CDP

Uniformed Services University

Research Update -- February 7, 2019

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https://content.govdelivery.com/accounts/USVHA/bulletins/22ba666

Each Family is Different. Stay Strong in the Face of PTSD

PTSD Monthly Update - January 2019
Learn About the Effects PTSD Can Have on Families

National Center for PTSD

If your loved one has been diagnosed with PTSD, you know some of what they are going through. They might be anxious or get upset frequently. They may struggle with nightmares and flashbacks. But PTSD doesn't just affect the person living with it. PTSD can cause people to withdraw or disconnect from the people they love.

As Marine Corps Veteran Rick Collier says, "The love is there for the family, but with PTSD it's hard to feel it. It's hard to feel the excitement, the joy, and every part of that."

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https://www.liebertpub.com/doi/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.

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https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22362

Moral Injury: An Integrative Review.

Griffin, B. J., Purcell, N. , Burkman, K. , Litz, B. T., Bryan, C. J., Schmitz, M. , Villierme, C. , Walsh, J. and Maguen, S.

Journal of Traumatic Stress
First published: 28 January 2019
https://doi.org/10.1002/jts.22362

Individuals who are exposed to traumatic events that violate their moral values may experience severe distress and functional impairments known as “moral injuries.” Over the last decade, moral injury has captured the attention of mental health care providers, spiritual and faith communities, media outlets, and the general public. Research about moral injury, especially among military personnel and veterans, has also proliferated. For this article, we reviewed scientific research about moral injury. We identified 116 relevant epidemiological and clinical studies. Epidemiological studies described a wide range of biological, psychological/behavioral, social, and religious/spiritual sequelae associated with exposure to potentially morally injurious events. Although a dearth of empirical clinical literature exists, some authors debated how moral injury might and

might not respond to evidence-based treatments for posttraumatic stress disorder (PTSD) whereas others identified new treatment models to directly address moral repair. Limitations of the literature included variable definitions of potentially morally injurious events, the absence of a consensus definition and gold-standard measure of moral injury as an outcome, scant study of moral injury outside of military-related contexts, and clinical investigations limited by small sample sizes and unclear mechanisms of therapeutic effect. We conclude our review by summarizing lessons from the literature and offering recommendations for future research.

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https://journals.sagepub.com/doi/abs/10.1177/2167702618813532

Catastrophizing in Combat as Risk and Protection.

Seligman, M. E. P., Allen, A. R., Vie, L. L., Ho, T. E., Scheier, L. M., Cornum, R., & Lester, P. B.

Clinical Psychological Science
First Published January 28, 2019
https://doi.org/10.1177/2167702618813532

We used the Army Person-Event Data Environment to explore risk and protective factors for diagnosed posttraumatic stress disorder (PTSD). We examined the entire eligible cohort of 79,438 active duty soldiers who deployed to Iraq or Afghanistan between 2009 and 2013, an unusually large and complete cohort. Soldiers highest on catastrophic thinking were 29% more likely to develop PTSD than soldiers with average catastrophic thinking, whereas soldiers lowest on catastrophic thinking were 25% less likely to develop PTSD, adjusting for demographic characteristics; psychological (including baseline depression), behavioral, and physical health; and military characteristics. Soldiers who faced four or more combat stressors were 120% more likely to develop PTSD than soldiers who experienced two combat stressors. Additionally, soldiers higher in catastrophic thinking and experiencing higher combat intensity were 274% more likely to develop PTSD than those low on both. The Army might consider interventions to reduce catastrophic thinking prior to combat to lower PTSD casualties.

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https://link.springer.com/article/10.1007/s10488-019-00923-4

What Motivates Mental Health Clinicians-in-Training to Implement Evidence-Based Assessment? A Survey of Social Work Trainees.

Lushin, V., Becker-Haimes, E.M., Mandell, D. et al.

Administration and Policy in Mental Health and Mental Health Services Research
First Online: 29 January 2019
https://doi.org/10.1007/s10488-019-00923-4

Mental health clinicians do not consistently use evidence-based assessment (EBA), a critical component of accurate case conceptualization and treatment planning. The present study used the Unified Theory of Behavior to examine determinants of intentions to use EBA in clinical practice among a sample of Masters' level social work trainees (N = 241). Social norms had the largest effect on intentions to use EBA. Injunctive norms in reference to respected colleagues accounted for the most variance in EBA intentions. Findings differed for respondents over 29 years of age versus younger respondents. Implications for implementation strategies and further research are discussed.

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https://www.sciencedirect.com/science/article/abs/pii/S0887618518301063

An Initial Review of Residual Symptoms after Empirically Supported Trauma-Focused Cognitive Behavioral Psychological Treatment.

Sadie E. Larsen, Aimee Bellmore, Robyn L. Gobin, Pamela Holens, ... Maria L. Pacella-LaBarbara

Journal of Anxiety Disorders
Available online 29 January 2019
https://doi.org/10.1016/j.janxdis.2019.01.008

Highlights

• The PSTD psychosocial treatment literature does not often examine residual symptoms

• We examined residual PTSD and secondary symptoms in RCTs of empirically supported treatments
• Most studies had evidence of at least subthreshold residual PTSD symptoms
• Two thirds of studies had residual symptoms of associated comorbidities

Abstract
Objective
Although residual symptoms remain following clinical treatment for posttraumatic stress disorder (PTSD), little is known about the characteristics of these residual symptoms. We aimed to determine the type, severity, and frequency of symptoms that remain after trauma-focused psychotherapy.

Methods
We conducted a systematic review of 51 randomized controlled trials of empirically supported psychosocial interventions for PTSD (68 total treatment arms). Outcomes included: 1) PTSD symptoms and 2) conditions commonly comorbid with PTSD: depression, anxiety, and quality of life impairment.

Results
In general, the results revealed that participants who completed PTSD treatment continued to report residual PTSD symptoms: 31% reported clinical symptom levels, and 59% reported subthreshold levels at posttreatment, particularly within the hyperarousal cluster. Residual symptoms also emerged for depression (19% clinical), anxiety (55% clinical), and quality of life (36% clinical). Few differences emerged across treatment types, but differential patterns were revealed for sample/trauma types.

Conclusions
Results suggest a need for focused research attention to and clinical assessment of individual residual symptoms following empirically supported treatment for PTSD to determine whether further treatment sessions are warranted.

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https://implementationscience.biomedcentral.com/articles/10.1186/s13012-018-0788-8

Elusive search for effective provider interventions: a systematic review of provider interventions to increase adherence to evidence-based treatment for depression.

Eric R. Pedersen, Lisa Rubenstein, Ryan Kandrack, Marjorie Danz, Bradley Belsher, Aneesa Motala, Marika Booth, Jody Larkin, and Susanne Hempel

Implementation Science
2018; 13:99
https://doi.org/10.1186/s13012-018-0788-8

Background
Depression is a common mental health disorder for which clinical practice guidelines have been developed. Prior systematic reviews have identified complex organizational interventions, such as collaborative care, as effective for guideline implementation; yet, many healthcare delivery organizations are interested in less resource-intensive methods to increase provider adherence to guidelines and guideline-concordant practices. The objective of this systematic review was to assess the effectiveness of healthcare provider interventions that aim to increase adherence to evidence-based treatment of depression in routine clinical practice.

Methods
We searched five databases through August 2017 using a comprehensive search strategy to identify English-language randomized controlled trials (RCTs) in the quality improvement, implementation science, and behavior change literature that evaluated outpatient provider interventions, in the absence of practice redesign efforts, to increase adherence to treatment guidelines or guideline-concordant practices for depression. We used meta-analysis to summarize odds ratios, standardized mean differences, and incidence rate ratios, and assessed quality of evidence (QoE) using the GRADE approach.

Results
Twenty-two RCTs promoting adherence to clinical practice guidelines or guideline-concordant practices met inclusion criteria. Studies evaluated diverse provider interventions, including distributing guidelines to providers, education/training such as academic detailing, and combinations of education with other components such as targeting implementation barriers. Results were heterogeneous and analyses comparing provider interventions with usual clinical practice did not indicate a statistically significant difference in guideline adherence across studies. There was some evidence that provider interventions improved individual outcomes such as medication prescribing and indirect comparisons indicated more complex provider interventions may be associated with more favorable outcomes. We did not identify types of provider interventions that were consistently associated with improvements

across indicators of adherence and across studies. Effects on patients' health in these RCTs were inconsistent across studies and outcomes.

Conclusions
Existing RCTs describe a range of provider interventions to increase adherence to depression guidelines. Low QoE and lack of replication of specific intervention strategies across studies limited conclusions that can be drawn from the existing research. Continued efforts are needed to identify successful strategies to maximize the impact of provider interventions on increasing adherence to evidence-based treatment for depression.

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https://www.ncbi.nlm.nih.gov/pubmed/30120690

J Relig Health. 2018 Dec;57(6):2325-2342. doi: 10.1007/s10943-018-0692-1

Religious Involvement, Anxiety/Depression, and PTSD Symptoms in US Veterans and Active Duty Military.

Koenig HG, Youssef NA, Oliver RJP, Ames D, Haynes K, Volk F, Teng EJ

Religious involvement is associated with mental health and well-being in non-military populations. This study examines the relationship between religiosity and PTSD symptoms, and the mediating effects of anxiety and depression in Veterans and Active Duty Military (V/ADM). This was a cross-sectional multi-site study involving 585 V/ADM recruited from across the USA. Inclusion criteria were having served in a combat theater and PTSD symptoms. Demographics, military characteristics, and social factors were assessed, along with measurement of religiosity, PTSD symptoms, depression, and anxiety. Bivariate and multivariate analyses examined the religiosity-PTSD relationship and the mediating effects of anxiety/depression on that relationship in the overall sample and stratified by race/ethnic group (White, Black, Hispanic). In bivariate analyses, the religiosity-PTSD relationship was not significant in the overall sample or in Whites. However, the relationship was significant in Blacks ($r = -0.16$, $p = 0.01$) and in Hispanics ($r = 0.30$, $p = 0.03$), but in opposite directions. In the overall sample, religiosity was inversely related to anxiety ($r = -0.07$, $p = 0.07$) and depression ($r = -0.21$, $p < 0.0001$), especially in Blacks ($r = -0.21$, $p = 0.001$, and $r = -0.34$, $p < 0.0001$, respectively); however, in Hispanics, religiosity was positively related to anxiety ($r = 0.32$, $p = 0.02$) as it was to PTSD symptoms. When anxiety/depression was controlled for in multivariate analyses, the religiosity-PTSD relationship in the overall

sample reversed from negative to positive, approaching statistical significance (B = 0.05, SE = 0.03, p = 0.079). In Blacks, the inverse association between religiosity and PTSD was explained by quality of relationships, whereas the positive relationship in Hispanics was explained by anxiety symptoms. In conclusion, religiosity was inversely related to PTSD symptoms in Blacks, positively related to PTSD in Hispanics, and unrelated to PTSD in the overall sample and in Whites. Anxiety/depression partially mediated the relationship in the overall sample and in Hispanics. Although longitudinal studies will be necessary to determine how these relationships come about, consideration should be given to spiritual/religious interventions that target anxiety/depression in V/ADM with PTSD.

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https://www.ncbi.nlm.nih.gov/pubmed/28926675

Suicide Life Threat Behav. 2018 Dec;48(6):732-744. doi: 10.1111/sltb.12393. Epub 2017 Sep 19

Personal Technology Use and Thwarted Belongingness Among Suicidal Active-Duty Military Personnel.

Chalker SA, Comtois KA

This study (a) provides descriptive information about the personal technology use of a suicide sample of active-duty military personnel and (b) uses a traditional and a technology-based measure of social connectedness to examine their relation to suicide ideation and behaviors. Higher thwarted belongingness, and therefore lower perceived social connectedness, was associated with higher current and worst suicide ideation and a greater lifetime self-directed violence regardless of intent to die. Higher social connectedness based on personal technology usage was associated with higher current suicide ideation and a higher number of lifetime self-directed violence and suicide attempts.

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https://www.ncbi.nlm.nih.gov/pubmed/30694009

Depress Anxiety. 2019 Jan 29. doi: 10.1002/da.22884. [Epub ahead of print]

Prospective associations of perceived unit cohesion with postdeployment mental health outcomes.

Anderson L, Campbell-Sills L, Ursano RJ, Kessler RC, Sun X, Heeringa SG, Nock MK6, Bliese PD, Gonzalez OI, Wynn GH, Jain S, Stein MB

BACKGROUND:
Prior investigations have found negative associations between military unit cohesion and posttraumatic stress disorder (PTSD); however, most relied on cross-sectional data and few examined relationships of unit cohesion to other mental disorders. This study evaluates prospective associations of perceived unit cohesion with a range of mental health outcomes following combat deployment.

METHODS:
U.S. Army soldiers were surveyed approximately 1-2 months before deployment to Afghanistan (T0); and 1 month (T1), 3 months (T2), and 9 months (T3) after return from deployment. Logistic regression was performed to estimate associations of perceived unit cohesion at T0 with risk of PTSD, major depressive episode (MDE), generalized anxiety disorder (GAD), alcohol or substance use disorder (AUD/SUD), and suicidal ideation at T2 or T3 among soldiers who completed all study assessments (N = 4,645). Models were adjusted for sociodemographic and Army service characteristics, predeployment history of the index outcome, and deployment stress exposure.

RESULTS:
Higher perceived unit cohesion at T0 was associated with lower risk of PTSD, MDE, GAD, AUD/SUD, and suicidal ideation at T2 or T3 (AORs = 0.72 to 0.85 per standard score increase in unit cohesion; P-values < 0.05). Models of incidence of mental disorders and suicidal ideation among soldiers without these problems predeployment yielded similar results, except that perceived unit cohesion was not associated with incident AUD/SUD.

CONCLUSIONS:
Soldiers who reported strong unit cohesion before deployment had lower risk of postdeployment mental disorders and suicidal ideation. Awareness of associations of perceived unit cohesion with postdeployment mental health may facilitate targeting of prevention programs.

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https://www.ncbi.nlm.nih.gov/pubmed/29564619

J Relig Health. 2018 Dec;57(6):2362-2377. doi: 10.1007/s10943-018-0596-0

Religion, Combat Casualty Exposure, and Sleep Disturbance in the US Military.

White J, Xu X, Ellison CG, DeAngelis RT, Sunil T

Does religious involvement (i.e., attendance and salience) mitigate the association between combat casualty exposure and sleep disturbance among US military veterans? To address this question, we analyze cross-sectional survey data from the public-use version of the 2011 Health Related Behaviors Survey of Active Military Personnel. Results from multivariate regression models indicate: (1) Combat casualty exposure was positively associated with sleep disturbance; (2) religious salience both offset and moderated (i.e., buffered) the above association; and (3) religious attendance offset but did not moderate the above association. We discuss study implications and limitations, as well as some avenues for future research.

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https://www.sciencedirect.com/science/article/pii/S0165178118323023

Posttraumatic Stress Disorder and Traumatic Brain Injury: Sex Differences in Veterans.

Erica L. Epstein, Sarah L. Martindale, VA Mid-Atlantic MIRECC Workgroup, Holly M. Miskey

Psychiatry Research
Available online 31 January 2019
https://doi.org/10.1016/j.psychres.2019.01.097

Highlights
• Female and male veterans have similar rates of PTSD diagnosis.
• Alcohol abuse is more prevalent in male veterans than female veterans.
• Female veterans are more likely to have a depressive disorder than male veterans.
• Findings suggest different coping styles between male and female veterans.

Abstract
Around half of Iraq and Afghanistan war veterans with traumatic brain injury (TBI) have co-occurring posttraumatic stress disorder (PTSD). Research on the differences between male and female veterans with co-occurring PTSD/TBI is sparse. This study evaluated behavioral health differences between sexes with these conditions. Veterans (N = 1,577) completed a structured psychiatric interview, TBI interview, and self-report interviews assessing sleep quality, alcohol use, substance use, pain, depression symptoms, PTSD symptoms, and combat exposure. Groups depended on the presence/absence of a lifetime PTSD diagnosis and history of TBI. Among veterans with PTSD and TBI, males and females were equally likely to meet criteria for current PTSD, and in the PTSD Only group, male veterans were more likely to have current PTSD. Male veterans with PTSD were also more likely to meet criteria for lifetime alcohol and substance use disorders (AUD and SUD), and mild TBI. Although TBI severity did not differ between sexes in the TBI Only group, female veterans were more likely to have a moderate/severe TBI among veterans with co-occurring PTSD. Female veterans without PTSD and TBI were more likely to have major depressive disorder (MDD). Significant sex differences were found for AUD, MDD, current PTSD, and TBI severity.

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https://www.sciencedirect.com/science/article/pii/S0165178118306826

An Examination of PTSD Symptoms and Their Effects on Suicidal Ideation and Behavior in Non-Treatment Seeking Veterans.

Keyne C. Law, Nicholas P. Allan, Kateryna Kolnogorova, Tracy Stecker

Psychiatry Research
Available online 3 February 2019
https://doi.org/10.1016/j.psychres.2019.02.004

Highlights
• The effect of PTSD symptoms on suicidal ideation and suicidal behavior in veterans who are not currently seeking mental health treatment was examined.
• A bifactor solution comprising a General PTSD factor and specific symptom clusters out performed a correlated factors solution.
• General PTSD alone predicted suicidal ideation one month later while general PTSD and re-experiencing symptoms both predicted suicidal behavior one month later.

Abstract
This study sought to examine the effect of general PTSD symptoms as well as specific PTSD symptom clusters on suicidal ideation and suicidal attempts. We first compared a correlated factors solution consistent with the DSM-5 symptom clusters for PTSD with a bifactor solution comprising a General PTSD factor and orthogonal specific factors. Using the best fitting model (i.e., bifactor solution), we then investigated the effect of specific PTSD symptom clusters on severity of suicidal ideation and suicide attempts above and beyond the effect of general PTSD symptoms. A sample of 773 veterans who have never sought professional mental health treatment were screened for suicidal ideation within the past two weeks. One month after the baseline measurement, the participants completed a follow-up assessment, again by telephone. A bi-factor solution was used to account for a general PTSD factor as well as the specific DSM-5 PTSD symptom clusters. After controlling for baseline suicidal ideation and behavior, it appeared that the Anxious Arousal factor was predictive of changes in the magnitude of severity of suicidal ideation and the General PTSD factor was predictive of the onset of new suicidal behavior at the one-month follow-up. Additionally, the Re-experiencing factor of PTSD also significantly predicted new suicidal behavior at the one-month follow-up. These results suggest that it may beneficial for clinicians, who are assessing individuals with PTSD for suicidality, to be aware of the frequency, duration, and content of their clients' repetitive, intrusive thoughts as these thoughts may increase their capability to inflict non-lethal or lethal forms of self-injury.

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https://www.sciencedirect.com/science/article/abs/pii/S0005789419300097

Residual Insomnia and Nightmares Post-Intervention Symptom Reduction Among Veterans Receiving Treatment for Comorbid PTSD and Depressive Symptoms.

Cristina M. López, Cynthia L. Lancaster, Allison Wilkerson, Daniel F. Gros, ... Ron Acierno

Behavior Therapy
Available online 1 February 2019
https://doi.org/10.1016/j.beth.2019.01.006

Highlights
• Behavioral activation and exposure therapy can reduce PTSD and depressive symptoms

• Residual insomnia symptoms predict treatment response for comorbid symptoms
• Incorporating sleep-specific treatment components in PTSD treatment may help

Abstract
While evidence-based interventions can help the substantial number of veterans diagnosed with comorbid PTSD and depression, an emerging literature has identified sleep disturbances as predictors of treatment non-response. More specifically, predicting effects of residual insomnia and nightmares on post-intervention PTSD and depressive symptoms among veterans with comorbid PTSD and depression has remained unclear. The present study used data from a clinical trial of Behavioral Activation and Therapeutic Exposure (BA-TE), a combined approach to address comorbid PTSD and depression, administered to veterans (N = 232) to evaluate whether residual insomnia and nightmare symptoms remained after treatment completion, and if so, whether these residual insomnia and nightmare symptoms were associated with higher levels of comorbid PTSD and depression at the end of treatment. Participants (ages 21 to 77 years old; 47.0% Black; 61.6% married) completed demographic questions, symptom assessments, and engagement-related surveys. Hierarchical multiple linear regression models demonstrated that residual insomnia was a significant predictor of PTSD and depression symptom reduction above and beyond the influence of demographic and engagement factors (e.g., therapy satisfaction). Consistent with previous research, greater residual insomnia symptoms were predictive of smaller treatment gains. Findings illustrate the potential significance of insomnia during the course of transdiagnostic treatment (e.g., PTSD and depression), leading to several important clinical assessment and treatment implications.

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https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22360

Traumatic Event Exposure, Posttraumatic Stress Disorder, and Sleep Disturbances in a National Sample of U.S. Adults.

Melissa E. Milanak, Kelly L. Zuromski, Ian Cero, Allison K. Wilkerson, Heidi S. Resnick, Dean G. Kilpatrick

Journal of Traumatic Stress
First published: 31 January 2019
https://doi.org/10.1002/jts.22360

Posttraumatic stress disorder (PTSD) is a highly prevalent, debilitating disorder found to

develop after exposure to a potentially traumatic event (PTE). Individuals with PTSD often report sleep disturbances, specifically nightmares and insomnia, which are listed within the criteria for PTSD. This research examined prevalence of insomnia and nightmares within a national sample of 2,647 adults (data weighted by age and sex to correct for differences in sample distribution) who had been exposed to one or more PTEs. Prevalence of self-reported sleep disturbance, sleep disturbances by PTE type, and gender differences were examined. All participants completed a self-administered, structured online interview that assessed exposure to stressful events and PTSD symptoms. Among individuals who met DSM-5 criteria for PTSD, a large majority (more than 92%) reported at least one sleep disturbance. Insomnia was relatively more prevalent than PTE-related nightmares among individuals with PTSD and among all PTE-exposed individuals. A higher number of PTEs experienced significantly increased the likelihood of both trauma-related nightmares and insomnia, McFadden's pseudo $R2 = .07$, $p < .001$. Women exposed to PTEs were more likely to endorse experience of insomnia, $\chi2(1, N = 2,647) = 99.13$, $p < .001$, $\varphi = .194$, and nightmares compared to men, $\chi2(1, N = 2,648) = 82.98$, $p < .001$, $\varphi = .177$, but this gender difference was not significant among individuals with PTSD, ps = .130 and .050, respectively. Differences in sleep disturbance prevalence by PTE type were also examined. Implications for treatment and intervention and future directions are discussed.

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https://www.cambridge.org/core/services/aop-cambridge-core/content/view/D8A8A76A4AC052EEAF34E7EF44E20013/S2056472418000881a.pdf/association_between_suicidal_ideation_and_suicide_metaanalyses_of_odds_ratios_sensitivity_specificity_and_positive_predictive_value.pdf

Association between suicidal ideation and suicide: meta-analyses of odds ratios, sensitivity, specificity and positive predictive value.

Catherine M. McHugh, Amy Corderoy, Christopher James Ryan, Ian B. Hickie and Matthew Michael Large

BJPsych Open
(2019) 5, e1, 1–12
doi: 10.1192/bjo.2018.88

Background
The expression of suicidal ideation is considered to be an important warning sign for suicide. However, the predictive properties of suicidal ideation as a test of later suicide

are unclear.

Aims
To assess the strength of the association between suicidal ideation and later suicide measured by odds ratio (OR), sensi- tivity, specificity and positive predictive value (PPV).

Method
We located English-language studies indexed in PubMed that reported the expression or non-expression of suicidal ideation among people who later died by suicide or did not. A random effects meta-analysis was used to assess the pooled OR, sensi- tivity, specificity and PPV of suicidal ideation for later suicide among groups of people from psychiatric and non-psychiatric settings.

Results
There was a moderately strong but highly heterogeneous asso- ciation between suicidal ideation and later suicide (n = 71, OR = 3.41, 95% CI 2.59–4.49, 95% prediction interval 0.42–28.1, I2 = 89.4, Q-value = 661, d.f.(Q) = 70, P ≤0.001). Studies conducted in primary care and other non-psychiatric settings had similar pooled odds to studies of current and former psychiatric patients (OR = 3.86 v. OR = 3.23, P = 0.7). The pooled sensitivity of suicidal ideation for later suicide was 41% (95% CI 35–48) and the pooled specificity was 86% (95% CI 76–92), with high between-study heterogeneity. Studies of suicidal ideation expressed by current and former psychiatric patients had a significantly higher pooled sensitivity (46% v. 22%) and lower pooled specificity (81% v. 96%) than studies conducted in non-psychiatric settings. The PPV among non-psychiatric cohorts (0.3%, 95% CI 0.1%–0.5%) was significantly lower (Q-value = 35.6, P < 0.001) than among psychiatric samples (3.9%, 95% CI 2.2–6.6).

Conclusions
Estimates of the extent of the association between suicidal ideation and later suicide are limited by unexplained between- study heterogeneity. The utility of suicidal ideation as a test for later suicide is limited by a modest sensitivity and low PPV.

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https://onlinelibrary.wiley.com/doi/full/10.1002/bsl.2393

“Hey, let me hold your guns for a while”: A qualitative study of messaging for firearm suicide prevention.

Rocco Pallin, Bonnie Siry, Deborah Azrael, Christopher E. Knoepke, Daniel D. Matlock, Ashley Clement, Megan L. Ranney, Garen J. Wintemute, Marian E. Betz

Behavioral Sciences & The Law
First published: 01 February 2019
https://doi.org/10.1002/bsl.2393

A recommended component of suicide prevention is encouraging at-risk individuals to voluntarily and temporarily reduce access to firearms and other lethal methods. Yet delivering counseling on the topic can be difficult, given the political sensitivity of firearm discussions. To support such counseling, we sought to identify recommended framing and content of messages about reducing firearm access for suicide prevention. Through qualitative interviews with firearm owners and enthusiasts, we identified key points for use in framing (identity as a gun owner, trust, voluntary and temporary storage, and context and motivation) and specific content (preference for “firearm” over “gun,” and legal issues such as background checks for transfers). These findings build on prior work and should enhance efforts to develop and deliver effective, acceptable counseling and—ultimately—prevent firearm suicide.

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https://onlinelibrary.wiley.com/doi/10.1002/jts.22369

Nonsuicidal Self-Injury and Borderline Personality Features as Risk Factors for Suicidal Ideation Among Male Veterans With Posttraumatic Stress Disorder.

Cunningham, K. C., Grossmann, J. L., Seay, K. B., Dennis, P. A., Clancy, C. P., Hertzberg, M. A., Berlin, K. , Ruffin, R. A., Dedert, E. A., Gratz, K. L., Calhoun, P. S., Beckham, J. C. and Kimbrel, N. A.

Journal of Traumatic Stress
First published: 29 January 2019
https://doi.org/10.1002/jts.22369

U.S. veterans are at increased risk for suicide compared to their civilian counterparts and account for approximately 20% of all deaths by suicide. Posttraumatic stress disorder (PTSD) and borderline personality features (BPF) have each been associated with increased suicide risk. Additionally, emerging research suggests that nonsuicidal self-injury (NSSI) may be a unique risk factor for suicidal behavior. Archival data from 728 male veterans with a PTSD diagnosis who were receiving care through an

outpatient Veterans Health Administration (VHA) specialty PTSD clinic were analyzed. Diagnosis of PTSD was based on a structured clinical interview administered by trained clinicians. A subscale of the Personality Assessment Inventory was used to assess BPF, and NSSI and suicidal ideation (SI) were assessed by self-report. Findings revealed that NSSI (58.8%) and BPF (23.5%) were both relatively common in this sample of male veterans with PTSD. As expected, each condition was associated with significantly increased odds of experiencing SI compared to PTSD alone, odds ratios (ORs) = 1.2–2.6. Moreover, co-occurring PTSD, NSSI, and BPF were associated with significantly increased odds of experiencing SI compared with PTSD, OR = 5.68; comorbid PTSD and NSSI, OR = 2.57; and comorbid PTSD and BPF, OR = 2.13. The present findings provide new insight into the rates of NSSI and BPF among male veterans with PTSD and highlight the potential importance of these factors in suicide risk.

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https://journals.lww.com/continuum/Fulltext/2019/02000/Chronic_Traumatic_Encephalopathy.12.aspx

Chronic Traumatic Encephalopathy.

Katherine W. Turk, MD; Andrew E. Budson, MD

Dementia
p. 187-207 February 2019, Vol.25, No.1
doi: 10.1212/CON.0000000000000686

This article provides a discussion on the current state of knowledge of chronic traumatic encephalopathy (CTE), with an emphasis on clinical features and emerging biomarkers of the condition.

Links of Interest

Apps can put therapy in the palm of your hand. But what happens when they go haywire?
https://www.bostonglobe.com/ideas/2019/01/31/apps-can-put-therapy-palm-your-hand-but-what-happens-when-they-haywire/V4td5A33N4pmnyNjVydE2O/story.html

Is Mindfulness A Promising Option For Treating Chronic Pain?
https://www.forbes.com/sites/robertglatter/2019/01/31/is-mindfulness-a-promising-option-for-treating-chronic-pain/

Academy sex assaults up 47% since 2016, DoD estimates
https://www.militarytimes.com/news/your-military/2019/01/31/dod-estimate-academy-sex-assaults-up-47-since-2016/

Active-Duty Military Suicides at Record Highs in 2018
https://www.military.com/daily-news/2019/01/30/active-duty-military-suicides-near-record-highs-2018.html

Types of Bias in Randomized Controlled Trials: A Refresher for Military Mental Health Providers
https://www.pdhealth.mil/news/blog/types-bias-randomized-controlled-trials-refresher-military-mental-health-providers

Among troops, vaping is now more popular than cigarettes
https://www.militarytimes.com/pay-benefits/2019/02/03/among-troops-vaping-is-now-more-popular-than-cigarettes/

Student Populations - Veterans - Tomorrow's Graduate Students and Postdocs
Physical disability creates challenges and changes for a veteran similar to other college students with physical differences; however, mental health disabilities for veterans pose unique challenges for practitioners
https://tomprof.stanford.edu/posting/1694

Army secretary seeks to help families through fewer moves, spouse job opportunities
https://www.stripes.com/news/us/army-secretary-seeks-to-help-families-through-fewer-moves-spouse-job-opportunities-1.567454

The parking lot suicides
Veterans are taking their own lives on VA hospital campuses, a desperate form of protest against a system that they feel hasn’t helped them.
https://www.washingtonpost.com/news/national/wp/2019/02/07/feature/the-parking-lot-suicides/

Pentagon Launches Prescription Monitoring Program to Curb Substance Abuse
https://www.military.com/daily-news/2019/02/06/pentagon-launches-prescription-monitoring-program-curb-substance-abuse.html

'Time Away' Remains Top Troop, Military Family Worry: Survey
https://www.military.com/daily-news/2019/02/06/time-away-remains-top-troop-military-family-worry-survey.html

New Army Policies Aim to Enhance Lives of Soldiers, Spouses
https://www.military.com/daily-news/2019/02/06/new-army-policies-aim-enhance-lives-soldiers-spouses.html
This Marine went from the ballet to the battlefield — and back again
https://rebootcamp.militarytimes.com/vet-stars/2019/02/06/this-marine-went-from-the-ballet-to-the-battlefield-and-back-again/

Resource of the Week -- General and Flag Officers in the U.S. Armed Forces: Background and Considerations for Congress

New, from the Congressional Research Service:

> In the exercise of its constitutional authority over the Armed Forces, Congress has enacted an array of laws which govern important aspects of military officer personnel management, including appointments, assignments, grade structure, promotions, and separations. Some of these laws are directed specifically at the most senior military officers, known as general and flag officers (GFOs). Congress periodically reviews these laws and considers changes as it deems appropriate. Areas of congressional interest have included the number of GFOs authorized, the proportion of GFOs to the total force, compensation levels of GFOs, and duties and grades of certain GFOs.
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> As of November 1, 2018, there were 891 active duty GFOs subject to statutory caps, which is 72 less than the maximum of 963 authorized by law. There were also another 29 exempt from the statutory caps. The current number is about average for the post-Cold War era, though substantially lower than the number of GFOs in the 1960s-1980s, when the Armed Forces were much larger in size than they are today. However, while always very small in comparison to the total force, the general and flag officer corps has increased as a percentage of the total force over the past five decades. GFOs made up about one-twentieth of one percent (0.048%) of the total force in 1965, while they made up about one-fifteenth of one percent (0.069%) of the total force in 2018, indicating that the share of the total force made up of GFOs increased by 44%. Some argue that

this increased proportion of GFOs is wasteful and contributes to more bureaucratic decisionmaking processes. Others counter that the increased proportion is linked to the military's greater emphasis on joint and coalition operations, core organizational requirements, and the increasing use of advanced technologies.

Compensation for GFOs varies. One commonly used measure of compensation, known as regular military compensation (RMC), includes basic pay, basic allowance for housing, basic allowance for subsistence, and the federal tax advantage associated with allowances, which are exempt from federal income tax. In 2019, the lowest-ranking GFOs make about $204,000 per year in RMC, while the highest-ranking GFOs make about $238,000 per year.

Table 1. Grade, Insignia and Paygrade of General and Flag Officers

Grade (Army, Air Force, Marine Corps)	Grade (Navy)	Insignia	Paygrade
General	Admiral	four-stars	O-10
Lieutenant General	Vice Admiral	three-stars	O-9
Major General	Rear Admiral	two-stars	O-8
Brigadier General	Rear Admiral (Lower Half)	one-star	O-7

Source: Grades from 10 U.S.C. §741; paygrades from 37 U.S.C. §201; insignias from Department of Defense, available here: https://dod.defense.gov/About/Insignias/Officers/.

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