

# CDP



## Research Update -- October 18, 2018

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- Links of Interest
- Resource of the Week: 2018 Military Cross-Cultural Competence Annotated Bibliography (Marine Corps University)

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[https://www.ptsd.va.gov/publications/rq\\_docs/V29N3.pdf](https://www.ptsd.va.gov/publications/rq_docs/V29N3.pdf)

**PTSD Research Quarterly**

**The Dissociative Subtype of PTSD: An Update of the Literature**

Francesca L. Schiavone, Paul Frewen, PhD, Margaret McKinnon, PhD, and Ruth A. Lanius, MD, PhD

National Center for PTSD  
VOLUME 29/NO. 3, 2018

The presence of dissociative symptoms among traumatized individuals has been well known since Charcot's case presentations at the Salpêtrière Hospital in Paris in the late 19th Century. Recognition that dissociative symptoms also occur among a significant minority of PTSD patients led to approval of the Dissociative Subtype of PTSD in the DSM-5. This issue of the Research Quarterly provides an authoritative guide to the emerging literature on this new diagnosis.

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<https://www.frontiersin.org/articles/10.3389/fpsy.2018.00520/abstract>

**Mechanisms of Moral Injury Following Military Sexual Trauma and Combat in Post-9/11 U.S. War Veterans.**

Sheila B. Frankfurt, Bryann B. DeBeer, Sandra Morissette, Nathan Kimbrel, Heidi La Bash, and Eric Meyer

Frontiers in Psychiatry  
doi: 10.3389/fpsy.2018.00520

**Objectives:**

Moral injury may result from perpetration-based and betrayal-based acts that violate deeply held norms; however, researchers and clinicians have little guidance about the moral injury syndrome's specific developmental pathways following morally injurious events. The present study's objective was to examine the direct and indirect pathways proposed in a frequently cited model of moral injury (Litz et al., 2009) in relation to two

types of military-related traumas [experiencing military sexual trauma (MST) and combat exposure].

#### Methods:

Secondary analyses were conducted within a sample of post-9/11 veterans at a Southwestern Veterans Health Care System (N = 310) across two time-points. Structural equation modeling tested the direct and indirect pathways from MST and combat to a PTSD-depression factor via betrayal, perpetration, guilt, and shame.

#### Results:

Betrayal accounted for the association between MST and PTSD-depression ( $\beta = .10$ ,  $p < .01$ , 95% CI = .01 - .11) and perpetration accounted for the association between combat and PTSD-depression ( $\beta = .07$ ,  $p < .05$ , 95% CI = .02 - .14). The indirect path from combat to shame to PTSD-depression was significant ( $\beta = .16$ ,  $p < .01$ , 95% CI = .07 - .28) but the path through guilt was not. The specific indirect paths through perpetration or betrayal to shame or guilt were nonsignificant.

#### Conclusions:

Betrayal and perpetration are associated with PTSD-depression following MST and combat. Results suggest multiple pathways of moral injury development following different military traumas and morally injurious events. Implications for moral injury conceptualization and treatment are discussed.

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<http://journals.sagepub.com/doi/abs/10.1177/2470547018803511>

### **Development of Self-Directedness and Cooperativeness in Relation to Post-Traumatic Stress Disorder Symptom Trajectories After Military Deployment.**

Alieke Reijnen, Elbert Geuze, Rosalie Gorter, and Eric Vermetten

Chronic Stress

First Published October 3, 2018

<https://doi.org/10.1177/2470547018803511>

#### Background

Personality traits, such as the character traits self-directedness and cooperativeness, might play a role in the risk of developing post-traumatic stress disorder (PTSD) after deployment to a combat zone. However, it is unclear whether these traits are

preexisting risk factors or if event-related changes might also be associated with PTSD symptoms over time. Therefore, the current aim was to assess if military deployment is associated with changes in cooperativeness and self-directedness and to study how these traits are related to PTSD symptom trajectories.

#### Methods

In a large cohort of military personnel (N = 1007), measurements were performed before, at one and six months, and two and five years after deployment to Afghanistan. Linear mixed-effect models were used to assess the individual change in the traits over time and to study the relation with potential predictors.

#### Results

Cooperativeness was found to remain stable, whereas self-directedness was found to slightly decrease over time. This decrease was related to the development of PTSD symptoms over time. Furthermore, lower levels of self-directedness were associated with the symptomatic trajectories of PTSD symptoms. Lower levels of cooperativeness were only associated with the recovered PTSD trajectory.

#### Conclusions

So, not only do the findings confirm that lower levels of these character traits are associated with the development of PTSD symptoms, it was also shown that there are differences in the relation between these traits and the course of PTSD symptoms. Studying methods to promote the levels of these character traits might help to improve the resiliency of military personnel.

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<https://www.sciencedirect.com/science/article/pii/S0022395618308288>

### **A systematic review of the effectiveness of mobile apps for monitoring and management of mental health symptoms or disorders.**

Kai Wang, Deepthi S. Varma, Mattia Proserpi

Journal of Psychiatric Research

Available online 5 October 2018

<https://doi.org/10.1016/j.jpsychires.2018.10.006>

#### Background

There are a growing number of mobile apps available for monitoring and management

of mental health symptoms or disorders. However, clinically validated evidence for most of them is unclear; their benefits to patients on long term use are thus debatable.

### Objective

This updated review aimed to systematically appraise the available research evidence of the efficacy and acceptability of mobile apps for mental health in all ages.

### Methods

A comprehensive literature search (May 2013 to December 2017) in PubMed, Cochrane Library, EMBASE, Web of Science, and Google Scholar was conducted. Abstracts were included if they described mental health apps (targeting depression, anxiety, bipolar disorder, psychosis, post-traumatic stress disorders (PTSD), substance use disorders, sleep disorders, and suicidal behaviors) delivered on mobile devices for all ages.

### Results

In total, 1501 abstracts were identified. Of these, 17 publications describing 16 apps targeting anxiety/stress, alcohol disorder, sleep disorder, depression, suicidal behaviors, and PTSD met the inclusion criteria. Five studies randomized individuals to trial conditions, and 14 apps were proven to have clinically validated evidence in reducing mental health symptoms or disorder.

### Conclusions

Mental health apps have potentials in improving the monitoring and management of mental health symptoms or disorders. However, majority of the apps that are currently available lack clinically validated evidence of their efficacy. Given the number and pace at which mobile Health (mHealth) apps are being released, further robust research is warranted to develop and test evidence-based programs.

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<https://www.sciencedirect.com/science/article/pii/S1389945718304969>

## **Evidence of Actigraphic and Subjective Sleep Disruption Following Mild Traumatic Brain Injury.**

Adam C. Raikes, Briann C. Satterfield, William D.S. Killgore

Sleep Medicine

Available online 9 October 2018

<https://doi.org/10.1016/j.sleep.2018.09.018>

## Highlights

- Daytime sleepiness and disrupted sleep are common after mild traumatic brain injury.
- Sleep onset latency and sleep efficiency were susceptible to disruption after mTBI.
- mTBIs were also associated with altered night-to-night sleep quality variability.
- Consistent disruption patterns across independent samples were not evident.
- Post-mTBI sleep disruption may not have a one-size-fits-all interpretation.

## Objective/Background

Mild traumatic brain injuries (mTBI) are frequently associated with long-term, self-reported sleep disruption. Objective corroboration of these self-reports is sparse and limited by small sample sizes. The purpose of this study was to report on actigraphically-measured sleep outcomes in individuals with and without a history of recent mTBI in two U.S. cities (Boston, MA and Tucson, AZ).

## Patients/Methods

58 individuals with a recent (within 18 months) mTBI and 35 individuals with no prior mTBI history were recruited for one of four studies across two sites. Participants completed a minimum of one week of actigraphy. Additionally, mTBI participants self-reported daytime sleepiness, sleep disruption, and functional sleep-related outcomes.

## Results

In Boston, mTBI participants obtained less average sleep with shorter sleep onset latencies (SOL) than healthy individuals. In Tucson, mTBI participants had greater SOL and less night-to-night SOL variability compared to healthy individuals. Across mTBI participants, SOL was shorter and night-to-night SOL variability was greater in Boston than Tucson. Sleep efficiency (SE) variability was greater in Tucson than Boston across both groups. Only SOL variability was significantly associated with daytime sleepiness ( $r = 0.274$ ) in the mTBI group after controlling for location.

## Conclusion

Sleep quality, SOL and SE variability, are likely affected by mTBIs. Between-group differences in each site existed but went in opposite directions. These findings suggest the possibility of multiple, rather than a singular, profiles of sleep disruption following mTBI. Precision medicine models are warranted to determine whether multiple sleep disruption profiles do indeed exist following mTBI and the predisposing conditions that contribute to an individual's experience of sleep disruption.

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**Borderline personality disorder traits and suicide risk: The mediating role of insomnia and nightmares.**

Hilary L. De Shong, Raymond P. Tucker

Journal of Affective Disorders

Volume 244, 1 February 2019, Pages 85-91

<https://doi.org/10.1016/j.jad.2018.10.097>

Highlights

- BPD traits correlated highly with suicide risk, insomnia, and nightmares.
- BPD traits had a significant indirect effect on suicide risk through insomnia.
- Nightmare distress or impairment did not have a significant indirect effect.
- BPD was still a significant predictor of suicide risk in the tested mediation models.

Abstract

Background

Borderline personality disorder (BPD) is associated with high rates of suicide risk and problems related to sleep, including insomnia and nightmares. The purpose of the current study was to assess the potential indirect effect of BPD traits on suicide risk through both/either insomnia and nightmares.

Methods

Participants (N = 281) were recruited via Amazon's Mechanical Turk to complete the study remotely online. Participants completed measures of BPD traits and symptoms, suicide risk (history of suicidal thoughts and behaviors), insomnia symptoms, and distress and impairment related to nightmares.

Results

BPD traits and symptoms were moderately to highly correlated to suicide risk, insomnia, and nightmares. In parallel mediation models, BPD traits had a significant indirect effect on suicide risk through insomnia symptoms but not nightmares.

Limitations

The current study assessed problems within the general population and not in a clinical sample. Second, the study relied solely on self-report measures. Futures studies would benefit from investigating these relations in clinical samples utilizing observer-report and interview methods.



## Conclusions

BPD traits appear to relate to increased risk for suicide through the relation with sleep concerns, particularly insomnia symptoms. Therefore, assessing and treating sleep problems within individuals with BPD may result in a lower risk for suicide.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/adsp.12062>

## **Understanding the Education-Related Needs of Contemporary Male Veterans.**

Wendy K. Killam Suzanne Degges-White

Adultspan Journal

First published: 07 October 2018

<https://doi.org/10.1002/adsp.12062>

Fifteen male veteran college students participated in a qualitative study examining the challenges they experienced while adjusting to college and the supports that facilitated their transitions. Responses revealed 5 common themes: academic challenges; reluctance to seek assistance; difficulty connecting with faculty, staff, and other students; difficulty finding balance in life; and the value of veterans centers on campus.

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<https://onlinelibrary.wiley.com/doi/abs/10.1111/sltb.12515>

## **Predictive Validity of the Columbia-Suicide Severity Rating Scale among a Cohort of At-risk Veterans.**

Bridget B. Matarazzo PsyD, Gregory K. Brown PhD, Barbara Stanley PhD, Jeri E. Forster PhD, Melodi Billera LCSW, Glenn W. Currier MD, Marjan Ghahramanlou-Holloway PhD, Lisa A. Brenner PhD, ABPP (Rp)

Suicide and Life-Threatening Behavior

First published: 09 October 2018

<https://doi.org/10.1111/sltb.12515>

## Objective

To examine the psychometric properties of the Columbia- Suicide Severity Rating Scale (C-SSRS) among a cohort of veterans identified to be at risk for suicide.

## Method

Convergent, divergent, and predictive validity of the C-SSRS were examined using secondary data from a study of veterans who presented to the psychiatric emergency room (n = 237). Data were collected 1 week, 1 month, 3 months, and 6 months following emergency room discharge.

## Results

Results demonstrated good evidence for convergent and divergent validity. Baseline intensity subscale scores predicted actual and interrupted attempts, and any behavior for all available data and for the subsample who had 6-month follow-up data, and also predicted preparatory behavior in the full sample. Baseline severity subscale scores predicted preparatory behavior and any behavior for the full sample and for those with 6 months of follow-up, and actual attempts for the full sample. Severity of ideation cutoff scores was significantly associated with actual attempts and any behavior in both samples. Adding a prior behavior criterion demonstrated similar results.

## Conclusions

Findings suggest that the C-SSRS is a psychometrically sound measure that can be used to augment suicide risk assessment with veterans who are already identified to be at risk for suicide.

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<https://www.sciencedirect.com/science/article/pii/S0165178118304311>

## **Suicide Ideation and Self-Efficacy to Avoid Suicidal Action among Psychiatrically Hospitalized Military Personnel.**

Samantha E. Daruwala, Jessica M. LaCroix, Kanchana U. Perera, Jennifer Tucker, ...  
Marjan Ghahramanlou-Holloway

Psychiatry Research

Available online 9 October 2018

<https://doi.org/10.1016/j.psychres.2018.10.023>

## Highlights

- A modified version of the Self-Efficacy to Avoid Suicidal Action (SEASA) was evaluated in suicidal military personnel.
- Lower self-efficacy to avoid suicidal action was significantly associated with more severe current and worst time point suicide ideation.
- Lower self-efficacy to avoid suicidal action was significantly associated with a history of multiple suicide attempts.
- The construct of self-efficacy to avoid suicidal action has important clinical and research implications for suicide prevention.

## Abstract

Individuals with suicide ideation require self-efficacy to avoid engagement in suicidal behaviors. Low self-efficacy has been examined as a risk indicator for suicidal behaviors. The Self-Efficacy to Avoid Suicidal Action (SEASA) scale assesses self-efficacy to resist suicidal urges and was originally evaluated in a sample of adults receiving treatment for substance use disorders. The goal of this study was to explore the link between suicide ideation and self-efficacy to avoid suicidal action among a high-risk group of psychiatric inpatients. Military personnel psychiatrically hospitalized following a suicide-related event (N = 139) completed a modified version of the SEASA and provided a full history of suicidal behaviors. Data were analyzed using multiple linear regression. Severity of worst time point suicide ideation, endorsement of any current suicide ideation, and history of multiple lifetime suicide attempts were associated with lower self-efficacy to avoid suicidal action. Self-efficacy to avoid engagement in suicidal action is a belief that can be strengthened and practiced within evidence-based treatments such as cognitive behavior therapy for suicide prevention. Thus, providers are encouraged to target this type of self-efficacy in case conceptualization and treatment planning. Future research on how self-efficacy to avoid suicidal action can be effectively measured are needed.

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<https://link.springer.com/article/10.1007/s11414-018-9635-6>

## **Mental Health Service Preferences and Utilization Among Women Veterans in Crisis: Perspectives of Veterans Crisis Line Responders.**

Virginia Kotzias, Charles C. Engel, Rajeev Ramchand, Lynsay Ayer, Zachary Predmore, Patricia Ebener, Gretchen L. Haas, Janet E. Kemp, Elizabeth Karras

The Journal of Behavioral Health Services & Research  
First Online: 08 October 2018  
<https://doi.org/10.1007/s11414-018-9635-6>

Women military veterans are at increased risk of suicide compared to non-veterans, but little is known about the mental health service preferences and needs of women veterans in crisis. This study used qualitative, secondary source key informant interviews to ascertain the experiences of women veterans in crisis from 54 responders working at the Veterans Crisis Line. Responders indicated that women veterans reported different experiences with Veterans Administration (VA) and non-VA care, though drivers of satisfaction or dissatisfaction were similar. Availability of specialty care, sensitivity to veterans' issues or Military Sexual Trauma, strong provider relationships, and continuity of care contributed to satisfaction; lengthy appointment wait times, limited service options, and insensitivity to veterans' issues contributed to dissatisfaction. Responders suggested that barriers limiting VA access for women veterans are perceived as similar to non-VA care. Findings suggest that caller experiences with providers drive satisfaction with VA and non-VA mental health services.

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<https://onlinelibrary.wiley.com/doi/abs/10.1111/fare.12343>

## **Individual, Family, and Community Predictors of PTSD Symptoms Following Military Deployment.**

Jonathan R. Olson Janet A. Welsh Daniel F. Perkins LaJuana Ormsby

Family Relations

First published: 09 October 2018  
<https://doi.org/10.1111/fare.12343>

Objective

Using an ecological resilience model, we sought to identify protective factors that buffer against the effects of stressful deployment-related experiences on symptoms of posttraumatic stress disorder (PTSD) among active duty U.S. Air Force personnel who were married or in a committed relationship.

Background

Stressful deployment experiences are associated with PTSD symptoms among active

duty military personnel. However, certain protective factors may buffer against negative effects of such experiences.

#### Method

Analyses for the present study were active duty military personnel who completed the 2011 Air Force Community Assessment Survey, were married or in a committed relationship, and had completed at least one deployment at the time of the survey (N = 12,166).

#### Results

Regression analyses indicated that stressful deployment experiences were statistically related to elevated PTSD symptoms but also that both personal and contextual factors moderated those symptoms. Furthermore, self-efficacy, family coping, spouse/partner support, financial resources, and religious participation moderated the relation between stressful deployment experiences and PTSD symptoms.

#### Conclusion

PTSD symptoms were positively associated with stressful deployment experiences, and symptoms were less likely to occur when service members experienced support from individual, family, and community sources.

#### Implications

Interventions that promote self-efficacy and social support from multiple ecological contexts may help reduce PTSD symptoms among combat-exposed Air Force personnel.

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<https://onlinelibrary.wiley.com/doi/abs/10.1111/famp.12395>

### **Community, Context, and Coping: How Social Connections Influence Coping and Well-Being for Military Members and Their Spouses.**

Catherine Walker O'Neal Evin W. Richardson Jay A. Mancini

Family Process

First published: 07 October 2018

<https://doi.org/10.1111/famp.12395>

Military members and their spouses (n = 223 families) were selected from an Active Duty Army installation and assessed with regard to their connections with the military community, their levels of coping with military culture demands, and their reports of individual (depression and life satisfaction) and family well-being. Guided by the contextual model of family stress and the social organization theory of action and change, results from a structural equation model indicated that military community connections, for both military members and their civilian spouses, were related to coping with the military culture and its demands, which in turn was related to both individual and family well-being. Unique actor and partner effects also emerged where both active duty military members' and their civilian spouses' perceptions of military community connections influenced the civilian spouses' satisfaction with military life, but only the active duty military members' community connections influenced their military-specific coping. Additionally, the associations between military-specific coping and individual and family well-being only had actor effects. When examined within the context of important military culture elements, namely rank and extent of military transitions (deployment and relocation), these core findings linking communities to coping and well-being were unchanged. Implications for theory, future research, and practice are shared.

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<https://www.liebertpub.com/doi/abs/10.1089/tmj.2018.0079>

### **Update of Recent Literature on Remotely Delivered Psychotherapy Interventions for Anxiety and Depression.**

Timothy Lamb, Nancy A. Pachana, and Nadeeka Dissanayaka

Telemedicine and e-Health

Online Ahead of Print: October 6, 2018

<http://doi.org/10.1089/tmj.2018.0079>

#### **Introduction:**

Anxiety and depression are harmful to individuals suffering from these disorders, their caregivers, and the economy. Remote delivery of psychotherapy has been established as a viable alternative to traditional in-person psychotherapy for treating anxiety and depression. However, literature comparing and evaluating the variety of remote delivery modalities of psychotherapy has not yet been integrated. This review examines the efficacy, practicality, and limitations of telephone, video, and online-administered psychotherapy for the treatment of anxiety and depression.

#### Methods:

A comprehensive literature search conducted using PubMed and PsycINFO included systematic reviews, randomized controlled trials, and cost-analysis studies focused on a remote delivery method of psychotherapy for anxiety and depression.

#### Results:

Overall, interventions delivered through telephone, video, and online modalities demonstrated good efficacy in treating anxiety and depression in general, and when presenting comorbid with other disorders. The literature also suggested that telehealth psychotherapy is accessible, convenient, and cost-effective. However, there is less evidence for video-delivered psychotherapy for anxiety and depression compared with telephone-administered and online-administered modalities. Despite this, overall, the efficacy and practical benefits of remote psychotherapy interventions in treating anxiety and depression across a diverse range of patient groups suggested that it is an appropriate alternative for those who cannot access in-person psychotherapy.

#### Conclusions:

Further research evaluating the efficacy and practical benefits of video-delivered psychotherapy for anxiety and depression is much needed for patients with limited access to in-person psychological care.

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<https://link.springer.com/article/10.1007%2Fs10608-018-9904-y>

### **Unwanted Events and Side Effects in Cognitive Behavior Therapy.**

Schermuly-Haupt, ML., Linden, M. & Rush, A.J.

Cognitive Therapy and Research

June 2018, Volume 42, Issue 3, pp 219–229

<https://doi.org/10.1007/s10608-018-9904-y>

Side effects (SEs) are negative reactions to an appropriately delivered treatment, which must be discriminated from unwanted events (UEs) or consequences of inadequate treatment. One hundred CBT therapists were interviewed for UEs and SEs in one of their current outpatients. Therapists reported 372 UEs in 98 patients and SEs in 43 patients. Most frequent were "negative wellbeing/distress" (27% of patients), "worsening of symptoms" (9%), "strains in family relations" (6%); 21% of patients suffered from

severe or very severe and 5% from persistent SEs. SEs are unavoidable and frequent also in well-delivered CBT. They include both symptoms and the impairment of social life. Knowledge about the side effect profile can improve early recognition of SEs, safeguard patients, and enhance therapy outcome.

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<https://www.degruyter.com/view/j/spircare.2018.7.issue-4/spircare-2018-0008/spircare-2018-0008.xml>

### **Veterans, the hidden wounds of war, and soul repair.**

Jan Grimell

Spiritual Care

Published Online: 2018-10-12

DOI: <https://doi.org/10.1515/spircare-2018-0008>

To better understand how deployment in war zones and/or combat may inflict emotional wounds upon veterans, researchers, clinicians, and caregivers it was recently started to focus on the concepts of moral and spiritual injuries. Such injuries may remain undiscovered during psychiatric screening for posttraumatic stress disorder. What is often missing, however, is a conceptualization of the part of the self which is implicitly related to emotional wounds caused by moral and spiritual injuries. This article utilizes a number of historical and contemporary conceptualizations of what is called the soul, and their implications for pastoral and spiritual care of emotionally wounded veterans. Moreover, it explores the use of biblical stories in pastoral and spiritual care among veterans suffering from moral and spiritual injuries.

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<https://www.sciencedirect.com/science/article/pii/S1389945718304891>

### **Suicidal Thought and Behavior in Individuals With Restless Legs Syndrome.**

Kiran Sai Para, Christopher A. Chow, Keerthana Nalamada, Vikramjeet M. Kakade, ...  
Brian B. Koo



Sleep Medicine

Available online 11 October 2018

<https://doi.org/10.1016/j.sleep.2018.09.019>

## Background

Restless legs syndrome (RLS) is associated with an unrelenting urge to move at night, which can cause chronic sleeplessness, depression, and despondency, increasing risk of suicide. We aimed to determine frequency of suicidal ideation and behavior in RLS.

## Methods

RLS and control participants were recruited through community and RLS Foundation advertisements. RLS diagnosis was confirmed using the Cambridge-Hopkins RLS Questionnaire and severity was assessed using the International RLS Study Group Severity Scale (IRLSS). Lifetime suicidal ideation (plan) and behavior (attempt) was assessed using the Suicidal Behavior Questionnaire-revised. The Brief Lifetime Depression Scale evaluated lifetime depression history. Forward stepwise logistic regression determined the odds of suicidal ideation or behavior.

## Results

192 RLS and 158 control participants were comparable for age, sex, race, and other potential demographic confounders. In general, RLS was moderate-to-severe (mean IRLSS  $26.4 \pm 7.5$ ). Significantly more RLS than control participants had lifetime suicidal ideation or behavior (27.1% vs. 7.0%;  $p < 0.00001$ ) or lifetime depression history (65.6% vs. 22.8%;  $p < 0.00001$ ). The odds of having a lifetime suicidal ideation or behavior was higher in those with RLS (2.80 [1.29,6.11]), even after accounting for depression and other confounders. In RLS, the odds of lifetime suicidal ideation or behavior was increased if there was lifetime depression (7.37 [2.65,20.47]) or if RLS in the past was severe or very severe (2.36 [1.03,5.40]).

## Conclusions

Lifetime suicidal ideation or behavior is prevalent in RLS sufferers, and its likelihood is dependent on RLS severity and depression history.

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<https://www.liebertpub.com/doi/abs/10.1089/acm.2018.0276>

**Use of Complementary and Integrated Health: A Retrospective Analysis of U.S. Veterans with Chronic Musculoskeletal Pain Nationally.**

Stephanie L. Taylor, Patricia M. Herman, Nell J. Marshall, Qing Zeng, Anita Yuan, Karen Chu, Yijun Shao, Craig Morioka, and Karl A. Lorenz

The Journal of Alternative and Complementary Medicine

Online Ahead of Print: October 12, 2018

<http://doi.org/10.1089/acm.2018.0276>

#### Objective:

To partially address the opioid crisis, some complementary and integrative health (CIH) therapies are now recommended for chronic musculoskeletal pain, a common condition presented in primary care. As such, healthcare systems are increasingly offering CIH therapies, and the Veterans Health Administration (VHA), the nation's largest integrated healthcare system, has been at the forefront of this movement. However, little is known about the uptake of CIH among patients with chronic musculoskeletal pain. As such, we conducted the first study of the use of a variety of nonherbal CIH therapies among a large patient population having chronic musculoskeletal pain.

#### Materials and methods:

We examined the frequency and predictors of CIH therapy use using administrative data for a large retrospective cohort of younger veterans with chronic musculoskeletal pain using the VHA between 2010 and 2013 ( $n = 530,216$ ). We conducted a 2-year effort to determine use of nine types of CIH by using both natural language processing data mining methods and administrative and CPT4 codes. We defined chronic musculoskeletal pain as: (1) having 2+ visits with musculoskeletal diagnosis codes likely to represent chronic pain separated by 30–365 days or (2) 2+ visits with musculoskeletal diagnosis codes within 90 days and with 2+ numeric rating scale pain scores  $\geq 4$  at 2+ visits within 90 days.

#### Results:

More than a quarter (27%) of younger veterans with chronic musculoskeletal pain used any CIH therapy, 15% used meditation, 7% yoga, 6% acupuncture, 5% chiropractic, 4% guided imagery, 3% biofeedback, 2% t'ai chi, 2% massage, and 0.2% hypnosis. Use of any CIH therapy was more likely among women, single patients, patients with three of the six pain conditions, or patients with any of the six pain comorbid conditions.

#### Conclusions:

Patients appear willing to use CIH approaches, given that 27% used some type. However, low rates of some specific CIH suggest the potential to augment CIH use.

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<https://link.springer.com/article/10.1007/s11920-018-0971-2>

## **Management of Post-Traumatic Nightmares: a Review of Pharmacologic and Nonpharmacologic Treatments Since 2013.**

Waltman, S.H., Shearer, D. & Moore, B.A.

Current Psychiatry Reports

December 2018, 20:108

<https://doi.org/10.1007/s11920-018-0971-2>

### Purpose of Review

Post-traumatic nightmares (PTN) are a common and enduring problem for individuals with post-traumatic stress disorder (PTSD) and other clinical presentations. PTN cause significant distress, are associated with large costs, and are an independent risk factor for suicide. Pharmacological and non-pharmacological treatment options for PTN exist. A previous review in this journal demonstrated that Prazosin, an alpha blocker, was a preferred pharmacological treatment for PTN and imagery rescripting therapy (IRT) was a preferred non-pharmacological treatment. Since that time, new and important research findings create the need for an updated review.

### Recent Findings

Based on the results of a recent study in the New England Journal of Medicine, Prazosin has been downgraded by both the American Academy of Sleep Medicine (AASM) and the Veterans Health Administration/Department of Defense (VA/DoD) for PTN. In Canada, Nabilone, a synthetic cannabinoid, appears to be promising. Few recent studies have been published on non-pharmacological interventions for PTN; however, recent data is available with regard to using IRT on an inpatient setting, with German combat veterans, and through the use of virtual technology. Recent evidence supports the use of exposure, relaxation, and rescripting therapy (ERRT) with children and individuals with comorbid bipolar disorder and PTN.

### Summary

Prazosin is no longer considered a first-line pharmacological intervention for PTN by AASM and VA/DoD. However, in the absence of a suitable alternative, it will likely remain the preferred option of prescribers. IRT and ERRT remain preferred non-pharmacological treatments of PTN. Combining cognitive behavior therapy for insomnia (CBT-I) with IRT or ERRT may lead to improved outcomes.

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<https://www.healio.com/psychiatry/journals/psycann/2018-10-48-10/{b2abe562-e36f-4249-a094-a42e0e5525b8}/psychotherapeutic-treatment-of-co-occurring-eating-disorders-and-posttraumatic-stress-disorder>

## **Psychotherapeutic Treatment of Co-Occurring Eating Disorders and Posttraumatic Stress Disorder.**

Elizabeth H. Parks, LMSW

Psychiatric Annals

2018; 48(10): 473-476

<https://doi.org/10.3928/00485713-20180913-01>

This article reviews the considerations for treating co-occurring eating disorders (EDs) and posttraumatic stress disorder (PTSD) concurrently. EDs are serious psychiatric disorders that interfere with one's physical, mental, and social well-being and require intensive treatment. When a patient presents with co-occurring disorders in addition to an ED, unique treatment considerations must be made. Patients with co-occurring PTSD are likely to use ED behaviors to manage PTSD symptoms. As such, it is important that clinical attention be paid to both disorders. Although a gold standard treatment for the ED/PTSD patient population has not yet been established, there are promising results from emerging research. Of note is the implementation of cognitive processing therapy (CPT), an evidenced-based practice used to treat PTSD in patients with ED/PTSD. CPT can be efficacious in simultaneously treating ED and PTSD symptomology. This article offers a clinical perspective on this issue.

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[https://www.cdc.gov/PCD/issues/2018/18\\_0238.htm](https://www.cdc.gov/PCD/issues/2018/18_0238.htm)

## **Chronic Health Conditions Among US Veterans Discharged From Military Service for Misconduct.**

Brignone E, Fargo J, Blais R, Gundlapalli A.

Preventing Chronic Disease

Volume 15 — October 11, 2018

<http://dx.doi.org/10.5888/pcd15.180238>

Veterans who are discharged from military service due to misconduct are vulnerable to negative health-related outcomes, including homelessness, incarceration, and suicide. We used national data from the Veterans Health Administration for 218,608 veterans of conflicts in Iraq and Afghanistan that took place after the events of September 11, 2001, to compare clinical diagnoses between routinely-discharged (n = 203,174) and misconduct-discharged (n = 15,433) veterans. Misconduct-discharged veterans had significantly higher risk for all mental health conditions (adjusted odds ratio [AOR] range, 2.5–8.0) and several behaviorally linked chronic health conditions (AOR range, 1.2–5.9). Misconduct-discharged veterans have serious and complex health care needs; prevention efforts should focus on behavioral risk factors to prevent the development and exacerbation of chronic health conditions among this vulnerable population.

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<https://www.ncbi.nlm.nih.gov/pubmed/30299132>

J Fam Psychol. 2018 Oct 8. doi: 10.1037/fam0000471. [Epub ahead of print]

### **Psychological and relational health profiles of soldiers in committed romantic relationships.**

Ruhlmann LM, Nelson Goff BS, Novak JR, Fuss C, Gnagi T, Schiferl M

The present study explored the heterogeneity of military service members' psychological and relational functioning using a sample of 7,866 soldiers in committed romantic relationships from the Army Study to Assess Risk and Resilience in Service members (Army STARRS). A latent profile analysis was conducted to identify and predict unique clusters of soldiers' relative psychological (i.e., posttraumatic stress disorder, depression, and anxiety symptom severity) and relational (i.e., relationship happiness, how often their relationship was going well, how often they confided in their partner, how often they considered or discussed ending their relationship, relational insecurity, and relational turbulence) functioning. Results revealed 4 distinct classes of comparative psychological and relational health: hardy soldiers and healthy relaters (70.2%), stressed soldiers but healthy relaters (13.1%), hardy soldiers but strained relaters (12.7%), and stressed soldiers and strained relaters (4.0%). Class descriptions, as well as implications for theory and clinical practice are reviewed. Notably, 7 out of 10 soldiers in this nationally representative sample reported little to no psychological or relational distress. These findings invite more adaptive narratives of service member

resilience and a more nuanced conceptualization of gradations in psychological and relational functioning. (PsycINFO Database Record (c) 2018 APA, all rights reserved).

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<http://journals.sagepub.com/doi/abs/10.1177/2156869318801889>

### **Stigmatization of War Veterans with Posttraumatic Stress Disorder (PTSD): Stereotyping and Social Distance Findings.**

Crosby Hipes, Darren Gemoets

Society and Mental Health

First Published October 12, 2018

<https://doi.org/10.1177/2156869318801889>

Posttraumatic stress disorder (PTSD) affects a significant portion of the US population, but there remains limited information on public responses to affected individuals. Diagnosed mental illnesses can lead to negative stereotyping by the public, who can then socially exclude or otherwise discriminate. This paper presents results of an experiment (N = 830) that assessed the extent to which workers with PTSD labels—either resulting from an auto accident or wartime military service—evoked negative stereotypes in a workplace scenario and social distance from study participants. Results demonstrated that PTSD from wartime service evoked perceptions of dangerousness and incompetence (similar to other severe mental illness conditions) but did not evoke worse perceptions of assertiveness (a requisite managerial trait). The condition also led to levels of social exclusion similar to some other mental health labels. These findings provide insight into the context of stereotyping and social distance for PTSD relative to other conditions.

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<https://commons.emich.edu/cgi/viewcontent.cgi?article=1137&context=mcnair>

### **Barriers to Academic Success Experienced by Student Veterans.**

Anthony D. Terry

Thirty to forty percent of student veterans do not complete their postsecondary programs (Cate, 2013). Many student veterans lack the proper assistance when battling stressors that directly affect their experiences during college. The stress and depression associated with Post-Traumatic Stress Disorder also prevent many veterans from succeeding. Veterans often experience culture shock when transitioning from the military to student life and may feel they have lost a part of their identity. This study addresses these challenges and highlights some of the issues returning veterans face when pursuing higher education. The study also examines the way in which student veterans' experiences in the military could help them succeed in college life. The study uses a mixed methods approach, employing a survey and focus groups.

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<http://journals.sagepub.com/doi/abs/10.1177/1077559518800617>

### **Associations Between Family Risk Factors and Child Neglect Types in U.S. Army Communities.**

Stephen J. Cozza, Christin M. Ogle, Joscelyn E. Fisher, Jing Zhou, Gloria L. Whaley, Carol S. Fullerton, Robert J. Ursano

Child Maltreatment

First Published October 11, 2018

<https://doi.org/10.1177/1077559518800617>

Recent theory and empirical research suggest that child neglect is a heterogeneous phenomenon characterized by various types. This study examined family risk factors associated with five neglect types including failure to provide physical needs, lack of supervision, emotional neglect, moral–legal neglect, and educational neglect in 390 substantiated cases of neglect in four U.S. Army communities. Family factors associated with elevated risk of each neglect type relative to other types were identified using multivariate regression. Relatively distinct sets of family risk factors were differentially associated with the neglect types. Family mental health problems and larger family size were associated with risk of failure to provide physical needs, childcare problems and larger family size were associated with risk of supervisory neglect, and family disagreements were associated with risk of emotional neglect. None of the family factors were associated with elevated risk of moral–legal or educational



neglect. Results can inform the development of indicated and relapse prevention strategies for families affected by different neglect types.

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<https://www.sciencedirect.com/science/article/pii/S0163834318300483>

## **Psychotropic medication use before and after suicidal presentations to the emergency department: A longitudinal analysis.**

Cara Katz, Jason R. Randall, Christine Leong, Jitender Sareen, James M. Bolton

General Hospital Psychiatry

Available online 13 October 2018

<https://doi.org/10.1016/j.genhosppsych.2018.10.003>

### Objective

The rates of annual emergency department (ED) visits in the United States for suicidal behaviour has nearly doubled over the last 10–15 years, with a decreased rate of hospitalizations, indicating the importance of intervention in the ED presentation. This paper describes the patterns of psychotropic use immediately before and after emergency department presentation to enhance understanding of interventions for increasing safety in these individuals.

### Methods

5070 adults seen in psychiatric consultation in two tertiary EDs with linkage to population-based administrative data to describe psychotropic prescriptions immediately before and after ED presentation.

### Results

55.9% of suicide attempts were by overdose, with 13.4% of suicide attempts occurring in the 18–21 age group. While no causal relationship can be inferred, half of those who presented to the ED with suicidal ideation or behaviour or non-suicidal self-injury were prescribed an antidepressant prior to ED presentation, with a spike in new prescriptions in the month immediately prior. 20% of those who presented to the ED with thoughts or behaviour received a new or different prescription for an antidepressant in the 1-month post-presentation. Prescribing of tricyclic antidepressants and opioids were decreased following ED presentation, however 21% of people still received opioids after a suicide attempt. Rates of antipsychotic prescriptions were increased.



## Conclusion

Patients are seeking help in the one-month prior to emergency presentation. Clinicians must consider the risk in this period of heightened clinical distress, especially among those under age 21. It is important to consider the changes that can be made in the ED to impact safety.

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<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1521683>

## **A systematic approach to the identification and prioritization of psychological health research gaps in the Department of Defense.**

Jean L. Otto, Erin H. Beech, Daniel P. Evatt, Bradley E. Belsher, Don E. Workman & Marjorie S. Campbell

Military Psychology

Published online: 16 Oct 2018

DOI: 10.1080/08995605.2018.1521683

Currently there is no standardized, transparent process for identifying and prioritizing research gaps to guide funding of psychological health research within the Department of Defense. In response to a request for input on prioritized research gaps, a systematic approach for identifying and prioritizing research needs was developed and piloted on the topic of posttraumatic stress disorder (PTSD) and depression in the military. An expert panel was convened consisting of six subject matter experts in military psychological health care and research. The panel created an initial list of research needs by scanning authoritative source reports, including clinical practice guidelines, and policy documents related to the topics of PTSD and depression in the military. After compiling research needs from those documents, the panel eliminated redundancies and combined gaps when appropriate, resulting in 32 potential gaps. The panel further refined these gaps based on four exclusion criteria, and then reviewed published literature and in-progress research to ascertain whether the gap was addressed by existing or ongoing research. This process resulted in a final list of 16 research gaps. Members of the panel independently applied predefined metrics and scored the remaining research gaps to allow for an objective rating for prioritization of the gaps. This process helped elucidate important methodological steps to identify and prioritize research gaps and will inform future iterations of this pilot initiative which may help guide research funding decisions.

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<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1525219>

## **Deployment trauma and seeking treatment for PTSD in US soldiers.**

Lauren Paige, Keith D. Renshaw, Elizabeth S. Allen & Brett T. Litz

Military Psychology

Published online: 16 Oct 2018

DOI: 10.1080/08995605.2018.1525219

Many service members in need of mental health treatment do not seek such treatment. This study investigated the frequency of Army soldiers' exposure to specific types of deployment stressors and whether different event-types were associated with willingness to seek and actual receipt of treatment. Male soldiers who were married (n = 600) completed online surveys that assessed posttraumatic stress disorder (PTSD), willingness to seek treatment for PTSD, actual receipt of PTSD treatment, and the frequency of exposure to 4 types of potentially traumatizing warzone experiences: committing a moral injury, observing a moral injury, threats to life, and traumatic loss. Soldiers who reported greater exposure to moral injury experiences (committed or observed) were less likely to be willing to seek treatment, regardless of PTSD symptom severity. Although exposure to moral injury did not differentiate actual treatment receipt, soldiers who endorsed loss were more likely to have received treatment, regardless of PTSD symptom severity. These results suggest that the types of trauma experienced during deployment may be a factor in postdeployment treatment-seeking attitudes and behaviors.

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### **Links of Interest**

How to Change Your Perspective, With CBT Pioneer David Burns, MD

<https://lifehacker.com/how-to-change-your-perspective-with-cbt-pioneer-david-1829607254>

Head of military school fired for using marijuana extract to treat cancer

<https://www.militarytimes.com/off-duty/military-culture/2018/10/11/head-of-military-school-fired-for-using-marijuana-extract-to-treat-cancer/>

How these three words could make life easier for spouses who run businesses out of their homes on base

<https://www.militarytimes.com/pay-benefits/2018/10/11/how-these-three-words-could-make-life-easier-for-spouses-who-run-businesses-out-of-their-homes-on-base/>

Everything you need to know about tuition assistance, by service

<https://rebootcamp.militarytimes.com/education/transition-tips/2018/10/08/everything-you-need-to-know-about-tuition-assistance-by-service/>

Has combat arms gender integration been successful? The Army will let you know in 2020

<https://www.armytimes.com/news/your-army/2018/10/11/has-combat-arms-gender-integration-been-successful-the-army-will-let-you-know-in-2020/>

It's now easier for Army spouses to keep their jobs in Child and Youth Services when they PCS

<https://www.armytimes.com/pay-benefits/2018/10/12/its-now-easier-for-army-spouses-to-keep-their-jobs-in-child-and-youth-services-when-they-pcs/>

Sex, Gender Factors Affect Women's Mental Health Across Their Lifespan

<http://www.pdhealth.mil/news/blog/sex-gender-factors-affect-women-s-mental-health-across-their-lifespan>

The Good Fight: How Yoga is Being Used Within the Military

<https://www.yogajournal.com/lifestyle/how-yoga-is-being-used-within-the-military>

Black woman who fought discrimination during trailblazing Navy career dies at 83

<https://www.navytimes.com/news/your-navy/2018/10/15/black-woman-who-fought-discrimination-during-trailblazing-navy-career-dies-at-83/>

The U.S. Army Surgeon General Says the First Step in Treating PTSD is Reducing Stigma (video)

<http://fortune.com/video/2018/10/03/u-s-army-surgeon-general-ptsd-stigma/>

Women in Charge: Nadja West

The U.S. Army surgeon general on the increasing openness in military leadership

[http://www.slate.com/articles/podcasts/women\\_in\\_charge/2018/10/nadja\\_west\\_the\\_u\\_s\\_army\\_surgeon\\_general\\_talks\\_about\\_her\\_days.html](http://www.slate.com/articles/podcasts/women_in_charge/2018/10/nadja_west_the_u_s_army_surgeon_general_talks_about_her_days.html)

Actors and athletes have agents to help them find work. Now vets with PTSD can too.  
<https://rebootcamp.militarytimes.com/news/2018/10/17/actors-and-athletes-have-agents-to-help-them-find-work-now-vets-with-ptsd-can-too/>

Depression awareness: Reach out for yourself, and for others  
<https://health.mil/News/Articles/2018/10/17/Depression-awareness-Reach-out-for-yourself-and-for-others>

Big Data for Depression  
<http://www.psychiatrytimes.com/depression/big-data-depression>

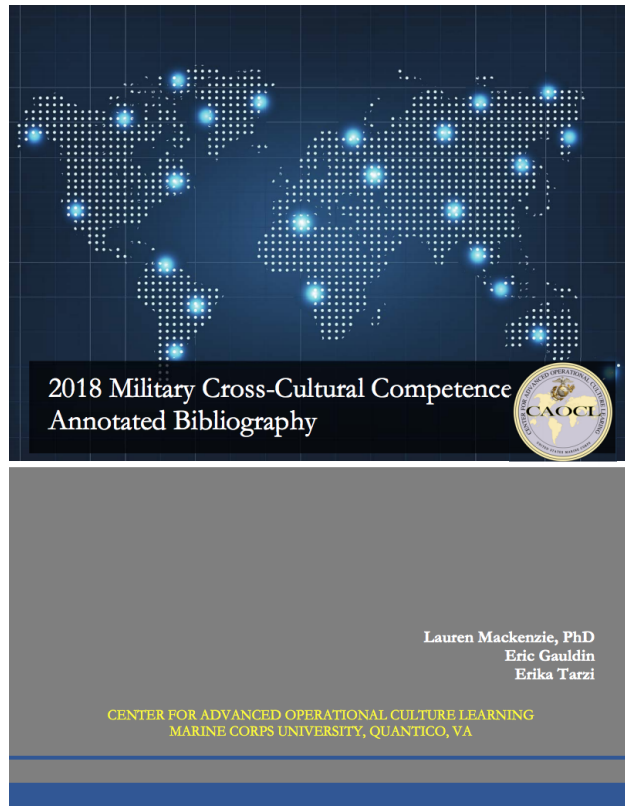
Clinical Challenges: Delivering CBT to the Sleepless  
Can apps and podcasts address the sleep specialist shortage?  
<https://www.medpagetoday.com/clinical-challenges/chest-sleep/75732>

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**Resource of the Week: [2018 Military Cross-Cultural Competence Annotated Bibliography](#)**

From the Center for Advanced Operational Culture Learning, Marine Corps University, Quantico VA

The 2018 Military Cross-Cultural Competence Annotated Bibliography is designed to supplement the original 2014 bibliography. The current version provides a foreword as well as brief summaries of publications devoted to military cross-cultural competence that have become available since the 2016 update was completed.



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