner

Behaviour Research and Therapy
Volume 109, October 2018, Pages 49-55
<https://doi.org/10.1016/j.brat.2018.08.001>

Highlights

- Suicide is highly stigmatized, increasing isolation and decreasing help-seeking.
- This study tested two brief web-based interventions: psychoeducation and exposure.
- Both psychoeducation and interpersonal exposure reduced stigma of suicide.
- These results were strongest among those with no prior exposure to suicide.
- Web-based interventions may be a cost-/time-effective method of reducing stigma.

Abstract

Suicide is more highly stigmatized than most mental health conditions; however, no interventions have aimed to modify the stigma of suicide in the general population. This study tested the efficacy of two brief web-based interventions—psychoeducation and interpersonal exposure—in reducing suicide-related stigma in a student/community sample. A sample of 266 adults completed baseline measures of suicide-related stigma, were randomized into one of three conditions (psychoeducation, interpersonal exposure, control), in which they browsed an assigned website for twenty minutes, and completed post-intervention and one-month follow-up stigma measures. Results indicated that the two interventions were more efficacious than the control in reducing suicide-related stigma; this effect was accentuated for individuals without prior exposure to suicide. Although future research is needed to understand the mechanisms of change and the generalizability of these findings, it is possible that web-based interventions could be a cost- and time-effective avenue of targeting the widespread stigma of suicide.

<http://psycnet.apa.org/record/2018-37731-002>

A stepped care approach to clinical suicide prevention.

Jobes, D. A., Gregorian, M. J., & Colborn, V. A.

Psychological Services

2018; 15(3), 243-250.

<http://dx.doi.org/10.1037/ser0000229>

Despite the enormous humanitarian and economic toll of suicide, mental health systems of care are largely underprepared to work effectively with suicidal individuals and suicide is a leading “Sentinel Event” in U.S. health care settings (The Joint Commission, 2016). In response to these concerns, a recent policy initiative called “Zero Suicide” has advocated a systems-level response to the suicidal risk within health care and this policy initiative is yielding positive results (Hogan & Goldstein Grumet, 2016). Along these lines, a “stepped care” approach developed by Jobes (2016) has been adapted and used within the Zero Suicide curriculum as a model for systems-level care that is suicide-specific, evidence-based, least-restrictive, and cost-effective. The Collaborative Assessment and Management of Suicidality (CAMS) is an example of one suicide-specific evidence-based clinical intervention that can be adapted and used across the full range of stepped care service settings (Jobes, 2016). This article describes various applications and uses of CAMS at all service levels and highlights CAMS-related innovations. It is argued that psychological services are uniquely poised to make a major difference in clinical suicide prevention through a systems-level approach using evidence-based care such as CAMS. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<http://psycnet.apa.org/record/2018-37731-016>

Relation between sexual and gender minority status and suicide attempts among veterans seeking treatment for military sexual trauma.

Sexton, M. B., Davis, M. T., Anderson, R. E., Bennett, D. C., Sparapani, E., & Porter, K. E.

Psychological Services
2018; 15(3), 357-362.
<http://dx.doi.org/10.1037/ser0000207>

There is limited study of suicidal behaviors among veterans identifying as sexual and gender minorities (SGMs), despite previous research indicating rates of suicide attempts are high within civilian SGM populations. Further, some research incorporating military service members suggests those identifying as SGMs are disproportionately exposed to military sexual trauma (MST), an additional risk factor for negative psychiatric sequelae. To address health care research disparities among minority veterans (i.e., women, those endorsing MST, SGMs), we examined presentations of veterans (N = 277) who attended initial consultation appointments for MST-related treatment and completed a semistructured clinical interview including demographic characteristics, history of suicide attempts (HSA), and a diagnostic evaluation. Twenty-eight (10.1%) veterans identified as SGMs. SGM/non-SGM groups were contrasted on suicidal and psychiatric morbidity outcomes. Overall, endorsement of HSA was high (30.7%). Despite similar clinical profiles, 53.6% of veterans who identified as SGM endorsed HSA in contrast with 28.1% of peers identifying as heterosexual and nontransgender, a significant effect of small-to-moderate size. Findings suggest assessment and clinical management of suicidality is of critical importance for clinicians providing services to veterans pursuing recovery from MST, generally, and may be especially so when delivering care to SGM. Further, results underscore the need for culturally competent delivery of trauma-focused interventions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<http://psycnet.apa.org/record/2018-37731-007>

Survivors of suicide attempts (SOSA) support group: Preliminary findings from an open-label trial.

Hom, M. A., Davis, L., & Joiner, T. E.

Psychological Services
2018; 15(3), 289-297.
<http://dx.doi.org/10.1037/ser0000195>

Suicide attempt survivors represent a high-risk group for death by suicide; however, few empirically supported, tailored interventions exist for this population. One intervention format that may be useful in reducing suicide risk among suicide attempt survivors is support groups co-led by a clinician and peer survivor. This study aimed to evaluate changes in suicidal symptoms and resilience appraisals following attempt survivors' participation in the Survivors of Suicide Attempts (SOSA) support group. A sample of 92 suicide attempt survivors was recruited to participate in the 8-week SOSA support group. Individuals completed self-report measures of suicidal symptoms (i.e., suicidal ideation, hopelessness, suicidal desire, and suicidal intent) and resilience appraisals immediately prior to and following participation in the SOSA program. Paired t tests were utilized to examine pre-post symptom changes. Participants in this study reported significant reductions in suicidal ideation, hopelessness, suicidal desire, and suicidal intent after completing the SOSA program. Additionally, individuals reported significant increases in resilience appraisals following SOSA group participation. Of note, individuals engaged in concurrent mental health treatment did not demonstrate significantly greater reductions in suicidal symptoms than those not engaged in concurrent treatment, highlighting the potential utility of the SOSA intervention. Findings suggest that the SOSA support group model may be useful in therapeutically impacting suicidal symptoms and increasing resilience among suicide attempt survivors. However, to establish SOSA's efficacy, further research is warranted to replicate these findings utilizing a randomized controlled trial design to compare outcomes from the SOSA support group to treatment as usual. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<http://psycnet.apa.org/record/2018-37731-004>

A menu of options: Resources for preventing veteran suicide in rural communities.

Mohatt, N. V., Billera, M., Demers, N., Monteith, L. L., & Bahraini, N. H.

Psychological Services

2018; 15(3), 262-269.

<http://dx.doi.org/10.1037/ser0000203>

Suicide rates are higher in rural communities than in their urban counterparts. Of particular concern are veterans residing in rural communities, who have a 20% higher risk of dying by suicide than veterans who live in urban areas. The objective of this

manuscript is to assess the availability of evidence-based and promising practices to support a community-based suicide prevention effort for rural veterans. We compiled a compendium of evidence-based and promising practices—the “menu of options”—with resources across 4 levels: increasing access to crisis services, enhancing primary care suicide prevention, training community members, and raising public awareness. We compiled resources from multiple sources, then reviewed and rated each one to arrive at consensus on the final selections. The final menu includes 70 resources. However, only 20 are tailored for veterans, only one for rural communities, and none for rural veterans. More research is needed to identify effective strategies and develop rural-tailored resources for preventing suicide among this unique and often underserved population. The menu of options represents a first step toward developing an approach to rural veteran-suicide prevention that aligns with evidence-based practice, theory, and a public health model for suicide prevention. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<https://onlinelibrary.wiley.com/doi/abs/10.1111/sltb.12501>

Psychologists' Willingness to Provide Services to Individuals at Risk of Suicide.

Taylor Groth MA Dana E. Boccio PhD

Suicide and Life-Threatening Behavior

First published: 08 August 2018

<https://doi.org/10.1111/sltb.12501>

Objective

This study examined psychologists' willingness to accept a new client into their private practice as a function of the client's clinical presentation (with or without overt suicidality). Psychologists' openness to working with a client at risk of suicide was evaluated in the context of potential barriers to treatment provision, such as practitioners' endorsement of stigmatizing attitudes, concerns over liability and inadequate training, and limited access to community resources.

Method

Eighty-six licensed psychologists practicing within the United States were surveyed via e-mail and randomly assigned to one of two conditions, consisting of exposure to a vignette describing either a client reporting current suicidal ideation and a history of attempts or a client without explicitly elevated suicide risk. All participants were asked to

complete a questionnaire assessing their likelihood of accepting the hypothetical client into their practice and examining possible explanations for disinclination to provide treatment.

Results

Psychologists were less willing to work with a client experiencing suicidality than an individual without elevated suicide risk. Those indicating a reluctance to provide services reported greater concerns over the adequacy of their suicide-related skills and training and fewer resources in the community.

Conclusions

Recommendations for improving the responsiveness of private practitioners are provided, with an emphasis on enhancing clinical training and increasing the availability and accessibility of mental health resources.

<https://www.sciencedirect.com/science/article/pii/S0010440X1830138X>

Military sexual trauma and suicidal behavior among National Guard personnel.

Kirsi L. White, Julia A. Harris, AnnaBelle O. Bryan, Mira Reynolds, ... Craig J. Bryan

Comprehensive Psychiatry

Volume 87, November 2018, Pages 1-6

<https://doi.org/10.1016/j.comppsy.2018.08.008>

Highlights

- Suicides have risen among U.S. National Guard (NG) personnel.
- Military sexual trauma (MST) may be a risk factor for suicidal behavior.
- Research on MST and suicide risk factors among the NG is limited.
- 9% of NG personnel report MST, of which 46% is perpetrated by civilians.
- MST predicts suicide attempts among NG personnel with a history of suicide ideation.

Abstract

Background

Preliminary evidence suggests military sexual trauma (MST) may be associated with increased risk for suicidal behaviors among active duty military personnel and veterans. Among National Guard personnel, a high-risk subgroup, MST and suicide risk have not received much empirical attention.

Purpose

To examine the association of MST with suicide ideation and suicide attempts among National Guard personnel.

Procedures

N = 997 National Guard personnel from Idaho and Utah participated in an anonymous online survey. Weighted analyses were conducted to minimize sampling bias.

Main findings

9% of participants had a history of MST (6% of men, 28% of women). Among participants reporting MST, 68% reported a service member perpetrator and 44% reported a civilian perpetrator (12% reported both). A history of MST was associated with significantly increased risk for lifetime suicide attempt. MST remained a significant predictor of lifetime suicide attempt even when restricting the sample to the subgroup with a history of suicidal thoughts (n = 257, 27% of full sample). When adjusting for premilitary sexual victimization, MST was no longer significantly associated with lifetime suicide attempts, but premilitary sexual victimization was.

Conclusions

The rate of MST among National Guard personnel is comparable to rates among active duty military personnel, although the perpetrators of MST are less likely to be service members. MST is a risk factor for suicide attempts, but premilitary sexual victimization is a relatively stronger risk factor.

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.

GUINA, JEFFREY, MD; NAHHAS, RAMZI W., PhD; NGUYEN, MINH-TRI, MD;
FARNSWORTH, SETH, MD

Journal of Psychiatric Practice

September 2018 - Volume 24 - Issue 5 - p 310–316

doi: 10.1097/PRA.0000000000000331

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.

<https://www.ncbi.nlm.nih.gov/pubmed/30234322>

Psychol Trauma. 2018 Sep 20. doi: 10.1037/tra0000407. [Epub ahead of print]

Sex differences in mental health symptoms and substance use and their association with moral injury in veterans.

Kelley ML, Braitman AL, White TD, Ehlke SJ

OBJECTIVE:

This study examines potential sex differences in 3 types of experiences (i.e., atrocities of war, cognitive and emotional changes from combat, and leadership failure or betrayal) that may result in moral injury (i.e., guilt, shame, inability to forgive one's self, inability to forgive others, and withdrawn behavior associated with these three types of experiences). In addition, we examine whether moral injury results in different associations with mental health and substance use outcomes for female versus male veterans. We expected more symptoms of depression and anxiety for women and more symptoms of hazardous alcohol use and drug abuse for men. Also, we examined sex as a moderator between moral injury and outcomes, expecting stronger relationships between moral injury and symptoms of depression and anxiety among women and stronger associations between moral injury and alcohol use and drug abuse symptoms for men.

METHOD:

Participants (n = 256; 60.9% [n = 156] males) were a community sample of recent-era military personnel who completed a measure of morally injurious experiences (MIEs) and associated moral injury.

RESULTS:

After correcting for Type I error rate, sex was not associated with mental health or substance use. Further, no Sex × Moral Injury interactions were present; however, moral injury significantly positively predicted all negative mental health symptoms (depression, anxiety, suicidality, and posttraumatic stress disorder [PTSD]) and hazardous alcohol use, but not drug abuse symptoms.

CONCLUSIONS:

Results reveal the need for improved screening and treatment of moral injury and integrated treatments that may assess moral injury and associated disorders.
(PsycINFO Database Record (c) 2018 APA, all rights reserved).

<https://www.ncbi.nlm.nih.gov/pubmed/30233429>

Front Psychiatry. 2018 Sep 4;9:408. doi: 10.3389/fpsy.2018.00408. eCollection 2018

Association Between Trust and Mental, Social, and Physical Health Outcomes in Veterans and Active Duty Service Members With Combat-Related PTSD Symptomatology.

Kopacz MS, Ames D, Koenig HG

Background:

Trust represents a complex emotion and interpersonal concept which assumes abandoning control over a given situation or set of circumstances, in turn yielding such control to another party. Advances in our knowledge of post-traumatic stress disorder and moral injury have underscored the need to more closely examine how trust stands to impact health outcomes in these disorders. The aim of the present study is to examine and identify relationships linking general trust with select health outcomes in a mixed sample of Veterans and Service members with a self-reported history of deployment to a combat theater and PTSD symptomatology.

Methods:

This study applied a cross-sectional methodology, surveying n = 427 participants recruited across six sites. This included 373 Veterans and 54 active duty Service members in the United States. Measures included demographic characteristics, combat exposure, general trust, post-traumatic stress disorder symptomatology, depressive/anxiety symptomatology, alcohol use, social involvement, religiosity, and physical health. Data were analyzed descriptively as well as using Pearson correlations, Student's t-test, and multivariate regression.

Results:

Several significant relationships were identified, indicating an inverse relationship between trust and PTSD, depressive, and anxiety symptomatology. Greater levels of trust were also significantly associated with increased social interaction and religiosity. Lastly, no significant associations were identified with either physical functioning or pain level.

Conclusion:

The findings suggest that trust is correlated with a variety of health outcomes in Veterans and Service members affected by combat-related PTSD. Additional, hypothesis-driven research, informed by longitudinal data, is needed to better understand how trust stands to impact health outcomes, including the development of strategies and intervention options for repairing trust.

<https://mhealth.jmir.org/2018/9/e10074/>

A Smartphone App and Personalized Text Messaging Framework (InDEx) to Monitor and Reduce Alcohol Use in Ex-Serving Personnel: Development and Feasibility Study.

Leightley D, Puddephatt JA, Jones N, Mahmoodi T, Chui Z, Field M, Drummond C, Rona RJ, Fear NT, Goodwin L

JMIR Mhealth Uhealth
2018;6(9):e10074
DOI: 10.2196/10074

Background:

Self-reported alcohol misuse remains high in armed forces personnel even after they have left service. More than 50% of ex-serving personnel meet the criteria for hazardous alcohol use; however, many fail to acknowledge that they have a problem. Previous research indicates that interventions delivered via smartphone apps are suitable in promoting self-monitoring of alcohol use, have a broad reach, and may be more cost-effective than other types of brief interventions. There is currently no such intervention specifically designed for the armed forces.

Objective:

This study sought to describe the development of a tailored smartphone app and personalized text messaging (short message service, SMS) framework and to test the usability and feasibility (measured and reported as user engagement) of this app in a hard-to-engage ex-serving population.

Methods:

App development used Agile methodology (an incremental, iterative approach used in software development) and was informed by behavior change theory, participant feedback, and focus groups. Participants were recruited between May 2017 and June 2017 from an existing United Kingdom longitudinal military health and well-being cohort study, prescreened for eligibility, and directed to download either Android or iOS versions of the "Information about Drinking for Ex-serving personnel" (InDEx) app. Through the app, participants were asked to record alcohol consumption, complete a range of self-report measures, and set goals using implementation intentions (if-then plans). Alongside the app, participants received daily automated personalized text messages (SMS) corresponding to specific behavior change techniques with content

informed by the health action process approach with the intended purpose of promoting the use of the drinks diary, suggesting alternative behaviors, and providing feedback on goals setting.

Results:

Invitations to take part in the study were sent to ex-serving personnel, 22.6% (31/137) of whom accepted and downloaded the app. Participants opened the InDEx app a median of 15.0 (interquartile range [IQR] 8.5-19.0) times during the 4 week period (28 days), received an average of 36.1 (SD 3.2) text messages (SMS), consumed alcohol on a median of 13.0 (IQR 11.0-15.0) days, and consumed a median of 5.6 (IQR 3.3-11.8) units per drinking day in the first week, which decreased to 4.7 (IQR 2.0-6.9) units by the last week and remained active for 4.0 (IQR 3.0-4.0) weeks.

Conclusions:

Personnel engaged and used the app regularly as demonstrated by the number of initializations, interactions, and time spent using InDEx. Future research is needed to evaluate the engagement with and efficacy of InDEx for the reduction of alcohol consumption and binge drinking in an armed forces population.

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

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

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Stevan E Hobfoll, PhD Kumar B Rajan, PhD John W Burns, PhD

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.

<http://psycnet.apa.org/record/2018-32562-001>

Employing loving-kindness meditation to promote self- and other-compassion among war veterans with posttraumatic stress disorder.

Litz, B., & Carney, J. R.

Spirituality in Clinical Practice
2018; 5(3), 201-211.
<http://dx.doi.org/10.1037/scp0000174>

In this paper, we described how we have recently incorporated compassion training in the form of Loving Kindness Meditation into an existing psychotherapy for war-related PTSD called Adaptive Disclosure. We provided background to support the assumption that targeting compassion deficits in war-related trauma may improve mental and behavioral health by helping patients engage in adaptive and potentially reparative behaviors, particularly improving social connections. We also described how compassion training may help veterans suffering from traumatic loss and moral injury, specifically. Throughout, we provide clinical heuristics that may help care providers who work with veterans who have experienced diverse war traumas. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<https://link.springer.com/article/10.1007/s11126-018-9604-5>

In Their Own Words: Clinician Experiences and Challenges in Administering Evidence-Based Treatments for PTSD in the Veterans Health Administration.

Jennifer M. Doran, McKenna O'Shea, Ilan Harpaz-Rotem

Psychiatric Quarterly
First Online: 12 September 2018
<https://doi.org/10.1007/s11126-018-9604-5>

The aim of the present study was to increase the understanding of clinician experiences with administering two evidence-based psychotherapies (EBPs) for PTSD (Cognitive Processing Therapy and Prolonged Exposure therapy) in the Veterans Affairs Healthcare System (VA). The study assessed clinician perceptions through the use of two, one-hour focus groups and employed a rigorous data analysis approach, Consensual Qualitative Research. Clinicians who work in an outpatient PTSD clinic at a New England VA, and who routinely administer EPBs for PTSD, participated in the study. Results were categorized into seven domains by the coding team, including 1) EBP Strengths, 2) EBP Weaknesses, 3) Challenges Specific to the Veteran Population, 4) Perceived EBP Effectiveness, 5) Active Ingredients for Treating PTSD, 6) Treatment Structure and Process, and 7) Suggested Changes/Improvements to EBPs. These domains are discussed in detail, with several core ideas falling under each domain.

Operational definitions and representative quotes are provided. Overall, clinicians provided a balanced perspective and identified both strengths and weaknesses of the EBPs for PTSD. They identified several challenges in applying these treatments to veteran populations, and shared their beliefs about treatment effectiveness, how they use these treatments in their clinical practice, and how they would change the treatments if given an opportunity to do so. In this way, the study offers a small but important step in attempting to address the science-practice gap related to EBP for PTSD implementation efforts in the VA.

<https://www.sciencedirect.com/science/article/pii/S0012369218324140>

Optimizing Sleep in the Military: Challenges and Opportunities.

Vincent F. Capaldi, MD, Thomas J. Balkin, PhD, Vincent Mysliwiec, MD

Chest

Available online 12 September 2018

<https://doi.org/10.1016/j.chest.2018.08.1061>

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://link.springer.com/article/10.1007/s11920-018-0941-8>

The Walking Wounded: Emerging Treatments for PTSD.

Durga Bestha, Layla Soliman, Kelly Blankenship, James Rachal

Current Psychiatry Reports

October 2018, 20:94

<https://doi.org/10.1007/s11920-018-0941-8>

Purpose of Review

We review the published literature over the last 24 months in the treatment of PTSD for our military men and women. We examined the updated clinical practice guidelines published in June 2017 by the Veteran's administration and Department of Defense and contrasted the guidelines with the most recent literature. We also discuss new directions in PTSD research.

Recent Findings

Psychotherapy remains one of the most effective treatments for PTSD; unfortunately, few participants remain in treatment to completion. Many of the emerging therapies target NMDA receptor antagonists, cannabinoid receptor modulators, glucocorticoid receptor agonists, non-SSRI antidepressants, and opioid receptor agonists. The newer therapies fall into the drug classes of anti-hypertensives, glutamate modulators, oxytocin, and medication targeting insomnia/hyperarousal.

Summary

PTSD symptoms are often chronic in our veteran population. While current treatments are helpful, there are often significant residual symptoms. We reviewed the most recent improvements in treatment and discuss therapies that are in the research phase.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/famp.12393>

Daily Posttraumatic Stress Disorder Symptom Accommodation and Relationship Functioning in Military Couples.

Sarah B. Campbell, Keith D. Renshaw

Family Process

First published: 14 September 2018

<https://doi.org/10.1111/famp.12393>

Romantic partners' accommodation of trauma survivors' posttraumatic stress disorder (PTSD) symptoms (e.g., taking on tasks, survivors avoid participating in social withdrawal) is associated with lower relationship satisfaction for both partners and survivors. Little is known about associations of partner accommodation with other aspects of relationship functioning, like intimacy. Sixty-four male military veterans with at least subclinical PTSD and their partners participated in a 2-week daily diary study. Veterans completed nightly measures of PTSD symptoms, while female partners completed nightly measures of accommodating behaviors performed that day. Both partners reported feelings of intimacy each night. Multilevel models revealed that accommodation was significantly, negatively associated with feelings of intimacy, with stronger effects for partners ($t = -8.70$) than for veterans ($t = -5.40$), and stronger effects when veterans had lower ($t = -7.43$) rather than higher ($t = -5.20$) levels of daily PTSD symptoms. Therapists should consider accommodating behaviors as a potential impediment to relationship intimacy, particularly when veterans have less severe symptoms of PTSD. Accommodating behaviors are an ideal treatment target in behavioral couple therapies.

<https://link.springer.com/article/10.1007/s11414-018-9633-8>

Perceived Needs of Veterans Transitioning from the Military to Civilian Life.

Karen J. Derefinko, Troy A. Hallsell, Matthew B. Isaacs, Lauren W. Colvin, Francisco I. Salgado Garcia, Zoran Bursac

The Journal of Behavioral Health Services & Research

First Online: 14 September 2018

<https://doi.org/10.1007/s11414-018-9633-8>

Despite existing separation services provided by the military, many transitioning to civilian life report continued or even worsening issues, including anger outbursts, PTSD, sustained substance use, and strained family relationships. Further, only 61% of the 1,906,754 veterans separated since 2002 participate in the VA health care system after separation, indicating that at least three quarters of a million veterans are not captured by research conducted in VA systems. The current study ($N = 90$) examined the

perceived needs of veterans transitioning from the military to civilian life, assessed issues that prevent these individuals from participating in VA health care upon separation, and captured veteran recommendations to improve existing separation services, either prior to or after the transition to civilian life. Veterans identified several needs, including improved access to care, mental health and substance use counseling, and preparedness for adjustment and economical/financial issues. Implications for both care and policy are discussed.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usy235/5095679>

Mental and Physical Health Correlates of Pain Treatment Utilization Among Veterans With Chronic Pain: A Cross-sectional Study.

Kaitlin Harding, Melissa A Day, Dawn M Ehde, Amanda E Wood, Alisha McCall, Rhonda Williams

Military Medicine

Published: 12 September 2018

<https://doi.org/10.1093/milmed/usy235>

Introduction

The annual cost of treatment and lost productivity due to chronic pain is estimated to be \$635 billion within the USA. Self-management treatments for chronic pain result in lower health care costs and lower utilization of provider-management treatments, such as hospitalization and medication use. The current study sought to identify and characterize patient factors and health conditions associated with chronic pain treatment utilization to inform ways to improve engagement in self-management pain treatment (e.g., applying heat or ice, exercising, or practicing relaxation). This study predicted (1) greater pain intensity and pain interference would be associated with greater utilization of self-management treatments and (2) this association would be moderated by patient factors (gender and age) and health comorbidities (anxiety, trauma, depression, and sleep disturbance).

Materials and Methods

Baseline data from a three-arm clinical trial were collected for 127 Veterans seeking treatment for chronic pain. Veterans were recruited via clinician referral and medical record review at the Veterans Affairs Puget Sound Health Care System, Washington, USA.

Results

Self-management treatments were more utilized than provider-management treatments. Pain intensity and pain interference were not uniquely associated with provider-management or self-management treatment utilization after controlling for demographics and mental health status. Sleep disturbance moderated the relationship between pain interference and provider-management treatment utilization. Depression moderated the relationship between pain intensity and provider-management treatment utilization.

Conclusions

While study conclusions may not generalize to all Veteran populations, findings suggest that Veterans with chronic pain were more likely to seek provider-management treatments when experiencing high-pain interference and high-sleep disturbance. In addition, Veterans were more likely to seek provider-management treatments when experiencing low-pain intensity and high-depression symptoms.

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2701671>

Association of Cannabinoid Administration With Experimental Pain in Healthy Adults: A Systematic Review and Meta-analysis.

Martin J. De Vita, MS; Dezarie Moskal, MS; Stephen A. Maisto, PhD; Emily B. Ansell, PhD

JAMA Psychiatry.

Published online September 19, 2018

doi:10.1001/jamapsychiatry.2018.2503

Key Points

Question

What is the association between acute cannabinoid administration and experimental pain reactivity in healthy adults?

Findings

This systematic review and meta-analysis of 18 studies including 442 adults found that cannabinoid drugs were associated with modest increases in experimental pain threshold and tolerance, no reduction in the intensity of ongoing experimental pain,

reduced perceived unpleasantness of painful stimuli, and no reduction of mechanical hyperalgesia.

Meaning

Cannabinoid analgesia may be largely driven by an affective rather than a sensory component. These findings have implications for understanding the analgesic properties of cannabinoids.

Abstract

Importance

Cannabinoid drugs are widely used as analgesics, but experimental pain studies have produced mixed findings. The analgesic properties of cannabinoids remain unclear.

Objective

To conduct a systematic review and meta-analysis of the association between cannabinoid drug administration and experimental pain outcomes in studies of healthy adults.

Design, Setting, and Participants

A systematic search of PubMed, EMBASE, MEDLINE, PsycINFO, and CINAHL was conducted from the inception of each database to September 30, 2017. Studies were eligible for inclusion if they met criteria, including healthy participants and an experimentally controlled administration of any cannabinoid preparation in a quantified dose. Studies that used participants with chronic pain were excluded. Data extracted included study characteristics, cannabinoid types and doses, sex composition, and outcomes. Study quality was assessed using a validity measure previously established in published reviews. Random-effects meta-analyses were used to pool data and generate summary estimates.

Main Outcomes and Measures

Experimental pain threshold, pain tolerance, pain intensity, pain unpleasantness, and mechanical hyperalgesia.

Results

Eighteen placebo-controlled studies (with 442 participants) were identified. Of the 442 participants, 233 (52.7%) were male and 209 (47.3%) were female. For sample ages, 13 (72%) of the 18 studies reported a mean sample age (26.65 years), 4 (22%) reported a range, and 1 (6%) reported a median value. The search yielded sufficient data to analyze 18 pain threshold comparisons, 22 pain intensity comparisons, 9 pain unpleasantness comparisons, 13 pain tolerance comparisons, and 9 mechanical hyperalgesia comparisons. Cannabinoid administration was associated with small

increases in pain threshold (Hedges $g = 0.186$; 95% CI, 0.054-0.318; $P = .006$), small to medium increases in pain tolerance (Hedges $g = 0.225$; 95% CI, 0.015-0.436; $P = .04$), and a small to medium reduction in the unpleasantness of ongoing experimental pain (Hedges $g = 0.288$; 95% CI, 0.104-0.472; $P = .002$). Cannabinoid administration was not reliably associated with a decrease in experimental pain intensity (Hedges $g = 0.017$; 95% CI, -0.120 to 0.154 ; $P = .81$) or mechanical hyperalgesia (Hedges $g = 0.093$; 95% CI, -0.059 to 0.244 ; $P = .23$). The mean quality rating across studies was good.

Conclusions and Relevance

Cannabinoid drugs may prevent the onset of pain by producing small increases in pain thresholds but may not reduce the intensity of experimental pain already being experienced; instead, cannabinoids may make experimental pain feel less unpleasant and more tolerable, suggesting an influence on affective processes. Cannabis-induced improvements in pain-related negative affect may underlie the widely held belief that cannabis relieves pain.

Links of Interest

Military Suicide Prevention: It's Time for Productive Stupidity

<http://www.pdhealth.mil/news/blog/military-suicide-prevention-it-s-time-productive-stupidity>

How to Respond to a Suicidal Friend

<https://www.military.com/benefits/veterans-health-care/mental-health-and-wellness/how-respond-suicidal-friend.html>

VA: Suicide rate for younger veterans increased by more than 10 percent

<https://www.militarytimes.com/news/pentagon-congress/2018/09/26/suicide-rate-spikes-among-younger-veterans/>

Sexual assault: Here are the bases where troops are most at risk

<https://www.militarytimes.com/news/your-military/2018/09/21/sexual-assault-here-are-the-bases-where-troops-are-most-at-risk/>

The Army is supposed to be growing, but this year, it didn't at all

<https://www.armytimes.com/news/your-army/2018/09/21/the-army-is-supposed-to-be-growing-but-this-year-it-didnt-at-all/>

Fraternizing women in infantry units should be treated fairly

<https://www.militarytimes.com/opinion/editorials/2018/09/21/fraternizing-women-in-infantry-units-should-be-treated-fairly/>

I'm a Veteran With PTSD. The Medication I Take Makes Dating Difficult.

<https://www.nytimes.com/2018/09/20/magazine/dating-medication-veteran.html>

Army observes September as Suicide Prevention Month

<https://health.mil/News/Articles/2018/09/24/Army-observes-September-as-Suicide-Prevention-Month>

Veterans Need To Be Honest About Their Loneliness And Boredom After Serving

<https://taskandpurpose.com/veterans-need-honest-loneliness-boredom-serving/>

Smoking in disguise: Electronic smoking devices labeled 'healthy' can be misleading

<https://health.mil/News/Articles/2018/09/25/Smoking-in-disguise-Electronic-smoking-devices-labeled-healthy-can-be-misleading>

Military seeks volunteers for a study that could help grieving families

<https://www.militarytimes.com/2018/09/25/military-seeks-volunteers-for-a-study-that-could-help-grieving-families/>

Military Spouses Less Likely Than Troops to Vote: Survey

<https://www.military.com/daily-news/2018/09/25/military-spouses-less-likely-troops-vote-survey.html>

Insomnia symptoms, overall health improve with online insomnia program

<https://www.sciencedaily.com/releases/2018/09/180925141733.htm>

Resource of the Week: [Sexual Assault and Sexual Harassment in The U.S. Military -- Volume 5 -- Estimates for Installation- and Command-Level Risk of Sexual Assault and Sexual Harassment from the 2014 RAND Military Workplace Study](#)

The Sexual Assault Prevention and Response Office in the Office of the Secretary of Defense selected the RAND Corporation to provide a new and independent evaluation of sexual assault, sexual harassment, and gender discrimination across the U.S. military. The U.S. Department of Defense (DoD) asked the RAND research team to redesign the approach used in previous DoD

surveys, if changes would improve the accuracy and validity of the survey results for estimating the prevalence of sexual crimes and violations. In the summer of 2014, RAND fielded a new survey as part of the RAND Military Workplace Study.

This report, Volume 5 in our series, describes survey data analyses designed to identify how risk of sexual assault and sexual harassment varies across military installations and major commands.

Military Times has turned the information in this report into a [searchable database](#).

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