

CDP



Research Update -- October 25, 2018

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<https://content.govdelivery.com/accounts/USVHA/bulletins/213b6cc>

PTSD Monthly Update -- New Website Design at www.ptsd.va.gov

National Center for PTSD
October 2018

We have just launched a complete redesign of our website at www.ptsd.va.gov. We talked to Veterans, family members, providers and researchers and your feedback has led to many new features, some of which are highlighted below.

Key Changes

Overall, the new site design features:

A simplified homepage:

Content summaries at the top of pages

Videos integrated into more of our educational pages

Links at the top of long pages help you jump more quickly to desired content

Mobile friendly - access information from your phone or tablet

User-Friendly Navigation

Our new menu options are designed to help users learn about PTSD and treatment, find out where to get help, and learn how to support those with PTSD. The new menu is designed to help people get answers to their questions with fewer clicks.

Our mobile phone apps, videos, and Spanish content are now featured more prominently in the main menu.

In addition to the patient and family education menu items, clinicians and researchers will be interested in the links to our publications and searchable PTSD article database as well as the section especially for providers.

Information and Resources for Providers

The new "For Providers" menu includes a new section that pulls together our patient education resources in one place.

In addition, providers will continue to have access to our assessment measures, information about treating trauma and PTSD, our catalogue of online continuing education, and the experts in our PTSD Consultation Program (including the Monthly Lecture Series webinars).

The new "For Providers" menu will help clinicians navigate to submenus for:

Assessment

Continuing Education

Consultation

Patient Education

<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1522927>

The impact of stigma on behavioral health care utilization among active duty service members.

Andrew J. Seidman, Nathaniel G. Wade, David L. Vogel & Patrick Armistead-Jehle

Military Psychology

Published online: 17 Oct 2018

<https://doi.org/10.1080/08995605.2018.1522927>

This study assessed the relationship between the stigma of seeking psychological help and use of outpatient behavioral health services over a 2-year period among active duty military service members initially referred for neuropsychological evaluation secondary to their histories of mild traumatic brain injury. Although research has examined how stigma predicts proxies for help-seeking (i.e., attitudes towards/intentions to use services), very little research has looked at actual behavior, and studies that do have largely focused on previous use. In this study, we examined the relationship between participants' stigma and subsequent behavioral health use. Our results indicated that whereas greater self-stigma (i.e., negative self-judgments for seeking psychological help) was associated with attending fewer behavioral health care sessions, public stigma (i.e., perceptions of public attitudes towards people who seek psychological help) was not associated with service use. These findings support the need for addressing the self-stigma associated with seeking behavioral health care.

<http://psycnet.apa.org/record/2018-52098-002>

Patterns and predictors of persistence of suicide ideation: Results from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS).

Nock, M. K., Han, G., Millner, A. J., Gutierrez, P. M., Joiner, T. E., Hwang, I., . . . Kessler, R. C.

Journal of Abnormal Psychology
2018; 127(7), 650-658
<http://dx.doi.org/10.1037/abn0000379>

Persistent suicide ideation (SI) is known to be a risk factor for subsequent suicidal behaviors. Reducing SI persistence among people with a history of SI consequently might be a useful target for preventive intervention; however, basic information is lacking about patterns and predictors of SI persistence. We report preliminary retrospective data on annual SI persistence in a representative sample of 3,501 U.S. Army soldiers with lifetime SI from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS). Reports about age-of-onset and number of years with SI were used to estimate two definitions of persistence: persistence beyond year-of-onset and proportional annual persistence (i.e., percentage of years with SI since year-of-onset). Results revealed that for 47.8% of respondents with lifetime SI, their SI did not persist beyond the year-of-onset. For the 52.2% whose SI did persist beyond the year-of-onset, the median (interquartile range) proportional annual persistence was 33% (17–67%). Significant predictors of increased persistence were different for respondents with preenlistment SI onset (prior histories of attention-deficit/hyperactivity disorder [ADHD], bipolar disorder, and panic disorder) and postenlistment SI onset (male, combat support military occupation specialty, prior histories of ADHD, panic disorder, and posttraumatic stress disorder). These predictors of persistence are different from the predictors of SI onset, suggesting that secondary preventive interventions to reduce SI persistence may need to focus on different factors than primary preventive interventions to reduce SI onset. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1522161>

Measuring dispositional optimism in student Veterans: An item response theory analysis.

Emre Umucu, Jessica M. Brooks, Beatrice Lee, Kanako Iwanaga, Jia-Rung Wu, Ada Chen & Fong Chan

Military Psychology

Published online: 16 Oct 2018

DOI: 10.1080/08995605.2018.1522161

Background:

The psychometric properties of the Life Orientation Test-Revised (LOT-R) have been established among college students, yet psychometric evidence is lacking for a sample of student Veterans in postsecondary education.

Aims:

The purpose of this study was to evaluate psychometric properties of the LOT-R for the assessment of dispositional optimism in student Veterans by using classical test theory (CTT) in conjunction with item response theory (IRT).

Method:

A sample of 205 student Veterans were recruited from universities across the United States. Exploratory factor analysis was conducted to test the unidimensionality of the LOT-R. A polychotomous IRT model using graded response model (GRM) was estimated. Reliability and concurrent validity of the LOT-R were tested.

Results:

CTT in conjunction with IRT validated that the LOT-R is a psychometrically sound unidimensional instrument for assessing the levels of dispositional optimism in student Veterans. The LOT-R was found to be associated with hope, resilience, PERMA, life satisfaction, depression, and anxiety in the theoretically expected directions. The internal consistency reliability coefficient was computed to be .86.

Conclusions:

Given its reliability and validity and applicability among this specific population, clinicians, educators, and researchers might use the LOT-R to assess and monitor dispositional optimism among student Veterans.

<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1521682>

Anxiety sensitivity and distress tolerance typologies and relations to posttraumatic stress disorder: A cluster analytic approach.

Cassie Overstreet, Emily Brown, Erin C. Berenz, Ruth C. Brown, Sage Hawn, Scott McDonald, Treven Pickett, Carla Kmett Danielson, Suzanne Thomas & Ananda Amstadter

Military Psychology

Published online: 16 Oct 2018

DOI: 10.1080/08995605.2018.1521682

A growing literature suggests a relationship between a high anxiety sensitivity (AS; the fear of anxiety and its related consequences)/low distress tolerance (DT; the capacity tolerate internal negative states) profile and posttraumatic stress disorder (PTSD) symptoms. However, specific profiles have not been identified or examined specifically in Veteran samples. Thus, the aims of the present study were to establish empirically derived profiles created from response patterns on the Anxiety Sensitivity Index and Distress Tolerance Scale and to examine associations with PTSD symptom clusters among a sample of combat-exposed Veterans (N = 250). A cluster analytic approach was used to identify AS/DT profiles, and a series of multivariate analyses of variance with post hoc analyses was conducted to examine the relationship between each AS/DT profile and each PTSD symptom cluster. Results indicated a 3-cluster solution including a high AS/low DT “at risk” profile, a low AS/high DT “resilient” profile, and an average AS/DT “intermediate” profile. The at-risk profile was associated with significantly greater symptoms in each PTSD cluster (i.e., hyperarousal, avoidance, re-experiencing) when compared to the other two profiles. The at-risk profile was also associated with greater depressive symptoms and lower self-reported resilience. These findings extend the previous literature by identifying a high AS/low DT “at risk” profile and its associations with PTSD symptoms, underscoring the potential utility in targeting these affect-regulation constructs for clinical intervention.

<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1524254>

Drop-in suicide prevention group decreases suicidal ideation among Veterans.

Gregory J. Simons, Theresa A. Drewniak, Allison Jahn, Michael J. Gillen, Sadie E. Larsen & Gina M. Kangas

Military Psychology

Published online: 16 Oct 2018

DOI: 10.1080/08995605.2018.1524254

This study examined the effectiveness of a weekly, drop-in therapy support group designed for Veterans identified at increased risk for suicide. Veterans were identified as at risk for suicide and referred to the group following hospitalization on the inpatient psychiatric unit after an increase in suicidal ideation (SI), presentation to a provider with SI with a plan, or having made a suicide attempt. An archival chart review was performed on 359 patients who were referred to the Coping, Understanding, Support, and Prevention Group from 2009 through 2011. Documented risk of suicide was collected from the chart including: frequency of inpatient psychiatric hospitalization, visits to the emergency department or mental health walk in clinic for SI, reported SI in clinical notes, consults resulting from calls to the Veteran's Crisis Line, and assignment or removal of suicide risk behavior flags in the electronic medical record, for a period of 12 months prior to referral to the group and for a period of 12 months after referral to the group. Negative binomial regression models found that Veterans attending the support group showed a significantly greater reduction in frequency of endorsing SI post-referral compared to those who did not attend the group. Results imply that offering Veterans an ongoing therapeutic group format to give and receive support from peers also struggling with suicide risk factors is an effective way to reduce suicide-related thoughts.

<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1521684>

Alcohol use affects sleep duration among military couples.

Tiffany L. Berzins, Manfred H. M. Van Dulmen & Haylee Deluca

Military Psychology

Published online: 16 Oct 2018

DOI: 10.1080/08995605.2018.1521684

Alcohol misuse and sleep disorders are highly comorbid, prevalent among service members and their romantic partners, and affected by relationship interdependence. As most military health research focuses on either service members or their spouses, the current study examined dyadic effects of alcohol use on sleep cycle duration in dating and married military couples (N = 149 dyads), using data from the National Longitudinal Study of Adolescent Health. Person-level results from a series of multilevel path models

showed partial support for our focal hypothesis implicating high alcohol use in shortened average sleep duration for the service members and their romantic partners.

Specifically, partners of service members who drank more regularly had shorter average sleep durations, as did female service members who drank more alcohol per drinking occasion. At the couple-level, a partner effect indicated that service members' lower depressive symptoms were associated with their partner's shorter average sleep durations. In addition, when service members reported relatively high alcohol-related problems, their partner tended to have a shorter average sleep duration. In contrast, when service members' partners reported relatively high alcohol-related problems, they had a longer average sleep duration. This suggests the consequences of problematic alcohol use for service members' partners depended on each dyad member's drinking patterns. Taken together, these findings underscore the importance of viewing military couples as a dyadic unit in research studies and clinical interventions.

<https://injuryprevention.bmj.com/content/early/2018/10/13/injuryprev-2018-042944>

'Lock to Live': development of a firearm storage decision aid to enhance lethal means counselling and prevent suicide.

Betz ME, Knoepke CE, Siry B, et al

Injury Prevention

Published Online First: 13 October 2018

doi: 10.1136/injuryprev-2018-042944

Objectives

We sought to (1) clarify decision needs among suicidal adults with home firearm access; (2) identify accurate, unbiased and acceptable approaches for content and messaging; and (3) develop a tablet-delivered decision aid for firearm storage options.

Methods

Following international standards, we used stakeholder interviews to develop a decision aid for the decision, 'what option(s) to choose to reduce home access to firearms for an adult at risk of suicide'. Participants were adults with personal or family history of suicidal ideation or behaviours, firearm ownership or employment in a firearm range or store, involvement in suicide prevention field, or work as emergency department or other healthcare provider.

Results

Through 64 interviews, we created the 'Lock to Live' decision aid, which includes (1) introduction specifying the decision, (2) clarification of preferences and logistics, (3) table of storage options and (4) summary with specific next steps. The final tool had high user acceptability.

Conclusions

Should the 'Lock to Live' decision aid prove useful in a pilot feasibility trial and subsequent testing, it could enhance lethal means counselling and help prevent firearm suicide.

<http://journals.sagepub.com/doi/abs/10.1177/1359105318802949>

Triple Aim: Benefits of behavioral health providers in primary care.

Heather Reppeto, Christina Tuning, Daniel H Olsen, Audrina Mullane, and Christopher Smith

Journal of Health Psychology

First Published October 15, 2018

<https://doi.org/10.1177/1359105318802949>

There is little research on behavioral health consultants addressing The Triple Aim goals in a community setting. This study examined the behavioral health consultants' effect on (1) reducing overall patient cost and (2) improving population health by examining psychological screening measures, healthcare utilization, and hospital charges. Results revealed changes in patient charges: emergency department encounters reduce by 8 percent, psychological distress significantly decrease (Patient Health Questionnaire—9, 13.9 to 10.9, $p < 0.001$; Generalized Anxiety Disorder—7, 12.2 to 9.8, $p < 0.001$), and reduction in suicidal ideation ($p < 0.001$) following behavioral health consultant contact. Findings suggest that utilization of behavioral health consultants help health care systems meet The Triple Aim goals.

<https://www.emeraldinsight.com/doi/abs/10.1108/QAOA-04-2018-0017>

Supporting older military veterans in the rural US.

Bret Hicken, Kimber Parry

Quality in Ageing and Older Adults

04 September 2018

<https://doi.org/10.1108/QAOA-04-2018-0017>

Purpose

The purpose of this paper is to provide an overview of rural older veterans in the USA and discuss how the US Department of Veterans Affairs (VA) is increasing access to health care for older veterans in rural areas.

Design/methodology/approach

This is a descriptive paper summarizing population and program data about rural veterans.

Findings

VA provides a variety of health care services and benefits for older veterans to support health, independence, and quality of life. With the creation of the Veterans Health Administration Office of Rural Health (ORH) in 2006, the needs of rural veterans, who are on average older than urban veterans, are receiving greater attention and support. ORH and VA have implemented several programs to specifically improve access to health care for rural veterans and to improve quality of care for older veterans in rural areas.

Originality/value

This paper is one of the first to describe how VA is addressing the health care needs of older, rural veterans.

<https://www.magonlinelibrary.com/doi/abs/10.12968/johv.2018.6.10.494>

The impact of military life on young children: A call for early intervention.

Mary Nolan, Gabriela Misca

Journal of Health Visiting

Published Online: October 15, 2018

<https://doi.org/10.12968/johv.2018.6.10.494>

There is a paucity of studies relating to the impact of military life on children under the age of 5, yet these children are undergoing a period of rapid brain development, unparalleled at any other stage of the life course. The need to understand how they might be affected by military family life is urgent. This article discusses current understanding of the possible mechanisms by which military family life may adversely affect young children, considers antenatal education as an opportunity for early intervention and concludes with a call to action for new research into strategies to support military families with young children.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usy264/5133038>

Transgender Dependent Adolescents in the U.S. Military Health Care System: Demographics, Treatments Sought, and Health Care Service Utilization.

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Military Medicine

Published: 16 October 2018

<https://doi.org/10.1093/milmed/usy264>

Introduction

Transgender and gender-diverse (TGD) youth are at greater risk for mental health and medical conditions than their cisgender peers; however, poor health outcomes and identity-based discrimination can be minimized in the context of optimal support. Approximately 1.7 million youth may be eligible for care covered by the Military Health System, which includes mental health and gender-affirming medications. The purpose of the current study is to identify sociodemographic characteristics, the psychosocial and behavioral risk profile, and health care utilization patterns of TGD dependent youth cared for in the U.S. military system to inform provider training and resource allocation.

Materials and Methods

We performed a retrospective chart review by searching all medical records between July 1, 2014 and July 1, 2017 for diagnoses suggesting visits for TGD-services at a regional referral-based adolescent medicine clinic which cares for dependent children of active duty, activated selected reserve, and retired military service members between the ages of 9 and 24 years for a wide range of health care needs.

Results

Fifty-three participants were included in this study. Sixty-four percent reported a transmasculine identity, 21% a transfeminine identity, and 15% a non-binary or undecided identity. The mean age at first gender-related visit was 14.5 years (SD 3.2). The mean number of primary care physicians and specialists seen by a given individual in a military treatment facility for any visit type since the implementation of the medical record system in 2005 was 12 (SD 6.8) and 10.2 (SD 7.8), respectively. Thirty-three percent of all patients assigned as female at birth were on testosterone therapy and 23% of all patients assigned as male at birth were on estrogen therapy at their most recent clinic visit. Twelve patients were undergoing pubertal suppression with an injectable or implantable gonadotropin-releasing hormone agonist. Seventy percent reported a history of suicidal ideation, 42% self-harm, 21% at least one suicide attempt, and 33% psychiatric hospitalization. Having strongly supportive parents was significantly associated with recognizing, disclosing and seeking treatment for gender nonconformity at an earlier age ($ps \leq 0.03$) and marginally associated with less likelihood of current suicidal ideation ($p = 0.06$) compared to those with less supportive parents.

Conclusions

This study elucidated the sociodemographic and behavioral risk profile of a sample of TGD youth in the MHS. Military and non-military health care providers across a broad spectrum of specialties should be knowledgeable about the unique psychosocial and medical needs, requisite sensitivity, and available referral options in the care of TGD youth. Assumptions about one's gender identity, sexual orientation, gender expression, or behaviors cannot be made based on birth-assigned sex. Further research is needed to investigate the health and wellbeing of TGD military-affiliated youth over time and to determine quality transgender-related services in support of this vulnerable and underserved population.

<https://www.sciencedirect.com/science/article/abs/pii/S0306460318304714>

Substance use disorders and PTSD: Examining substance use, PTSD symptoms, and dropout following imaginal exposure.

Amber M. Jarnecke, Nicholas P. Allan, Christal L. Badour, Julianne C. Flanagan, ...
Sudie E. Back

Highlights

- Integrated interventions for substance use disorders (SUD) and posttraumatic stress disorder (PTSD) are underutilized.
- Clinicians may have concerns that integrated interventions will worsen symptomatology and lead to treatment dropout.
- Craving and distress following imaginal exposure are not associated with the next week's substance use or PTSD severity.
- Higher ratings of post-imaginal exposure craving were associated with 1.02 greater odds of treatment dropout.
- Higher ratings of distress following imaginal exposure were associated with 1.03 greater odds of treatment dropout.

Abstract

Integrated exposure-based interventions to treat substance use disorders (SUD) and posttraumatic stress disorder (PTSD) may not be widely utilized, in part, because of clinician concerns that such interventions will worsen symptomatology and lead to treatment dropout. In order to address this question, the current pilot study examined whether participants' ratings of craving and distress following imaginal exposure predicted increased substance use, PTSD severity, and treatment dropout. Participants (N = 46) were U.S. military Veterans who met criteria for current SUD and PTSD. Subjective ratings of craving and distress, and past-week substance use and PTSD symptom severity were assessed at each treatment session. Multilevel modeling tested whether lagged ratings of craving and distress predicted the following week's frequency of substance use and PTSD severity. Discrete time survival analysis, using proportional odds Cox ratio, examined whether craving and distress ratings predicted treatment dropout. The findings revealed that neither craving nor distress following imaginal exposure were associated with the following week's substance use or PTSD severity. However, participants with higher craving and distress were more likely to drop out before completing treatment. Future research is needed to develop strategies to increase treatment retention for individuals at-risk for treatment dropout and identify mechanisms that account for the association between in-session ratings of craving and distress and dropout.

<https://onlinelibrary.wiley.com/doi/10.1002/jts.22321>

The Impact of Military and Nonmilitary Experiences on Marriage: Examining the Military Spouse's Perspective.

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Journal of Traumatic Stress

First published: 19 October 2018

<https://doi.org/10.1002/jts.22321>

There has been conflicting research regarding direct association between deployments and marital quality, particularly from the military spouse's perspective. In the current study, we sought to extend past research by examining the direct association between both military and nonmilitary experiences and military spouse marital quality using 2011–2013 baseline data from the Millennium Cohort Family Study, a large sample of military couples representing all U.S. service branches and components. Military experiences were assessed using electronic deployment records to capture the number and length of deployments since 2001, and service members reported combat experience and symptoms indicative of posttraumatic stress disorder (PTSD). Military spouses reported on service members' recent time away from home, nonmilitary family stressors, and marital quality. Results of the logistic regression model adjusted for demographic, relationship, and military covariates indicated that most military experiences did not have a direct statistical association with low marital quality except service member PTSD, odds ratio (OR) = 1.54, 95% CI [1.17, 2.04]. Rather, nonmilitary experiences of the military spouse, including lack of social support, OR = 2.68, 95% CI [2.07, 3.47]; caregiver burden, OR = 1.56, 95% CI [1.22, 1.99]; work–family conflict, OR = 1.42, 95% CI [1.18, 1.69]; and financial strain, OR = 1.27, 95% CI [1.03, 1.55], increased odds of low marital quality. Implications of these findings include providing additional supports to address nonmilitary family stressors that are particularly salient to military spouses with an aim to promote marital quality.

<https://onlinelibrary.wiley.com/doi/10.1002/jts.22331>

Longitudinal Development of Primary and Secondary Posttraumatic Growth in Aging Veterans and Their Wives: Domain-Specific Trajectories.

Rahel Bachem Saskia Mitreuter Yafit Levin Jacob Y. Stein Zhou Xiao Zahava Solomon

Journal of Traumatic Stress

First published: 19 October 2018

<https://doi.org/10.1002/jts.22331>

Posttraumatic growth (PTG), the positive psychological transformations that follow traumatic events, affects both direct survivors (primary PTG) and their significant others (secondary PTG). Though primary and secondary PTG have been widely investigated in the literature, their long-term trajectories decades after a traumatic event, especially as survivors enter older age, remain largely uninvestigated. Furthermore, it remains contested whether PTG adds up to a monolithic construct or rather consists of relatively independent components. Addressing these issues, we assessed a sample of Israeli male veterans from the 1973 Yom Kippur war (N = 349) and their wives (N = 156) at three time points over the course of nearly three decades. Both the veterans (primary survivors) and their wives (secondary survivors) reported PTG relating to the veterans' experiences during the war and/or captivity. Latent growth mixture modeling was conducted to identify trajectories of PTG on the five subscales of the Posttraumatic Growth Inventory. Long-term trajectories of PTG followed heterogeneous patterns of fluctuation over time and particularly as participants entered older age. On most subscales, decreasing PTG scores were evident, a trend that was more pronounced among the primary survivors than the secondary survivors as primary and secondary PTG fluctuate considerably in the long-term and seem to decrease as individuals enter older age. Furthermore, it would seem that PTG should not be considered a holistic concept but rather a conglomeration of positive changes. Implications of the findings are discussed within the context of limitations and potential intervening factors.

<https://onlinelibrary.wiley.com/doi/10.1002/jts.22327>

Facilitators and Barriers to Seeking Mental Health Care Among Primary Care Veterans With Posttraumatic Stress Disorder.

Kyle Possemato Laura O. Wray Emily Johnson Brad Webster Gregory P. Beehler

Journal of Traumatic Stress
First published: 19 October 2018
<https://doi.org/10.1002/jts.22327>

Although posttraumatic stress disorder (PTSD) is common in primary care patients, many do not seek mental health treatment. Existing research on barriers and facilitators to receiving PTSD treatment are not specific to primary care patients. In this study, we sought to understand the psychosocial concerns, treatment barriers, and treatment facilitators among non-treatment-seeking primary care veterans with PTSD who reside in both rural and urban settings. Using a concurrent triangulation design, we collected qualitative focus group and quantitative self-report data concurrently, analyzed them separately, and merged the results for interpretation. In total, 27 veteran primary care patients with PTSD participated in 1 of 4 focus groups. A modified conventional content analysis approach was used. Team-based coding began with three broad primary codes (psychosocial concerns, barriers, and facilitators) and subcodes were allowed to emerge from the data. Self-report measures were used to collect clinical characteristics and barriers to care. The results expanded upon existing models of PTSD treatment initiation by (a) specifying treatment preferences, such as patient-centered care, peer support services, and open access scheduling, and (b) presenting concerns, such as anger and core symptoms of PTSD. Results also indicated that a commonly used quantitative barriers measure may offer an incomplete picture of why veterans do not seek treatment as it does not assess how past negative treatment experiences may affect utilization. Strategies to help veterans overcome barriers to care may benefit from a focus on negative treatment-seeking beliefs and tailoring based on a veteran's rural or urban status.

<https://onlinelibrary.wiley.com/doi/10.1002/jts.22333>

Treatment Efficacy for Veterans With Posttraumatic Stress Disorder: Latent Class Trajectories of Treatment Response and Their Predictors.

Dominic Murphy Kirsten V. Smith

Journal of Traumatic Stress
First published: 19 October 2018
<https://doi.org/10.1002/jts.22333>

Evidence suggests that veterans with posttraumatic stress disorder (PTSD) have a poorer treatment response than nonveterans. In this study, we explored heterogeneity in treatment response for 960 veterans in the United Kingdom with PTSD who had been offered a residential intervention consisting of a mixture of group sessions and individual trauma-focused cognitive behavioral therapy (TF-CBT). The primary outcome was PTSD score on the Impact of Event Scale-Revised (IES-R). Covariates included depression, anxiety, anger, alcohol misuse, functional impairment, and sociodemographic characteristics. Follow-up occurred posttreatment at set time points for 12 months. We present predictors of PTSD severity at posttreatment and follow-up obtained using a latent class growth analysis to identify different treatment trajectories. Multinomial logistic regression models were used to identify covariates predicting class membership, and five classes were identified. Of participants, 71.3% belonged to three classes showing positive treatment responses, and 1.2% showed initial improvement but later relapsed. Additionally, 27.5% of participants were identified within a treatment-resistant class that showed little change in severity of presentation. Depression, anxiety, and having had a combat role during military service increased the likelihood of membership in the treatment-resistant class, odds ratios (ORs) = 1.12–1.53, 1.16–1.32, and 2.89, respectively. Additionally, participants in the treatment-resistant class had higher pretreatment PTSD scores for reexperiencing, avoidance, and hyperarousal symptoms, ORs = 5.24, 2.62, and 3.86, respectively. Findings suggest the importance of triaging individuals and offering interventions tailored to severity of presentation.

<https://onlinelibrary.wiley.com/doi/10.1002/jts.22330>

An Examination of the Role of Difficulties Regulating Positive Emotions in Posttraumatic Stress Disorder.

Nicole H. Weiss Katherine L. Dixon-Gordon Courtney Peasant Tami P. Sullivan

Journal of Traumatic Stress

First published: 19 October 2018

<https://doi.org/10.1002/jts.22330>

Emotion regulation difficulties have been theoretically and empirically linked to posttraumatic stress disorder (PTSD). Previous research, however, has focused almost exclusively on difficulties regulating negative emotions. In this study, we explored the nature of difficulties regulating positive emotions in PTSD. Participants were women who had experienced domestic violence (N = 210; 48.6% African American; Mage =

36.14 years). Higher levels of nonacceptance of positive emotions, difficulties engaging in goal-directed behaviors when experiencing positive emotions, and difficulties controlling impulsive behaviors when experiencing positive emotions were related to a higher level of PTSD symptom severity overall and for the intrusion, avoidance/emotional numbing, and hyperarousal clusters, $r_s = .24-.37$. The presence (vs. absence) of a probable PTSD diagnosis was related to greater difficulties engaging in goal-directed behaviors, $d = 0.54$, and controlling impulsive behaviors, $d = 0.34$, when experiencing positive emotions. Results suggest the potential utility of assessing and treating difficulties regulating positive emotions among domestic violence–victimized women with PTSD.

<https://onlinelibrary.wiley.com/doi/10.1002/jts.22322>

Acceptance and Commitment Therapy for Co-Occurring Posttraumatic Stress Disorder and Alcohol Use Disorders in Veterans: Pilot Treatment Outcomes.

Eric C. Meyer Robyn Walser Barbara Hermann Heidi La Bash Bryann B. DeBeer Sandra B. Morissette Nathan A. Kimbrel Oi-Man Kwok Sonja V. Batten Paula P. Schnurr

Journal of Traumatic Stress

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Posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD) frequently co-occur and are associated with worse outcomes together than either disorder alone. A lack of consensus regarding recommendations for treating PTSD–AUD exists, and treatment dropout is a persistent problem. Acceptance and Commitment Therapy (ACT), a transdiagnostic, mindfulness- and acceptance-based form of behavior therapy, has potential as a treatment option for PTSD–AUD. In this uncontrolled pilot study, we examined ACT for PTSD–AUD in 43 veterans; 29 (67%) completed the outpatient individual therapy protocol (i.e., ≥ 10 of 12 sessions). Clinician-assessed and self-reported PTSD symptoms were reduced at posttreatment, $d_s = 0.79$ and 0.96 , respectively. Self-reported symptoms of PTSD remained lower at 3-month follow-up, $d = 0.88$. There were reductions on all alcohol-related outcomes (clinician-assessed and self-reported symptoms, total drinks, and heavy drinking days) at posttreatment and 3-month follow-up, $d_{\text{mean}} = 0.91$ (d range: $0.65-1.30$). Quality of life increased at posttreatment and follow-up, $d_s = 0.55-0.56$. Functional disability improved marginally

at posttreatment, $d = 0.35$; this effect became significant by follow-up, $d = 0.52$. Fewer depressive symptoms were reported at posttreatment, $d = 0.50$, and follow-up, $d = 0.44$. Individuals experiencing suicidal ideation reported significant reductions by follow-up. Consistent with the ACT theoretical model, these improvements were associated with more between-session mindfulness practice and reductions in experiential avoidance and psychological inflexibility. Recommendations for adapting ACT to address PTSD–AUD include assigning frequent between-session mindfulness practice and initiating values clarification work and values-based behavior assignments early in treatment.

<https://link.springer.com/article/10.1007/s11469-018-0012-8>

The Association Between Moral Injury and Substance Use Among Israeli Combat Veterans: the Mediating Role of Distress and Perceived Social Support.

Daniel Feingold, Gadi Zerach, Yossi Levi-Belz

Substance use is common among military personnel and war veterans, especially combat veterans. In the last decade, moral injury (MI) has emerged as a shame and guilt-based trauma-related syndrome which may emerge among war veterans engaging in potentially morally injurious events (PMIEs). However, up to date, research has focused on the association between MI and alcohol, neglecting other substances, and little is known about additional psychological factors which may mediate the association between MI and substance use. In this study, 191 Israeli combat veterans (85.4% men, mean age = 25.39) completed a set of validated self-report questionnaires. Results indicated that across all substances, prevalence rates of use reported by Israeli veterans were significantly higher compared to those reported among the general population. A serial mediation analysis indicated that the association between levels of perceived betrayal and frequency of cannabis and sedative/tranquilizer use was mediated by levels of psychological distress. In addition, the association between levels of perceived perpetration and frequency of cannabis and sedative/tranquilizer use was mediated by levels of distress and perceived social support. Notably, the association between levels of perceived perpetration and frequency of alcohol use was mediated by high level of perceived social support. We conclude that perceived social support may play a unique role in the link between PMIEs and the use of different substances, serving alternately as both a protective and risk factor.

<https://www.ncbi.nlm.nih.gov/pubmed/29921349>

Aerosp Med Hum Perform. 2018 Jul 1;89(7):587-592. doi: 10.3357/AMHP.5048.2018

Clinical Diagnoses Leading to Suspension in Army Aircrew: An Epidemiological Study.

Curry IP, Kelley AM, Gaydos SJ.

INTRODUCTION:

There have been few large-scale epidemiological examinations of military aircrew populations reported in recent literature. This study examined 10 yr of medical records contained in the U.S. Army Aeromedical Electronic Resource Office (AERO) in an effort to identify the most prevalent conditions affecting Army aviator career longevity.

METHODS:

This study was a retrospective epidemiological review; data were retrieved on 24,568 rated aircrew patients from the AERO database, of whom 5.2% were women. The dataset was composed of a total of 181,471 cases between June 2005 and June 2015. Age ranged from 17 to 73 yr. The data were examined in terms of raw ICD-9 diagnostic codes, derived systems-based categories, and occupational consequences.

RESULTS:

The top 10 diagnoses, causes for waiver, and permanent suspension of aircrew were determined both in terms of the ICD-9 codes and the system groupings. Leading waiver causes included hypertension (11.5%), hearing loss (9.7%), spinal disorder (14.4%), and obstructive sleep apnea (5.2%). Leading permanent suspension causes were psychiatric disorders (28.2%), particularly PTSD, being the leading cause, with spinal pathology (16.1%) second. In almost all diagnostic groupings the Spearman's rho correlation coefficients between age and diagnosis presence were positively related, although often with no association with negative occupational outcome.

DISCUSSION:

This study revealed the leading medical causes of waiver and suspension from flying duties, producing evidence to inform leadership understanding of disease prevalence and its subsequent impact on flying status. This is of prime importance to help direct policy and implement strategies for health protection. Curry IP, Kelley AM, Gaydos SJ. Clinical diagnoses leading to suspension in Army aircrew: an epidemiological study. Aerosp Med Hum Perform. 2018; 89(7):587-592.

<https://www.tandfonline.com/doi/abs/10.1080/00332747.2018.1520020>

Population Impact of PTSD and Depression Care for Military Service Members: Reach and Effectiveness of an Enhanced Collaborative Care Intervention.

Bradley E. Belsher, Michael C. Freed, Daniel P. Evatt, Charles C. Engel, Xian Liu, Laura Novak & Douglas F. Zatzick

Psychiatry: Interpersonal and Biological Processes

Published online: 17 Oct 2018

DOI: 10.1080/00332747.2018.1520020

Objective:

Epidemiologic studies suggest high rates of posttraumatic stress disorder (PTSD) and depression among military members and veterans. To meet the needs of this population, evidence-based treatments are recommended as first-line interventions, based on their clinical efficacy and not the proportion of the target population that the intervention reaches. We apply a public health framework to examine the population impact of an enhanced collaborative care model on a targeted population that takes into account effectiveness and reach.

Methods:

Using data collected from a 2012 - 2016 randomized trial, the effectiveness of enhanced collaborative care for PTSD and depression was evaluated using probable diagnostic status as the primary outcome. Exclusion criteria were then applied to a 2011 disease registry to examine the representativeness of the trial sample and estimate the potential reach of the intervention. Population impact was derived from the estimated effectiveness and reach of the intervention.

Results:

Enhanced collaborative care was associated with a significantly greater probability of PTSD/depression remission by the end of the trial (conditional effect = -0.066, $\chi^2 = 51.1$, $p < 0.001$). Based on the effectiveness and reach of the enhanced intervention, an estimated 250 (out of the 3,436) more Army soldiers with PTSD and/or depression would experience diagnostic remission during the preceding year if the enhanced model was available.

Conclusion:

The population framework permits the estimated differential impact of two collaborative care models to inform implementation considerations. These results highlight the value of applying public health models to identify front line treatments.

<https://focus.psychiatryonline.org/doi/abs/10.1176/appi.focus.20180024>

The Role of Integrated Primary Care in Increasing Access to Effective Psychotherapies in the Veterans Health Administration.

Kyle Possemato , Ph.D., Robyn L. Shepardson , Ph.D., Jennifer S. Funderburk , Ph.D.

Focus

Published Online: 19 Oct 2018

<https://doi.org/10.1176/appi.focus.20180024>

American military veterans have higher rates of psychiatric disorders, and timely access to high-quality mental health treatment in the Veterans Health Administration (VHA) is a persistent challenge. Integrated primary care (IPC) is one of many strategies implemented by VHA to increase access to care. IPC, including collaborative care and primary care behavioral health services, successfully increases access to initial behavioral health services in primary care (e.g., brief psychotherapies, pharmacotherapy) and continued engagement in specialty mental health services. IPC components that drive increased access include population-based care, response to patient preferences, and team-based care. The state of the evidence for IPC interventions for common behavioral health concerns in primary care (depression, anxiety, posttraumatic stress disorder, alcohol use, tobacco use, and insomnia) is reviewed, with areas for future research and implementation discussed, including how technology can assist IPC services and the importance of incorporating evidence-based psychotherapies into IPC.

<https://focus.psychiatryonline.org/doi/abs/10.1176/appi.focus.20180018>

A Review of Recent Efforts to Improve Access to Effective Psychotherapies.

Carly Yasinski , Ph.D., and Sheila A. M. Rauch , Ph.D., ABPP

Focus

Published Online: 19 Oct 2018

<https://doi.org/10.1176/appi.focus.20180018>

This article reviews a sampling of recent efforts to increase access to empirically supported psychotherapies and related interventions. The use of technology to advance the implementation of psychotherapy across diverse contexts is emphasized, and the authors review recent efforts to improve access to psychotherapy using self-guided Internet-based treatments, minimal-contact psychotherapies, and mental health mobile apps. Expanding the reach of traditional psychotherapy through primary care and clinical video telehealth is also discussed. Specific examples are given of recent innovations in the implementation of treatment for posttraumatic stress disorder (PTSD). One PTSD-relevant example per broad area is reviewed in greater detail to demonstrate how diverse approaches can be used to target one problem or disorder across a variety of contexts. Recommendations to aid clinicians in decision making are included, suggesting a stepped-care approach based on patient severity, response to treatment, and available resources.

<http://psycnet.apa.org/record/2018-51572-006>

Anxiety sensitivity and suicidal ideation/suicide risk: A meta-analysis.

Stanley, I. H., Boffa, J. W., Rogers, M. L., Hom, M. A., Albanese, B. J., Chu, C., . . . Joiner, T. E.

Journal of Consulting and Clinical Psychology

2018; 86(11), 946-960.

<http://dx.doi.org/10.1037/ccp0000342>

Objective:

Suicide is a global public health concern. To inform the prevention and treatment of suicidality, it is crucial to identify transdiagnostic vulnerability factors for suicide and suicide-related conditions. One candidate factor is anxiety sensitivity (AS)—the fear of anxiety-related sensations—which has been implicated in the pathogenesis of a host of mental health outcomes, including suicidal thoughts and behaviors. Importantly, AS is distinct from trait anxiety and negative affectivity, highlighting its potential incremental utility in the understanding of psychopathology. Despite a burgeoning body of literature

demonstrating that AS is linked to suicidal thoughts and behaviors, this research has yet to be synthesized.

Method:

This meta-analysis includes 33 articles representing 34 nonredundant samples (N = 14,002) that examined at least one relationship between AS global or subfactor (i.e., cognitive, physical, social) scores and suicidal ideation and/or suicide risk.

Results:

Findings revealed small-to-moderate and moderate associations between global AS and suicidal ideation ($r = .24$, 95% confidence interval (CI): $[.21, .26]$, $p < .001$) and suicide risk ($r = .35$, 95% CI $[.31, .38]$, $p < .001$), respectively. All AS subfactors evinced significant associations with suicidal ideation ($r_s = .13-.24$) and suicide risk ($r_s = .22-.32$).

Conclusions:

AS is related to suicidal ideation and global suicide risk. Research is needed to disentangle AS from other indices of distress in the prediction of suicidal thoughts and behaviors. Theoretical and clinical implications of these findings are discussed. (PsychINFO Database Record (c) 2018 APA, all rights reserved)

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22323>

Maladaptive Eating in Posttraumatic Stress Disorder: A Population-Based Examination of Typologies and Medical Condition Correlates.

Jordana L. Sommer Natalie Mota Renée El-Gabalawy

Journal of Traumatic Stress

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Posttraumatic stress disorder (PTSD) and eating pathology are frequently comorbid, and both are independent risk factors for various medical conditions. Using population-based data collected as part of the 2012–2013 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC-III; N = 36,309), the primary objectives of this study were to (a) identify eating pathology classes among PTSD and (b) investigate associations between maladaptive eating and medical conditions among PTSD. Using

the Alcohol Use Disorder and Associated Disabilities Interview Schedule (AUDADIS–5), we assessed PTSD and maladaptive eating symptoms in accordance with the DSM-5. We used a latent class analysis to identify maladaptive eating typologies among adults with lifetime PTSD (n = 2,339; 6.1%) and multivariable logistic regression models to examine associations between each of the six emergent maladaptive eating typologies and medical conditions. Results revealed that over 40% of individuals with PTSD endorsed indicators of maladaptive eating. In addition, each maladaptive eating typology among PTSD was significantly associated with unique sociodemographic characteristics and increased odds of medical conditions relative to no PTSD and no eating disorder, adjusted odds ratios (AORs) = 1.34–6.55, and PTSD with no eating psychopathology, AORs = 1.43–5.11. Results of this study provide a better understanding of maladaptive eating in adults with PTSD and potential medical sequelae. Results indicate maladaptive eating may be an important mechanism in the association between PTSD and medical conditions, which may inform targeted interventions among individuals with these comorbidities.

Links of Interest

The drug-free approach to pain management

https://www.health.harvard.edu/newsletter_article/the-drug-free-approach-to-pain-management

Digital Cognitive Behavioral Therapy Effective for Individuals With Insomnia

<https://www.psychiatryadvisor.com/sleep-wake-disorders/digital-cognitive-behavioral-therapy-effective-for-individuals-with-insomnia/article/808628/>

Computerized Cognitive-Behavioral Therapy Used Alone Is Safe, Effective, and Well Liked

<https://www.medscape.com/viewarticle/902473>

PTSD symptoms improve when patient chooses form of treatment, study shows

<https://www.washington.edu/news/2018/10/19/ptsd-symptoms-improve-when-patient-chooses-form-of-treatment-study-shows/>

A Broader Perspective of Health: Total Force Fitness and Treating Depression

<http://www.pdhealth.mil/news/blog/broader-perspective-health-total-force-fitness-and-treating-depression>

Psychadelic Drugs Show Promise For Treatment of PTSD

http://www.connecticutmag.com/health-and-science/psychadelic-drugs-show-promise-for-treatment-of-ptsd/article_37f5bb92-d222-11e8-a1bb-5fa710b5c926.html

Service members are getting catfished, blackmailed on dating apps by male prisoners posing as women, report says

<https://www.armytimes.com/off-duty/military-culture/2018/10/19/soldiers-are-getting-catfished-blackmailed-on-dating-apps-by-male-prisoners-posing-as-women-report-says/>

2018 Health-Related Behaviors Survey helps shape military health

<https://health.mil/News/Articles/2018/10/22/2018-Health-Related-Behaviors-Survey-helps-shape-military-health>

400,000 troops being surveyed on exercise, sex, eating, sleeping, drinking and more

<https://www.militarytimes.com/pay-benefits/2018/10/23/400000-troops-being-surveyed-on-exercise-sex-eating-sleeping-drinking-and-more/>

Military Families Already Have Enough PCS Support, New Study Finds

<https://www.military.com/daily-news/2018/10/22/military-families-already-have-enough-pcs-support-new-study-finds.html>

How to Rewire Your Traumatized Brain

<https://www.nytimes.com/2018/10/18/books/review/how-to-rewire-your-traumatized-brain.html>

Wounded Warrior Project Pledges \$160 Million to Battle PTSD

<https://www.military.com/daily-news/2018/10/23/wounded-warrior-project-pledges-160-million-battle-ptsd.html>

Trans Advocates Still Fighting Military Ban

<https://www.rollingstone.com/culture/culture-news/trans-advocates-military-ban-memo-746064/>

Stigma Around Mental Illness Pervades

<http://jewishexponent.com/2018/10/23/mental-illness-stigma/>

Intensive CBT: How fast can I get better?

<https://www.health.harvard.edu/blog/intensive-cbt-how-fast-can-i-get-better-2018102315110>

Resource of the Week -- [Best for Vets Colleges: The best schools for military students in 2019](#)

From Military Times:

In the market for a good school where you can use your education benefits?

We surveyed hundreds of colleges across the country and used their answers, combined with federal data, to rank them in the areas of university culture, academic quality and outcomes, policies, student support and costs and financial aid.

Read about our top finishers below and check out the full list of schools in the charts to help inform your decision.

The screenshot shows the Military Times website interface. At the top, there is a navigation bar with the 'MilitaryTimes REBOOTCAMP' logo and menu items: Education, Employment, Entrepreneurship, Transition, and Military Times Best Rankings. A search icon is located in the top right corner. The main content area features the article title 'Best for Vets Colleges: The best schools for military students in 2019' under the 'Education' category. Below the title, it lists 'Best for Vets: Colleges 2019 rankings' with four bullet points: 4-year schools, 2-year schools, Online and nontraditional schools, and Career and technical colleges. On the right side, there is a 'MILITARY TIMES BEST' sidebar with three award seals: 'Military Times Best: Colleges 2018', 'Best For Vets: Employers 2018', and 'Military Times Best: Franchises 2018'.

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