

CDP



Research Update -- April 4, 2019

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<https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2018.18091075>

Benefits of sequentially adding cognitive-behavioral therapy or antidepressant medication for adults with nonremitting depression.

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American Journal of Psychiatry

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Objective:

Adults with major depressive disorder frequently do not achieve remission with an initial treatment. Addition of psychotherapy for patients who do not achieve remission with antidepressant medication alone can target residual symptoms and protect against recurrence, but the utility of adding antidepressant medication after nonremission with cognitive-behavioral therapy (CBT) has received little study. The authors aimed to evaluate the acute and long-term outcomes resulting from both sequences of combination treatments.

Methods:

Previously untreated adults with major depression who were randomly assigned to receive escitalopram, duloxetine, or CBT monotherapy and completed 12 weeks of treatment without achieving remission entered an additional 12 weeks of combination treatment. For patients who did not achieve remission with CBT, escitalopram was added (CBT plus medication group) to their treatment, and for those who did not achieve remission with an antidepressant, CBT was added (medication plus CBT group) to their treatment. Patients who responded to the combination treatment entered an 18-month follow-up phase to assess risk of recurrence.

Results:

A total of 112 patients who did not achieve remission with a monotherapy entered combination treatment (41 who responded to monotherapy but did not achieve remission and 71 who did not respond to monotherapy). Overall, remission rates after subsequent combination therapy were significantly higher among patients who responded to monotherapy but did not achieve remission (61%) than among patients who did not respond to monotherapy (41%). Among patients who responded to

monotherapy but did not achieve remission, the remission rate in the CBT plus medication group (89%) was higher than in the medication plus CBT group (53%). However, among patients whose depression did not respond to monotherapy, rates of response and remission were similar between the treatment arms. Higher levels of anxiety, both prior to monotherapy and prior to beginning combination treatment, predicted poorer outcomes for both treatment groups.

Conclusions:

The order in which CBT and antidepressant medication were sequentially combined did not appear to affect outcomes. Addition of an antidepressant is an effective approach to treating residual symptoms for patients who do not achieve remission with CBT, as is adding CBT after antidepressant monotherapy. Patients who do not respond to one treatment modality warrant consideration for addition of the alternative modality.

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2729443>

Familial Aggregation and Coaggregation of Suicide Attempts and Comorbid Mental Disorders in Adults.

Ballard ED, Cui L, Vandeleur C, et al.

JAMA Psychiatry

Published online March 27, 2019

doi:10.1001/jamapsychiatry.2019.0248

Key Points

Question

Are suicide attempts familial, and is familial aggregation explained by comorbid mental disorders?

Findings

In this study of data of 1119 adult probands and 5355 first-degree relatives, suicide attempts were moderately familial and associated with mental disorders, particularly mood disorders. Social anxiety disorder in probands was statistically significantly associated with suicide attempts in relatives.

Meaning

Suicide attempts appear to be familial, but much of the familial aggregation may be

explained by comorbid mental conditions; the increase in suicide attempt risk among people with a familial diathesis for social anxiety or its underlying components may provide insight into the mechanisms and prevention of suicide.

Abstract

Importance

Clarification of the joint influence of familial patterns of suicide attempts and comorbid mental disorders can enhance the understanding and prevention of suicide attempts.

Abstract

Objective

To investigate the familial patterns of suicide attempts and comorbid mental disorders and their associations in a 2-site family study of mood and anxiety disorders.

Design, Setting, and Participants

Data were obtained from 2 parallel community-based family studies conducted in the United States (National Institute of Mental Health [NIMH] study) and in Lausanne, Switzerland (PsyCoLaus study), on the comorbidity of mood and anxiety disorders. The study sample comprised 1119 adult probands and 5355 first-degree relatives. Data were collected and analyzed from October 2004 to December 2016.

Main Outcomes and Measures

Lifetime suicide attempt and mental disorders in first-degree relatives, obtained through direct interviews or family history reports.

Results

The study included 1119 adult probands (675 female [60.3%] and a mean [SD] age of 50 [12.0] years) and 5355 first-degree relatives (2752 female [51.4%] and a mean [SD] age of 52 [1.5] years). Of these participants, 90 (8.0%) of 1119 probands and 199 (3.7%) of 5355 relatives had a lifetime history of suicide attempt. Those with such a history had higher rates of all mental disorders, a greater number of disorders, and statistically significantly poorer current and lifetime global functioning. After adjustment for age and sex, a statistically significant association between suicide attempts in probands and in relatives was found at the NIMH site (OR, 2.6; 95% CI, 1.5-4.7), at the Lausanne site (OR, 3.1; 95% CI, 1.6-6.0), and in the combined data (OR, 2.9; 95% CI, 1.9-4.5). All mood disorder subtypes and substance use disorders were statistically significantly associated with suicide attempts. The familial association between lifetime suicide attempts in probands and relatives was not statistically significant for the combined sample (OR, 1.6; 95% CI, 1.0-2.7) after adjustment for comorbid conditions in probands and relatives. Social anxiety disorder in probands was associated with suicide

attempts in relatives (OR, 2.4; 95% CI, 1.7-3.5) after controlling for comorbid mood, anxiety, and substance use disorders.

Conclusions and Relevance

Familiarity of suicide attempts appears to be explained by a history of mental disorders among those with suicide attempts; the novel finding of a common familial diathesis for suicide attempts and social anxiety, particularly in combination with mood disorders, has heuristic value for future research and may be a risk marker that can inform prevention efforts.

<https://www.sciencedirect.com/science/article/abs/pii/S0005789419300255>

CBT-I & subjective-objective sleep discrepancy.

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Behavior Therapy

Available online 23 March 2019

<https://doi.org/10.1016/j.beth.2019.03.002>

Highlights

- Subjective-objective sleep discrepancy (SOSD) is often found in insomnia patients.
- Cognitive Behavior Therapy (CBT-I) is standard in the treatment of insomnia.
- There is limited information about whether CBT-I can change SOSD.
- We investigated a large sample of patients regarding SOSD pre and post CBT-I.
- An improvement in SOSD was seen after CBT-I.

Abstract

Discrepancy between objective and subjective sleep parameters is a frequent symptom in persons suffering from insomnia. Since it has an impairing effect on daytime well-being and neglects possible positive objective improvements, it would be useful if it was treated. Apart from hypnotics, cognitive behavior therapy (CBT-I) is the therapy of choice for chronic forms of insomnia. However, there is limited information about whether CBT-I can also improve subjective-objective sleep discrepancy. We investigated a large sample of patients showing chronic forms of insomnia regarding their subjective-objective sleep discrepancy pre and post CBT-I. Objective sleep data were obtained from three nights (two baseline nights and one night after therapy) using polysomnography in our sleep laboratory. All 92 patients participated in a 14-day

inpatient program with CBT-I including psychoeducation about subjective-objective sleep discrepancy. Repeated measures analyses showed an improvement in subjective-objective sleep discrepancy parameters after CBT-I. Those parameters were also correlated with perceived quality of sleep. We conclude that CBT-I is a useful tool to improve subjective-objective sleep discrepancy in patients showing chronic forms of insomnia.

https://www.sciencedirect.com/science/article/pii/S1389945718304908?dgcid=rss_sd_al
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Sleep Regularity is Associated with Sleep-Wake and Circadian Timing, and Mediates Daytime Function in Delayed Sleep-Wake Phase Disorder.

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Sleep Medicine

Available online 23 March 2019

<https://doi.org/10.1016/j.sleep.2019.03.009>

Highlights

- Irregular sleep is associated with later sleep onset time and shorter sleep duration.
- Individuals with more delayed sleep and have circadian misalignment have more irregular sleep.
- Sleep regularity mediates the effects of sleep onset time and phase angle on daytime function.

Abstract

Background

In healthy populations, irregular sleep patterns are associated with delayed sleep and poor functional/mood outcomes. It is unknown whether irregular sleep contributes to poor functional/mood outcomes in individuals with Delayed Sleep-Wake Phase Disorder (DSWPD).

Methods

In 170 patients with DSWPD, we collected sleep-wake patterns, dim light melatonin onset (DLMO), and functional/mood outcomes. The Sleep Regularity Index (SRI) and other sleep timing metrics were computed. Correlations of SRI were computed with phase angle (difference between DLMO and desired bedtime), sleep timing and quality

variables, daytime function, sleep-related daytime impairment, mood, and insomnia symptom severity. Path analyses assessed whether SRI or total sleep time mediated the associations between sleep onset time and phase angle with daytime functioning, sleep-related impairment, and mood outcomes.

Results

Higher SRI was associated with earlier sleep and longer total sleep time, but did not relate to sleep quality, daytime function, or mood outcomes. Path analysis showed that phase angle was directly associated with all outcome variables, whereas sleep onset time was not directly associated with any. SRI mediated the effects of sleep onset time and phase angle on daytime function. Total sleep time mediated the effects of sleep onset time and phase angle on sleep-related impairment.

Conclusion

Individuals with DSWPD who have more delayed sleep and a greater phase angle also have more irregular sleep. This suggests that it is not delayed sleep timing per se that drives poor functional outcomes in DSWPD, but rather the timing of sleep relative to circadian phase and resultant irregular sleep patterns.

<https://onlinelibrary.wiley.com/doi/full/10.1002/jts.22393>

Examination of Treatment Effects on Hazardous Drinking Among Service Members With Posttraumatic Stress Disorder.

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Journal of Traumatic Stress

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Posttraumatic stress disorder (PTSD) and alcohol use disorder are frequently comorbid and present significant treatment challenges. Unfortunately, since the September 11, 2001, terrorist attacks in the United States, the rates of PTSD and hazardous drinking among active duty service members have increased significantly. Previous research on PTSD has typically excluded participants with current substance abuse. However, there is some research examining independent treatments for PTSD and substance abuse

provided consecutively, concurrently, or as enhancements to other treatment. The current study examined the association between current hazardous drinking and PTSD treatment among 108 active duty service members with PTSD in a randomized controlled trial of group cognitive processing therapy and group present-centered therapy. Total scores above 8 on the Alcohol Use Disorders Identification Test defined hazardous alcohol use. At baseline, 25.0% of the sample was categorized as hazardous drinkers, and the hazardous and nonhazardous drinking groups did not differ in PTSD symptom severity, $F(1, 106) = 0.08, p = .777, d = 0.06$. Over the course of treatment, the two groups also did not differ significantly in PTSD symptom severity change on the PTSD Checklist, $F(1, 106) = 1.20, p = .280, d = 0.33$. Treatment for PTSD did not exacerbate hazardous drinking, and the hazardous drinking group showed significant reductions in drinking following PTSD treatment. Limitations and implications for treatment considerations are discussed.

<https://onlinelibrary.wiley.com/doi/full/10.1002/jts.22394>

The Association Between Negative Trauma-Related Cognitions and Pain-Related Functional Status Among Veterans With Posttraumatic Stress Disorder and Alcohol Use Disorder.

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Journal of Traumatic Stress

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Among veterans with posttraumatic stress disorder (PTSD), alcohol use disorders (AUDs) are highly prevalent. Furthermore, PTSD frequently co-occurs with chronic pain (CP), and CP is associated with an increased risk of AUD. Pain-related beliefs and appraisals are significantly associated with poorer pain-related functional status, yet few studies have examined negative trauma-related cognitions and their impact on pain-related functional disability in veterans with co-occurring PTSD and AUD. Accordingly, we examined the association between negative trauma-related cognitions and pain severity and pain disability in 137 veterans seeking treatment for PTSD and AUD. Using hierarchical multiple linear regression, we found that higher levels of negative trauma-related cognitions (e.g., "I am completely incompetent") were associated with a higher level of pain severity, after controlling for PTSD symptom severity and frequency of alcohol use, total $R^2 = .07, \Delta R^2 = .06$. Additionally, as hypothesized, we found that

higher levels of negative trauma-related cognitions were associated with higher levels of pain disability, after controlling for PTSD symptom severity, frequency of alcohol use, and pain severity, total $R^2 = .46$, $\Delta R^2 = .03$. Given that negative trauma-related cognitions contributed to pain severity and pain disability, even when controlling for PTSD severity and frequency of alcohol use, future studies should explore the potential impact of interventions that address negative trauma-related cognitions (e.g., prolonged exposure or cognitive processing therapy) on pain severity and disability.

<https://onlinelibrary.wiley.com/doi/full/10.1002/jts.22388>

The Association Between Posttraumatic Negative Self-Conscious Cognitions and Emotions and Maladaptive Behaviors: Does Time Since Trauma Exposure Matter?

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Journal of Traumatic Stress

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<https://doi.org/10.1002/jts.22388>

Negative beliefs about the self, self-blame, guilt, and shame have been consistently linked to emotional problems, such as posttraumatic stress disorder and depression, following trauma exposure. To expand understanding of the potential role of negative self-conscious cognitions and emotions in other forms of posttrauma maladjustments, such as maladaptive behaviors, the current study examined the associations between these cognitions and emotions with dissociation, alcohol use, and avoidant problem-solving. As a secondary goal, the influence of time since trauma exposure was considered given recent data suggesting that some posttraumatic responses require lengthier time following trauma to become salient. Multiple-group analysis was conducted in two groups of female survivors of intimate partner violence (IPV): women whose IPV experiences occurred within 3 months prior to assessment (early posttrauma phase [EPP]; $n = 67$) and those whose experiences occurred 12 months or more prior to assessment (chronic posttrauma phase [CPP]; $n = 145$). The results suggested model invariance. Posttraumatic negative self-conscious cognitions and emotions were significantly correlated with dissociation (EPP group: $\beta = .61$, $p < .001$ and CPP group: $\beta = .48$, $p < .001$), alcohol use (EPP group: $\beta = .31$, $p = .014$ and CPP group: $\beta = .30$, $p < .001$), and avoidant problem-solving (EPP group: $\beta = .58$, $p < .001$ and CPP group: $\beta = .56$, $p < .001$). The findings highlight the importance of negative self-conscious

cognitions and emotions in posttrauma maladjustment and support intervening in these domains shortly after trauma exposure.

https://academic.oup.com/milmed/article/184/supplement_1/426/5418637

Development and Implementation of U.S. Army Guidelines for Managing Soldiers at Risk of Suicide.

Tim Hoyt, Diana M Repke

Military Medicine

Volume 184, Issue supplement_1, March-April 2019, Pages 426–431

<https://doi.org/10.1093/milmed/usy284>

Objectives

Despite significant efforts in suicide prevention over the past several years, suicide rates in the U.S. Army remain largely unchanged. This paper describes a collaborative effort between line-unit leaders, medical personnel, and installation services to synchronize suicide risk identification and communication between these disparate entities.

Methods

Under the direction of the Installation Director of Psychological Health at Joint Base Lewis-McChord, a Behavioral Health Process Action Team was chartered to identify best practice and formulate policy for identifying and managing service members at risk for suicide.

Results

Compliance with the new policy reached 100% within 6 months of implementation, as measured by peer review of records. This installation policy was subsequently identified as a best practice and adopted Army-wide as the standard of practice.

Discussion

Knowledge transfer of research findings into policy and practice is crucial for suicide prevention. The current policy shows good integration of current research with practice in military settings.

Conclusions

Combined efforts in crafting policy for risk identification and communication resulted in a policy that was acceptable and feasible from the perspective of commanders and clinicians. Synchronization efforts between commanders, clinicians, and support services are crucial to ensure effective intervention to prevent suicide behavior.

<https://www.sciencedirect.com/science/article/abs/pii/S0306460318312875>

Prevalence and covariates of problematic gambling among a US military cohort.

M. Shayne Gallaway, David S. Fink, Laura Sampson, Gregory H. Cohen, ... Sandro Galea

Addictive Behaviors

Volume 95, August 2019, Pages 166-171

<https://doi.org/10.1016/j.addbeh.2019.03.013>

Highlights

- Burden of problem gambling and its correlates were investigated in a US military cohort.
- Military members reported frequent gambling at nearly twice the US prevalence.
- Problem gambling was correlated with depression, alcohol use and legal problems.
- Routine screening for problem gambling may be needed for military populations.

Abstract

The availability of and participation in gambling has increased substantially the past several decades, however studies of military members' gambling behaviors are limited. The present study aimed to investigate potential problematic gambling and its association with demographics and behavioral characteristics in a US military cohort. We analyzed cohort data from a telephone survey during 2015–2016 of 1553 Ohio Army National Guard members. We assessed potential problematic gambling by using the 3-item National Opinion Research Center Diagnostic Screen—Loss of Control, Lying, and Preoccupation Screen (NODS-CLiP). Potential correlates examined were demographics, depression, suicidal ideation, smoking status, alcohol use, legal and financial problems, perceived general health status, pain, and impulsivity. Results indicated past-year frequent gambling (at least once per week) and lifetime potential problematic gambling was reported by 13% and 8% of respondents, respectively.

Problematic gambling and past-year gambling behaviors were associated in a dose-response relationship from 18% among soldiers gambling once per week to 44% among those gambling 4 or more times per week. Correlates of screening positive for potential problematic gambling included the following: being male, currently unmarried, having left the Guard or retired, minor depression, alcohol dependence, legal problems, and increased pain. Given the higher prevalence of frequent gambling in this military cohort (8%), nearly twice the US prevalence (5%), and the association with negative psychological and behavioral outcomes, routine screening of gambling frequency and problem gambling may be needed to ensure military and veteran populations live the healthiest lives possible.

<https://www.sciencedirect.com/science/article/pii/S1526590019301464>

Short-Term Outcomes following an Intensive Outpatient Program for Patients with Comorbid Substance Use Disorder and Chronic Pain at Walter Reed National Military Medical Center (WRNMMC).

M. Stockin, L. Wandner, C. Kurihara, C. Spevak, S. Griffith

The Journal of Pain

Volume 20, Issue 4, Supplement, April 2019, Page S14

<https://doi.org/10.1016/j.jpain.2019.01.069>

Research suggests a high comorbidity between chronic pain and substance use disorder (SUD), particularly within a military population. Optimal clinical treatment for those with chronic pain and SUD is believed to be multidisciplinary care. However, limited research has been conducted on this topic within the military health care system (MHS). This quality improvement project examines short-term outcomes for a joint-SUD and chronic pain intensive outpatient program (IOP). Active duty, veterans, and dependents were enrolled in a 6-week Joint-IOP at WRNMMC. The multidisciplinary team included addiction social workers, physical therapists, nurses, and clinical psychologists. Patients received a breathalyzer and urine drug screen at the time of treatment initiation and periodically throughout. Participants filled out the following validated questionnaires pre- and post-treatment: Defense and Veterans Pain Rating Scale (DVPRS), Pain Outcomes Questionnaire (POQ), Brief Addiction Monitor (BAM), World Health Organization Quality of Life-Brief (WHOQOL-BREF) and Pain Catastrophizing Scale (PCS). Fifty-eight patients completed the joint-IOP. Paired T-tests suggest a reduction in DVPRS worst pain scores ($p=0.013$), reduced POQ total

impairment ($p=0.034$) and improved POQ vitality ($p=0.024$) from pre- to post-treatment. Paired T-tests suggest a trend toward decreased alcohol and substance use as measured by the BAM ($p=0.056$). Both WHO quality of life and pain catastrophizing showed no significant change. This project suggests that patients suffering from chronic pain and SUD within the MHS have improved pain and SUD outcomes at the completion of a 6-week joint-IOP. Implications of this project suggest the importance of concurrently treating chronic pain and SUD within the MHS.

<https://onlinelibrary.wiley.com/doi/10.1002/jts.22390>

Supporting a Spouse With Military Posttraumatic Stress: Daily Associations With Partners' Affect.

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Journal of Traumatic Stress

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<https://doi.org/10.1002/jts.22390>

Service members and veterans (SM/Vs) with posttraumatic stress disorder (PTSD) can receive significant benefits from social support by a spouse or romantic partner. However, little is known about how providing support impacts partners. This study sought to identify (a) how provision of support is associated with partners' daily negative and positive affect and (b) how SM/Vs' PTSD symptom severity might moderate such associations. In a 14-day daily-diary study that assessed 64 couples in which one member was an SM/V with PTSD symptoms, partners reported nightly on whether or not they provided instrumental support and/or emotional support that day as well as their current negative and positive affect. Multilevel modeling showed that the provision of emotional and instrumental support were both significantly related to partners' lower levels of negative affect, $f^2 = 0.09$, and higher levels of positive affect, $f^2 = 0.03$, on that same day but not the next day. The positive same-day effects were seen if any support was given, with no additive effects when both types of support were provided. Severity of SM/V PTSD moderated the association between provision of emotional support and lower same-day negative affect such that the association was significant only when PTSD symptoms were more severe. Overall, these findings indicate that support provision to a partner with PTSD is associated with improved affect for the romantic partner providing support. However, given that only same-day affect was

associated with support, the findings may also suggest that positive affect increases the provision of support.

<https://www.sciencedirect.com/science/article/abs/pii/S0732118X18300898>

How meaningful is meaning-making?

Marek S. Kopacz, Jennifer Lockman, Jaimie Lusk, Craig J. Bryan, ... William C. Gibson

New Ideas in Psychology

Volume 54, August 2019, Pages 76-81

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

The aim of this paper is to develop understandings of how meaning-making processes apply to moral injury in military populations. Moral injury is an emerging clinical construct recognized as a source of mental health morbidity. Meaning-making processes, especially following highly stressful events, have far-reaching applicability to ensuring favorable mental health outcomes. This paper examines meaning-making processes in the context of moral injury: meaning and morality in times of war, morally injurious experiences, moral emotions and cognitions, the importance of meaning-making in general mental health, and how meaning-making plays into the expressions and/or symptoms of MI. We apply these understandings in a case vignette of a Veteran affected by moral injury. We end by offering suggestions on how meaning-making can be applied in the development of clinical support strategies in cases of moral injury.

<https://journals.sagepub.com/doi/abs/10.1177/1750635219828760>

A Good Fooling: Journalism's Narrative of Surprise Military Homecomings.

Bishop, R., & Fedorocsko, M.

Media, War & Conflict

First Published March 24, 2019

<https://doi.org/10.1177/1750635219828760>

A narrative analysis was performed on recent media texts regarding the return of members of the US military and staged reunions with their family members. The USA's current state of permanent war means that it needs more instances of closure. The narrative that emerged from news coverage is a reminder that reunions, while providing closure, are also one of the last bastions of war coverage, even as journalists have ceded control of it to event organizers. War has been made perfectly safe for public consumption at long last. It is argued that such coverage causes us to disassociate from war and its cost, and to recognize, but not truly understand, the hardships endured by military families. We see only their tears of joy upon the return of their loved ones. The media contribute to this misunderstanding by crafting purportedly more personal connections to military personnel by portraying their experiences through a human-interest lens. We recognize – for a scripted moment – the hardships endured by military families. We see only their tears of joy upon the return of their loved ones. The narrative analyzed here is operationalized by officials to encourage us to think about the military, not the wars.

<https://www.liebertpub.com/doi/abs/10.1089/jwh.2018.7338>

Civic Service as an Intervention to Promote Psychosocial Health and Implications for Mental Health in Post-9/11/01 Era Women Veterans.

Karen A. Lawrence, Monica M. Matthieu, and Emma Robertson-Blackmore

Journal of Women's Health

Published Online: 28 Mar 2019

<https://doi.org/10.1089/jwh.2018.7338>

Background:

Women veterans experience significant morbidity with poorer health and mental health outcomes relative to nonveteran counterparts. Little is known about how to best promote health and well-being among reintegrating female veterans. Civic service has been shown to improve mental health in civilians, but its impact on female veterans is unknown. This study characterizes the physical and mental health and psychosocial functioning of female veterans and evaluates changes in these domains following completion of an intensive civic service program.

Materials and Methods:

Data were obtained from an observational, pre-post cohort study of post-9/11/01 era

veterans who completed a 6-month, 20-hour per week civic service program. Of the 346 participants, 107 were women. Participants completed online pre- and post-program surveys. Nine measures of health, mental health, and psychosocial functioning were analyzed.

Results:

Before starting the program, 47% of women screened positive for a probable diagnosis of post-traumatic stress disorder (PTSD), 24% for depression, and 51% reported seeking assistance for mental health problems. Pre-post change scores indicated significant improvements on nine measures of health, mental health, and psychosocial functioning ($p < 0.05$). Perceived self-efficacy change scores predicted PTSD change scores, $F(1, 93) = 8.00$, $p < 0.05$. Seeking professional assistance for mental health problems and social isolation and loneliness change scores predicted depression change scores, $F(2, 95) = 15.618$, $p < 0.05$, explaining 23% of the variance.

Conclusions:

Civic service has the potential to promote and support the maintenance of psychosocial well-being for returning post-9/11/01 era women veterans with symptoms of PTSD or depression.

<https://www.ncbi.nlm.nih.gov/pubmed/30920274>

Psychol Serv. 2019 Mar 28. doi: 10.1037/ser0000343. [Epub ahead of print]

To what extent is psychological resilience protective or ameliorative: Exploring the effects of deployment on the mental health of combat medics.

Russell DW, Russell CA, Chen HY, Cacioppo S, Cacioppo JT

Exposure to a major traumatic stressor increases the odds of negative mental health and maladaptive behavioral outcomes not only for victims but also for 1st responders and health care professionals who are exposed to the aftermath. This study investigates the extent to which psychological resilience acts as either a Protective (i.e., vaccine-like) or an Ameliorative (i.e., antibiotic-like) factor to reduce the deleterious mental health outcomes associated with exposure to a major stressor. To do so, this pilot study focused on the understudied population of military combat medics, who are exposed to both stressors associated with direct combat and with providing intense battlefield trauma care. Military combat medics who were identified as having deployed to Iraq or

Afghanistan shortly after baseline measurements of posttraumatic stress disorder, depression, and aggressive behavioral tendencies and returned from deployment prior to the follow-up assessment (protective model) were compared to those who returned from deployment in Iraq or Afghanistan shortly before the baseline measurements and were not deployed again prior to the follow-up assessments (ameliorative model). Data were collected on combat experiences to equate the stressor for these 2 samples, and a propensity score matching technique was used to ensure that the 2 samples were similar. The findings provide support for both the protective and the ameliorative models of psychological resilience. Results are discussed in terms of the potential benefits of resilience in mental health programs. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

<https://www.sciencedirect.com/science/article/pii/S0165178118309491>

Mental Health in Spouses of U.S. Gulf War Veterans.

Rosemary Toomey, Renee Alpern, Domenic J. Reda, Dewleen G. Baker, ... Seth A. Eisen

Psychiatry Research

Available online 27 March 2019

<https://doi.org/10.1016/j.psychres.2019.03.043>

Highlights

- Gulf war veteran mental disorder increases risk of spouse mental disorder.
- Relationships since the war may vary in risk to spouses than relationships starting after a war.
- Combat exposure did not confer increased risk of spouse mental disorder.
- Deployment did not confer as much risk to spouses as did development of veteran mental disorder.

Abstract

Veterans' spouses are at risk for mental distress and substance use. We examined long term psychological functioning in spouses from a national cohort of 1991 Gulf War era veterans. From clinical interviews, spouses of deployed veterans (n=488) did not have a greater prevalence of post-war mental disorders compared to spouses of non-deployed veterans (n=536); however, in couples that were living together since the war, there was an increased risk of anxiety disorders or any one disorder. On questionnaires, the

impact varied but was most consistently observed in more severe depression and greater functional impairment in spouses of deployed compared to non-deployed veterans. If a veteran developed post-war anxious/depressive disorders or any one mental disorder, the matched spouse was more likely to develop post-war anxious/depressive disorders or any one mental disorder, respectively. Veteran combat exposure did not similarly increase the risk of spouse post-war mental disorders. Greater spouse self-reported symptomatology was observed in spouses of veterans with anxious/depressive disorders even when controlling for deployment. In summary, the war conferred greater risk for spouse mental disorders and distress for spouses of veterans with mental health disorders, with some increased risk for spouses of deployed veterans, especially in couples together since the war.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/acer.14030>

Cognitive Behavioral Therapy for Insomnia in Alcohol Dependent Veterans: A Randomized, Controlled Pilot Study.

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Alcoholism: Clinical and Experimental Research

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Background

Insomnia is highly prevalent in individuals recovering from Alcohol Dependence (AD) and increases their risk of relapse. Two studies evaluating Cognitive Behavioral Therapy for Insomnia (CBT-I) have demonstrated its efficacy in non-Veterans recovering from AD. The aim of this study was to extend these findings in an 8-week trial of CBT-I in Veterans.

Methods

Veterans recovering from AD were randomly assigned to 8 weeks of treatment with CBT-I (N=11) or a Monitor-Only (MO [n=11]) condition and were evaluated 3 (N=21/22) and 6 months post-treatment (N=18/22). The primary outcome measure was the Insomnia Severity Index (ISI) score. Secondary outcome measures were sleep diary measures, percent days abstinent (PDA), and scores on the Dysfunctional Beliefs and Attitudes About Sleep scale (DBAS), Sleep Hygiene Index (SHI), Penn Alcohol Craving

Scale (PACS), Quick Inventory of Depressive Symptoms (QIDS), State-Trait Anxiety Inventory-Trait (STAI-T) scale and SF-12. Mixed effects regression models, adjusted for race, evaluated differences in outcomes between the groups over a 6-month period (clinicaltrials.gov identifier=NCT01603381).

Results

Subjects were male, aged 54.5 (SD=6.9) years, and had 26.4 (SD=26.3) days of abstinence before their baseline evaluation. CBT-I produced a significantly greater improvement in model-based estimates than MO (mean change at 6 months compared to their baseline) for ISI, sleep latency from a daily sleep diary, DBAS mean score, and SHI total score. PDA and QIDS improved over time, but there was no difference between the groups. PACS, STAI-T or SF-12 scale did not show any improvement from their baseline scores.

Conclusions

CBT-I treatment demonstrated substantial efficacy in reducing insomnia, associated negative cognitions and improving sleep hygiene in Veterans during early recovery, though it did not reduce drinking behavior.

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<https://www.sciencedirect.com/science/article/pii/S1087079218301515>

Screening for Suicide Risk in Adult Sleep Patients.

Christopher W. Drapeau, Michael R. Nadorff, William Vaughn McCall, Caitlin E. Titus, ... Allyson Payne

Sleep Medicine Reviews

Available online 29 March 2019

<https://doi.org/10.1016/j.smr.2019.03.009>

Outpatient visits for sleep-related difficulties and the rate of suicide in the United States have both increased by more than 20% since 1999. Research suggests that anywhere from 75% to 91% of suicide decedents had contact with a physician within the year prior to fatally attempting suicide. Although the prevalence of such contacts among sleep clinicians is unknown, it is important to note that sleep disturbances in general are both a risk factor and potential warning sign for suicide. Screening for suicide risk among sleep patients is recommended, especially among those with a history of psychiatric

and chronic medical conditions. Using evidence-based screening tools, such as the Columbia suicide severity rating scale, when screening patients for suicide risk is recommended despite the need for more research on the efficacy of suicide screening. For sleep clinic professionals who do not have the time to comprehensively assess and manage suicide risk, they are encouraged to implement suicide prevention policies within their departments and clinics and to follow the best available evidence to inform these policies. A protocol for screening for suicide risk in sleep clinics is outlined along with triage and documentation recommendations.

<https://jamanetwork.com/journals/jamapediatrics/article-abstract/2728455>

Transgender Children and Adolescents Receiving Care in the US Military Health Care System.

Klein DA, Roberts TA, Adirim TA, et al.

JAMA Pediatrics

Published online March 25, 2019

doi:10.1001/jamapediatrics.2019.0105

In the United States, approximately 0.7% of the population identify as transgender. Transgender and gender-diverse (TGD) youth may experience poor health outcomes and identity-based discrimination within the health care setting. However, these disparities may be attenuated in gender-affirming environments. Until September 2016, gender-affirming care was not covered for the 1.7 million youth who may be eligible for military health system (MHS) care based on their parents' current or prior service. At that point, a new Department of Defense policy was enacted that allowed military dependents to receive full coverage for nonsurgical TGD-associated care. However, the extent to which military-affiliated TGD youth receive military-provided and civilian care paid for through Tricare Prime, a MHS insurance plan, is unknown. The current study aims to determine health care use trends among TGD youth in the MHS, which provides services at no or low personal cost. These data will help inform future policy and determine the necessity of health care professional training and resource allocation.

<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1503022>

Expressions of emotional distress in active duty military personnel with mild traumatic brain injury: A qualitative content analysis.

Wesley R. Cole, Jo Ann Brockway, Jesse R. Fann, Angelica P. Ahrens, Samantha Hurst, Tessa Hart, Simona Vuletic, Nigel Bush & Kathleen R. Bell

Military Psychology

2019; 31:2, 81-90

DOI: 10.1080/08995605.2018.1503022

Service members (SMs) who sustain traumatic brain injury (TBI) during deployment have increased risk for mental health issues. Mental health treatment can be challenging in military settings where treatment seeking is often stigmatized. Adequate care relies on accurate interpretations of SMs' verbal accounts of distress, but little is known about how SMs, embedded in a culture that values resilience and self-reliance, relay emotional distress. We performed qualitative analyses of recordings from a telephone-based intervention with 25 SMs who sustained deployment-related mild TBI (mTBI) to elucidate thematic and dialectal patterns. Consistent with our expectations, SMs rarely used explicit depressive terms while discussing their emotional distress. More prevalent was language suggestive of an overarching theme of loss of control, whereby SMs' stress, anxiety, and anger were often attributable to SMs' perceptions that they had incomplete jurisdiction over their own lives. This study may help mental health providers improve engagements with SMs and Veterans, preventing misunderstandings and even improper diagnoses or referrals that could result from a strict reliance on the more customary expressions of distress.

<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

2019; 31:2, 91-99

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.tandfonline.com/doi/full/10.1080/08995605.2019.1565908>

Relationships of deployment and combat experiences to postdeployment negative health conditions among Army National Guard soldiers.

James Griffith

Military Psychology

2019; 31:2, 128-137

DOI: 10.1080/08995605.2019.1565908

An interest of researchers and practitioners has been postdeployment adjustment of returned soldiers, though the primary focus has been investigating the prevalence of psychiatric conditions. Less attention has been paid to nonclinical conditions, which still have posed significant adjustment problems for soldiers, in particular, for reserve

soldiers who revert back to civilian life, family, and employment. The present study examined the occurrence of postdeployment problems among returned Army National Guard soldiers (N = 4,567 in 50 company-sized units). Survey items reliably indicated 7 problem areas. Highest prevalence of problems was being angry (35.9%) and being unable to sleep (43.3%), followed by alcohol abuse (25.1% reported 5 or more drinks in 1 day). Longer deployment lengths were associated with troubled relationships and aggression toward the significant other adult and children in the household. More deployments were associated with aggression toward household children. Self-reported general combat trauma and having killed or wounded someone were associated with all problem areas. Findings are discussed relative to how combat exposure likely alters soldiers' perceptions and behaviors, including feelings of loneliness and isolation, and risk-taking behaviors of alcohol abuse and aggression toward others.

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2723657>

Association of Cannabis Use in Adolescence and Risk of Depression, Anxiety, and Suicidality in Young Adulthood: A Systematic Review and Meta-analysis.

Gobbi G, Atkin T, Zytynski T, et al.

JAMA Psychiatry

2019; 76(4):426–434

doi:10.1001/jamapsychiatry.2018.4500

Key Points

Question

Is adolescent cannabis consumption associated with risk of depression, anxiety, and suicidality in young adulthood?

Findings

In this systematic review and meta-analysis of 11 studies and 23 317 individuals, adolescent cannabis consumption was associated with increased risk of developing depression and suicidal behavior later in life, even in the absence of a premorbid condition. There was no association with anxiety.

Meaning

Preadolescents and adolescents should avoid using cannabis as use is associated with a significant increased risk of developing depression or suicidality in young adulthood;

these findings should inform public health policy and governments to apply preventive strategies to reduce the use of cannabis among youth.

Abstract

Importance

Cannabis is the most commonly used drug of abuse by adolescents in the world. While the impact of adolescent cannabis use on the development of psychosis has been investigated in depth, little is known about the impact of cannabis use on mood and suicidality in young adulthood.

Objective

To provide a summary estimate of the extent to which cannabis use during adolescence is associated with the risk of developing subsequent major depression, anxiety, and suicidal behavior.

Data Sources

Medline, Embase, CINAHL, PsycInfo, and Proquest Dissertations and Theses were searched from inception to January 2017.

Study Selection

Longitudinal and prospective studies, assessing cannabis use in adolescents younger than 18 years (at least 1 assessment point) and then ascertaining development of depression in young adulthood (age 18 to 32 years) were selected, and odds ratios (OR) adjusted for the presence of baseline depression and/or anxiety and/or suicidality were extracted.

Data Extraction and Synthesis

Study quality was assessed using the Research Triangle Institute item bank on risk of bias and precision of observational studies. Two reviewers conducted all review stages independently. Selected data were pooled using random-effects meta-analysis.

Main Outcomes and Measures

The studies assessing cannabis use and depression at different points from adolescence to young adulthood and reporting the corresponding OR were included. In the studies selected, depression was diagnosed according to the third or fourth editions of Diagnostic and Statistical Manual of Mental Disorders or by using scales with predetermined cutoff points.

Results

After screening 3142 articles, 269 articles were selected for full-text review, 35 were

selected for further review, and 11 studies comprising 23 317 individuals were included in the quantitative analysis. The OR of developing depression for cannabis users in young adulthood compared with nonusers was 1.37 (95% CI, 1.16-1.62; I² = 0%). The pooled OR for anxiety was not statistically significant: 1.18 (95% CI, 0.84-1.67; I² = 42%). The pooled OR for suicidal ideation was 1.50 (95% CI, 1.11-2.03; I² = 0%), and for suicidal attempt was 3.46 (95% CI, 1.53-7.84, I² = 61.3%).

Conclusions and Relevance

Although individual-level risk remains moderate to low and results from this study should be confirmed in future adequately powered prospective studies, the high prevalence of adolescents consuming cannabis generates a large number of young people who could develop depression and suicidality attributable to cannabis. This is an important public health problem and concern, which should be properly addressed by health care policy.

<https://onlinelibrary.wiley.com/doi/10.1002/jts.22388>

The Association Between Posttraumatic Negative Self-Conscious Cognitions and Emotions and Maladaptive Behaviors: Does Time Since Trauma Exposure Matter?

Tran, H. N., Lipinski, A. J., Peter, S. C., Dodson, T. S., Majeed, R. , Savage, U. C. and Beck, J. G.

Journal of Traumatic Stress

First published: 26 March 2019

<https://doi.org/10.1002/jts.22388>

Negative beliefs about the self, self-blame, guilt, and shame have been consistently linked to emotional problems, such as posttraumatic stress disorder and depression, following trauma exposure. To expand understanding of the potential role of negative self-conscious cognitions and emotions in other forms of posttrauma maladjustments, such as maladaptive behaviors, the current study examined the associations between these cognitions and emotions with dissociation, alcohol use, and avoidant problem-solving. As a secondary goal, the influence of time since trauma exposure was considered given recent data suggesting that some posttraumatic responses require lengthier time following trauma to become salient. Multiple-group analysis was conducted in two groups of female survivors of intimate partner violence (IPV): women whose IPV experiences occurred within 3 months prior to assessment (early posttrauma

phase [EPP]; n = 67) and those whose experiences occurred 12 months or more prior to assessment (chronic posttrauma phase [CPP]; n = 145). The results suggested model invariance. Posttraumatic negative self-conscious cognitions and emotions were significantly correlated with dissociation (EPP group: $\beta = .61$, $p < .001$ and CPP group: $\beta = .48$, $p < .001$), alcohol use (EPP group: $\beta = .31$, $p = .014$ and CPP group: $\beta = .30$, $p < .001$), and avoidant problem-solving (EPP group: $\beta = .58$, $p < .001$ and CPP group: $\beta = .56$, $p < .001$). The findings highlight the importance of negative self-conscious cognitions and emotions in posttrauma maladjustment and support intervening in these domains shortly after trauma exposure.

Links of Interest

The Dismal Career Opportunities for Military Spouses

<https://www.theatlantic.com/family/archive/2019/03/majority-military-spouses-are-underemployed/585586/>

Military Investigating After Report Links Troops to White Nationalist Group

<https://www.military.com/daily-news/2019/03/28/military-investigating-after-report-links-troops-white-nationalist-group.html>

More Military Children Seeking Transgender Medical Care, Report Finds

<https://www.military.com/daily-news/2019/03/28/more-military-children-seeking-transgender-medical-care-report-finds.html>

Gay dating app Grindr declared threat to military personnel by US government

<https://www.militarytimes.com/off-duty/military-culture/2019/03/29/gay-dating-app-grindr-declared-threat-to-military-personnel-by-us-government/>

Is the Pentagon breaking a law designed to help sexual assault victims?

<https://www.militarytimes.com/news/your-navy/2019/03/29/is-the-pentagon-breaking-a-law-designed-to-help-sexual-assault-victims-5/>

Why are so Many Women Leaving the Coast Guard?

<https://www.military.com/daily-news/2019/03/30/why-are-so-many-women-leaving-coast-guard.html>

Quality education for children is a military readiness issue

<https://www.militarytimes.com/opinion/commentary/2019/03/31/quality-education-for-children-is-a-military-readiness-issue/>

When Alcohol Use Becomes Alcohol Misuse: Supporting Service Member Self-Referral

<https://www.pdhealth.mil/news/blog/when-alcohol-use-becomes-alcohol-misuse-supporting-service-member-self-referral>

Mayo Clinic Q&A: Research needed into treating anxiety with CBD

<https://triblive.com/news/health-now/mayo-clinic-qa-research-needed-into-treating-anxiety-with-cbd/>

Treatment for Nightmares and Bad Dreams

<https://www.psychologytoday.com/us/blog/dream-catcher/201904/treatment-nightmares-and-bad-dreams>

'TransMilitary' Documentary to Draw Transgender Advocates, Lawmakers Together

<https://www.military.com/daily-news/2019/04/02/transmilitary-documentary-draw-transgender-advocates-lawmakers-together.html>

Military's Top Lawyers Push to Keep Prosecution Decisions with Commanders

<https://www.military.com/daily-news/2019/04/03/militarys-top-lawyers-push-keep-prosecution-decisions-commanders.html>

Veterans education, employment programs could be shifted to a new transition-focused VA office

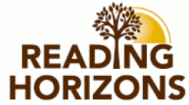
<https://www.militarytimes.com/news/pentagon-congress/2019/04/03/veterans-education-employment-programs-could-be-shifted-to-a-new-transition-focused-va-office/>

Resource of the Week: [Military Deployment in a Family: Children's Literature as a Basis for Counseling Support](#)

From *Reading Horizons: A Journal of Literacy and Language Arts*:

The authors summarize 30 children's books that tell stories of a family member's military deployment in order to identify books that could be used in bibliotherapy for children impacted by deployment. In this sample of books, the main characters are most commonly portrayed as feeling sad about a family member's

deployment. The most prevalent coping strategies are finding ways to stay connected to the deployed person and talking with an adult. An unexpected finding was a coping strategy of expressing pride in the family member's military service.



Reading Horizons: A Journal of Literacy and Language Arts

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