

CDP



Research Update -- October 4, 2018

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- Resource of the Week: South Central MIRECC Clinical Education Resources

<https://onlinelibrary.wiley.com/doi/abs/10.1002/cpp.2336>

The impact of therapy transfer on the therapeutic alliance and symptoms.

Dirk Zimmermann, Wolfgang Lutz, Michelle Hermens, Kaitlyn Boyle, Brian Schwartz, Viola N.L.S. Schilling, Anne-Katharina Deisenhofer, Julian A. Rubel

Clinical Psychology & Psychotherapy

First published: 24 September 2018

<https://doi.org/10.1002/cpp.2336>

Background:

The therapeutic alliance is an important factor in psychotherapy, affecting both therapy processes and outcome. Therapy transfers may impair the quality of the therapeutic alliance and increase symptom severity. The aim of this study is to investigate the impact of patient transfers in cognitive behavioral therapy on alliance and symptoms in the sessions after the transfer.

Method:

Patient- and therapist-rated therapeutic alliance as well as patient-reported symptom severity were measured session-to-session. Differences in the levels of alliance and symptom severity before (i.e., with the original therapist) and after (i.e., with the new therapist) the transfer session were analyzed. The development of alliance and symptom severity were explored using multilevel growth models.

Results:

A significant drop in the alliance was found after the transfer, while no differences were found with regard to symptom severity. After an average of 2.93 sessions, the therapeutic alliance as rated by patients reached pre-transfer levels, while it took an average of 5.05 sessions for therapist-rated alliance levels to be at a similar level as before the transfer. Inter-individual differences were found with regard to the development of the therapeutic alliance over time.

Conclusions:

Therapy transfers have no long lasting negative effects on either symptom impairment or the therapeutic alliance.

<https://link.springer.com/article/10.1007/s11920-018-0964-1>

Neurocognitive and Information Processing Biases in Posttraumatic Stress Disorder.

Jennifer J. Vasterling, Kimberly A. Arditte Hall

Current Psychiatry Reports

First Online: 17 September 2018

<https://doi.org/10.1007/s11920-018-0964-1>

Purpose of Review

We review recent research addressing neurocognitive and information processing abnormalities in posttraumatic stress disorder (PTSD), including studies informing direction of causality. We additionally consider neurocognition in the context of co-morbid mild traumatic brain injury (TBI) and psychosocial treatments for PTSD.

Recent Findings

Learning, memory, attention, inhibitory functions, and information processing biases frequently accompany PTSD, reflecting potential bi-directional relationships with PTSD. Although mild TBI is associated with increased risk of PTSD development and maintenance, TBI does not typically contribute significantly to sustained neurocognitive deficits in individuals with PTSD. Whereas better learning and memory is associated with mildly enhanced response to psychosocial interventions, such interventions may also improve neurocognitive performance and can be effectively provided to patients with TBI history.

Summary

PTSD is associated with cognitive abnormalities in processing both emotionally relevant and emotionally neutral information and, although mild, may underlie some PTSD symptom expression.

<https://link.springer.com/article/10.1007/s10608-018-9959-9>

Posttraumatic Mental Contamination and the Interpersonal Psychological Theory of Suicide: Effects via DSM-5 PTSD Symptom Clusters.

C. Alex Brake, Thomas G. Adams, Caitlyn O. Hood, Christal L. Badour

Cognitive Therapy and Research

First Online: 11 September 2018

DOI <https://doi.org/10.1007/s10608-018-9959-9>

Research has yet to establish a relationship between posttraumatic mental contamination and suicide risk, despite theoretical overlap. The present study examined relationships between posttraumatic mental contamination and suicide risk via posttraumatic stress symptom clusters and appraisals of perceived burdensomeness and thwarted belongingness. Trauma-exposed participants (N = 183) completed measures of posttraumatic mental contamination, posttraumatic stress symptoms, thwarted belongingness, perceived burdensomeness, and suicide risk. Findings revealed significant indirect effects of posttraumatic mental contamination on suicide risk via all posttraumatic stress symptom clusters. Significant serial indirect effects of posttraumatic mental contamination on suicide risk were observed via posttraumatic avoidance and arousal/reactivity and, subsequently, via thwarted belongingness and perceived burdensomeness. Serial models via posttraumatic re-experiencing and negative cognitions/mood symptoms were nonsignificant. Results suggest that posttraumatic mental contamination may increase suicide risk via posttraumatic stress symptom severity, and maladaptive interpersonal appraisals may explain these links through distinct symptom pathways. Implications for posttraumatic suicide risk are discussed.

<https://www.sciencedirect.com/science/article/pii/S0165032718305949>

A systematic review and meta-analysis of group treatments for adults with symptoms associated with complex post-traumatic stress disorder.

Adam Mahoney, Thanos Karatzias, Paul Hutton

Highlights

- The efficacy of group interventions for symptoms associated with interpersonal trauma was explored.
- Trauma memory processing (TMP) was significantly more effective than usual care.
- Direct comparisons with non-trauma informed group treatments were not conclusive
- Direct comparisons between TMP and psychoeducation were not conclusive.
- Indirect comparisons suggest 'Psychoeducation Plus' treatments increase efficacy.

Abstract

Background

No previous meta-analyses have specifically investigated the effectiveness of psychological group therapy for symptoms associated with complex interpersonal trauma, including whether trauma memory processing (TMP) therapies are superior to psychoeducational approaches alone.

Methods

A systematic review identified 36 randomised control trials (RCTs) which were included in the meta-analysis.

Results

Large significant effect sizes were evident for TMP interventions when compared to usual care for three outcome domains including: PTSD ($k = 6$, $g = -0.98$, 95% CI -1.53, -0.43), Depression ($k = 7$, $g = -1.12$, 95% CI -2.01, -0.23) and Psychological Distress ($k = 6$, $g = -0.98$, 95% CI 1.66, -0.40). When TMP and psychoeducation interventions were directly compared, results indicated a small non-significant effect in favour of the former for PTSD symptoms, ($k = 4$, $g = -0.34$, 95% CI -1.05, 0.36) and small non-significant effect sizes in favour of the latter for Depression ($k = 3$, $g = 0.29$, 95% CI -0.83, 1.4) and Psychological Distress ($k = 6$, $g = 0.19$, 95% CI -0.34, 0.71).

Limitations

Heterogeneity and a limited number of high quality RCTs, particularly in the Substance Misuse and Dissociation domains, resulted in uncertainty regarding meta-analytical estimates and subsequent conclusions.

Conclusions

Results suggest that TMP interventions are useful for traumatic stress whereas non-TMP interventions can be useful for symptoms of general distress (e.g. anxiety and depression). Thus, both TMP and psychoeducation can be useful for the treatment of complex interpersonal trauma symptoms and further research should unravel appropriate sequencing and dose of these interventions.

<http://psycnet.apa.org/record/2018-45941-002>

Virtual reality-enabled treatment of nightmares.

McNamara, P., Moore, K. H., Papelis, Y., Diallo, S., & Wildman, W. J.

Dreaming

2018; 28(3), 205-224.

<http://dx.doi.org/10.1037/drm0000088>

We pilot tested the efficacy of a virtual reality-based imagery rehearsal and rescripting treatment (ReScript) for nightmares. Nineteen community volunteers (Mage = 49 years) who varied in terms of their nightmare distress levels participated in a 4-week-long trial of ReScript therapy. Participants used VR manual controls in an Oculus headset to manipulate 3 scary or threatening images per session with 2 sessions per week. The object was to manipulate these images into less scary or threatening images so as to gain cognitive control over intrusive imagery and to lessen overall anxiety or nightmare distress or nightmare daytime effects. Images were taken from the International Affective Picture System database and varied along 3 affective dimensions (valence, arousal, and dominance) important for nightmare imagery. Results demonstrated a significant reduction (from baseline to trial end) in anxiety levels, nightmare distress, and nightmare effects (all effect sizes .63 or above), as well as a significant decrease in anxiety words and a significant increase in cognitive process words in rescripted narratives. Nightmare frequency was also significantly reduced though effect size was small. No significant side or adverse effects were reported by participants during the 4-week trial. Indeed, Depersonalization and Posttraumatic Stress Disorder Symptom Checklist scores significantly declined and mood function tests improved over the 4-week trial. We conclude that ReScript may be a safe and effective short-term therapy for nightmare distress but should next be tested with a randomized, double-blind, placebo-controlled trial. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<https://www.sciencedirect.com/science/article/pii/S016517811830859X>

Posttraumatic stress disorder clusters and suicidal ideation.

Lily A. Brown, Ateka Contractor, Kathy Benhamou

Psychiatry Research

Volume 270, December 2018, Pages 238-245

<https://doi.org/10.1016/j.psychres.2018.09.030>

Highlights

- Suicidal ideation (SI) was positively correlated with all PTSD factors in both studies.
- Negative mood/cognitions and arousal symptom clusters were more strongly correlated with SI than other clusters in Study 1
- PTSD symptom clusters contribute to SI in community and treatment-seeking samples.
- Findings suggest a need to assess SI when PTSD cluster scores are elevated.
- Interventions may benefit from targeting NACM and AAR symptom severity.

Abstract

Background

Posttraumatic stress disorder (PTSD) is associated with suicidal ideation and behavior. However, less is known about how the PTSD symptom clusters, namely alterations in arousal and reactivity (AAR), negative alterations in cognitions and mood (NACM), avoidance, and intrusion, uniquely relate to suicidal ideation. This study aimed to characterize the associations among suicidal ideation and these symptom clusters.

Methods

Study 1 (n = 346) and Study 2 (n = 194) included community members and treatment-seeking adults at an anxiety specialty clinic, respectively. Participants completed measures of trauma exposure, PTSD symptoms, and suicidal ideation.

Results

In both studies, suicidal ideation significantly and positively correlated with all PTSD factors. In Study 1, Wald tests of parameter constraints indicated that NACM and AAR had the strongest associations with suicidal ideation, followed by intrusion and avoidance. Results were replicated when restricting the sample to individuals with probable PTSD. In Study 2, suicidal ideation significantly and positively correlated with

all PTSD factors; there were no differences in the strength of the suicidal ideation-PTSD factors relations.

Limitations

The studies were cross-sectional and relied on a single-item measure of suicidal ideation.

Discussion

All PTSD factors significantly and positively correlated with suicidal ideation, and the NACM and AAR PTSD clusters were most strongly associated with suicidal ideation in Study 1. Therefore, clinicians should be cautious to thoroughly screen patients with elevations on these PTSD cluster scores for suicide risk.

<https://www.cambridge.org/core/journals/psychological-medicine/article/pattern-of-symptom-change-during-prolonged-exposure-therapy-and-presentcentered-therapy-for-ptsd-in-active-duty-military-personnel/E83FB50F3C223F853669BA3BBBCA76CF>

The pattern of symptom change during prolonged exposure therapy and present-centered therapy for PTSD in active duty military personnel.

Lily A. Brown, Joshua D. Clapp, Joshua J. Kemp, Jeffrey S. Yarvis, Katherine A. Dondanville, Brett T. Litz, Jim Mintz, John D. Roache, Stacey Young-McCaughan, Alan L. Peterson, Edna B. Foa, For the STRONG STAR Consortium

Psychological Medicine

Published online: 17 September 2018

<https://doi.org/10.1017/S0033291718002714>

Background

Few studies have investigated the patterns of posttraumatic stress disorder (PTSD) symptom change in prolonged exposure (PE) therapy. In this study, we aimed to understand the patterns of PTSD symptom change in both PE and present-centered therapy (PCT).

Methods

Participants were active duty military personnel (N = 326, 89.3% male, 61.2% white, 32.5 years old) randomized to spaced-PE (S-PE; 10 sessions over 8 weeks), PCT (10 sessions over 8 weeks), or massed-PE (M-PE; 10 sessions over 2 weeks). Using latent

profile analysis, we determined the optimal number of PTSD symptom change classes over time and analyzed whether baseline and follow-up variables were associated with class membership.

Results

Five classes, namely rapid responder (7–17%), steep linear responder (14–22%), gradual responder (30–34%), non-responder (27–33%), and symptom exacerbation (7–13%) classes, characterized each treatment. No baseline clinical characteristics predicted class membership for S-PE and M-PE; in PCT, more negative baseline trauma cognitions predicted membership in the non-responder v. gradual responder class. Class membership was robustly associated with PTSD, trauma cognitions, and depression up to 6 months after treatment for both S-PE and M-PE but not for PCT.

Conclusions

Distinct profiles of treatment response emerged that were similar across interventions. By and large, no baseline variables predicted responder class. Responder status was a strong predictor of future symptom severity for PE, whereas response to PCT was not as strongly associated with future symptoms.

<https://www.sciencedirect.com/science/article/pii/S0165032718310516>

Frequency of social contact in-person vs. on Facebook: An examination of associations with psychiatric symptoms in military veterans.

Alan R. Teo, Benjamin K. Chan, Somnath Saha, Christina Nicolaidis

Journal of Affective Disorders

Volume 243, 15 January 2019, Pages 375-380

<https://doi.org/10.1016/j.jad.2018.09.043>

Highlights

- Among post-9/11 era military veterans, frequent Facebook users are typically social offline.
- Having in-person social contact at least a few times a week is associated with approximately 50% lower odds of screening positive for major depression and PTSD among post-9/11 era veterans.
- Socialization on Facebook was not linked to increased risk of psychiatric problems.

Abstract

Introduction

Social isolation is closely associated with negative mental health outcomes. Social media platforms may expand opportunities for social contact, but whether online interactions are as effective as face-to-face, or in-person, interactions at protecting against the negative effects of social isolation is unclear.

Methods

Participants consisted of U.S. military veterans who served since September 2001 and used Facebook (n = 587). Our independent variables were frequency of social contact occurring in-person and on Facebook. Dependent variables were probable psychiatric disorders and suicidality, measured using several validated screening tools. The independent effect of each form of social contact was assessed using multivariate logistic regression, which included adjustment for several potential confounders.

Results

We found that veterans who frequently interacted on Facebook engaged in more in-person social contact than infrequent Facebook users ($p < .001$). More frequent in-person social interaction was associated with significantly decreased risk of symptoms of major depression and PTSD, compared with contact every few weeks or less. In contrast, increased frequency of social interaction on Facebook had no associations with mental health outcomes.

Limitations

All associations are cross-sectional (direction of association is unclear) and based on self-report measures.

Conclusions

Although veterans who frequently use Facebook are also typically social in their offline life, it is their offline (in-person) social interaction, rather than their social contact on Facebook, that is associated with reduced psychiatric symptoms.

<https://link.springer.com/article/10.1007/s11920-018-0965-0>

Posttraumatic Stress Disorder and Death From Suicide.

Jaimie L. Gradus

Current Psychiatry Reports
November 2018, 20:98
<https://doi.org/10.1007/s11920-018-0965-0>

Purpose of Review

This review summarizes the increasing public health concern about PTSD and suicide, and the population-based studies that have examined this association. Further, we discuss methodological issues that provide important context for the examination of this association.

Recent Findings

The majority of epidemiologic studies have shown that PTSD is associated with an increased risk of suicide; however, a notable minority of studies have documented a decreased risk of suicide among persons with PTSD. Methodological (e.g., sample size and misclassification) and etiologic issues (e.g., complicated psychiatric comorbidity) may explain the conflicting evidence.

Summary

PTSD may be associated with an increased risk of suicide, but further research is needed. Increasing the use of appropriate methods (e.g., marginal structural models that can evaluate both confounding and effect modification, machine learning methods, quantification of systematic error) will strengthen the evidence base and advance our understanding.

<https://www.sciencedirect.com/science/article/pii/S0165032718312114>

Shame as a mediator between posttraumatic stress disorder symptoms and suicidal ideation among veterans.

Katherine C. Cunningham, Stefanie T. LoSavio, Paul A. Dennis, Chloe Farmer, ... Jean C. Beckham

Journal of Affective Disorders
Volume 243, 15 January 2019, Pages 216-219
<https://doi.org/10.1016/j.jad.2018.09.040>

Highlights

- Shame fully accounted for the effects PTSD symptom severity on suicidal ideation

among U.S. military veterans, such that the effect of PTSD became nonsignificant when shame was included in the model.

- PTSD symptom severity did not explain the effects of shame on suicidal ideation.
- Shame appears to play a central role in suicidal ideation in the context of PTSD.
- Addressing shame in treatment may help mitigate suicide risk among Veterans with PTSD.

Abstract

Background

Suicidal ideation is a problem that disproportionately affects veterans. Moreover, veterans with posttraumatic stress disorder (PTSD) appear to be at particularly high risk for suicide.

Objective

The purpose of the present research was to examine whether shame mediates the association between PTSD and suicidal ideation.

Methods

Secondary analyses were conducted in a sample of 201 veterans with PTSD seeking care through an outpatient Veterans Affairs specialty PTSD clinic.

Results

Path analysis revealed that shame fully accounted for the effects of PTSD on suicidal ideation, suggesting that shame may represent a key link between PTSD and suicidal ideation among veterans.

Limitations

Although the reverse mediation effect was also examined, the present sample was cross-sectional and predominantly male.

Conclusions

The present findings suggest that shame may be an effective point of treatment intervention to reduce suicidal ideation among veterans with PTSD; however, additional prospective research is still needed to delineate the precise nature of these associations over time.

A cognitive processing therapy-based treatment program for veterans diagnosed with co-occurring posttraumatic stress disorder and substance use disorder: The relationship between trauma-related cognitions and outcomes of a 6-week treatment program.

Kelly R. Peck, Scott F. Coffey, Adam P. McGuire, Andrew C. Voluse, Kevin M. Connolly

Journal of Anxiety Disorders

Volume 59, October 2018, Pages 34-41

<https://doi.org/10.1016/j.janxdis.2018.09.001>

Highlights

- Prior to treatment, dysfunctional trauma-related cognitions were associated with PTSD and depressive symptoms, and trauma-cued craving.
- Following treatment dysfunctional trauma-related cognitions, PTSD and depressive symptoms, and trauma-cued craving decreased.
- Decreases in dysfunctional trauma-related cognitions mediated the corresponding improvement in treatment outcomes upon program completion.
- Reductions in maladaptive trauma-related cognitions appear to play an important role in recovery from PTSD.
- CPT-based interventions that modify trauma-related cognitions can lead to desirable outcomes among veterans with co-occurring PTSD and SUD.

Abstract

Dysfunctional trauma-related cognitions are important in the emergence and maintenance of posttraumatic stress disorder (PTSD) and the modification of such cognitions is a proposed mechanism of trauma treatment. However, the authors are not aware of any research examining trauma-related cognitions as a treatment mechanism in a sample of individuals with comorbid PTSD and substance use disorder (SUD). Accordingly, the present study sought to address this gap in the literature and examined the relationship between trauma-related cognitions and treatment outcomes within a sample of seventy-two veterans diagnosed with PTSD and SUD. Veterans completed a 6-week day CPT-based treatment program that included cognitive processing therapy as a central component. Measures of trauma-related cognitions, PTSD symptoms, depressive symptoms, and trauma-cued substance craving were completed at pre- and post-treatment. As expected, trauma-related cognitions were associated with several PTSD-related variables prior to treatment. Furthermore, results of a within-subjects mediational analysis indicated that maladaptive trauma-related cognitions decreased

during the treatment program and accounted for a significant portion of the variance in the reduction of PTSD and depressive symptoms at post-treatment. This study provides support for the position that attempts to modify dysfunctional trauma-related cognitions among veterans with co-occurring PTSD and SUD can lead to desirable treatment outcomes.

<https://link.springer.com/article/10.1007/s10608-018-9961-2>

The Structure of Suicidal Beliefs: A Bifactor Analysis of the Suicide Cognitions Scale.

Craig J. Bryan, Julia A. Harris

Cognitive Therapy and Research
First Online: 15 September 2018
<https://doi.org/10.1007/s10608-018-9961-2>

The Suicide Cognitions Scale (SCS) was developed to measure a broad spectrum of suicidogenic cognitions collectively referred to as the suicidal belief system. Prior confirmatory factor analyses have suggested both a unidimensional and multidimensional structure and high intercorrelations among identified factors, suggesting the possible influence of an underlying general factor. The present study used bifactor analysis in a clinical sample of 97 treatment-seeking Army personnel with recent suicide ideation and a nonclinical sample of 193 military personnel and veterans with a lifetime history of suicide ideation or attempts. Results supported the strong influence of a general factor in addition to several specific factors that aligned with constructs articulated by several theories of suicide, and suggested the SCS is best interpreted as a unidimensional measure. Results suggest that narrower suicidogenic cognitions are influenced in large part by a strong general latent variable.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/sltb.12511>

Developing Predictive Models to Enhance Clinician Prediction of Suicide Attempts Among Veterans With and Without PTSD.

Sean M. Barnes PhD Lindsey L. Monteith PhD Jeri E. Forster PhD Sarra Nazem PhD
Lauren M. Borges PhD Kelly A. Stearns-Yoder MA Nazanin H. Bahraini PhD

Suicide & Life-Threatening Behavior

First published: 11 September 2018

<https://doi.org/10.1111/sltb.12511>

Abstract

The limitations of self-report confine clinicians' ability to accurately predict suicides and suicide attempts (SAs). Behavioral assessments (e.g., Death Implicit Association Test [IAT]) may be a means of supplementing self-report and clinician prediction.

Objective

The authors aimed to build and test a predictive model of SAs that included established risk factors and measures of suicide risk, and Death IAT scores. The authors also sought to test the predictive validity of the SA model among subgroups of Veterans with and without PTSD.

Method

Participants included 166 psychiatrically hospitalized Veterans.

Results

A model that included patient prediction, age, and Death IAT scores improved upon clinician prediction of SAs during the six-month follow-up (C-statistic for clinician prediction = 73.6, 95% CI [62.9, 84.4] and C-statistic for model = 82.8, 95% CI [74.6, 91.0]). The model was tested in subgroups of Veterans with and without PTSD. Among Veterans without PTSD, the Death IAT and patient prediction predicted SAs above and beyond clinician prediction, while these variables did not significantly improve prediction among Veterans with PTSD (C-statistic for no-PTSD = 91.3, 95% CI [80.6, 1.00]; C-statistic for PTSD = 86.8, 95% CI [76.8, 96.8]). Building a separate model for Veterans with PTSD did not improve upon clinician prediction.

Conclusions

Findings indicate that predictive models may bolster clinician prediction of SAs and that predictors may differ for Veterans with PTSD.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/jabr.12146>

Psychological and personality differences between male and female veterans in an inpatient interdisciplinary chronic pain program.

Melissa Echevarria Baez, Stephanie N. Miller, Evangelia Banou

Journal of Biobehavioral Research

First published: 16 September 2018

<https://doi.org/10.1111/jabr.12146>

It is projected that by 2033 the Veterans Health Administration (VHA) will have at least a 10% increase in service utilization among female veterans (Yano et al., 2010), with that number rising each year. Research in the general population has revealed mixed but important findings surrounding the experience and manifestation of chronic pain across gender; therefore, it is important to continue exploration of these characteristics in veteran samples to inform chronic pain treatment efforts in the VA system. The current study explored personality and psychological differences between male and female veterans in an inpatient pain rehabilitation program, using the restructured form of the MMPI-2 (MMPI-2-RF). Analyses revealed fewer psychological and personality differences in female and male veterans with chronic pain than expected, with both groups endorsing high levels of somatic and internalizing difficulties and similar psychological processes underlying pain outcomes. Gender differences demonstrating larger effect sizes are explored, and implications for chronic pain treatment are discussed.

<https://www.sciencedirect.com/science/article/pii/S0165032718305949>

A systematic review and meta-analysis of group treatments for adults with symptoms associated with complex post-traumatic stress disorder.

Adam Mahoney, Thanos Karatzias, Paul Hutton

Journal of Affective Disorders

Volume 243, 15 January 2019, Pages 305-321

<https://doi.org/10.1016/j.jad.2018.09.059>

Highlights

- The efficacy of group interventions for symptoms associated with interpersonal trauma was explored.
- Trauma memory processing (TMP) was significantly more effective than usual care.
- Direct comparisons with non-trauma informed group treatments were not conclusive
- Direct comparisons between TMP and psychoeducation were not conclusive.
- Indirect comparisons suggest 'Psychoeducation Plus' treatments increase efficacy.

Abstract

Background

No previous meta-analyses have specifically investigated the effectiveness of psychological group therapy for symptoms associated with complex interpersonal trauma, including whether trauma memory processing (TMP) therapies are superior to psychoeducational approaches alone.

Methods

A systematic review identified 36 randomised control trials (RCTs) which were included in the meta-analysis.

Results

Large significant effect sizes were evident for TMP interventions when compared to usual care for three outcome domains including: PTSD ($k = 6$, $g = -0.98$, 95% CI -1.53 , -0.43), Depression ($k = 7$, $g = -1.12$, 95% CI -2.01 , -0.23) and Psychological Distress ($k = 6$, $g = -0.98$, 95% CI 1.66 , -0.40). When TMP and psychoeducation interventions were directly compared, results indicated a small non-significant effect in favour of the former for PTSD symptoms, ($k = 4$, $g = -0.34$, 95% CI -1.05 , 0.36) and small non-significant effect sizes in favour of the latter for Depression ($k = 3$, $g = 0.29$, 95% CI -0.83 , 1.4) and Psychological Distress ($k = 6$, $g = 0.19$, 95% CI -0.34 , 0.71).

Limitations

Heterogeneity and a limited number of high quality RCTs, particularly in the Substance Misuse and Dissociation domains, resulted in uncertainty regarding meta-analytical estimates and subsequent conclusions.

Conclusions

Results suggest that TMP interventions are useful for traumatic stress whereas non-TMP interventions can be useful for symptoms of general distress (e.g. anxiety and depression). Thus, both TMP and psychoeducation can be useful for the treatment of complex interpersonal trauma symptoms and further research should unravel appropriate sequencing and dose of these interventions.

<https://www.healio.com/psychiatry/journals/psycann/2018-9-48-9/{441f6ed1-3441-4144-a9c0-ef17d680ed54}/in-the-crosshairs-examining-firearms-violence-and-mental-illness>

In the Crosshairs: Examining Firearms, Violence, and Mental Illness.

Lisa Anacker, MD; Debra A. Pinals, MD

Psychiatric Annals

2018; 48(9): 416-420

<https://doi.org/10.3928/00485713-20180814-01>

The general public often looks to mental health professionals to predict or somehow stop acts of gun violence, especially after highly publicized mass shootings. What is often less sought by the public, but no less critical, is the role of mental health professionals in examining risk of suicide related to firearms. Therefore, it is important for mental health professionals to understand the current data about firearms as they relate to violence against others, suicide, and mental illness, as well as the associated clinical implications. Understanding the general public's conceptions related to gun violence and mental illness, as well as the background and current developments of these important issues, will aid the mental health professional on legal and clinical matters, including variations of legislation related to guns and mental illness, gun violence—restraining orders, firearm-related clinical conversations, and risk assessments.

<https://www.sciencedirect.com/science/article/pii/S0165178117322199>

Risk-taking behaviors and stressors differentially predict suicidal preparation, non-fatal suicide attempts, and suicide deaths.

Alison Athey, James Overholser, Courtney Bagge, Lesa Dieter, ... Craig A. Stockmeier

Psychiatry Research

Volume 270, December 2018, Pages 160-167

<https://doi.org/10.1016/j.psychres.2018.09.032>

Highlights

- Risk-taking is elevated among suicide decedents.
- Risk-taking is associated with non-fatal suicide attempts in decedents.
- Suicide decedents who did not prepare for suicide showed higher levels of risk-taking.
- Stressors are associated with death by suicide.

Abstract

Negative life events are elevated in suicidal populations. Diathesis-stress and kindling effects models suggest different mechanisms by which negative life events increase suicide risk. Different forms of negative life events – risk-taking behaviors and stressors – may have different effects on non-fatal suicide attempts and suicide. We assessed the effects of risk-taking behaviors and stressors on suicide, history of non-fatal suicide attempts, and active preparation for suicide in a sample of adults who died by suicide or other causes (N = 377). Psychological autopsy procedures using family member interviews and collateral record review were used to complete a risk-taking behaviors composite measure from the Structured Interview for DSM-IV Personality Disorders, the Modified Life Experiences Scale, and the planning subscale of the Suicide Intent Scale. Stressors were significantly associated with death by suicide, even when accounting for demographic and diagnostic characteristics. Risk-taking behaviors were significantly associated with non-fatal suicide attempts, even when accounting for demographic and diagnostic characteristics. Suicide decedents who did not actively prepare for suicide showed significantly higher risk-taking scores than suicide decedents who actively planned for suicide. Our results suggest that risk-taking behaviors and stressors impact suicide risk through separate mechanisms. Risk-taking behaviors may represent a longstanding vulnerability to act impulsively on suicidal thoughts. Stressors may impact risk for fatal suicidal behaviors in mood disordered populations.

<http://journals.sagepub.com/doi/abs/10.1177/0033354918794929>

Disability Rating and 1-Year Mortality Among Veterans With Service-Connected Health Conditions.

Charles Maynard, PhD, Karin Nelson, MD, MSHS, Stephan D. Fihn, MD, MPH,

Public Health Reports

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<https://doi.org/10.1177/0033354918794929>

Objectives:

Military service is associated with an increased risk of disability and death after discharge. This study determined the relationships among characteristics, disability ratings, and 1-year mortality risks of veterans receiving compensation for service-connected health conditions (ie, conditions related to illnesses or injuries incurred or aggravated during military service).

Methods:

This study included 4 010 720 living veterans who had ≥ 1 service-connected health condition and were receiving disability compensation on October 1, 2016. We obtained data on veteran demographic, military service, and disability characteristics from the Veterans Benefits Administration VETSNET file and on 1-year mortality from the Veterans Administration vital status file. We compared veteran characteristics and 1-year mortality rates within and between the following combined service-connected disability rating categories: low, 10% to 40% disability; medium, 50% to 90% disability; high, 100% disability. We used logistic regression analysis to determine the relationships between disability ratings and 1-year mortality rates.

Results:

Of 4 010 720 veterans, 515 095 (12.8%) had high disability ratings, 1 600 786 (39.9%) had medium disability ratings, and 1 894 839 (47.2%) had low disability ratings. The 1-year mortality rates were 4.5% for those with high disability, 1.9% for those with medium disability, and 1.9% for those with low disability ratings. Compared with veterans with low disability ratings, veterans with high disability ratings had more than twice the odds of 1-year mortality (odds ratio = 2.45; 95% confidence interval, 2.40-2.50).

Conclusions:

The combined disability rating is an important determinant of short-term survival among veterans with service-connected health conditions. Veterans with a 100% disability rating comprise a highly select group with increased short-term risk of death due at least in part to their military service. Future studies assessing the relationships among combat exposure, age, duration of disability, disability ratings, and survival would be valuable.

<https://jamanetwork.com/journals/jama/article-abstract/2702861>

Scholarship Support for Veterans Enrolling in MD, JD, and MBA Programs.

Graves S, Seagle BL, Kocherginsky M, Yang J, Grace A, Shahabi

JAMA

2018; 320(11): 1197–1198.

doi:10.1001/jama.2018.10260

Military veterans may bring a distinct perspective to medicine, law, business, or other professions or occupations. The Post-9/11 GI Bill is a scholarship program that can be used for most accredited degree programs (including undergraduate and graduate programs, such as medical, law, or business school) and is available to all honorably discharged veterans who served on active duty. This program covers all tuition and fees for a veteran if attending an in-state public school. For private or out-of-state public schools, the GI Bill covers a portion of tuition and fees not to exceed the maximum allowed by law per academic year. To supplement the GI Bill's support, an academic graduate program may elect to participate in the Yellow Ribbon scholarship program at the amount of its choosing to be matched by the Veterans Administration (VA). Total VA scholarship support is funds received from the GI Bill, the graduate program's offered Yellow Ribbon award, and the matching VA Yellow Ribbon award. We examined VA scholarship support by MD programs, determined by participation in the Yellow Ribbon program, and compared it with juris doctorate (JD) and master of business administration (MBA) programs at the same institutions.

<https://www.sciencedirect.com/science/article/pii/S0163834318300720>

Examining suicide-related presentations to the emergency department.

Amanda K. Ceniti, Nicole Heinecke, Shane J. McInerney

General Hospital Psychiatry

Available online 18 September 2018

<https://doi.org/10.1016/j.genhosppsy.2018.09.006>

Objective

Although the Emergency Department (ED) is a frequent point of contact for individuals with suicide-related behaviour (SRB) or ideation, there is limited literature specifically examining presentations to the ED for SRB. This review examines the international literature published in North America, the United Kingdom and Australia relating to

presentations to the ED for SRB, with focus on high-risk groups, screening tools used in the ED, and difficulties in classifying ED presentations of SRB.

Method

The database PubMed was searched using relevant terms, and national health care administrative data were reviewed.

Results

Psychiatric history, substance use, and lower socioeconomic status were all found to be associated with higher rates of ED presentations for SRB. Limited research exists around ED presentations of SRB by particular high-risk groups, including lesbian, gay, bisexual, and transgender populations and Indigenous peoples. Individuals who present to EDs for SRB are often chronic users of EDs and have a high rate of repeat self-harm and death by suicide.

Conclusion

These findings suggest that EDs could serve as a focal point for suicide treatment interventions. Deepening our understanding of ED presentations for SRB could inform further development and implementation of interventions to reduce death by suicide.

<https://www.sciencedirect.com/science/article/pii/S0165032718309820>

Insomnia predicts increased perceived burdensomeness and decreased desire for emotional support following an in-laboratory social exclusion paradigm.

Carol Chu., Melanie A. Hom, Austin J. Gallyer, Elizabeth A.D. Hammock, Thomas E. Joiner

Journal of Affective Disorders

Volume 243, 15 January 2019, Pages 432-440

<https://doi.org/10.1016/j.jad.2018.09.069>

Highlights

- More severe insomnia predicted greater perceived burdensomeness post-Cyberball.
- More severe insomnia predicted lower desire for emotional support post-Cyberball.
- Insomnia symptoms were not significantly related to thwarted belongingness post-Cyberball.
- Findings were not explained by social anxiety symptoms.

Abstract

Background

Research suggests that insomnia is associated with elevated perceptions of loneliness and social disconnection; however, few quasi-experimental studies have tested the relationship between these constructs. This study examined whether insomnia symptom severity predicts changes in perceptions of interpersonal connectedness and desire for emotional support following in-laboratory participation in a social exclusion paradigm.

Methods

Young adults (N = 70) completed self-report measures assessing constructs of interest before and after engaging in a social exclusion paradigm (Cyberball). Linear regression analyses were used to evaluate whether baseline insomnia symptom severity predicted perceived burdensomeness, desire for emotional support, and thwarted belongingness after playing Cyberball; analyses controlled for baseline perceived burdensomeness, desire for emotional support, and thwarted belongingness, respectively, as well as baseline social anxiety and depression symptoms.

Results

Greater insomnia symptom severity significantly predicted greater feelings of perceived burdensomeness following Cyberball participation, beyond baseline perceived burdensomeness, social anxiety symptoms, and depression symptoms ($\beta = .24$, $p = .001$). More severe insomnia symptoms also significantly predicted lower desire for emotional support after playing Cyberball, beyond baseline desire for emotional support and social anxiety symptoms ($\beta = -.14$, $p = .03$) but not beyond baseline depression symptoms ($\beta = -.16$, $p = .07$). Insomnia symptoms were not significantly associated with thwarted belongingness after Cyberball ($\beta = -.05$ – $.08$, $p = .27$ – $.57$).

Limitations

Replication in larger samples and using other sleep disturbance indices is needed.

Conclusions

Findings suggest that individuals with more severe insomnia symptoms in the past two weeks experience greater perceptions of being a burden on others and less desire for emotional support in response to social exclusion.

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2703138>

Effect of a Positive Psychological Intervention on Pain and Functional Difficulty Among Adults With Osteoarthritis: A Randomized Clinical Trial.

Hausmann LRM, Youk A, Kwoh CK, et al.

JAMA Network Open

2018; 1(5): e182533

doi:10.1001/jamanetworkopen.2018.2533

Key Points

Question

Is positive psychology effective as a treatment for chronic arthritis pain and does it reduce race disparities in pain management?

Findings

In this randomized clinical trial involving 360 Veterans Affairs patients with chronic pain from osteoarthritis, a 6-week telephone-administered positive psychological intervention did not improve pain or functional difficulty vs a control program. No difference by race was found in the effect of the intervention.

Meaning

A telephone-administered positive psychological intervention was not associated with improvement in chronic pain or functional difficulty from osteoarthritis for either white or African American patients.

Abstract

Importance

Positive psychological interventions for improving health have received increasing attention recently. Evidence on the impact of such interventions on pain, and racial disparities in pain, is limited.

Objective

To assess the effects of a positive psychological intervention on pain and functional difficulty in veterans with knee osteoarthritis.

Design, Setting, and Participants

The Staying Positive With Arthritis Study is a large, double-blinded randomized clinical trial powered to detect race differences in self-reported pain in response to a positive

psychological intervention compared with a neutral control intervention. Data were collected from 2 urban Veterans Affairs medical centers. Participants included non-Hispanic white and non-Hispanic African American patients aged 50 years or older with a diagnosis of osteoarthritis. Mailings were sent to 5111 patients meeting these criteria, of whom 839 were fully screened, 488 were eligible, and 360 were randomized. Enrollment lasted from July 8, 2015, to February 1, 2017, with follow-up through September 6, 2017.

Interventions

The intervention comprised a 6-week series of evidence-based activities to build positive psychological skills (eg, gratitude and kindness). The control program comprised similarly structured neutral activities. Programs were delivered via workbook and weekly telephone calls with interventionists.

Main Outcomes and Measures

The primary outcomes were self-reported pain and functional difficulty measured using the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC; range 0-100). Secondary outcomes included affect balance and life satisfaction.

Results

The sample included 180 non-Hispanic white patients and 180 non-Hispanic African American patients (mean [SD] age, 64.2 [8.8] years; 76.4% were male). Mean (SD) baseline scores for WOMAC pain and functional difficulty were 48.8 (17.6) and 46.8 (18.1), respectively. Although both decreased significantly over time (pain: $\chi^2_{23} = 49.50$, $P < .001$; functional difficulty: $\chi^2_{23} = 22.11$, $P < .001$), differences were small and did not vary by treatment group or race. Exploratory analyses suggested that the intervention had counterintuitive effects on secondary outcomes.

Conclusions and Relevance

The results of this randomized clinical trial do not support the use of positive psychological interventions as a stand-alone treatment for pain among white or African American veterans with knee osteoarthritis. Adaptations are needed to identify intervention components that resonate with this population, and the additive effect of incorporating positive psychological interventions into more comprehensive pain treatment regimens should be considered.

Trial Registration

ClinicalTrials.gov Identifier: NCT02223858

<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.sciencedirect.com/science/article/pii/S0277953618304763>

Connection, meaning, and distraction: A qualitative study of video game play and mental health recovery in veterans treated for mental and/or behavioral health problems.

Michelle Colder Carras, Anna Kalbarczyk, Kurrie Wells, Jaime Banks, ... Carl Latkin

Social Science & Medicine

Available online 24 September 2018

<https://doi.org/10.1016/j.socscimed.2018.08.044>

Highlights

- We spoke with veterans in mental health treatment about their video game play.
- Many veterans used games to connect to others, but some felt play was isolating.
- Video game play also supported adaptive coping and eudaimonic well-being.
- Several veterans described feeling addicted to games presently or in the past.
- For some veterans, video games may be “personal medicine” that promotes recovery.

Abstract

Rationale

Mental and behavioral health recovery includes concepts related not just to symptom improvement, but also to participating in activities that contribute to wellness and a meaningful life. Video game play can relieve stress and provide a way to connect, which may be especially important for military veterans.

Objective

We examined how military veterans used video game play to further their mental and behavioral health recovery by conducting an exploratory thematic analysis of the gaming habits of 20 United States military veterans who were in treatment for mental or behavioral health problems.

Method

We conducted semi-structured interviews in 2016 and used a framework analytic approach to determine salient themes linking video gaming to mental and behavioral health recovery.

Results

Veteran participants reported that video games helped not only with managing moods and stress, but also with three areas related to other aspects of recovery: adaptive coping (e.g. distraction, control, symptom substitution); eudaimonic well-being (confidence, insight, role functioning); and socializing (participation, support, brotherhood). Meaning derived from game narratives and characters, exciting or calming gameplay, and opportunities to connect, talk, and lead others were credited as benefits of gaming. Responses often related closely to military or veteran experiences. At times, excessive use of games led to life problems or feeling addicted, but some veterans with disabilities felt the advantages of extreme play outweighed these problems.

Conclusion

Video games seem to provide some veterans with a potent form of “personal medicine” that can promote recovery. Although reasons and results of gaming may vary within and among individuals, clinicians may wish to discuss video game play with their patients to help patients optimize their use of games to support recovery.

<https://www.sciencedirect.com/science/article/pii/S0272735818303684>

Diversity in randomized clinical trials of depression: A 36-year review.

Antonio J. Polo, Bridget A. Makol, Ashley S. Castro, Nicole Colón-Quintana, ... Sisi Guo

Clinical Psychology Review

Available online 22 September 2018

<https://doi.org/10.1016/j.cpr.2018.09.004>

Highlights

- 342 randomized control trials for depression were coded to examine sample diversity.
- Only some participant demographics (e.g., ethnicity) are increasingly being reported.
- Several ethnic groups are not well represented and linguistic minorities are excluded.
- Effects across ethnic groups and ethnicity moderation analyses are rarely reported.
- Increased consideration of diversity in RCTs would improve their generalizability.

Abstract

Historically, authors reporting the results of randomized clinical trials (RCTs) to address mental health problems have insufficiently described sample characteristics pertaining

to the ethnic/racial, linguistic, socioeconomic, and immigrant backgrounds of participants. RCTs have also had inadequate representation of participants from diverse backgrounds. This study reports on the trends in the reporting and representation of various sample demographic characteristics in RCTs of psychotherapy and other psychosocial interventions for depression over a 36-year period, and on the extent to which ethnicity, in particular, is considered in the analyses of treatment effects. A total of 342 trials (85.1% comprised of adult samples), representing 61,283 participants, are summarized in the review. Reporting for ethnicity and socioeconomic indicators improved over time, and RCTs for depression have also increasingly included significant numbers of ethnic minority and low-income groups. However, trials are far more likely to exclude, rather than include, linguistic minorities, and have not enrolled a meaningful number of Asian American, Native Hawaiian/Pacific Islander, Native American/Native Alaskan and multi-ethnic participants. Finally, treatment effects are almost never presented separately across racial/ethnic groups and ethnicity moderation analyses are only sporadically conducted. These findings have implications for generalizability, policy, journal reporting guidelines, and dissemination and implementation.

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usy229/5106692>

Military Health Provider Training and Evaluation of a Problem-Solving Intervention to Reduce Distress and Enhance Readiness Among Service Members.

Denise C Cooper Mark J Bates

Military Medicine

Published: 25 September 2018

<https://doi.org/10.1093/milmed/usy229>

Introduction

Department of Defense (DoD) has identified problem-solving training (PST) as a promising prevention/early intervention for mental health disorders. PST is a four-session group intervention that emphasizes building problem-solving and coping skills to mitigate emotional dysregulation and the adverse effects of stressful events. It was adapted from problem-solving therapy, which is an evidence-based, cognitive-behavioral approach that has shown effectiveness with treating depression and

managing suicide risk. The current evaluation examined a pilot program that: (1) trained DoD providers in the delivery of PST, (2) conducted PST intervention groups with active duty personnel, and (3) developed PST master trainers to train other providers.

Materials and Methods

Clinical (e.g., psychologists) and non-clinical (e.g., chaplains) providers attended a 2.5-day workshop of didactic coursework and experiential training on conducting PST, with a subset of providers selected to attend an additional workshop to become master trainers in PST. Providers ($n = 82$) who attended a PST Facilitator Workshop completed pre- and post-workshop assessments of self-efficacy in PST skills. Eight providers evaluated a Master Trainer Workshop. After completing workshop training, providers conducted PST intervention groups with service members ($n = 435$), who were experiencing distress, with or without a mental health diagnosis, and whose needs were appropriate for a prevention/resiliency-based skills group. Service members completed the following pre- and post-PST group outcome measures: (a) Outcome Questionnaire-30 (OQ-30) and Patient Health Questionnaire-9 (PHQ-9) as measures of distress; and (b) Brief Resilience Scale (BRS) to assess resilience, which contributes to readiness. They also completed the Social Problem Solving Inventory-Revised: Short Form (SPSI-R:S), as a process measure for the intervention. The SPSI-R:S, which assesses how individuals cope when faced with problems, includes the following subscales: (1) positive problem orientation, (2) negative problem orientation, (3) rational problem-solving, (4) impulsivity/carelessness style, and (5) avoidance style. Service members also completed a post-group evaluation of PST. Data were analyzed with descriptive statistics, paired sample t-tests, and correlational analyses.

Results

Providers showed pre- to post-facilitator workshop increases in self-efficacy of PST skills (all $p < 0.001$) and those selected as master trainers evaluated their workshop training favorably, particularly the role-playing exercises. Analyses of pre- vs. post-PST group intervention measures among service members indicated that OQ-30 and PHQ-9 scores declined, while BRS and SPSI-R:S total scores increased (all $p < 0.001$). In addition, correlational analyses of change scores showed that the SPSI-R:S subscales negative problem orientation and avoidance style were negatively correlated with BRS and positively correlated with OQ-30 and PHQ-9 (all $p < 0.001$). Service members gave positive post-group evaluations of PST effectiveness and program materials.

Conclusion

DoD providers reported increased self-efficacy in skills required for the delivery of a four-session PST group intervention after participating in a pilot program of training workshops. The pilot of the PST group intervention showed an association with

improvements on service members' self-reported measures related to distress, readiness, and coping. In addition, changes in problem-solving measures were associated with changes in outcome measures. Follow-on research is needed to further investigate if PST is effective in preventing more severe forms of distress.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usy226/5106691>

Common Data Elements in the Assessment of Military-Related PTSD Research Applied in the Consortium to Alleviate PTSD.

J Ben Barnes Candice Presseau Alexander H Jordan Nora K Kline Stacey Young-McCaughan, AN USA (Ret.) Terence M Keane Alan L Peterson, BSC USAF (Ret.) Brett T Litz Consortium to Alleviate PTSD

Military Medicine

Published: 25 September 2018

<https://doi.org/10.1093/milmed/usy226>

Introduction

Driven by the need to share data, sufficiently power studies, and allow for cross-study comparisons of medical and psychiatric diseases, the President's National Research Action Plan issued in 2013 called for the use of state-of-the-art common data elements (CDEs) for research studies. CDEs are variables measured across independent studies that facilitate methodologically sound data aggregation and study replication.

Researchers in the field of military-related post-traumatic stress disorder (PTSD) have suggested applicable CDEs; however, to date, these recommendations have been conceptual and not field-tested. The Consortium to Alleviate PTSD (CAP) – an interdisciplinary and multi-institutional, military-related PTSD research consortium funded by the Departments of Defense and Veterans Affairs – generated and applied CDEs that can be used to combine data from disparate studies to improve the methodological and statistical capabilities of study findings. We provide a description and rationale for the CAP CDEs and details about administration with two main goals: (1) to encourage military-related PTSD researchers to use these measures in future studies and (2) to facilitate comparison, replication, and data aggregation.

Materials and Methods

The CAP compiled mandated (core) and optional CDEs based on the following criteria: (1) construct applicability to military-related PTSD; (2) precedence (use) in prior, related

research; (3) published and strong psychometric evidence; (4) no cost (public domain); and (5) brevity, to limit participant burden. We provided descriptive statistics and internal consistency reliabilities for mandated measures from an initial cohort of around 400 participants enrolled in CAP studies.

Results

Mandated CDEs in the CAP were found to have very good internal consistency reliability.

Conclusion

Although further research is needed to determine the incremental validity of these CDEs, preliminary analyses indicated that each mandated measure has very good internal consistency reliability. Investigators designing military-related PTSD research should consider using these field-tested CDEs to facilitate future data aggregation. Feedback based on empirical evidence or practical concerns to improve these CDEs is welcome.

Links of Interest

Paying attention, knowing the signs: How teenagers can help save a life

<https://health.mil/News/Articles/2018/09/27/Paying-attention-knowing-the-signs-How-teenagers-can-help-save-a-life>

Army Maj. D.J. Skelton Wants You To Look Him In The Eye

<https://www.npr.org/2018/09/26/651918726/maj-dj-skelton-retires-from-army-leaving-behind-a-legacy-of-helping-wounded-warr>

'What I'm doing might save somebody's life:' Wife tells military husband's story after his suicide

<https://www.wusa9.com/article/syndication/heartthreads/what-im-doing-might-save-somebodys-life-wife-tells-military-husbands-story-after-his-suicide/507-591501006>

Can DoD fix the painfully long wait for reviews of bad-paper discharges?

<https://www.militarytimes.com/news/pentagon-congress/2018/09/28/lawmakers-eye-an-overhaul-of-military-review-boards-system/>

A Veteran Had a Yard Sale to Pay for His Own Funeral. Two Men Helped Him Raise \$58,000

<https://www.nytimes.com/2018/09/30/us/pa-veteran-funeral-yard-sale.html>

In Case You Missed It: Highlights from the National VA/DOD Women's Mental Health Mini-Residency

<http://pdhealth.mil/news/blog/case-you-missed-it-highlights-national-vadod-women-s-mental-health-mini-residency>

Military school dean fired after using cannabis to treat cancer

<http://www.heraldtribune.com/news/20181001/military-school-dean-fired-after-using-cannabis-to-treat-cancer>

Rising Democratic star steps away from politics to treat his PTSD

<https://www.militarytimes.com/news/pentagon-congress/2018/10/02/rising-democratic-star-steps-away-from-politics-to-treat-his-ptsd/>

A staggering number of troops are fat and tired, report says

<https://www.militarytimes.com/off-duty/military-culture/2018/10/03/a-staggering-number-of-troops-are-fat-and-tired-report-says/>

Resource of the Week: [South Central MIRECC Clinical Education Resources](#)

Evidence-based materials include manuals, clinicians' guides, fact sheets, information for patients, and more.

The screenshot displays the South Central MIRECC Clinical Education Resources website. On the left is a navigation menu with categories like 'MIRECC/CoE Home', 'MIRECC/CoE General Information', and 'VISN 1' through 'VISN 16'. The 'VISN 16' section is currently selected. The main content area is titled 'Education Products by Topic | South Central MIRECC' and features a central graphic with a laptop showing 'e-learning' and 'SC MIRECC Clinical Education Products'. Below this graphic is a 'Products by Topic Area' list with items such as 'Navigating SC MIRECC Educational Products', 'Addiction', 'Anxiety', 'Behavioral Medicine for Physical Health', 'Cognitive Impairment and Dementia', and 'Depression'. On the right sidebar, there is a 'SOUTH CENTRAL MIRECC MENU' and a 'STAY CONNECTED!' sign-up form with a 'Subscribe' button. Below the sign-up form, there is a list of links including 'VISN 16 MIRECC Home', 'About', 'Leadership & Staff', 'Anchor Sites', 'Research', 'Research Training', 'Houston, TX Fellowship', 'Little Rock, AR Fellowship', 'Grant Writing', 'TRIPS', 'Education', and 'CBOC Mental Health Rounds'.

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