

CDP



Research Update -- January 17, 2019

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- Combat and Operational Risk Factors for Post-Traumatic Stress Disorder Symptom Criteria Among United States Air Force Remotely Piloted Aircraft “Drone” Warfighters.
- Theoretical overlap and distinction between rational emotive behavior therapy’s awfulizing and cognitive therapy’s catastrophizing.
- Links of Interest
- Resource of the Week: Surveillance of Suicidal Behavior January through December 2017 (U.S. Army Public Health Center)

https://www.ptsd.va.gov/publications/ctu_docs/ctu_v12n6.pdf

Clinician's Trauma Update Online (CTU-Online)

December 2018 Issue: Vol. 12(6)

National Center for PTSD

CTU-Online includes brief updates on the latest clinically relevant research. Content on treatment and assessment is emphasized. Publications on other topics are included if the content has significant clinical implications.

<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1541393>

Mental health of the bisexual Veteran.

Kathleen A. McNamara, Carrie L. Lucas, Jeremy T. Goldbach, Sara Kintzle & Carl A. Castro

Military Psychology

Published online: 09 Jan 2019

DOI: 10.1080/08995605.2018.1541393

Despite evidence showing that bisexual individuals may be at greater risk for mental health issues than lesbian and gay individuals, they are often combined into a single group, with lesbian and gay individuals the actual focus of the research. This study aims to address this gap in the literature among US Veterans. Using data collected from a multicity purposive sample ($N = 4,493$), logistic regression was used to analyze whether the following groups differ in current posttraumatic stress disorder (PTSD) and depression: (a) bisexual ($n = 101$) vs. heterosexual Veterans ($n = 4,271$); (b) bisexual vs. lesbian/gay Veterans ($n = 121$); (c) lesbian/gay vs. heterosexual Veterans; and (d) combined group of lesbian, gay, and bisexual (LGB; $n = 222$) vs. heterosexual Veterans. Controlling for significant covariates, bisexual Veterans had 2.5 times the risk of severe depression (95% confidence interval [CI] = 1.34–4.67; $p = 0.004$) and 2.3 times the odds of PTSD (95% CI = 1.40–3.77; $p = 0.001$) relative to heterosexual Veterans. Bisexual Veterans had 3 times the risk of severe depression (95% CI = 1.22–7.44; $p = 0.017$) and 1.9 times the risk of PTSD (95% CI = 1.02–3.70; $p = 0.045$).

compared to lesbian/gay Veterans. Lesbian/gay Veterans had no significant difference in risk for depression compared to heterosexual Veterans. However, the combined group of LGB Veterans had 1.6 times the odds of PTSD (95% CI = 1.12–2.15; $p = 0.008$) compared to heterosexual Veterans. These findings suggest that past research showing mental health disparities between LGB and heterosexual individuals may be driven by the inclusion of bisexual individuals. Research should assess bisexual individuals as a distinct group, and future studies should explore factors leading to depression and PTSD among bisexual Veterans.

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(18\)30464-4/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(18)30464-4/fulltext)

Insomnia disorder subtypes derived from life history and traits of affect and personality.

Tessa F Blanken, Jeroen S Benjamins, Denny Borsboom, Jeroen K Vermunt, Casey Paquola, Jennifer Ramautar, Kim Dekker, Diederick Stoffers, Rick Wassing, Yishul Wei, Eus J W Van Someren

The Lancet Psychiatry

Published: January 07, 2019

DOI: [https://doi.org/10.1016/S2215-0366\(18\)30464-4](https://doi.org/10.1016/S2215-0366(18)30464-4)

Background

Insomnia disorder is the second most prevalent mental disorder, and it is a primary risk factor for depression. Inconsistent clinical and biomarker findings in patients with insomnia disorder suggest that heterogeneity exists and that subtypes of this disease remain unrecognised. Previous top-down proposed subtypes in nosologies have had insufficient validity. In this large-scale study, we aimed to reveal robust subtypes of insomnia disorder by use of data-driven analyses on a multidimensional set of biologically based traits.

Methods

In this series of studies, we recruited participants from the Netherlands Sleep Registry, a database of volunteers aged 18 years or older, who we followed up online to survey traits, sleep, life events, and health history with 34 selected questionnaires of which participants completed at least one. We identified insomnia disorder subtypes by use of latent class analyses. We evaluated the value of our identified subtypes of insomnia disorder by use of a second, non-overlapping cohort who were recruited through a

newsletter that was emailed to a new sample of Netherlands Sleep Registry participants, and by assessment of within-subject stability over several years of follow-up. We extensively tested the clinical validity of these subtypes for the development of sleep complaints, comorbidities (including depression), and response to benzodiazepines; in two subtypes of insomnia disorder, we also assessed the clinical relevance of these subtypes by use of an electroencephalogram biomarker and the effectiveness of cognitive behavioural therapy. To facilitate implementation, we subsequently constructed a concise subtype questionnaire and we validated this questionnaire in the second, non-overlapping cohort.

Findings

4322 Netherlands Sleep Registry participants completed at least one of the selected questionnaires, a demographic questionnaire, and an assessment of their Insomnia Severity Index (ISI) between March 2, 2010, and Oct 28, 2016. 2224 (51%) participants had probable insomnia disorder, defined as an ISI score of at least 10, and 2098 (49%) participants with a lower ISI score served as a control group. With a latent class analysis of the questionnaire responses of 2224 participants, we identified five novel insomnia disorder subtypes: highly distressed, moderately distressed but reward sensitive (ie, with intact responses to pleasurable emotions), moderately distressed and reward insensitive, slightly distressed with high reactivity (to their environment and life events), and slightly distressed with low reactivity. In a second, non-overlapping replication sample of 251 new participants who were assessed between June 12, 2017, and Nov 26, 2017, five subtypes were also identified to be optimal. In both the development sample and replication sample, each participant was classified as having only one subtype with high posterior probability (0.91–1.00). In 215 of the original sample of 2224 participants with insomnia who were reassessed 4.8 (SD 1.6) years later (between April 13, 2017, and June 21, 2017), the probability of maintaining their original subtype was 0.87, indicating a high stability of the classification. We found differences between the identified subtypes in developmental trajectories, response to treatment, the presence of an electroencephalogram biomarker, and the risk of depression that was up to five times different between groups, which indicated a clinical relevance of these subtypes.

Interpretation

High-dimensional data-driven subtyping of people with insomnia has addressed an unmet need to reduce the heterogeneity of insomnia disorder. Subtyping facilitates identification of the underlying causes of insomnia, development of personalised treatments, and selection of patients with the highest risk of depression for inclusion in trials regarding prevention of depression.

Funding

European Research Council and Netherlands Organization for Scientific Research.

See also: [New subtyping of insomnia disorder](#) (comment)

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2720069>

Association Between 5-Year Clinical Outcome in Patients With Nonmedically Evacuated Mild Blast Traumatic Brain Injury and Clinical Measures Collected Within 7 Days Postinjury in Combat.

Mac Donald CL, Barber J, Patterson J, et al.

JAMA Network Open

2019;2(1):e186676

doi:10.1001/jamanetworkopen.2018.6676

Key Points

Question

What clinical measures collected acutely in combat are associated with 5-year outcome in patients with concussive blast injury?

Findings

In this longitudinal cohort study, nonmedically evacuated blast concussion patients had significant and sustained symptoms of neurobehavioral impairment, mental health and global disability, whereas cognitive changes were unremarkable compared with combat-deployed nonconcussed controls. Assessments collected in theater were associated with multiple domains of outcome.

Meaning

Nonmedically evacuated patients with concussive blast injury, considered the mildest of the mild combat casualties fared poorly 5 years later compared with combat-deployed controls.

Abstract

Importance

Although previous work has examined clinical outcomes in combat-deployed veterans, questions remain regarding how symptoms evolve or resolve following mild blast

traumatic brain injury (TBI) treated in theater and their association with long-term outcomes.

Objective

To characterize 5-year outcome in patients with nonmedically evacuated blast concussion compared with combat-deployed controls and understand what clinical measures collected acutely in theater are associated with 5-year outcome.

Design, Setting, and Participants

A prospective, longitudinal cohort study including 45 service members with mild blast TBI within 7 days of injury (mean 4 days) and 45 combat deployed nonconcussed controls was carried out. Enrollment occurred in Afghanistan at the point of injury with evaluation of 5-year outcome in the United States. The enrollment occurred from March to September 2012 with 5-year follow up completed from April 2017 to May 2018. Data analysis was completed from June to July 2018.

Exposures

Concussive blast TBI. All patients were treated in theater, and none required medical evacuation.

Main Outcomes and Measures

Clinical measures collected in theater included measures for concussion symptoms, posttraumatic stress disorder (PTSD) symptoms, depression symptoms, balance performance, combat exposure intensity, cognitive performance, and demographics. Five-year outcome evaluation included measures for global disability, neurobehavioral impairment, PTSD symptoms, depression symptoms, and 10 domains of cognitive function. Forward selection multivariate regression was used to determine predictors of 5-year outcome for global disability, neurobehavior impairment, PTSD, and cognitive function.

Results

Nonmedically evacuated patients with concussive blast injury ($n = 45$; 44 men, mean [SD] age, 31 [5] years) fared poorly at 5-year follow-up compared with combat-deployed controls ($n = 45$; 35 men; mean [SD] age, 34 [7] years) on global disability, neurobehavioral impairment, and psychiatric symptoms, whereas cognitive changes were unremarkable. Acute predictors of 5-year outcome consistently identified TBI diagnosis with contribution from acute concussion and mental health symptoms and select measures of cognitive performance depending on the model for 5-year global disability (area under the curve following bootstrap validation [AUCBV] = 0.79), neurobehavioral impairment (correlation following bootstrap validation [RBV] = 0.60),

PTSD severity (RBV = 0.36), or cognitive performance (RBV = 0.34).

Conclusions and Relevance

Service members with concussive blast injuries fared poorly at 5-year outcome. The results support a more focused acute screening of mental health following TBI diagnosis as strong indicators of poor long-term outcome. This extends prior work examining outcome in patients with concussive blast injury to the larger nonmedically evacuated population.

<https://www.sciencedirect.com/science/article/pii/S0740547218302502>

A randomized controlled trial for aggression and substance use involvement among Veterans: Impact of combining Motivational Interviewing, Cognitive Behavioral Treatment and telephone-based Continuing Care.

Stephen T. Chermack, Erin E. Bonar, Jason E. Goldstick, Jamie Winters, ... Maureen A. Walton

Journal of Substance Abuse Treatment
Volume 98, March 2019, Pages 78-88
<https://doi.org/10.1016/j.jsat.2019.01.001>

Highlights

- Motivational interviewing (MI) and cognitive behavioral therapy (CBT) were used.
- Interventions and analyses involved male Veterans with substance use and aggression.
- Aggression and substance use decreased significantly from baseline to follow-up.
- The most intensive intervention showed the greatest decrease for partner injury.
- MI-CBT with telephone based continuing care is a promising therapy for aggression.

Abstract

Physical aggression (towards partners or non-partners) is common among patients in treatment for substance use disorders (SUDs), including among Veteran samples; however, few treatment programs provide adjunct intervention approaches targeting reduction or prevention of aggression. The primary objectives of this comparative efficacy study were to examine the impact of adjunct aggression interventions delivered during treatment on aggression and substance use outcomes, including: a) an acute treatment phase 6-session integrated Motivational Interviewing-Cognitive Behavioral

Treatment intervention (MI-CBT) for aggression and substance use prevention, b) MI-CBT plus a 12-week telephone-based Continuing Care (MI-CBT + CC) intervention, and c) an acute phase single session control condition [including some discussion of violence prevention and local violence prevention resources (Enhanced Treatment as Usual (E-TAU))]. Participants (N = 180; 165 males and 15 females) were Veterans with SUD problems and past-year severe aggression who were randomized to one of three conditions: MI-CBT, MI-CBT + CC, or E-TAU. Primary 12-month outcomes included physical aggression and injury to partners, non-partners, and total aggression (collapsing across partner and non-partner relationships). Substance use outcomes included heavy drinking, marijuana use, cocaine use, and overall illicit substance use. Due to low representation in the sample (n = 4 women in each group at follow-up), women were excluded from primary analyses. According to unadjusted analyses of male participants, all groups showed similar significant declines in aggression over time, with the MI-CBT and MI-CBT + CC groups showing significant reductions in more substance use outcomes (heavy drinking, cocaine use, overall illicit drug use) than the E-TAU group. The only significant group x time interaction was for partner physical aggression by men (those in the MI-CBT + CC group showed a significantly greater decrease from baseline to follow-up). Also, neither the MI-CBT nor MI-CBT + CC groups reported any injuring of partners during the follow-up. For heavy drinking, cocaine, marijuana and overall illicit drug use, there were significant reductions over time, but no group by time interaction effects. The findings illustrate significant reductions in aggression and substance use over time for those involved in VA SUD treatment, and a potential modest benefit of additional integrated treatment approaches (MI-CBT, MI-CBT + CC) on reducing aggression. Future studies should examine dissemination efforts in the VA, cost-effectiveness, and moderators of outcome.

<https://www.sciencedirect.com/science/article/pii/S0740547218303672>

Exploring the association between changes in partner behaviors, perceived service member drinking, and relationship quality: Secondary analysis of a web-based intervention for military partners.

Thomas E. Trail, Karen Chan Osilla, Lindsey M. Rodriguez, Eric R. Pedersen, Kristie L. Gore

Journal of Substance Abuse Treatment
Volume 98, March 2019, Pages 66-72
<https://doi.org/10.1016/j.jsat.2019.01.002>

Highlights

- No effect of training on partners' behaviors toward service member problem drinking
- Partner drinking associated with less punishment and more support for sobriety
- Partners drink less when participants decrease negative behaviors with training.
- Participants who decrease negative behaviors with training have better relationships.

Abstract

Problematic drinking is a serious and persistent problem among U.S. military service members and veterans, who face barriers to seeking help and are less likely to seek help than the civilian population. One way to reach this population is through spouses or partners who are concerned about the service members' drinking (concerned partners [CPs]). CPs of military service members were recruited for a web-based intervention, Partners Connect, that aimed to improve patterns of communication about the service members' drinking. Participants were 234 CPs (95% female; 71% White; 89% married; average age 32 years) who completed a baseline survey, were randomized to a four-session web-based intervention or a waitlist control group, and completed a follow-up assessment 5 months later. Three measures reported by CPs assessed perceived partner drinking (drinks per week, highest number of drinks across a typical week, and frequency of drinking in the past month) and CP behaviors were assessed using the Significant-other Behavior Questionnaire (SBQ) and the State-Trait Anger Expression Inventory (STAXI-2). Results demonstrated that the intervention did not have a main effect on CP behaviors relative to control. However, changes in CP punishment of partner drinking and behaviors supporting sobriety were significantly associated with decreased perceived partner drinking and improved relationship quality over time. Furthermore, compared to the control group, to the extent that CPs in the treatment group reduced their negative behaviors, perceived partner drinking declined and relationship quality improved. The results reinforce the importance of considering CP behaviors when designing interventions to reduce drinking.

https://journals.lww.com/homehealthcareonline/Abstract/2019/01000/Civilian_Nurses_Experiences_Caring_for_Military.6.aspx

Civilian Nurses' Experiences Caring for Military Veterans: Qualitative Data From a Mixed-Methods Study.

Elliott, Brenda, PhD, RN, CNE

Home Healthcare Now

January/February 2019 - Volume 37 - Issue 1 - p 36–43

doi: 10.1097/NHH.0000000000000709

Over nine million people living in the United States are military Veterans over the age of 65. Many utilize civilian care providers, creating a need for civilian providers to have an understanding of the unique healthcare issues of this population. This article describes the qualitative results of a mixed-methods study of nine home care nurses' experiences caring for Veterans. Three themes emerged from the data: Challenges Coordinating Care, Building a Rapport Takes More Time, and Recognizing Impact of Military Service on Patient's Worldview. As demonstrated in this study, home care nurses care for Veterans every day. Although similarities exist, nurses readily described differences in caring for Veterans compared with non-Veterans that can impact patient outcomes. It is imperative for the nursing workforce to not only assess for military/Veteran status but to also have some knowledge of military culture and Veteran-specific healthcare issues.

<https://www.liebertpub.com/doi/abs/10.1089/tmj.2017.0305>

An Online Peer Educational Campaign to Reduce Stigma and Improve Help Seeking in Veterans with Posttraumatic Stress Disorder.

Jessica L. Hamblen, Anouk L. Grubaugh, Tatiana M. Davidson, April L. Borkman, Brian E. Bunnell, and Kenneth J. Ruggiero

Telemedicine and e-Health

Jan 2019 ahead of print

<http://doi.org/10.1089/tmj.2017.0305>

Background:

Although at least 1 in 10 veterans meet criteria for Posttraumatic Stress Disorder (PTSD) related to their military service, treatment seeking is strikingly low due to perceived stigma and other barriers. The National Center for PTSD produced AboutFace,* a web-based video gallery of veterans with PTSD who share their personal stories about PTSD and how treatment has turned their lives around.

Introduction:

We conducted a two-stage evaluation of AboutFace, which included (1) a usability

testing phase and (2) a randomized, controlled trial phase to explore the feasibility of incorporating AboutFace into a specialized outpatient clinic for PTSD.

Materials and Methods:

Twenty veterans participated in the usability testing phase in which they answered moderator posed questions regarding AboutFace, while actively exploring the website. Sixty veterans participated in the study after completing a PTSD clinic evaluation and were randomized to receive an educational booklet about PTSD treatment or AboutFace before starting treatment. Stigma and attitudes about treatment seeking were assessed at baseline and 2 weeks later.

Results:

Veterans had positive attitudes about AboutFace and gave suggestions for improvement. Veterans in both conditions reported improved attitudes toward mental illness and treatment seeking from baseline to the 2-week follow-up.

Discussion:

AboutFace is a promising peer-to-peer approach that can be used to challenge stigma and promote help seeking.

Conclusions:

This use of an online peer approach is innovative, relevant to a wide range of healthcare conditions, and has the potential to increase access to care through trusted narratives that promote hope in recovery.

<https://link.springer.com/article/10.1007/s00259-018-4241-7>

Tauopathy in veterans with long-term posttraumatic stress disorder and traumatic brain injury.

Abdalla Z. Mohamed, Paul Cumming, Jürgen Götz, Fatima Nasrallah for the Department of Defense Alzheimer's Disease Neuroimaging Initiative

Purpose

Traumatic brain injury (TBI) and posttraumatic stress disorder (PTSD) have emerged as independent risk factors for an earlier onset of Alzheimer's disease (AD), although the pathophysiology underlying this risk is unclear. Postmortem studies have revealed extensive cerebral accumulation of tau following multiple and single TBI incidents. We

hypothesized that a history of TBI and/or PTSD may induce an AD-like pattern of tau accumulation in the brain of nondemented war veterans.

Methods

Vietnam War veterans (mean age 71.4 years) with a history of war-related TBI and/or PTSD underwent [18F]AV145 PET as part of the US Department of Defense Alzheimer's Disease Neuroimaging Initiative. Subjects were classified into the following four groups: healthy controls (n = 21), TBI (n = 10), PTSD (n = 32), and TBI+PTSD (n = 17). [18F]AV1451 reference tissue-normalized standardized uptake value (SUVR) maps, scaled to the cerebellar grey matter, were tested for differences in tau accumulation between groups using voxel-wise and region of interest approaches, and the SUVR results were correlated with neuropsychological test scores.

Results

Compared to healthy controls, all groups showed widespread tau accumulation in neocortical regions overlapping with typical and atypical patterns of AD-like tau distribution. The TBI group showed higher tau accumulation than the other clinical groups. The extent of tauopathy was positively correlated with the neuropsychological deficit scores in the TBI+PTSD and PTSD groups.

Conclusion

A history of TBI and/or PTSD may manifest in neurocognitive deficits in association with increased tau deposition in the brain of nondemented war veterans decades after their trauma. Further investigation is required to establish the burden of increased risk of dementia imparted by earlier TBI and/or PTSD.

<https://www.cambridge.org/core/journals/the-cognitive-behaviour-therapist/article/military-cultural-competence-in-the-context-of-cognitive-behavioural-therapy/F8ED7AA272504FFD44FD7C9FA146C90A>

Military cultural competence in the context of cognitive behavioural therapy.

Zwiebach, L., Lannert, B., Sherrill, A., McSweeney, L., Sprang, K., Goodnight, J., . . . Rauch, S.

The Cognitive Behaviour Therapist
2019; 12, E5
doi:10.1017/S1754470X18000132

Current work in multicultural competency has emphasized factors such as race and ethnicity, age, disability status, socioeconomic status, sexual orientation and gender. For those clinicians who work with military and veteran populations, grounding in military cultural competence is also critical as a prerequisite for providing quality care. We believe that engaging these populations from a specifically cognitive behavioural orientation allows bridging of cultural gaps and that there is a natural alignment between cognitive behavioural therapy (CBT) and many aspects of warrior culture. This paper outlines several factors related to the values of military culture and strategies of the CBT therapist to better understand and use these values effectively in clinical practice, including lessons learned from an intensive outpatient program providing speciality care to veterans and military service members.

<https://link.springer.com/article/10.1007/s00213-018-5155-6>

Tobacco dependence is associated with increased risk for multi-morbid clustering of posttraumatic stress disorder, depressive disorder, and pain among post-9/11 deployed veterans.

Jennifer R. Fonda, Kristin L. Gregor, Catherine B. Fortier, Erica R. Scioli-Salter, Regina E. McGlinchey, Ann Rasmusson

Psychopharmacology

First Online: 07 January 2019

<https://doi.org/10.1007/s00213-018-5155-6>

Rationale

Tobacco use is highly prevalent among individuals with posttraumatic stress disorder (PTSD), depressive disorders, and pain. Research has revealed pairwise relationships among these conditions but has not examined more complex relationships that may influence symptom severity, chronicity, and treatment outcome.

Objective

To examine the clustering of current PTSD, depressive disorders, and clinically significant pain according to current tobacco use and dependence among post-9/11 deployed veterans.

Methods

Logistic regression was used to examine the clustering of these conditions in relationship to current tobacco use/dependence, while adjusting for age and total combat exposure, in 343 post-9/11 deployed veterans enrolled in the Translational Research Center for TBI and Stress Disorders (TRACTS) cohort (Mage = 32.1 + 8.3 years; 38% current tobacco use; 25% low and 12% moderate/high tobacco dependence).

Results

A three-way clustering of PTSD, depressive disorder, and pain was more likely than any single or pairwise combination of these conditions in moderate/high tobacco-dependent veterans compared to tobacco non-users (adjusted ORs = 3.50 to 4.18). This multi-morbidity cluster also was associated with increased PTSD severity.

Conclusions

Moderate to high dependence on tobacco is associated with substantially increased clustering of PTSD, depression, and clinically significant pain in veterans. Research examining synergistic interactions among these conditions, biological vulnerabilities shared among them, and the direct impact of tobacco use on the pathophysiology of PTSD, depression, and pain is needed. The results of such work may spur development of more effective integrated treatments to reduce the negative impact of these multi-morbid conditions on veterans' wellbeing and long-term health.

<https://www.sciencedirect.com/science/article/pii/S0272735818301272>

Doing no harm in mindfulness-based programs: Conceptual issues and empirical findings.

Ruth Baer, Catherine Crane, Edward Miller, Willem Kuyken

Clinical Psychology Review

Available online 7 January 2019

<https://doi.org/10.1016/j.cpr.2019.01.001>

Highlights

- Potential harmful outcomes of mindfulness-based programs are under-researched.
- Harm occurs in psychotherapy, pharmacotherapy, physical exercise, and meditation.
- Potential harm may be related to participant, program, and instructor factors.

- Mindfulness practice can be unpleasant and challenging without causing harm.
- Understanding of harm in mindfulness programs requires monitoring individual data.

Abstract

The benefits of empirically supported mindfulness-based programs (MBPs) are well documented, but the potential for harm has not been comprehensively studied. The available literature, although too small for a systematic review, suggests that the question of harm in MBPs needs careful attention. We argue that greater conceptual clarity will facilitate more systematic research and enable interpretation of existing findings. After summarizing how mindfulness, mindfulness practices, and MBPs are defined in the evidence-based context, we examine how harm is understood and studied in related approaches to physical or psychological health and wellbeing, including psychotherapy, pharmacotherapy, and physical exercise. We also review research on harmful effects of meditation in contemplative traditions. These bodies of literature provide helpful parallels for understanding potential harm in MBPs and suggest three interrelated types of factors that may contribute to harm and require further study: program-related factors, participant-related factors, and clinician- or teacher-related factors. We discuss conceptual issues and empirical findings related to these factors and end with recommendations for future research and for protecting participants in MBPs from harm.

<https://jramc.bmj.com/content/early/2019/01/05/jramc-2018-001069>

Military spouses with deployed partners are at greater risk of poor perinatal mental health: a scoping review.

Lauren Rose Godier-McBard, L Ibbitson, C Hooks, and M Fossey

Journal of the Royal Army Medical Corps

Published Online First: 05 January 2019

doi: 10.1136/jramc-2018-001069

Background

Poor mental health in the perinatal period is associated with a number of adverse outcomes for the individual and the wider family. The unique circumstances in which military spouses/partners live may leave them particularly vulnerable to developing perinatal mental health (PMH) problems.

Methods

A scoping review was carried out to review the literature pertaining to PMH in military spouses/partners using the methodology outlined by Arksey and O'Malley (2005). Databases searched included EBSCO, Gale Cengage Academic OneFile, ProQuest and SAGE.

Results

Thirteen papers fulfilled the inclusion criteria, all from the USA, which looked at PMH or well-being in military spouses. There was a strong focus on spousal deployment as a risk factor for depressive symptoms and psychological stress during the perinatal period. Other risk factors included a lack of social/emotional support and increased family-related stressors. Interventions for pregnant military spouses included those that help them develop internal coping strategies and external social support.

Conclusions

US literature suggests that military spouses are particularly at risk of PMH problems during deployment of their serving partner and highlights the protective nature of social support during this time. Further consideration needs to be made to apply the findings to UK military spouses/partners due to differences in the structure and nature of the UK and US military and healthcare models. Further UK research is needed, which would provide military and healthcare providers with an understanding of the needs of this population allowing effective planning and strategies to be commissioned and implemented.

<https://insights.ovid.com/cfprp/9000000000/01515543-9000000000-99957>

Relationship Satisfaction and Mental Health Treatment Among Active-Duty Military.

Amanda Edwards-Stewart; Samuel B. Rennebohm; Jana DeSimone; Brittany Willey; Derek J. Smolenski; Tim Hoyt

Couple and Family Psychology: Research and Practice
Publish Ahead of Print: DEC 2018
DOI: 10.1037/cfp0000108

An association between relationship satisfaction and mental health symptoms has been well established in research. Specifically, mental health concerns, such as trauma

symptoms and depression, have been related to lower relationship satisfaction. Research has explored the correlation between relationship satisfaction and mental health symptoms during treatment but not among active-duty military and not examining a between-person and within-person effect. Therefore, the present study investigates these variables among 178 married, active-duty service members undergoing individual outpatient treatment. A linear mixed-effects regression model estimated a linear growth curve for distress and posttraumatic stress disorder (PTSD) outcomes, controlling for demographic, relationship, and military variables. Results indicated that participants with higher average relationship satisfaction had lower average distress and PTSD scores. Higher average relationship satisfaction was not associated with the rate of change in distress and PTSD across time. For individuals whose increases in relationship satisfaction were greater than expected, there was an associated within-person decrease in distress and PTSD scores, accounting for the between-person component of change in satisfaction. The identification of a within-person association separate from the between-person association suggests that there was a longitudinal correspondence between change in relationship satisfaction and change in distress and PTSD scores within individuals. Though limited by a lack of precise interventional data, this study provides preliminary evidence that individual treatments may help intrapersonal symptom improvement by attending to perceived relationship satisfaction. These findings are particularly relevant to military psychology.

<https://jramc.bmj.com/content/early/2019/01/05/jramc-2018-001069>

Military spouses with deployed partners are at greater risk of poor perinatal mental health: a scoping review.

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US literature suggests that military spouses are particularly at risk of PMH problems during deployment of their serving partner and highlights the protective nature of social support during this time. Further consideration needs to be made to apply the findings to UK military spouses/partners due to differences in the structure and nature of the UK and US military and healthcare models. Further UK research is needed, which would provide military and healthcare providers with an understanding of the needs of this population allowing effective planning and strategies to be commissioned and implemented.

<https://www.ncbi.nlm.nih.gov/pubmed/30617565>

Psychopharmacology (Berl). 2019 Jan 7. doi: 10.1007/s00213-018-5155-6. [Epub ahead of print]

Tobacco dependence is associated with increased risk for multi-morbid clustering of posttraumatic stress disorder, depressive disorder, and pain among post-9/11 deployed veterans.

Fonda JR, Gregor KL, Fortier CB, Scioli-Salter ER, McGlinchey RE, Rasmussen A

RATIONALE:

Tobacco use is highly prevalent among individuals with posttraumatic stress disorder (PTSD), depressive disorders, and pain. Research has revealed pairwise relationships

among these conditions but has not examined more complex relationships that may influence symptom severity, chronicity, and treatment outcome.

OBJECTIVE:

To examine the clustering of current PTSD, depressive disorders, and clinically significant pain according to current tobacco use and dependence among post-9/11 deployed veterans.

METHODS:

Logistic regression was used to examine the clustering of these conditions in relationship to current tobacco use/dependence, while adjusting for age and total combat exposure, in 343 post-9/11 deployed veterans enrolled in the Translational Research Center for TBI and Stress Disorders (TRACTS) cohort (Mean = 32.1 ± 8.3 years; 38% current tobacco use; 25% low and 12% moderate/high tobacco dependence).

RESULTS:

A three-way clustering of PTSD, depressive disorder, and pain was more likely than any single or pairwise combination of these conditions in moderate/high tobacco-dependent veterans compared to tobacco non-users (adjusted ORs = 3.50 to 4.18). This multi-morbidity cluster also was associated with increased PTSD severity.

CONCLUSIONS:

Moderate to high dependence on tobacco is associated with substantially increased clustering of PTSD, depression, and clinically significant pain in veterans. Research examining synergistic interactions among these conditions, biological vulnerabilities shared among them, and the direct impact of tobacco use on the pathophysiology of PTSD, depression, and pain is needed. The results of such work may spur development of more effective integrated treatments to reduce the negative impact of these multi-morbid conditions on veterans' wellbeing and long-term health.

<https://www.ncbi.nlm.nih.gov/pubmed/27662510>

Behav Sleep Med. 2018 Sep-Oct;16(5):427-436. doi: 10.1080/15402002.2016.1228645.
Epub 2016 Sep 23

Discriminating Between Fatigue and Sleepiness in the Naval Operational Environment.

Matsangas P, Shattuck NL

OBJECTIVE:

To assess the similarities and differences between reported levels of fatigue and sleepiness as a consequence of working at sea.

PARTICIPANTS:

767 crewmembers of a U.S. Navy ship.

METHODS:

Retrospective analysis of a survey to include questions about demographics, caffeine consumption, sleep adequacy, the Epworth Sleepiness Scale (ESS), and the Fatigue Severity Scale (FSS).

RESULTS:

ESS scores (8.41 ± 4.66) indicated that 32% of the participants had excessive daytime sleepiness (ESS score > 10), while approximately 7% had an ESS score of 16 or more. FSS scores (average FSS = 3.01 ± 1.37) indicated that 28% of the participants had elevated fatigue (FSS score ≥ 4). Even though ESS and FSS scores were correlated ($r = 0.39$), their association explained only 15% of the variability observed. In terms of behavioral and lifestyle patterns, crewmembers with elevated fatigue (FSS ≥ 4) reported getting less exercise than those reporting less fatigue. Individuals with excessive sleepiness (ESS > 10) reported higher caffeine consumption. Crewmembers with elevated fatigue and comorbid sleepiness (FSS ≥ 4 and ESS > 10) reported receiving less sleep than other crew members.

CONCLUSIONS:

These results suggest that subjective fatigue and subjective sleepiness, as measured by the FSS and ESS scales, are distinct constructs and both are consequences of working at sea. The scores on the two scales correlate differentially with behavioral and lifestyle patterns of the crewmembers.

<https://insights.ovid.com/jpspr/201901000/00131746-201901000-00008>

Therapeutic Risk Management: Chain Analysis of Suicidal Ideation and Behavior.

LAUREN M. BORGES; SARRA NAZEM; BRIDGET B. MATARAZZO; SEAN M. BARNES; HAL S. WORTZEL

Structural approaches to suicide risk assessment (eg, evaluating the frequency and intensity of suicidal ideation and classifying types of suicidal behavior) often fall short of providing an idiographic and dynamic analysis of the factors driving and maintaining an individual's suicide risk. Structural approaches can be bolstered through chain analysis which facilitates an exploration of the factors maintaining suicidal ideation and behavior based on positive and negative reinforcement. By uncovering the factors causing suicidal ideation and behavior to persist, efficient intervention strategies can be selected to target these pathways. In this column, the authors delineate the use of chain analysis to guide suicide risk assessment and inform treatment planning.

<https://link.springer.com/article/10.1007/s11414-018-09646-0>

Behavioral Health Service Use by Military Children During Afghanistan and Iraq Wars.

Nikki R. Wooten, Jordan A. Brittingham, Nahid S. Sumi, Ronald O. Pitner, Kendall D. Moore

The Journal of Behavioral Health Services & Research
First Online: 09 January 2019
<https://doi.org/10.1007/s11414-018-09646-0>

Medical claims were analyzed from 2810 military children who visited a civilian emergency department (ED) or hospital from 2000 to 2014 with behavioral health as the primary diagnosis and TRICARE as the primary/secondary payer. Visit prevalence was estimated annually and categorized: 2000–2002 (pre-deployment), 2003–2008 (first post-deployment), 2009–2014 (second post-deployment). Age was categorized: preschoolers (0–4 years), school-aged (5–11 years), adolescents (12–17 years). During Afghanistan and Iraq wars, 2562 military children received 4607 behavioral health visits. School-aged children's mental health visits increased from 61 to 246 from pre-deployment to the second post-deployment period. Adolescents' substance use disorder (SUD) visits increased almost 5-fold from pre-deployment to the first post-deployment period. Mental disorders had increased odds (OR = 2.93, 95% CI 1.86–

4.61) of being treated during hospitalizations than in EDs. Adolescents had increased odds of SUD treatment in EDs (OR = 2.92, 95% CI 1.85–4.60) compared to hospitalizations. Implications for integrated behavioral health and school behavioral health interventions are discussed.

<https://www.sciencedirect.com/science/article/abs/pii/S0887618518302238>

Combat and Operational Risk Factors for Post-Traumatic Stress Disorder Symptom Criteria Among United States Air Force Remotely Piloted Aircraft “Drone” Warfighters.

Wayne Chappelle, Tanya Goodman, Laura Reardon, Lillian Prince

Journal of Anxiety Disorders

Available online 11 January 2019

<https://doi.org/10.1016/j.janxdis.2019.01.003>

Highlights

- 6.15% of participants met PTSD symptom criteria as outlined in DSM-5
- RPA operators 31-35 and 36-40 had greater odds of meeting symptom criteria
- Operators working 51+ hours also had greater odds of meeting symptom criteria
- Number of events in which bystanders were killed was a significant predictor
- Sense of shared responsibility for death of a bystander was also a predictor

Abstract

The prevalence and expression of post-traumatic stress disorder (PTSD) symptoms among United States Air Force remotely piloted aircraft (RPA; commonly referred to as “drones”) warfighters exposed to battlefield trauma via remote, electronic warfare is relevant and critical to the effective delivery of mental health care for this population. RPA warfighters (n = 715) with real-time exposure to at least one traumatic event participated in an online survey. Measures included the PTSD Checklist for DSM-5 (PCL-5) and survey of exposure to traumatic events during the course of operational combat missions. A total of 6.15% met PTSD symptom criteria; those in the age ranges of 31-35 and 36-40 and those working 51 or more hours per week had greater odds of meeting symptom criteria. For combat-related events, the number of events in which RPA warfighters witnessed civilian bystanders being killed by enemy forces or felt shared responsibility for the injury or death of bystanders were also significant

predictors, regardless of whether the risk was anticipated or unanticipated. The results of this study suggest that specific types of exposure and participation in missions with specific outcomes, albeit via electronic, remote means, are associated with an increased risk for meeting PTSD symptom criteria.

<https://www.emeraldinsight.com/doi/abs/10.1108/MHRJ-07-2018-0022>

Theoretical overlap and distinction between rational emotive behavior therapy's awfulizing and cognitive therapy's catastrophizing.

Scott Harris Waltman, Angelique Palermo

Mental Health Review Journal

2019

<https://doi.org/10.1108/MHRJ-07-2018-0022>

Purpose

The term catastrophizing was coined by Ellis (1962) and commented on by Beck (1979). Since that time, much research has been done on the topic and a recent review article postulated that catastrophizing served as a transdiagnostic mechanism across the psychiatric disorders (Gellatly and Beck, 2016). In rational emotive behavior therapy (REBT), there is a greater emphasis placed on the underlying irrational beliefs than the surface-level automatic thoughts; therefore, REBT therapists tend to focus on Awfulizing as opposed to catastrophizing. While these terms sound similar, it is unclear what theoretical overlap and distinction exists between the concepts. The paper aims to discuss these issues.

Design/methodology/approach

This paper is a review and synthesis of the extant literature, drawing from both theorists and empirical studies, to map out the similar and unique aspects of each cognition.

Findings

Awfulizing and catastrophizing are distinct concepts with differing effects on cognitive, affective and behavioral responses; these findings extend beyond theoretical models and are supported by empirical literature.

Originality/value

This review has direct implications for practitioners of the cognitive and behavioral therapies, including REBT, and those seeking an integration of the cognitive therapies.

Links of Interest

More Than 17,000 Uniformed Medical Jobs Eyed for Elimination

<https://www.military.com/daily-news/2019/01/10/more-17000-uniformed-medical-jobs-eyed-elimination.html>

MCPON, SMMC: Military Childcare is a Critical Readiness Issue

<https://news.usni.org/2019/01/10/40275>

Veterans welcome? Less than 2 percent of Capitol Hill staffers have military experience

<https://www.militarytimes.com/news/pentagon-congress/2019/01/10/veterans-welcome-less-than-2-percent-of-capitol-hill-staffers-have-military-experience/>

New analytic model to better identify patients likely to develop PTSD

<https://medicalxpress.com/news/2019-01-analytic-patients-ptsd.html>

Suicide prevention | Eliminating the Stigma

<https://health.mil/News/Articles/2019/01/10/Suicide-prevention-Eliminating-the-stigma>

VA shuns medical marijuana, leaving veterans to improvise

<https://amp.sacbee.com/latest-news/article215623580.html>

Women and minority veterans are thriving in the civilian workforce

<https://rebootcamp.militarytimes.com/news/employment/2019/01/11/women-and-minority-veterans-are-thriving-in-the-civilian-workforce/>

Report: Pregnant spouses of deployed service members at higher risk of depression

<https://www.militarytimes.com/spouse/2019/01/15/study-pregnant-spouses-of-deployed-service-members-at-higher-risk-of-depression/>

The Two Faces of Suicide

<https://www.newyorker.com/books/under-review/the-two-faces-of-suicide>

VA eyeing new partnership with states to help prevent veterans suicide

<https://www.militarytimes.com/news/pentagon-congress/2019/01/16/va-eyeing-new-partnership-with-states-to-help-prevent-veterans-suicide/>

Resource of the Week: [Surveillance of Suicidal Behavior January through December 2017](#)

From the Division of Behavioral and Social Health Outcomes Practice, Clinical Public Health and Epidemiology Directorate, U.S. Army Public Health Center:

This report includes the demographic and military characteristics and major life events of suicidal behavior cases during calendar year 2017. During 2017, 3,977 Army Active Duty Soldiers engaged in a suicidal behavior (116 suicides, 459 suicide attempts, and 3,402 suicidal ideations). Rates of suicides, suicide attempts, and suicidal ideations were 25, 98, and 724 per 100,000 Soldiers, respectively. Female Soldiers had higher rates of suicide attempt and suicidal ideation than males. Soldiers aged 17–24 years old had the highest rate of suicidal behavior. While similar rates of suicide were observed between Soldiers in the E1–E4 and E5–E9 ranks, Soldiers in the E1–E4 ranks had higher rates of attempt and ideation compared to senior enlisted Soldiers or Officers. The majority of suicidal behavior cases had made contact with the behavioral healthcare system within 30 days prior to the event and had relationship and/or work-related problems. Based on these findings, preventive measures may need to be developed for each suicidal behavior by targeting slightly different demographic groups. Furthermore, ensuring continuum of care so Soldiers are referred to the most appropriate services proves to be crucial.

Table 1. Demographic and Military Characteristics for U.S. Army Active Duty Soldiers by Suicidal Behavior, 2016–2017

	Suicidal Behavior n (%)					
	Suicide ^a		Suicide Attempt ^b		Suicidal Ideation ^b	
	2016 (n=130)	2017 (n=116)	2016 (n=524)	2017 (n=459)	2016 (n=2276)	2017 (n=3402)
SEX						
Male	120 (92)	110 (95)	386 (74)	344 (75)	1779 (78)	2600 (76)
Female	10 (8)	6 (5)	138 (26)	115 (25)	497 (22)	802 (24)
AGE (yr)						
17–24	53 (41)	55 (47)	332 (63)	302 (66)	1224 (54)	2093 (62) ^c
25–34	53 (41)	37 (32)	151 (29)	120 (26)	742 (33)	955 (28)
35–59	24 (18)	24 (21)	41 (8)	37 (8)	310 (14)	354 (10)
Mean (±std)	28 (±7.5)	28 (±7.4)	25 (±6.0)	25 (±6.3)	26 (±7.0)	25 (±6.6)
RACE-ETHNICITY						
White	88 (68)	76 (66)	259 (50)	232 (51)	1231 (54)	1743 (51)
Black	19 (15)	14 (12)	139 (27)	113 (25)	587 (26)	915 (27)
Hispanic	15 (12)	19 (16)	85 (16)	72 (16)	303 (13)	498 (15)
Asian/Pacific Islander	5 (4)	7 (6)	36 (7)	31 (7)	138 (6)	199 (6)
American Indian	3 (2)	0 (0)	4 (1)	10 (2)	17 (1)	47 (1)
MARITAL STATUS^c						
Single	48 (37)	42 (36)	276 (53)	249 (54)	1058 (46)	1819 (53)
Married	66 (51)	63 (54)	226 (43)	180 (39)	1104 (49)	1423 (42)
Divorced	14 (11)	10 (9)	22 (4)	29 (6)	110 (5)	150 (4)
Other	2 (2)	1 (1)	0 (0)	0 (0)	4 (0)	10 (<1)
RANK^d						
E1–E4	61 (47)	61 (53)	402 (77)	344 (75)	1539 (68)	2521 (74)
E5–E9	47 (36)	50 (43)	103 (20)	102 (22)	635 (28)	753 (22)
W1–W5	4 (3)	2 (2)	3 (1)	4 (1)	12 (1)	25 (1)
O1–O3	13 (10)	3 (3)	11 (2)	7 (2)	70 (3)	79 (2)
O4–O9	5 (4)	0 (0)	5 (1)	2 (<1)	20 (1)	24 (1)
DEPLOYED^e						
No	66 (51)	53 (46)	323 (62)	327 (71)	1329 (58)	2371 (70)
Yes	64 (49)	63 (54)	201 (38)	132 (29)	947 (42)	1031 (30)

Legend: E – Enlisted, O – Officer, W – Warrant Officer
Notes: ^aIncluded those confirmed or pending confirmation by the Armed Forces Medical Examiner System (AFMES). ^bSuicide attempt and suicidal ideation cases are from DoDSERs, which are completed only for cases serious enough to warrant hospitalization or evacuation. ^cIncluded widowed and legally separated. Marital status was unknown for one suicide attempt case in 2017. ^dNo cases reported for Cadets. ^eRefers to the number of OEF, OIF or OND deployments during service.

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