

CDP



Research Update -- December 20, 2018

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- Resource of the Week: Measuring Barriers to Mental Health Care in the Military -
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<https://onlinelibrary.wiley.com/doi/10.1002/jts.22350>

Factor Structure and Psychometric Properties of the Peritraumatic and Posttraumatic Emotions Questionnaires Among Active Duty Military Personnel With Posttraumatic Stress Disorder.

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Journal of Traumatic Stress

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The Peritraumatic Emotions Questionnaire (Peri-TEQ) and Posttraumatic Emotions Questionnaire (Post-TEQ) are self-report measures of emotions experienced during and after a traumatic event, respectively. The factor structure and psychometric properties of the Peri- and Post-TEQ were investigated among 474 military personnel with posttraumatic stress disorder (PTSD) following deployment. Exploratory factor analysis and confirmatory factor analysis were conducted to test the factor structure of the scales. Internal consistency, composite reliability, convergent validity, and discriminant validity were also assessed. Four factors were identified for the Peri-TEQ (Fear, Humiliation, Anger, and Sadness), and three factors were identified for the Post-TEQ (Fear, Anger-Hurt, and Humiliation). The full scales and all subscales demonstrated adequate-to-good internal consistency, Cronbach's α s = .722–.893. The subscales demonstrated adequate-to-good composite reliability, Cronbach's α s = .763–.861. The Peri- and Post-TEQ demonstrated good convergent validity with measures of PTSD symptoms, r s = .229–.601, p s < .001, and depressive symptoms, r s = .284–.470, p s < .001, and good discriminate validity with measures of resilience, p s = .116–.940, and unit cohesion, Peri-TEQ, p = .304 and Post-TEQ, r = $-.123$, p = .008. The Humiliation subscales demonstrated good convergent validity with guilt cognitions, r s = .315–.341, p s < .001, and the Anger subscales demonstrated good convergent validity with state anger, r s = .260–.347, p s < .001. The Peri- and Post-TEQ are reliable, valid self-report measures of emotions during and in response to remembering a trauma. The results support the use of these measures in research investigating trauma-related emotions.

<https://onlinelibrary.wiley.com/doi/10.1002/jts.22337>

Prevalence of Posttraumatic Stress Disorder and Psychological Comorbidities Among U.S. Active Duty Service Members, 2006–2013.

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Among active duty service members, posttraumatic stress disorder (PTSD) diagnoses have increased dramatically since 2000. Because psychiatric comorbidity is more common for PTSD than for other mental health disorders, we examined the prevalence estimates of disorders comorbid or trimorbid with PTSD in this study. The medical records of 523,626 female and male active duty Sailors and Marines who entered the U.S. military between 2006 and 2013 were examined for diagnoses of PTSD and 14 potentially comorbid disorders. Results showed that 1.8% of military members had a PTSD diagnosis; among those with PTSD, 83.3% had a comorbid mental health disorder, and 62.2% had a third (i.e., trimorbid) disorder. Most frequently, PTSD co-occurred with depressive disorder (49.0%), adjustment disorder (37.0%), generalized anxiety disorder (36.1%), and alcohol use disorder (26.9%). All disorders we examined were significantly more likely to be diagnosed in service members with PTSD than in those without PTSD, odds ratios = 1.52–29.63. For service members with PTSD, comorbid mental health disorders are the rule rather than the exception. Consequently, it is important that clinicians also assess for other disorders and select treatment options that address both PTSD and comorbid conditions.

<https://onlinelibrary.wiley.com/doi/10.1002/jts.22341>

Understanding Gender Differences in Resilience Among Veterans: Trauma History and Social Ecology.

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A social-ecological framework for resilience underscores the importance of conceptualizing individuals embedded within their context when evaluating a person's vulnerability and adaptation to stress. Despite a high level of trauma exposure, most veterans exhibit psychological resilience following a traumatic event. Interpersonal trauma is associated with poorer psychological outcomes than noninterpersonal trauma and is experienced more frequently across the lifespan by women as compared to men. In the present study, we examined gender differences in trauma exposure, resilience, and protective factors among veterans. Participants included 665 veterans who completed a baseline survey assessing traumatic events; 544 veterans (81.8%) completed a 1-year follow-up survey assessing resilience, combat exposure, deployment social support, deployment preparedness, and military sexual trauma (MST). Principal component analyses revealed the Traumatic Life Events Questionnaire categorized into four meaningful components: sexual abuse, interpersonal violence, stranger violence, and accidents/unexpected trauma. Women reported greater exposure to sexual abuse, $d = 0.76$; interpersonal violence, $d = 0.31$; and MST, Cramer's $V = 0.54$; men reported greater exposure to stranger violence, accidents/unexpected trauma, and combat exposure, $ds = 0.24$ – 0.55 . Compared to women, men also reported greater social support during deployment, $d = 0.46$. Hierarchical linear regression indicated that men's resilience scores were higher than women's, $\beta = .10$, $p = .032$, yet this association was no longer significant once we accounted for trauma type, $\beta = .07$, $p = .197$. Results indicate that trauma type is central to resilience and suggest one must consider the social-ecological context that can promote or inhibit resilient processes.

<https://onlinelibrary.wiley.com/doi/10.1002/jts.22343>

Does It Help? The Contribution of Wives' Ways of Giving Support to Their Veteran Husbands' Posttraumatic Stress Symptoms and Functional Impairment.

In this study, we aimed to understand female partners' ways of giving support to their male military veteran partners' adjustment. Specifically, we examined the direct and moderating contributions female partners' ways of giving support—active engagement, protective buffering, or overprotection—make on their male partners' posttraumatic stress symptoms (PTSS) and functional impairment. Our hypotheses were that (a) female partners' active engagement would be negatively correlated with male veterans' PTSS and positively associated with veterans' functioning, (b) female partners' protective buffering and overprotection would be positively correlated with veterans' PTSS and negatively associated with veterans' functioning, and (c) female partners' ways of giving support would moderate the association between their secondary PTSS and male partners' adjustment. Participants were 300 male Israeli veterans of the 2006 Israel–Lebanon War and their female partners, all of whom completed self-report questionnaires. Active engagement did not contribute to female partners' or veterans' adjustment. In addition, whereas the correlations showed both female partners' protective buffering and overprotection were associated with male veterans' adjustment, the regression analysis showed only protective buffering made a direct, $\eta^2 = .040$ and $.053$, and moderating contribution to veterans' adjustment, $\eta^2 = .019$ and $.016$. Results revealed that when the level of protective buffering was high, female partners' secondary PTSS was associated more positively and strongly with veterans' PTSS than when protective buffering was low. The discussion reviews the complexity of giving support in couples when the veteran has PTSS.

<https://onlinelibrary.wiley.com/doi/10.1002/jts.22351>

Deficits in Inhibitory Control May Place Service Members at Risk for Posttraumatic Stress Disorder and Negative Parenting Behavior Following Deployment-Related Trauma.

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This study examined the mediating role of posttraumatic stress disorder (PTSD) symptoms in the association between deployment-related trauma exposure and parenting behaviors in reserve-component military service members and whether this association was contingent upon parent inhibitory control (IC). Participants were 181

postdeployed fathers and their children. Fathers completed a neuropsychological test of IC and self-report measures of trauma exposure and PTSD symptoms. Measures of parenting behaviors (positive engagement and reactivity coercion) were obtained from direct observation of father–child interaction. Results demonstrated that (a) fathers' PTSD symptoms indirectly mediated the effect of trauma exposure on both measures of parenting (i.e., negative indirect effect for positive engagement, point estimate = $-.0045$, 95% CI $[-.0107, -.0003]$, and positive indirect effect for reactivity coercion, point estimate = $.0061$, 95% CI $[.0007, .0146]$); (b) fathers' IC skills moderated the association between trauma exposure and PTSD, $\beta = .14$, $p = .043$, such that the association was positive and significant for fathers with high and medium IC but nonsignificant for fathers with low IC; and (c) the indirect effect of trauma exposure on both parenting measures through PTSD was dependent upon IC, point estimate = $.0341$, 95% CI $[.0005, .0687]$. These findings indicate that fathers with low IC skills tended to have higher rates of PTSD symptoms and related negative parenting behaviors, even for individuals with relatively low degrees of deployment-related trauma exposure. Results highlight the importance of IC as a potential moderating factor in the association between trauma exposure, PTSD, and parenting.

<https://onlinelibrary.wiley.com/doi/10.1002/jts.22338>

A Randomized Controlled Trial of Group Cognitive Behavioral Treatment for Veterans Diagnosed With Chronic Posttraumatic Stress Disorder.

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Relative to advances in the literature that have examined individual treatment approaches for posttraumatic stress disorder (PTSD), scientific knowledge about group treatment approaches has lagged, resulting in no currently available group treatment for PTSD despite the frequency with which this format is used. Our goal was to build upon the existing literature by examining the efficacy of a group cognitive-behavioral treatment (GCBT) for PTSD relative to group present-centered treatment (GPCT). The sample consisted of 198 male veterans with PTSD who were recruited at two Department of Veteran Affairs medical centers and randomly assigned to either GCBT ($n = 98$) or GPCT ($n = 100$); both treatments were 14 sessions. Assessments occurred

at baseline, midtreatment, posttreatment, and 3-, 6-, and 12-month follow-ups. Findings indicated significant reductions in PTSD severity and PTSD diagnostic status following treatment for both GCBT, $d = 0.97$, and GPCT, $d = 0.61$. In addition, we observed significant reductions for depression symptoms, anxiety symptoms, and functional impairment for both group treatments as well as a reduction in the percentage of veteran participants who met diagnostic status for co-occurring major depression disorder and generalized anxiety disorder. Notably, these treatment gains were maintained at 12-month follow-up. Contrary to expectations, there were no significant differences between treatment conditions. Veterans diagnosed with PTSD were successfully treated using a group approach. Consistent with a growing body of evidence, the findings also suggest GPCT is as equally efficacious as group trauma-focused treatment. The trial was registered at clinicaltrials.gov (NCT01544088).

<https://journals.sagepub.com/doi/abs/10.1177/2470547018815901>

Psychiatric and Interpersonal Correlates of Suicide Ideation in Military Sexual Trauma Survivors: The National Health and Resilience in Veterans Study.

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Chronic Stress

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<https://doi.org/10.1177/2470547018815901>

Background

Veterans who experience military sexual trauma are at increased risk for experiencing suicidal ideation, suicide attempt, and suicide. Yet few studies have attempted to discern factors that relate to suicidal ideation and suicide attempts among survivors of military sexual trauma. The present study aimed to identify psychiatric and interpersonal correlates of suicidal ideation (primary aim) and suicide attempt (secondary aim) among survivors of military sexual trauma.

Methods

This cross-sectional analysis included 115 veterans (56 females; mean age = 53.24) who participated in the National Health and Resilience in Veterans Study and reported experiencing military sexual trauma. Self-report measures assessed psychological distress, hazardous alcohol use, social support, loneliness, social acknowledgment following one's worst trauma, suicidal ideation, and suicide attempts.

Results

Military sexual trauma survivors who reported more severe psychological distress (OR = 2.88), hazardous alcohol use (OR = 1.14), and perceived general disapproval from others (OR = 1.14) were significantly more likely to report experiencing suicidal ideation in the past two weeks. Hazardous alcohol use (OR = 1.19) and perceived general disapproval from others (OR = 1.36) were associated with being more likely to report attempting suicide in adulthood.

Conclusions

Addressing alcohol misuse, psychological distress, and perceived general disapproval from others in relation to one's worst traumatic event is recommended when assessing and managing suicide risk among veterans who have experienced military sexual trauma. Findings also contribute to a growing literature highlighting the importance of understanding perceptions of the interpersonal response to trauma. Considering the cross-sectional design, longitudinal research is needed to further elucidate the roles of these constructs in predicting suicidal ideation and suicide attempt following military sexual trauma.

<https://www.frontiersin.org/articles/10.3389/fpsy.2018.00737/abstract>

Challenges associated with the civilian reintegration of soldiers with chronic PTSD : a new approach integrating psychological resources and values in action reappropriation.

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Frontiers in Psychiatry

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Background :

In view of the psychological changes for an individual suffering from a chronic Posttraumatic Stress Disorder (PTSD), questions are being raised to understand and allow the recovery and to return to work. This is particularly challenging for soldiers with chronic PTSD , often young individuals suffering from moral conflicts . A French military rehabilitation intervention proposes to broaden the relationships between recovery and reintegration by integrating approaches to the field of positive psychology for soldiers

with chronic PTSD. The aim of the study was to evaluate (i) the psychological resources which remain sustainable for these patients, (ii) the resources reappropriation dynamics after the military rehabilitation program focusing in values in action (VIA) as character strengths, and (iii) how these resources and their reappropriation facilitate civilian professional reintegration.

Method :

We conducted a prospective study with 56 soldiers with chronic PTSD. Clinical severity and psychological resources (optimism, mindfulness, well-being, motivation, self-esteem and VIA) were assessed before and after the rehabilitation program. After identification of resources profiles, we analyzed the impact of the program on resources level and success reintegration to civilian job.

Results :

3 profiles of soldiers were identified according to the psychological resources. They differed in term of clinical severity (PCL5). The profile exhibiting both the highest level of resources and the lowest clinical severity of the PTSD did not modify its resources after the intervention program compared to the profile characterised by the lowest level of resources and the highest clinical severity of the PTSD. For this last profile, reappropriation in all VIA was the highest. This profile was associated with the higher rate in reintegration success one year after the intervention.

Conclusions :

This paper proposed to broaden the relationships between recovery and reintegration by integrating approaches of the field of positive psychology for PTSD. VIA appears as an important factor for reintegration. Results highlights the importance to take into account the existing needs and to optimize the modalities of individual, collective and institutional rehabilitation of these patients suffering from PTSD to better understand the dynamics of the recovery process of a chronically suffering individual.

<https://www.ncbi.nlm.nih.gov/pubmed/29172562>

Psychol Trauma. 2018 Jul;10(4):482-489. doi: 10.1037/tra0000337. Epub 2017 Nov 27

Association between perceptions of military service and mental health problems in a nationally representative sample of United States military veterans.

Campbell AA, Wisco BE, Marx BP, Pietrzak RH

OBJECTIVE:

In this study, we examined the prevalence of positive and negative perceptions of military service, associations between these perceptions and other demographic and military-related factors, and the extent to which endorsement of positive and negative perceptions of military service are associated with current mental health problems among United States veterans.

METHOD:

We analyzed data from the National Health and Resilience in Veterans Study (NHRVS), a nationally representative survey of 1,484 United States military veterans, 564 of which reported combat exposure. We assessed perceptions of the effects of military service using a scale developed by Elder and Clipp (1989).

RESULTS:

Results showed that desirable effects of service (53.6-86.5%) were more frequently endorsed than undesirable effects (9.5%-48.1%), and that combat-exposed veterans (11.5%-59.7%) were more likely to endorse undesirable effects of service than veterans without combat exposure (4.0%-40.7%). We also found that undesirable effects of service predicted significantly higher odds of probable current mental health disorders (OR = 1.08, 95% CI [1.04, 1.12]), and current suicidal ideation (OR = 1.09, 95% CI [1.05, 1.13]), even after conservative adjustment for possible confounding variables. Desirable effects of service predicted significantly lower odds of current suicidal ideation (OR = 0.96, 95% CI [0.93, 0.99]).

CONCLUSION:

Taken together, results of this study suggest that perceptions of military service are associated with suicidal ideation and other mental health conditions. In addition, assessing veterans' perceptions of their service could be used as a method to identify possible at-risk veterans who may benefit from mental health services and resources. (PsycINFO Database Record (c) 2018 APA, all rights reserved).

<https://www.ncbi.nlm.nih.gov/pubmed/30080095>

Psychol Serv. 2018 Aug;15(3):357-362. doi: 10.1037/ser0000207

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

Sexton MB, Davis MT, Anderson RE, Bennett DC, Sparapani E, Porter KE

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

<https://www.ncbi.nlm.nih.gov/pubmed/29326125>

J R Army Med Corps. 2018 Sep;164(5):380-388. doi: 10.1136/jramc-2017-000845.
Epub 2018 Jan 10

Hazardous alcohol consumption among spouses or partners of military service personnel: a systematic review of the literature.

Gribble R, Thandi GK, Goodwin L, Fear NT

BACKGROUND:

Alcohol misuse is particularly high among both the UK and US Armed Forces. As alcohol use among couples is associated, military spouses or partners may therefore be

at a higher risk of acquiring hazardous drinking behaviours than people in relationships with other occupational groups.

METHOD:

A literature review using a systematic approach was undertaken in four medical databases and supplemented with hand searches of specialist publications and reference lists. The prevalence of hazardous alcohol consumption among military spouses or partners was estimated and potential sociodemographic and military factors associated with this outcome were identified.

RESULTS:

Nine papers met inclusion criteria, of which eight focused on female spouses or partners only. The limited evidence suggests hazardous alcohol consumption was not a common outcome among spouses or partners. None of the papers statistically compared the prevalence among spouses or partners to estimates from the general population and few reported associations with sociodemographic or military factors. Deployment abroad did not appear to be significantly associated with hazardous consumption, although increasing periods of separation from Service personnel may be associated with increased hazardous consumption among spouses or partners.

CONCLUSION:

Limited evidence was found concerning the prevalence of hazardous alcohol consumption among military spouses or partners or which sociodemographic and military factors might be associated with this outcome. The a dominance of US studies means applying the estimates of these outcomes to other nations must be undertaken with care due to differences in cultural attitudes to alcohol as well as differences between military structure and operations between the US and other nations.

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<https://www.jmir.org/2018/12/e10124>

Clinical Feasibility of a Just-in-Time Adaptive Intervention App (iREST) as a Behavioral Sleep Treatment in a Military Population: Feasibility Comparative Effectiveness Study.

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Journal of Medical Internet Research

2018; 20(12):e10124

DOI: 10.2196/10124

Background:

Although evidence-based cognitive behavioral sleep treatments have been shown to be safe and effective, these treatments have limited scalability. Mobile health tools can address this scalability challenge. iREST, or interactive Resilience Enhancing Sleep Tactics, is a mobile health platform designed to provide a just-in-time adaptive intervention (JITAI) in the assessment, monitoring, and delivery of evidence-based sleep recommendations in a scalable and personalized manner. The platform includes a mobile phone-based patient app linked to a clinician portal.

Objective:

The first aim of the pilot study was to evaluate the effectiveness of JITAI using the iREST platform for delivering evidence-based sleep interventions in a sample of military service members and veterans. The second aim was to explore the potential effectiveness of this treatment delivery form relative to habitual in-person delivery.

Methods:

In this pilot study, military service members and veterans between the ages of 18 and 60 years who reported clinically significant service-related sleep disturbances were enrolled as participants. Participants were asked to use iREST for a period of 4 to 6 weeks during which time they completed a daily sleep/wake diary. Through the clinician portal, trained clinicians offered recommendations consistent with evidence-based behavioral sleep treatments on weeks 2 through 4. To explore potential effectiveness, self-report measures were used, including the Insomnia Severity Index (ISI), the Pittsburgh Sleep Quality Index (PSQI), and the PSQI Addendum for Posttraumatic Stress Disorder.

Results:

A total of 27 participants completed the posttreatment assessments. Between pre- and postintervention, clinically and statistically significant improvements in primary and secondary outcomes were detected (eg, a mean reduction on the ISI of 9.96, $t_{26}=9.99$, $P<.001$). At posttreatment, 70% (19/27) of participants met the criteria for treatment response and 59% (16/27) achieved remission. Comparing these response and remission rates with previously published results for in-person trials showed no significant differences.

Conclusion:

Participants who received evidence-based recommendations from their assigned clinicians through the iREST platform showed clinically significant improvements in insomnia severity, overall sleep quality, and disruptive nocturnal disturbances. These findings are promising, and a larger noninferiority clinical trial is warranted.

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0208438>

Does perceived ostracism contribute to mental health concerns among veterans who have been deployed?

Eric D. Wesselmann, Dan Ispas, Mark D. Olson, Mark E. Swerdlik, Natasha M. Caudle

PLOS ONE

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Posttraumatic stress—negative psychological experiences as a result of traumatic stressors—can hinder military veterans’ reintegration into society and cause various mental health problems. Veterans need quality social relationships to facilitate reintegration and to cope with posttraumatic stress and related mental health problems; discrimination or other forms of interpersonal rejection can exacerbate these veterans’ problems. Ostracism (i.e., being ignored and excluded) is a painful and psychologically distressing experience that may be one factor that contributes to the problems of veterans who are dealing with posttraumatic stress. To our knowledge, this connection has yet to be tested empirically. Thus, we investigated the correlation between posttraumatic stress, perceived ostracism, and other theoretically relevant variables (i.e., mental health problems, perceived social support, psychological need satisfaction) in a sample of veterans who have had at least one deployment. Our results provide preliminary empirical evidence suggesting that perceived ostracism may contribute to veteran’ deployment-related psychological problems. Veterans’ perceived ostracism correlated with psychological problems (i.e., posttraumatic stress symptoms, anxiety and psychological distress), and it explained additional variance in posttraumatic stress symptoms above and beyond common predictors of these symptoms (i.e., deployment stress, perceived military and civilian-based social support). Finally, perceived ostracism emerged as the most important predictor of posttraumatic stress symptoms in a relative weights analysis.

<https://www.sciencedirect.com/science/article/pii/S0165178117316591>

Associations between neuropsychiatric and health status outcomes in individuals with probable mTBI.

Jessica Bomyea, Laura A. Flashman, Ross Zafonte, Norberto Andaluz, ... Murray B. Stein

Psychiatry Research

Available online 7 December 2018

<https://doi.org/10.1016/j.psychres.2018.12.021>

Highlights

- Health status outcomes were compared between those with mTBI, mTBI and PTSD, and controls in the INTRuST consortium.
- Neuropsychiatric predictors of health status outcomes were explored in those with mTBI.
- mTBI with PTSD demonstrated lowest health status, followed by mTBI only.
- Mental health symptoms, postconcussive symptoms, and some cognitive subtests were associated with health status.

Abstract

Mild traumatic brain injury (mTBI) is a common occurrence, and may impact distal outcomes in a subgroup of individuals. Improved characterization of health outcomes and identification of factors associated with poor outcomes is needed to better understand the impact of mTBI, particularly in those with co-occurring posttraumatic stress disorder (PTSD). Participants in a data repository of the Injury and Traumatic Stress (INTRuST) Clinical Consortium (N=625) completed functional disability [FD] and health-related quality of life [HRQOL] questionnaires, and a subset completed a neuropsychological assessment. FD and HRQOL were compared among participants with probable mTBI (mTBI), probable mTBI with PTSD (mTBI/PTSD), and health comparison participants (HC). Associations between symptoms, neuropsychological performance, and health outcomes were examined in those with probable mTBI with and without PTSD (n=316). Individuals in the mTBI/PTSD group endorsed poorer health outcomes than those in the mTBI group, who endorsed poorer outcomes than those in the HC group. Individuals in either mTBI group performed worse than those in the HC on verbal learning and memory and psychomotor speed. Health outcomes were correlated with mental health and postconcussive symptoms, as well as

neuropsychological variables. mTBI may adversely impact self-reported health, with the greatest effect observed in individuals with co-occurring mTBI/PTSD.

<https://www.sciencedirect.com/science/article/pii/S0003999318315156>

Group Differences Among Caregivers of Civilians and Service Members or Veterans with Traumatic Brain Injury.

Eva Keatley, Robin Hanks, Angelle M. Sander, Anna L. Kratz, ... Noelle E. Carlozzi

Archives of Physical Medicine and Rehabilitation

Available online 8 December 2018

<https://doi.org/10.1016/j.apmr.2018.11.009>

Objective

To examine group differences among caregivers of service members/veterans (SMVs) and civilians with traumatic brain injury (TBI).

Design

An observational research study examining the group differences between caregivers of SMVs and civilians with TBI. The data presented was collected as part of a larger study that calibrated and validated the TBI-CareQOL item banks.

Setting

Participants in this multicenter study completed an online survey via a study-specific website. Surveys were completed at the study site, at home or via phone interview. Civilian caregivers were recruited from four rehabilitation hospitals and caregivers of SMVs were recruited through community outreach and collaboration with the Hearts of Valor.

Participants

Participants consisted of 344 caregivers of civilians with TBI and 129 caregivers of SMVs with TBI.

Interventions

Not applicable.

Main Outcome Measures

Zarit Burden Interview Scale, TBI-CareQOL, and Mayo Portland Adaptability Inventory, 4th revision (MPAI-4)

Results

Of the independent variables included in the logistic regression model that classified military-affiliated versus civilian caregivers five were statistically significant: age, spousal status, time since injury, MPAI-4 Adjustment, and TBI-CareQOL Feeling Trapped.

Conclusions

The results indicate that caregivers of SMVs were more likely to report worse emotional and social adjustment among the individuals with TBI and caregivers of SMVs were more likely to report greater levels of feeling trapped by their caregiving duties.

<https://www.sciencedirect.com/science/article/abs/pii/S0005796718302018>

Predictors of lower-than-expected posttraumatic symptom severity in war veterans: The influence of personality, self-reported trait resilience, and psychological flexibility.

Eric C. Meyer, Amelia Kotte, Nathan A. Kimbrel, Bryann B. DeBeer, ... Sandra B. Morissette

Behaviour Research and Therapy

Volume 113, February 2019, Pages 1-8

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Highlights

- Psychological flexibility, as indexed by the AAQ-II, was a significant predictor of PTSD-related resilience over time.
- Psychological flexibility remained a significant predictor after covarying PTSD and depression symptom severity.
- Neuroticism and self-reported trait resilience were not significant predictors in the full model.
- Targeting psychological flexibility following trauma may bolster resilience and promote recovery.

Abstract

Resilience following traumatic events has been studied using numerous methodologies. One approach involves quantifying lower-than-expected levels of a negative outcome following trauma exposure. Resilience research has examined personality and coping-related factors. One malleable factor is psychological flexibility, or the context-dependent ability/willingness to contact the present moment, including emotional distress, in order to engage in valued actions. Among 254 war Veterans who participated in a longitudinal study, we operationalized resilience as lower-than-expected PTSD symptoms and PTSD-related functional impairment one-year following an initial post-deployment assessment based on lifetime exposure to childhood trauma, combat trauma, and sexual trauma during military service. We evaluated the contribution of personality factors, self-reported trait resilience, and psychological flexibility, measured using the Acceptance and Action Questionnaire-II, to PTSD-related resilience after accounting for lifetime and current PTSD symptom severity and depression symptom severity. In hierarchical regression analyses, neither specific personality factors nor self-reported resilience predicted PTSD-related resilience at follow-up after accounting for PTSD and depression symptoms. In the final step, psychological flexibility predicted unique variance and was the only significant predictor of PTSD-related resilience aside from baseline PTSD symptom severity. Findings indicate that psychological flexibility is a predictor of resilience that is distinct from psychiatric symptoms, personality, and self-reported resilience. Trauma survivors may benefit from interventions that bolster psychological flexibility.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22350>

Factor Structure and Psychometric Properties of the Peritraumatic and Posttraumatic Emotions Questionnaires Among Active Duty Military Personnel With Posttraumatic Stress Disorder.

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The Peritraumatic Emotions Questionnaire (Peri-TEQ) and Posttraumatic Emotions Questionnaire (Post-TEQ) are self-report measures of emotions experienced during and after a traumatic event, respectively. The factor structure and psychometric properties of the Peri- and Post-TEQ were investigated among 474 military personnel with posttraumatic stress disorder (PTSD) following deployment. Exploratory factor analysis and confirmatory factor analysis were conducted to test the factor structure of the scales. Internal consistency, composite reliability, convergent validity, and discriminant validity were also assessed. Four factors were identified for the Peri-TEQ (Fear, Humiliation, Anger, and Sadness), and three factors were identified for the Post-TEQ (Fear, Anger-Hurt, and Humiliation). The full scales and all subscales demonstrated adequate-to-good internal consistency, Cronbach's α s = .722–.893. The subscales demonstrated adequate-to-good composite reliability, Cronbach's α s = .763–.861. The Peri- and Post-TEQ demonstrated good convergent validity with measures of PTSD symptoms, r s = .229–.601, p s < .001, and depressive symptoms, r s = .284–.470, p s < .001, and good discriminate validity with measures of resilience, p s = .116–.940, and unit cohesion, Peri-TEQ, p = .304 and Post-TEQ, r = –.123, p = .008. The Humiliation subscales demonstrated good convergent validity with guilt cognitions, r s = .315–.341, p s < .001, and the Anger subscales demonstrated good convergent validity with state anger, r s = .260–.347, p s < .001. The Peri- and Post-TEQ are reliable, valid self-report measures of emotions during and in response to remembering a trauma. The results support the use of these measures in research investigating trauma-related emotions.

<https://www.sciencedirect.com/science/article/abs/pii/S0306460318310141>

Opioid and sedative misuse among veterans wounded in combat.

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Addictive Behaviors

Available online 10 December 2018

<https://doi.org/10.1016/j.addbeh.2018.12.007>

Highlights

- Combat wounded veterans may be at risk for prescription opioid and sedative misuse.
- Opioid (46.2%) and sedative misuse (21.7%) 11 and 9 times higher than in civilians.
- Sleep problems and alcohol use scores might help identify veterans who are at most risk.

Abstract

Background

Military veterans wounded in combat are a high-risk group for emotional and physical distress, which may be exacerbated by misuse of prescription opioids and sedatives. The goal of the current study was to examine the prevalence and correlates of prescription opioid and sedative misuse among veterans wounded in combat.

Method

We recruited veterans from the Combat Wounded Coalition (n = 212; 84% non-Hispanic White; 97.6% male) to complete an online survey of mental health and substance use disorder symptoms, assessed via the DSM-5 Self-Rated Level 1 Cross-Cutting Symptoms Measure, the Posttraumatic Stress Disorder (PTSD) Checklist for DSM-5, the Pain Enjoyment General Activity Scale, and the Alcohol Use Disorders Identification Test (AUDIT). Prescription opioid and sedative misuse was assessed by frequency of use in the past year that was not currently prescribed or using more than prescribed.

Results

Participants reported high rates of past year prescription opioid misuse (46.2%) and sedative misuse (21.7%). Misuse of both opioids and sedatives was associated with the most distress, including greater depression, anger, sleep disturbance, AUDIT scores, PTSD symptoms, suicidality, and pain interference. In multivariable multinomial logistic regression analyses, greater sleep disturbance (OR = 1.73) was associated with greater odds of sedative misuse versus no misuse. Higher AUDIT scores were associated with greater risk of sedative misuse (OR = 1.16) versus opioid misuse only.

Conclusions

Military veterans wounded in combat have high rates of prescription opioid misuse and sedative misuse. Sleep problems and AUDIT scores might help identify veterans who are at most risk for opioid and sedative misuse.

<https://www.sciencedirect.com/science/article/pii/S1087079218301503>

Contribution of sleep deprivation to suicidal behaviour: a systematic review.

Alejandro Porras-Segovia, María M. Pérez-Rodríguez, Pilar López-Esteban, Philippe Courtet, ... Enrique Baca-García

Sleep disturbances and suicidal behaviour are highly prevalent phenomena, representing with a significant burden to society. Sleep has been acknowledged as a potential biomarker for suicidal behaviour. Over the past decade several studies have explored the association between sleep problems and suicidal behaviour. This area has attracted a growing research interest, hence updated information is needed. We therefore present a wide-scope review of the literature summarizing the most relevant studies on epidemiological and theoretical issues underlying this association. Implications of these findings for clinical practice and future research are discussed.

We performed a systematic search of PubMed and Embase databases up to October 2018 to identify studies exploring the association between sleep and suicide. Sixty-five articles met the selection criteria, thus they were included in the review.

There was a significant and independent association between sleep disturbances and suicide risk. Psychiatric disorders, sleep deprivation-induced neurocognitive deficits, emotional dysregulation, alterations in circadian rhythms, and negative feelings, among other factors, contributed to this relationship. Sleep loss may lead to higher levels of impulsivity, thus increasing unplanned suicidal behaviour. Sleep disturbances may therefore predict suicidal behaviour, hence becoming a potential therapeutic target.

<https://www.sciencedirect.com/science/article/pii/S0165032718319608>

The effectiveness of four empirically supported psychotherapies for primary care depression and anxiety: A systematic review and meta-analysis.

Anao Zhang, Cynthia Franklin, Shijie Jing, Lindsay A. Bornheimer, ... Qingying Ji

Journal of Affective Disorders

Volume 245, 15 February 2019, Pages 1168-1186

<https://doi.org/10.1016/j.jad.2018.12.008>

Highlights

- Reviewed psychosocial interventions are effective for primary care depression and

anxiety.

- Treatment modality and composition moderate intervention effects.
- Treatment setting moderates intervention effects.
- Technology-assisted and in-person intervention were both effective.

Abstract

Background

Depressive and anxiety disorders are highly prevalent and detrimental in primary care settings. However, there are gaps in the literature concerning effectiveness and generalizability of empirically supported interventions and treatment of both depression and anxiety in primary care settings. The aim of this review is to systematically assess and meta-analyze the effectiveness of brief empirically-supported psychotherapies for treating depression and/or anxiety in primary care.

Methods

Seven electronic databases, five professional websites and manual search of reference lists were searched through April 2017 for randomized controlled trials (RCTs) of four psychotherapies treating primary care depression and anxiety: cognitive-behavior therapy (CBT), problem-solving therapy (PST), motivational interviewing (MI), and solution-focused brief therapy (SFBT).

Results

From an initial pool of 1140 articles, 179 articles were eligible for full-text review and 65 articles were included for final analysis. Sixty-five articles containing 198 effect sizes reported an overall treatment effect size of $d = 0.462$, $p < 0.001$. Single-predictor meta-regression indicated that marital status, treatment modality (individual versus group), and treatment composition were significant moderators. Multiple-predictor meta-regression discovered treatment setting (inside versus outside primary care) significantly moderated treatment effect, $b = -0.863$, $p = 0.039$ after controlling for other intervention characteristics.

Conclusion

Treatment effects were found for CBT and PST, both for depressive and anxiety disorders. Interventions delivered outside primary care settings were more effective than those within, individual treatment had greater treatment effects compared to group treatment, and both technology-assisted and in-person treatments were found to be effective.

<https://www.sciencedirect.com/science/article/pii/S016503271830675X>

Insomnia and risk for suicidal behavior: A test of a mechanistic transdiagnostic model in veterans.

Peter C. Britton, Jessica M. McKinney, Todd M. Bishop, Wilfred R. Pigeon, Jameson K. Hirsch

Journal of Affective Disorders
Volume 245, 15 February 2019, Pages 412-418
<https://doi.org/10.1016/j.jad.2018.11.044>

Highlights

- The mechanistic transdiagnostic model posits a central role for psychiatric symptoms in the association between insomnia symptoms and risk for suicidal behavior.
- In veterans, the association between insomnia symptoms and risk for suicidal behavior may be mediated by symptoms of posttraumatic stress disorder (PTSD) and depression, as well as relationship disruptions.
- PTSD symptoms may be indirectly associated with risk for suicidal behavior through depressive symptoms and relationship disruptions.
- Depressive symptoms may be directly associated with risk for suicidal behavior, and indirectly associated with risk through relationship disruptions.

Abstract

Background

Insomnia has been shown to have direct and indirect associations with suicidal ideation, attempts, and death in U.S. military and veteran populations. However, transdiagnostic models of insomnia and psychopathology have not been used to examine the contribution of psychopathology.

Method

The present study is a secondary analysis examining the associations among insomnia symptoms, posttraumatic stress disorder (PTSD) and depressive symptoms, interpersonal theory of suicide variables, and risk for suicidal behavior in community veterans (n = 392). Serial mediation was used to test sequential associations, allowing for examination of direct and indirect associations.

Results

The model with insomnia, PTSD, and depressive symptoms, and thwarted belongingness, accounted for 29% of the variance in risk. Insomnia symptoms had an indirect association through PTSD and depressive symptoms, and thwarted belongingness. The model with insomnia, PTSD, and depressive symptoms, and perceived burdensomeness accounted for 35% of the variance in risk. Insomnia symptoms had an indirect association through PTSD and depressive symptoms, and perceived burdensomeness.

Limitations

Data are cross-sectional, precluding the testing of causal associations.

Conclusions

In veterans, insomnia symptoms may be associated with increased PTSD and depressive symptoms, which may be associated with increased risk for suicidal behavior directly and indirectly through relationship disruptions.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/ajad.12829>

Drug use and hazardous drinking are associated with PTSD symptoms and symptom clusters in US Army Reserve/National Guard Soldiers.

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The American Journal on Addictions

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<https://doi.org/10.1111/ajad.12829>

Background and Objectives

There is strong evidence of the association between Posttraumatic Stress Disorder (PTSD) symptoms and substance use. Previous work has found sex differences in these associations. With revisions to the DSM, it is important to understand how overall PTSD symptoms and the new symptom clusters relate to substance use among Reserve/Guard soldiers—a high risk group.

Methods

Data are from the baseline assessment of Operation: SAFETY (Soldiers and Families

Excelling Through the Years), a longitudinal study of US Army Reserve/National Guard (USAR/NG) soldiers (N = 389 males, N = 84 females). We examined associations between current substance use (drug use, hazardous drinking, and smoking) and overall PTSD symptoms, and symptom clusters. Additionally, we examined PTSD by sex interactions.

Results

Greater overall PTSD symptoms were associated with higher odds of drug use (OR = 1.08; 95%CI: 1.05, 1.12) and hazardous drinking (OR = 1.04; 95%CI: 1.02, 1.07). Greater individual symptom cluster scores were associated with higher odds of drug use ($p < .001$) and hazardous drinking ($p < .01$). Interaction models revealed no differences in these associations on the basis sex ($p > .05$). There were no associations between PTSD symptoms or symptom clusters on smoking ($p > .05$).

Discussion and Conclusion

Soldiers experiencing PTSD symptoms are reporting current drug and hazardous alcohol use, suggestive of self-medication.

Scientific Significance

It is imperative to consider the impact of PTSD on substance use broadly, as this work shows that overall symptoms and symptom clusters have an impact on male and female USAR/NG soldiers. (Am J Addict 2018;XX:1–7)

Links of Interest

How Is This Working? Therapeutic Alliance and Implications for Evidence-Based Treatment Delivery in Military Settings

<https://www.pdhealth.mil/news/blog/how-working-therapeutic-alliance-and-implications-evidence-based-treatment-delivery-military-settings>

Combat holiday blues, fight stress with helpful hints from ACS

<https://health.mil/News/Articles/2018/12/14/Combat-holiday-blues-fight-stress-with-helpful-hints-from-ACS>

Managing your holiday stress

<https://health.mil/News/Articles/2018/12/13/Managing-your-holiday-stress>

Recognizing the holiday blues

<https://health.mil/News/Articles/2018/12/19/Recognizing-the-holiday-blues>

Military Times' best books of 2018: 10 can't-miss military reads

<https://www.militarytimes.com/off-duty/military-culture/2018/12/13/military-times-best-books-of-2018-10-cant-miss-military-reads/>

Hiring our Heroes president: Military spouse employment is 'critical to national security'
Why military spouses have a hard time finding and keeping jobs

<https://www.militarytimes.com/spouse/2018/12/13/hiring-our-heroes-president-military-spouse-employment-is-critical-to-national-security/>

8 Evidence-Based Integrative Approaches to Treat Depression

<https://www.psychologytoday.com/ca/blog/how-healing-works/201812/8-evidence-based-integrative-approaches-treat-depression>

A retired Marine colonel took his life at Bay Pines. He was the 5th veteran to do so since 2013

<https://www.tampabay.com/news/military/jim-turner-a-retired-marine-colonel-took-his-life-at-the-bay-pines-va-campus-he-was-the-5th-veteran-to-do-so-since-2013-20181217/>

Wounded horses, veterans work together to heal

<https://www.militarytimes.com/veterans/2018/12/17/wounded-horses-veterans-work-together-to-heal/>

VA left millions for suicide prevention unspent, report finds

<https://www.militarytimes.com/news/2018/12/18/va-left-suicide-prevention-funding-unspent-report-finds/>

VA Health Care: Improvements Needed in Suicide Prevention Media Outreach Campaign Oversight and Evaluation

<https://www.gao.gov/products/GAO-19-66>

VA's Suicide Prevention Media Outreach Campaign (video)

<https://blog.gao.gov/2018/12/18/vas-suicide-prevention-media-outreach-campaign-video/>

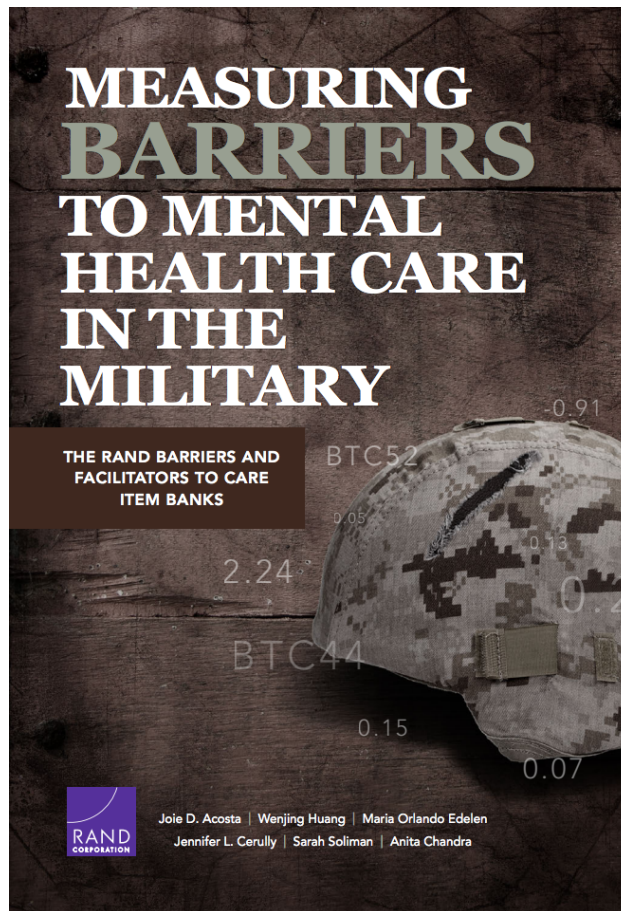
Resource of the Week: [Measuring Barriers to Mental Health Care in the Military -- The RAND Barriers and Facilitators to Care Item Banks](#)

New, from the RAND Corporation:

Many service members report suffering from mental health conditions, such as depression, posttraumatic stress disorder, and problematic substance use. While the proportion of service members initiating treatment has increased in the past decade, fewer than half of the service members who indicate a need for mental health services actually receive care. Service members report a variety of barriers, both logistical (e.g., difficulty scheduling an appointment) and attitudinal (e.g., negative beliefs about treatment), to seeking mental health care.

This report summarizes the findings of a study to develop an item bank of barriers to mental health care for the Department of Defense (DoD); establish the reliability and preliminary validity of the item bank and a short form (i.e., a subset of items from the bank that can be used as a short survey); and identify options for how DoD can use the item bank to assess and monitor barriers to such care. During the course of the study, the authors also identified a series of facilitators of mental health care.

The analyses resulted in the creation of two item banks — a 54-item bank assessing barriers to mental health care and a six-item bank assessing facilitators of care — and a 15-item short form culled from the barriers bank. The contents of this report will be of particular interest to policymakers and health policy officials within DoD, as well as policymakers in other sectors who sponsor or manage efforts to reduce barriers to mental health and increase treatment seeking and appropriate treatment utilization.



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