

CDP



Research Update -- February 14, 2019

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<https://academic.oup.com/sleep/article-abstract/42/2/zsy229/5228726>

Pre-deployment insomnia is associated with post-deployment post-traumatic stress disorder and suicidal ideation in US Army soldiers.

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Sleep

Volume 42, Issue 2, 1 February 2019

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Study Objectives

Insomnia is prevalent among military personnel and may increase risk of mental disorders and suicidal ideation. This study examined associations of pre-deployment insomnia with post-deployment post-traumatic stress disorder (PTSD) and suicidal ideation among US Army soldiers.

Methods

Soldiers from three Brigade Combat Teams completed surveys 1–2 months before deploying to Afghanistan in 2012 (T0), on return from deployment (T1), 3 months later (T2), and 9 months later (T3). Logistic regression was performed to estimate associations of pre-deployment (T0) insomnia with post-deployment (T2 or T3) PTSD and suicidal ideation among respondents who completed surveys at all waves (n = 4645). A hierarchy of models incorporated, increasing controls for pre-deployment risk factors and deployment experiences.

Results

Pre-deployment insomnia was associated with increased risk of post-deployment PTSD (adjusted odds ratio [AOR] = 3.14, 95% confidence interval [CI] = 2.58% to 3.82%, $p < .0005$) and suicidal ideation (AOR = 2.78, 95% CI = 2.07% to 3.74%, $p < .0005$) in models adjusting for sociodemographic characteristics and prior deployment history. Adjustment for other pre-deployment risk factors and deployment experiences attenuated these associations; however, insomnia remained significantly associated with post-deployment PTSD (AOR = 1.50, 95% CI = 1.19% to 1.89%, $p = .001$) and suicidal ideation (AOR = 1.43, 95% CI = 1.04% to 1.95%, $p = .027$). Subgroup models showed that pre-deployment insomnia was associated with incident PTSD (AOR = 1.55, 95% CI = 1.17% to 2.07%, $p = .003$) and suicidal ideation (AOR = 1.67, 95% CI = 1.16% to 2.40%, $p = .006$) among soldiers with no pre-deployment history of these problems.

Conclusions

Pre-deployment insomnia contributed to prediction of post-deployment PTSD and suicidal ideation in Army soldiers, suggesting that detection of insomnia could facilitate targeting of risk mitigation programs. Future studies should investigate whether treatment of insomnia helps prevent PTSD and suicidal ideation among deployed service members.

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2723658>

Effect of Augmenting Standard Care for Military Personnel With Brief Caring Text Messages for Suicide Prevention: A Randomized Clinical Trial.

Comtois KA, Kerbrat AH, DeCou CR, et al.

JAMA Psychiatry

Published online February 13, 2019.

doi:10.1001/jamapsychiatry.2018.4530

Key Points

Question

Does a text message-based intervention (Caring Contacts) reduce suicidal thoughts and behaviors among active-duty military personnel?

Findings

In this randomized clinical trial of 658 Soldiers and Marines, augmenting standard care with Caring Contacts did not reduce current suicidal ideation or suicide risk events at 12-month follow-up. However, Caring Contacts reduced the odds of having any suicidal ideation (80% vs 88%) and making a suicide attempt (9% vs 15%).

Meaning

Although the primary hypotheses were not supported, Caring Contacts was found to be a simple, scalable intervention that may be effective in reducing the occurrence of suicide ideation and attempts.

Abstract

Importance

Accessible and cost-effective interventions for suicidality are needed to address high rates of suicidal behavior among military service members. Caring Contacts are brief periodic messages that express unconditional care and concern and have been previously shown to prevent suicide deaths, attempts, ideation, and hospitalizations.

Objective

To test the effectiveness of augmenting standard military health care with Caring Contacts delivered via text message to reduce suicidal thoughts and behaviors over 12 months.

Design, Setting, and Participants

This randomized clinical trial was conducted at 3 military installations in the southern and western United States. Soldiers and Marines identified as being at risk of suicide were recruited between April 2013 and September 2016. The final follow-up was in September 2017.

Interventions

Both groups received standard care, and the Caring Contacts group also received consisted of 11 text messages delivered on day 1, at week 1, at months 1, 2, 3, 4, 6, 8, 10, and 12, and on participants' birthdays.

Main Outcomes and Measures

Primary outcomes were current suicidal ideation and suicide risk incidents (hospitalization or medical evacuation). Secondary outcomes were worst-point suicidal ideation, emergency department visits, and suicide attempts. Suicidal ideation was measured by the Scale for Suicide Ideation, suicide risk incidents, and emergency department visits by the Treatment History Interview; attempted suicide was measured by the Suicide Attempt Self-Injury Count.

Results

Among 658 randomized participants (329 randomized assigned to each group), data were analyzed for 657 individuals (mean [SD] age, 25.2 [6.1] years; 539 men [82.0%]). All participants reported suicidal ideation at baseline, and 291 (44.3%) had previously attempted suicide. Of the 657 participants, 461 (70.2%) were assessed at 12 months. Primary outcomes were nonsignificant. There was no significant effect on likelihood or severity of current suicidal ideation or likelihood of a suicide risk incident; there was also no effect on emergency department visits. However, participants who received Caring Contacts (172 of 216 participants [79.6%]) had lower odds than those receiving standard care alone (179 of 204 participants [87.7%]) of experiencing any suicidal ideation between baseline and follow-up (odds ratio, 0.56 [95% CI, 0.33-0.95]; $P = .03$) and fewer had attempted suicide since baseline (21 of 233 [9.0%] in the group receiving Caring Contacts vs 34 of 228 [14.9%] in the standard-care group; odds ratio, 0.52 [95% CI, 0.29-0.92]; $P = .03$).

Conclusions and Relevance

This trial provides inconsistent results on the effectiveness of caring text messages between primary and secondary outcomes, but this inexpensive and scalable intervention offers promise for preventing suicide attempts and ideation in military personnel. Additional research is needed.

Trial Registration ClinicalTrials.gov identifier: NCT01829620.

See also: [Suicide Reduction and Research Efforts in Service Members and Veterans—Sobering Realities](#) (editorial)

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2723643>

Association Between Predeployment Optimism and Onset of Postdeployment Pain in US Army Soldiers.

Hassett AL, Fisher JA, Vie LL, Kelley WL, Clauw DJ, Seligman MEP

JAMA NetwORK Open

2019; 2(2): e188076

doi:10.1001/jamanetworkopen.2018.8076

Key Points

Question

Are higher levels of predeployment optimism among US Army soldiers associated with fewer reports of new pain after deployment?

Findings

Among 20 734 US Army soldiers in this longitudinal cohort study, optimism was associated with 11% lower odds of reporting new postdeployment pain, even while adjusting for demographic, military, and combat factors, including traumatic experiences and combat injury. In addition, 37.3% of soldiers reported pain in at least 1 new area of the body after deployment.

Meaning

The findings suggest that soldiers with low levels of predeployment optimism may be at greater risk of developing new postdeployment pain and may benefit from scalable interventions designed to increase optimism.

Abstract

Importance

Pain after deployment is a major health care concern. While risk factors have been previously studied, few studies have explored protective factors.

Objective

To examine the prospective association between predeployment optimism and the onset of new pain after deployment in US Army soldiers.

Design, Setting, and Participants

This prospective longitudinal cohort study examined US Army soldiers (active duty, Reserve, and National Guard) who deployed to Afghanistan or Iraq between February 12, 2010, and August 29, 2014, and completed the necessary psychological and health assessments before and after deployment. Analyses were performed in the Person-Event Data Environment between July 2016 and November 2018. This study relied exclusively on existing, secondary Army data. Of the 413 763 Army soldiers who met the specified deployment criteria, 385 925 soldiers were missing 1 or more of the required assessment forms. Of the remaining 27 838 soldiers who were examined for eligibility, 7104 soldiers were excluded because of preexisting back pain, joint pain, or frequent headaches. These exclusions resulted in a final analytic sample of 20 734 eligible soldiers.

Main Outcomes and Measures

This study examined new reports of pain after deployment, including new back pain, joint pain, and frequent headaches.

Results

Among 20 734 US Army soldiers (87.8% male; mean [SD] age, 29.06 [8.42] years), 37.3% reported pain in at least 1 new area of the body after deployment: 25.3% reported new back pain, 23.1% reported new joint pain, and 12.1% reported new frequent headaches. As a continuous measure, each 1-U increase in optimism was associated with 11% lower odds of reporting any new pain after deployment, even while adjusting for demographic, military, and combat factors (odds ratio, 0.89; 95% CI, 0.86-0.93). Tertile analyses revealed that compared with soldiers with high optimism (lowest odds of new pain) soldiers with low optimism had 35% greater odds of reporting new pain in any of the 3 sites evaluated (odds ratio, 1.35; 95% CI, 1.21-1.50). In addition, a larger increase in risk of new pain was observed when comparing the moderate-optimism and low-optimism groups rather than the high-optimism and moderate-optimism groups.

Conclusions and Relevance

Higher levels of optimism were associated with lower odds of reporting new pain after deployment, over and above other common determinants of pain, including demographic and military characteristics and combat experiences. Soldiers with low

levels of optimism before deployment could benefit from programs geared toward enhancing optimism.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22367>

Temporal Associations Between Moral Injury and Posttraumatic Stress Disorder Symptom Clusters in Military Veterans.

Joseph M. Currier, Ryon C. McDermott, Jacob K. Farnsworth, Lauren M. Borges

Journal of Traumatic Stress

First published: 04 February 2019

<https://doi.org/10.1002/jts.22367>

War zone veterans who experience posttraumatic stress disorder (PTSD) symptoms might struggle with co-occurring cognitive, emotional, and behavioral expressions of suffering that align with conceptual definitions of moral injury (MI). However, given that PTSD is a multidimensional condition, disentangling the apparent interplay with MI may inform clinical practice and research. This study incorporated a cross-lagged design to explore temporal associations between self- and other-directed outcomes related to MI and severity of DSM-5 PTSD symptom clusters while accounting for depressive symptoms. Drawing on the Expressions of Moral Injury Scale–Military Version in a community sample of 182 previously deployed veterans, MI-related outcomes were linked with severity of PTSD symptom clusters at two assessments spaced apart by 6 months, $r_s = .58-.62$. Of possible models for conceptualizing the temporal nature of these associations, structural equation modeling analyses revealed a cross-lagged primary MI model best fit veterans' responses. Within this model, veterans' self-directed MI at Time 1 predicted greater PTSD symptoms at the 6-month follow-up. However, an equivalent cross-lagged path also emerged between Time 1 PTSD Cluster D symptoms and self-directed MI at Time 2, suggesting the value of a reciprocal MI model for this symptom domain. In contrast, other-directed outcomes of MI were not linked with PTSD in the presence of other variables. Overall, these findings support the prognostic value of assessing for MI-related outcomes among veterans who might be struggling with PTSD symptomatology, particularly with respect to self-directed problems associated with enduring moral distress.

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 outperformed 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 be 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.

<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-019-2041-7>

Daily variation in post traumatic stress symptoms in individuals with and without probable post traumatic stress disorder.

Quinn M. Biggs, Robert J. Ursano, Jing Wang, David S. Krantz, Russell B. Carr, Gary H. Wynn, Deborah Probe Adams, Nicole M. Dacuyan and Carol S. Fullerton

BMC Psychiatry

2019 19:56

<https://doi.org/10.1186/s12888-019-2041-7>

Background

Little is known about the extent to which post traumatic stress symptoms (PTSS) vary from day to day in individuals with post traumatic stress disorder (PTSD). This study examined the variation of PTSS by day of the week, and whether daily or day of week variation differs between individuals with and without probable PTSD.

Methods

Subjects (N = 80) were assessed for probable PTSD at enrollment. Using an ecological momentary assessment methodology, PTSS were assessed four times daily by self-report for 15 days. Linear mixed models were used to assess the relationship of PTSS and day of the week.

Results

PTSS varied across the seven days of the week among participants with PTSD ($p = .007$) but not among those without PTSD ($p = .559$). Among those with PTSD, PTSS were lowest on Saturday. PTSS were higher on weekdays (Monday through Friday) versus weekends (Saturday and Sunday) in those with PTSD ($p = .001$) but there were no weekday/weekend differences among those without PTSD ($p = .144$). These variations were not explained by sleep medication, caffeine or alcohol use.

Conclusions

Among individuals with probable PTSD, post traumatic stress symptoms vary by the day of the week, with more symptoms on weekdays compared to weekends. Determination of the factors associated with the daily variation in PTSD symptoms may be important for further developing treatments for PTSD.

<https://avmajournals.avma.org/doi/pdf/10.2460/javma.254.4.520>

Behavioral health of US military veterinary personnel deployed to Afghanistan.

Elizabeth A. Penix, Deborah L. Whitmer, Jeffrey L. Thomas, Joshua E. Wilk, Amy B. Adler

Journal of the American Veterinary Medical Association
2019; 254(4), 520-529
<https://doi.org/10.2460/javma.254.4.520>

OBJECTIVE

To compare symptoms of compromised behavioral health (BH symptoms) and factors protecting against those symptoms (protective factors) in military veterinary and nonveterinary health-care personnel deployed to Afghanistan.

DESIGN

Cross-sectional survey.

SAMPLE

237 deployed military health-care personnel (21 veterinary and 216 nonveterinary).

PROCEDURES

Surveys were administered to participants during combat deployment in Afghanistan in 2013 to collect information on BH symptoms and protective factors. Data were compared between veterinary and nonveterinary health-care personnel by use of regression models controlling for demographic characteristics and deployment experiences. Partial correlations were computed to assess relationships between protective factors and BH symptoms, controlling for personnel type.

RESULTS

Less than 15% of veterinary and nonveterinary health-care personnel were at risk for suicidal ideation, major depressive disorder, generalized anxiety disorder, and posttraumatic stress disorder. After adjusting for covariates, both personnel types had similar levels of depression, posttraumatic stress disorder, and anxiety symptoms; however, veterinary personnel reported more distressing secondary traumatic stress symptoms and a greater number of anger reactions. Self-care, team support, and

perceived supportive leadership were inversely associated with BH symptoms regardless of personnel type. Veterinary personnel engaged in less self-care, provided less team care, and rated leadership behaviors less positively than nonveterinary health-care personnel.

CONCLUSIONS AND CLINICAL RELEVANCE

Compared with nonveterinary health-care personnel, deployed veterinary personnel were at greater risk of generalized anxiety disorder and reported more secondary traumatic stress and anger reactions, but were less likely to be engaged in and exposed to protective factors. Interventions designed to promote self-care and team support for veterinary personnel and their leaders may reduce the occupational risk of BH symptoms in deployment and perhaps other settings.

<https://www.ncbi.nlm.nih.gov/pubmed/30031532>

Sleep Health. 2018 Aug;4(4):377-383. doi: 10.1016/j.sleh.2018.05.005. Epub 2018 Jun 22

Sleep disturbances after deployment: National Guard soldiers' experiences and strategies.

Lincoln ML, Moore RS, Ames GM

Sleep deprivation and sleep disturbance are pervasive among military personnel during and after combat deployment. However, occupational and other constraints often influence military workers to decline behavioral health services and prescription pharmaceutical sleep aids. This article, drawing on ethnographic interviews with National Guard veterans of combat deployment, demonstrates that soldiers with sleep disturbance frequently manage symptoms without medical supervision and by using ad hoc methods including alcohol use. Findings suggest the potential significance of further research into the sleep management practices of military populations, who face both high risk for sleep disturbance and occupational and cultural constraints in effectively managing these serious health concerns.

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

J Fam Psychol. 2018 Dec;32(8):1057-1067. doi: 10.1037/fam0000471. Epub 2018 Oct 8

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

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

The present study explored the heterogeneity of military service members' psychological and relational functioning using a sample of 7,866 soldiers in committed romantic relationships from the Army Study to Assess Risk and Resilience in Service members (Army STARRS). A latent profile analysis was conducted to identify and predict unique clusters of soldiers' relative psychological (i.e., posttraumatic stress disorder, depression, and anxiety symptom severity) and relational (i.e., relationship happiness, how often their relationship was going well, how often they confided in their partner, how often they considered or discussed ending their relationship, relational insecurity, and relational turbulence) functioning. Results revealed 4 distinct classes of comparative psychological and relational health: hardy soldiers and healthy relaters (70.2%), stressed soldiers but healthy relaters (13.1%), hardy soldiers but strained relaters (12.7%), and stressed soldiers and strained relaters (4.0%). Class descriptions, as well as implications for theory and clinical practice are reviewed. Notably, 7 out of 10 soldiers in this nationally representative sample reported little to no psychological or relational distress. These findings invite more adaptive narratives of service member resilience and a more nuanced conceptualization of gradations in psychological and relational functioning. (PsycINFO Database Record (c) 2018 APA, all rights reserved).

<https://www.ncbi.nlm.nih.gov/pubmed/30102051>

J Fam Psychol. 2018 Dec;32(8):1046-1056. doi: 10.1037/fam0000461. Epub 2018 Aug 13

Improving parental emotion socialization in military families: Results of a randomized controlled trial.

Zhang N, Zhang J, Gewirtz AH, Piehler TF

Prior research indicates that children of deployed parents are at risk for emotional problems, suggesting the utility of preventive efforts for military families. Effective parental socialization of children's emotions is protective for children's development, and parental experiential avoidance may impede parental emotion socialization, yet intervention studies in this area are lacking. This study examined the impact of a parenting program, After Deployment Adaptive Parenting Tools (ADAPT), on parental emotion socialization postintervention (6 months postbaseline) and whether intervention effects were moderated by parental experiential avoidance. The sample included 336 families (294 fathers and 313 mothers) with at least 1 deployed parent and a focal child aged 4-12. Families were randomized into either ADAPT (a 14-week group-based intervention) or control group. Self-reported data on parental emotion socialization and experiential avoidance were analyzed using structural equation modeling. Results showed that mothers who were assigned to the intervention had significantly improved supportive emotion socialization and reduced nonsupportive emotion socialization at postintervention compared with controls. Mothers with higher levels of experiential avoidance assigned to the intervention group had higher levels of supportive emotion socialization at postintervention. No significant intervention effects were found in fathers. This study provides support for the effects of the ADAPT program on maternal emotion socialization at 6-month postbaseline, and the role of experiential avoidance as a moderator. We discuss findings in relation to the different parental roles that mothers and fathers play in postdeployed families, as well as implications for personalized intervention programming. (PsycINFO Database Record (c) 2018 APA, all rights reserved).

<https://www.ncbi.nlm.nih.gov/pubmed/30734645>

Arch Suicide Res. 2019 Feb 8:1-44. doi: 10.1080/13811118.2019.1574689. [Epub ahead of print]

Nexus of despair: A network analysis of suicidal ideation among veterans.

Simons JS, Simons RM, Walters KJ, Keith JA, O'Brien C, Andal K, Stoltenberg SF

OBJECTIVE:

To estimate a network model of risk and resilience factors of suicidal ideation among veterans.

METHODS:

Two network models of suicidal ideation among OIF/OEF/OND veterans (N = 276) incorporated key disorders, traumatic stress, and resilience constructs to contextualize suicidal ideation.

RESULTS:

Childhood trauma was positively connected with suicidal ideation and harassment and inversely connected with social support and distress tolerance. This exemplifies long-lasting associations between childhood trauma and re-victimization, emotion regulation, and ability to form supportive social relationships. A subsequent model including lower-order facets indicated that combat trauma was predominantly associated with PTSD-intrusion symptoms.

CONCLUSIONS:

This study highlights the importance of addressing both risk and resilience to reduce suicide risk among veterans and increases understanding of factors that contribute to suicidal ideation.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22366>

Intolerance of Uncertainty Moderates the Association Between Potentially Morally Injurious Events, and Suicide Ideation and Behavior Among Combat Veterans.

Gadi Zerach, Yossi Levi-Belz

Journal of Traumatic Stress

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<https://doi.org/10.1002/jts.22366>

Exposure to potentially morally injurious events (PMIEs) among combat veterans has been acknowledged as significant stressful combat events that may lead to mental health problems, including self-injurious thoughts and behavior (SITB). However, few studies have examined the risk and protective factors that can explain the conditions in which PMIEs may contribute to the development and maintenance of SITB. In the current study, we aimed to examine the association between PMIEs and SITB among combat veterans and explore the moderating roles of intolerance of uncertainty (IU) in this association. A volunteer sample of 191 Israeli combat veterans was recruited during 2017. Participants completed validated self-report questionnaires in a cross-sectional

study. Results indicated that two separate measures of PMIEs, the Perceived Perpetration by Oneself and Others subscale of the Moral Injury Events Scale (MIES) and the Causes subscale of the Moral Injury Questionnaire (MIQ–Causes), were positively associated with higher levels of SITB. Moreover, beyond the contributions of reserve duty, posttraumatic stress symptoms, and depressive symptoms, MIQ–Causes scores significantly predicted current SITB. Importantly, under low and average levels of inhibitory IU, significant positive effects were revealed for the MIQ–Causes on current SITB, $R^2 = .34$. Although veterans exposed to PMIEs are more prone to SITB, even years after their release from military service, their IU may temper the link between experiences of PMIEs and SITB.

<https://link.springer.com/article/10.1007/s10755-019-9460-8>

Do Classroom Interactions Relate to Considerations of Institutional Departure Among Student Veterans and Service Members?

Frank Fernandez, Dan Merson, Hyun Kyoung Ro, Susan Rankin

Innovative Higher Education

First Online: 07 February 2019

<https://doi.org/10.1007/s10755-019-9460-8>

The number of student veterans in higher education has significantly increased over the last decade; however, many student veterans and service members consider dropping out of higher education and ultimately choose to do so. In this study we conducted a secondary data analysis of a campus climate study that included responses from more than 400 student veterans. We draw on prior literature on student veterans and conceptually ground our study in the literature on campus climates. We found that student veterans who have positive perceptions of their relationships with professors in the classroom environment are less likely to consider leaving their universities.

<https://www.ncbi.nlm.nih.gov/pubmed/30714752>

Psychol Serv. 2019 Feb 4. doi: 10.1037/ser0000328. [Epub ahead of print]

Brief behavioral activation intervention for depressive symptoms: Patient satisfaction, acceptability, engagement, and treatment response.

Funderburk JS, Pigeon WR, Shepardson RL, Maisto SA

Depressive symptoms are the most common reason for referral to integrated behavioral health providers in primary care. Although evidence-based brief psychotherapies for depression in primary care exist, treatment duration is a significant barrier to implementation. In this open trial, we examined the patient experience of receiving a brief behavioral activation intervention designed for use in primary care (BA-PC), which comprised 2 30-min appointments and 2 boosters spaced 2-3 weeks apart across 12 weeks, and its impact on depression symptoms. Participants were 22 patients recruited from primary care who reported at least moderate depressive symptoms (score ≥ 10 on the Patient Health Questionnaire-9 [PHQ-9]). Patient experiences were examined through assessing patient engagement, satisfaction, acceptability, and treatment response. Fidelity of intervention delivery in delivering the BA-PC within a 12-week period was also assessed. Participants reported a high level of satisfaction with and acceptability of the BA-PC intervention, materials, and format. Within-subject t tests revealed a significant reduction in depressive symptoms from baseline at the 12-week assessment, based on PHQ-9 total score, $t(21) = 3.80$, $p = .001$. Evidence of fidelity included 81% of patients completing the 2 BA-PC appointments, average appointment lengths of approximately 30 min, and high content fidelity within each appointment. These preliminary findings suggest that overall experience of a brief BA-PC intervention was positive, with high patient satisfaction, patient acceptability, and treatment fidelity as well as positive patient treatment response. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

<https://www.sciencedirect.com/science/article/pii/S0163834318304298>

Brief cognitive behavioral therapy reduces suicidal ideation in veterans with chronic illnesses.

Anthony H. Ecker, Adrienne Johnson, Shubhada Sansgiry, Terri L. Fletcher, ... Jeffrey A. Cully

General Hospital Psychiatry

Available online 8 February 2019

<https://doi.org/10.1016/j.genhosppsy.2019.02.002>

Objective

We evaluated the effect of brief cognitive behavioral therapy (bCBT) on suicidal ideation among medically ill veterans receiving mental health treatment in primary care.

Methods

Secondary analysis was conducted on data collected during a multisite, patient-randomized trial investigating the impact of bCBT (n = 180) on depression and anxiety symptoms, relative to enhanced usual care (EUC; n = 122), in patients with congestive heart failure and/or chronic obstructive pulmonary disease. BCBT was delivered by primary care mental health providers over 4 months, with follow-up posttreatment assessments of suicidal ideation, measured by the Patient Health Questionnaire-9 (item 9) at 4, 8, and 12 months. Suicidal ideation was the primary outcome examined in the current analysis. Generalized estimating equations modeling suicidal ideation were used to compare the study arms.

Results

Participants receiving bCBT were less likely to have high suicidal ideation than participants receiving EUC posttreatment and at 8-month follow-up after accounting for baseline suicidal ideation. Within-group comparisons suggest participants receiving bCBT were less likely to have high suicidal ideation at 4, 8, and 12 months when compared with baseline. High suicidal ideation for EUC participants did not differ at 4, or 8 months, but they were less likely to have high suicidal ideation at 12 months.

Conclusion

bCBT in primary care reduces suicidal ideation and may help prevent future suicidal ideation.

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0210938>

Consideration of substance use in compensation and pension examinations of veterans filing PTSD claims.

Rebecca L. Jankowski, Anne C. Black, Christina M. Lazar, Bradley R. Brummett, Marc I. Rosen

PLOS ONE

Published: February 6, 2019

<https://doi.org/10.1371/journal.pone.0210938>

Veterans filing claims that service-induced PTSD impairs them worry that claims examiners may attribute their difficulties to conditions other than PTSD, such as substance use. Substance use commonly co-occurs with PTSD and complicates establishing a PTSD diagnosis because symptoms may be explained by PTSD alone, PTSD-induced substance use, or by a substance use condition independent of PTSD. These alternative explanations of symptoms lead to different conclusions about whether a PTSD diagnosis can be made. How substance use impacts an examiner's diagnosis of PTSD in a Veteran's service-connection claim has not been previously studied. In this study, we tested the hypothesis that mention of risky substance use in the Compensation & Pension (C&P) examination would result in a lower likelihood of service-connection award, presumably because substance use reflected an alternative explanation for symptoms. Data were analyzed from 208 Veterans' C&P examinations, medical records, and confidentially-collected research assessments. In this sample, 165/208 (79%) Veterans' claims were approved for a mental health condition; 70/83 (84%) with risky substance use mentioned and 95/125 (76%) without risky use mentioned ($p = .02$). Contrary to the a priori hypothesis, Veterans with risky substance use were more likely to get a service-connection award, even after controlling for baseline PTSD severity and other potential confounds. They had almost twice the odds of receiving any mental health award and 2.4 times greater odds of receiving an award for PTSD specifically. These data contradict assertions of bias against Veterans with risky substance use when their claims are reviewed. The data are more consistent with substance use often being judged as a symptom of PTSD. The more liberal granting of awards is consistent with literature concerning comorbid PTSD and substance use, and with claims procedures that make it more likely that substance use will be attributed to trauma exposure than to other causes.

Examining the Nonresponse Phenomenon: Factors Associated with Treatment Response in a National Sample of Veterans undergoing Residential PTSD Treatment.

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Journal of Anxiety Disorders

Available online 7 February 2019

<https://doi.org/10.1016/j.janxdis.2019.02.001>

Highlights

- We investigated predictors of PTSD treatment response in residential settings.
- Significant factors included psychological, social, and physical health resources.
- Treatment modifications may be needed for subgroups at risk of poor response.

Abstract

Objective

Although several treatments for PTSD have demonstrated efficacy, a substantial portion of patients do not experience clinically significant improvement. Predictors of treatment response are poorly understood. The current study was designed to investigate predictors of PTSD symptom change in a large national sample of treatment-seeking Veterans with PTSD.

Method

We analyzed predictors of treatment response among Veterans engaged in residential PTSD treatment from 2012-2013 (N = 2,715). Multilevel modeling was used to assess the association between individual-level factors and symptom improvement from treatment entry to post-discharge. Guided by the theory of Resources, Life Events and Changes in Psychological States, we hypothesized that individuals with greater psychological, social/contextual, material, and physical health resources would exhibit better treatment response.

Results

In adjusted analyses, accounting for facility, factors that predicted better treatment response included female gender, more psychological and social/contextual protective factors, and more years of education. Factors that predicted worse treatment response

included Black race, comorbid personality disorder, greater pain severity, and current application for disability-related compensation.

Conclusions

These findings highlight factors that place individuals at risk of poor treatment response. Treatment modifications may be needed in order to optimize response for subgroups who are less likely to benefit from residential PTSD treatment.

<https://academic.oup.com/sleep/article-abstract/42/2/zsy221/5185637>

Are U.S. adults reporting less sleep?: Findings from sleep duration trends in the National Health Interview Survey, 2004–2017.

Connor M Sheehan, Stephen E Frochen, Katrina M Walsemann, Jennifer A Ailshire

Sleep

Volume 42, Issue 2, 1 February 2019

<https://doi.org/10.1093/sleep/zsy221>

Study Objectives

To document trends in self-reported sleep duration for the noninstitutionalized U.S. civilian population from 2004 to 2017 and examine how sleep trends vary by race/ethnicity.

Methods

We use data from the National Health Interview Survey (NHIS) for U.S. noninstitutionalized adults aged 18–84 from 2004 to 2017 (N = 398 382). NHIS respondents were asked how much they slept in a 24-hour period on average, which we categorized as ≤ 6 hr (short sleep), 7–8 hr (adequate sleep), and ≥ 9 hr (long sleep). We used multinomial logistic regression models to examine trends in self-reported sleep duration and assess race/ethnic differences in these trends. Our models statistically adjusted for demographic, socioeconomic, familial, behavioral, and health covariates.

Results

The prevalence of short sleep duration was relatively stable from 2004 to 2012. However, results from multinomial logistic regression models indicated that there was an increasing trend toward short sleep beginning in 2013 (b: 0.09, 95% CI: 0.05–0.14) that continued through 2017 (b: 0.18, 95% CI: 0.13–0.23). This trend was significantly

more pronounced among Hispanics and non-Hispanic blacks, which resulted in widening racial/ethnic differences in reports of short sleep.

Conclusions

Recent increases in reports of short sleep are concerning as short sleep has been linked with a number of adverse health outcomes in the population. Moreover, growing race/ethnic disparities in short sleep may have consequences for racial and ethnic health disparities.

Links of Interest

Evaluating Types of Bias in Randomized Controlled Trials: A Helpful Tool for Military Mental Health Providers

<https://www.pdhealth.mil/news/blog/evaluating-types-bias-randomized-controlled-trials-helpful-tool-military-mental-health-providers>

The military's lingering readiness problem: Lack of daycare

<https://www.militarytimes.com/news/pentagon-congress/2019/02/08/the-militarys-lingering-readiness-problem-lack-of-daycare/>

Army secretary: 'I want to put dollars' into child care for families

<https://www.militarytimes.com/pay-benefits/2019/02/07/army-secretary-i-want-to-put-dollars-into-child-care/>

Vets could soon get free child care during medical treatment

<https://www.militarytimes.com/news/transition/2019/02/08/vets-could-soon-get-free-child-care-during-medical-treatment/>

Support for Making VA Motto Gender-Neutral May Be Fading

<https://www.military.com/daily-news/2019/02/07/support-making-va-motto-gender-neutral-may-be-fading.html>

Do You Have Orthosomnia?

<https://health.usnews.com/wellness/articles/2019-02-07/do-you-have-orthosomnia>

Microsleep – Symptoms, Causes, and Treatment

<https://sleeppolis.com/education/microsleep/>

Extra Shut-Eye: 2019 Innovator of the Year Aims to Cure Insomnia

<https://news.virginia.edu/content/extra-shut-eye-2019-innovator-year-aims-cure-insomnia>

What you need to know about sleep medications, their side effects and other issues

https://www.washingtonpost.com/national/health-science/what-you-need-to-know-about-sleep-medications-their-side-effects-and-other-issues/2019/02/08/577d2e70-295f-11e9-984d-9b8fba003e81_story.html

Optimism may protect soldiers against chronic pain, study says

<https://taskandpurpose.com/optimism-army-soldiers-chronic-pain>

DoD and civilian doctors, pharmacies now sharing information about opioid prescriptions, watching for abuse

<https://www.militarytimes.com/pay-benefits/2019/02/08/dod-and-civilian-doctors-pharmacies-now-sharing-information-about-opioid-prescriptions-watching-for-abuse/>

Airman carries American flag on runs to honor PTSD sufferer

<https://www.airforcetimes.com/news/your-air-force/2019/02/10/airman-carries-american-flag-on-runs-to-honor-ptsd-sufferer/>

Finding Kyle

His leap from the Golden Gate Bridge left Kyle Gamboa's family grief-stricken and confused. But in trying to understand his death, they found a way to help others.

<https://www.sfchronicle.com/bayarea/article/Kyle-Gamboa-s-suicide-on-the-Golden-Gate-Bridge-13598699.php>

We Can Actually Prevent Depression in Some Cases

<https://blogs.scientificamerican.com/observations/we-can-actually-prevent-depression-in-some-cases/>

Why Shame Keeps Patients from Alcohol Use Disorder Treatment

<https://healthblog.uofmhealth.org/digestive-health/why-shame-keeps-patients-from-alcohol-use-disorder-treatment>

West Point to Hold One-Day Stand-Down to Address Problem Drinking

<https://www.military.com/daily-news/2019/02/13/west-point-hold-one-day-stand-down-address-problem-drinking.html>

Military Mulls Medical Personnel Cuts Even as Suicide Rates Rise

<https://www.military.com/daily-news/2019/02/11/military-mulls-medical-personnel-cuts-even-suicide-rates-rise.html>

Air Force calls for culture change in bid to reduce suicides

<https://www.stripes.com/news/air-force-calls-for-culture-change-in-bid-to-reduce-suicides-1.568339>

More than half who took survey are dissatisfied with military privatized housing

<https://www.militarytimes.com/pay-benefits/2019/02/13/more-than-half-who-took-survey-are-dissatisfied-with-military-privatized-housing/>

It's complicated: Our relationship with social media

<https://health.mil/News/Articles/2019/02/13/Its-complicated-Our-relationship-with-social-media>

As sexual assault cases rise, service academy superintendents struggle for solutions

<https://www.militarytimes.com/news/pentagon-congress/2019/02/13/as-sexual-assault-cases-rise-service-academy-superintendents-struggle-for-solutions/>

Resource of the Week -- [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.

Recent report from the Washington Post:

Alissa Harrington took an audible breath as she slid open a closet door deep in her home office. This is where she displays what's too painful, too raw to keep out in the open.

Framed photos of her younger brother, Justin Miller, a 33-year-old Marine Corps trumpet player and Iraq veteran. Blood-spattered safety glasses recovered from the snow-covered Nissan Frontier truck where his body was found. A phone filled with the last text messages from his father: "We love you. We miss you. Come home."

Miller was suffering from post-traumatic stress disorder and suicidal thoughts when he checked into the Minneapolis Department of Veterans Affairs hospital in

February 2018. After spending four days in the mental-health unit, Miller walked to his truck in VA's parking lot and shot himself in the very place he went to find help.

...

His death is among 19 suicides that occurred on VA campuses from October 2017 to November 2018, seven of them in parking lots, according to the Department of Veterans Affairs. While studies show that every suicide is highly complex — influenced by genetics, financial uncertainty, relationship loss and other factors — mental-health experts worry that veterans taking their lives on VA property has become a desperate form of protest against a system that some veterans feel hasn't helped them.

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