

CDP



Research Update -- April 18, 2019

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<https://content.govdelivery.com/accounts/USVHA/bulletins/23de76b>

PTSD Monthly Update -- The Link Between PTSD and Substance Use

National Center for PTSD

April 2019

The link between PTSD and substance use may be more common than you think. PTSD and substance use often go together. Many people turn to drugs, alcohol, or nicotine to try to cope with symptoms of PTSD. However, these substances could make existing PTSD symptoms worse or even lead to Substance Use Disorder (SUD).

<https://www.sciencedirect.com/science/article/pii/S0376871619300985>

Prospective associations between insomnia symptoms and alcohol use problems among former and current military service personnel.

Nicole A. Short, Nicholas P. Allan, Mary E. Oglesby, Shahrzad Moradi, ... Tracy Stecker

Drug and Alcohol Dependence

Volume 199, 1 June 2019, Pages 35-41

<https://doi.org/10.1016/j.drugalcdep.2019.02.018>

Highlights

- Insomnia and alcohol problems were measured over 6 months among military personnel.
- Insomnia predicted increased heavy drinking and alcohol problems.
- Alcohol variables did not predicted increased insomnia.

Abstract

Background

Despite evidence that insomnia symptoms exacerbate alcohol use disorder symptoms, there is a dearth of prospective research testing bidirectional associations between these variables. Furthermore, no studies have prospectively examined these associations among military personnel, a vulnerable population for sleep- and alcohol-related problems. Thus, the current study examined whether insomnia symptoms prospectively predicted increased alcohol use disorder symptoms among a sample of military service members and veterans over a 6-month follow-up period, as well as whether alcohol use disorder symptoms led to increases in insomnia.

Method

Hypotheses were tested among a sample of 274 current and past military service

members who participated in a baseline and 6-month assessment using self-report measures.

Results

Path analyses revealed that insomnia symptoms significantly prospectively predicted increased month-6 heavy drinking and alcohol-related problems, but not days drinking or being bothered by drinking. None of the alcohol variables significantly predicted insomnia.

Conclusion

Results support a model in which insomnia symptoms exacerbate alcohol use disorder symptoms, specifically heavy drinking and alcohol-related problems. Future research should seek to examine these findings in diverse populations and test potential mechanisms and clinical implications of these results.

<https://www.sciencedirect.com/science/article/pii/S0165032718327757>

Identifying factors associated with suicidal ideation and suicide attempts following military sexual trauma.

Lindsey L. Monteith, Ryan Holliday, Alexandra L. Schneider, Jeri E. Forster, Nazanin H. Bahraini

Journal of Affective Disorders

Volume 252, 1 June 2019, Pages 300-309

<https://doi.org/10.1016/j.jad.2019.04.038>

Highlights

- Cross-sectional study of 108 veterans who experienced military sexual trauma (MST).
- 75% with post-MST suicidal ideation (SI); 40.7% with post-MST suicide attempt (SA).
- Posttraumatic cognitions about self associated with post-MST SA/SI and past-week SI.
- Pre-MST SI associated with post-MST and past-week SI; pre-MST SA with post-MST SA.
- Childhood physical abuse and military sexual assault also related to post-MST SI.

Abstract

Background

As increasing research demonstrates that military sexual trauma (MST) is associated with suicidal ideation and attempts, discerning factors that place MST survivors at risk for these outcomes is critical. The present study aimed to: (1) characterize suicidal ideation and attempts among MST survivors; (2) identify factors associated with post-MST suicide attempts, post-MST suicidal ideation, and past-week suicidal ideation.

Methods

A convenience sample of 108 veterans (66 women, 42 men) who reported a history of MST participated in this cross-sectional study. Pre-MST suicidal ideation and attempt, childhood physical and sexual abuse, military sexual assault, institutional betrayal, and posttraumatic cognitions about self, world, and self-blame were examined, with age and gender as covariates.

Results

Seventy-five percent of participants reported experiencing post-MST suicidal ideation, and 40.7% reported attempting suicide following MST. Pre-MST suicide attempt and posttraumatic cognitions about self were associated with post-MST suicide attempt. Pre-MST suicidal ideation, military sexual assault, childhood physical abuse, and posttraumatic cognitions about self were associated with post-MST suicidal ideation. Lastly, pre-MST suicidal ideation and posttraumatic cognitions about self were associated with past-week suicidal ideation; results were unchanged when accounting for recent PTSD or depressive symptoms.

Limitations

The cross-sectional design, retrospective self-report, and small sample are limitations.

Conclusions

Addressing negative posttraumatic beliefs about self may be important for managing suicide risk among MST survivors. Assessing for pre-MST suicidal ideation and attempt is likely also warranted. Further understanding of the longitudinal impact of posttraumatic beliefs about self on subsequent risk for suicidal ideation and attempt is warranted.

<https://www.sciencedirect.com/science/article/pii/S0376871619300973>

Resiliency factors that protect against post-deployment drug use among male US Army Reserve and National Guard soldiers.

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Drug and Alcohol Dependence

Volume 199, 1 June 2019, Pages 42-49

<https://doi.org/10.1016/j.drugalcdep.2019.02.017>

Highlights

- Peri-deployment unit support protects against post-deployment drug use.
- Peri-deployment support from family protects against post-deployment drug use.
- The key timing for supportive interventions may be the peri-deployment period.

Abstract

Background

Service members who have been deployed are at risk for substance use, especially Reserve/Guard troops. However, it is unclear what modifiable factors protect against substance use in this at-risk population. Our objective was to examine the effects of pre-, peri-, and post-deployment resiliency factors on post-deployment drug use.

Methods

Data were drawn from Operation: SAFETY (Soldiers and Families Excelling Through the Years), an ongoing study examining the health of US Army Reserve/National Guard (USAR/NG) soldiers. This sample consisted of male USAR/NG soldiers with at least one combat deployment (N = 228). At baseline, we assessed the following as potential protective factors: deployment preparation, unit support and support from family/friends during soldiers' most recent deployment, and marital satisfaction. We examined the relations between each of these resiliency factors with drug use at the first follow-up assessment using the NIDA modified ASSIST 2.0.

Results

Greater unit support (AOR = 0.56, 95% CI: 0.34, 0.92; $p < 0.05$) and support from family/friends during deployment (AOR = 0.64, 95% CI: 0.43, 0.96; $p < 0.05$) were associated with lower odds of drug use, controlling for age, rank, years of military service, combat exposure, traumatic brain injury, time since last deployment, and baseline drug use. Deployment preparation and marital satisfaction were not associated with drug use ($ps > 0.05$).

Conclusions

Social support provided to soldiers during deployment, either by his unit or his family/friends, showed evidence of protection against post-deployment drug use. In addition to existing post-deployment efforts, we recommend interventions that facilitate stronger interpersonal relationships during deployment.

<https://www.liebertpub.com/doi/abs/10.1089/tmj.2018.0068>

Information Technologies: An Augmentation to Post-Traumatic Stress Disorder Treatment Among Trauma Survivors.

Atoosa Azarang, Murat Pakyurek, Caroline Giroux, Thomas E. Nordahl, and Peter Yellowlees

Telemedicine and e-Health

Apr 2019 ahead of print

<http://doi.org/10.1089/tmj.2018.0068>

This review article presents existing research describing how information technologies can be used to improve mental health services for trauma survivors, either by enhancing existing treatment approaches or as a stand-alone means of delivering trauma-relevant interventions. The potential ways in which technology aids in overcoming barriers to care are first addressed in terms of providing mental health treatment. The use of technologies enables shifting the locus of care from the traditional provider's office to mobile, online, and virtual environments which are less threatening for patients with post-traumatic stress disorder (PTSD), helping to overcome the core nature of the illness which includes avoidance and increased personal isolation. We then outline how different technological tools can be used for key therapeutic tasks and conclude by discussing key emergent issues that are shaping current and future use of electronic technologies as part of the continuum of care for trauma-related disorders such as PTSD.

Assessing interpersonal and mood factors to predict trajectories of suicidal ideation within an inpatient setting.

Michael J. Kyron, Geoff R. Hooke, Andrew C. Page

Journal of Affective Disorders

Volume 252, 1 June 2019, Pages 315-324

<https://doi.org/10.1016/j.jad.2019.04.029>

Highlights

- Interpersonal factors may be effective predictors of changes in suicidal ideation over time.
- Suicide ideation and risk factors are capable of improving over short-term therapy.
- Changes in interpersonal and mood factors are associated with changes in suicidal ideation during therapy.
- Poor interpersonal circumstances at admission may increase the risk of deterioration.

Abstract

Background

A limited amount of research has assessed how suicide risk changes over time, and how changes can be predicted. The current study assessed suicidal ideation and risk factors throughout inpatient visits to a psychiatric facility to refine prediction of suicide risk.

Method

In total, 491 patients (73% Female; mean age = 39.21) at a psychiatric inpatient facility self-reported the frequency of their suicidal thoughts, perceived burdensomeness, thwarted belongingness, hopelessness, depression, and anxiety in the prior 24 h on a daily basis. Levels of suicidal ideation and risk factors at each quarter of an inpatient's stay were identified, and latent class growth analysis used to identify common patterns of change over time.

Results

Changes in mood and interpersonal factors were associated with changes in suicidal ideation over days and weeks. Further, they contributed to the prediction of future levels of suicidal ideation. Thwarted belongingness at admission predicted whether patients

had pervasively high suicidal thoughts over the course of inpatient visits or showed marked improvements, while perceived burdensomeness predicted which patients would develop suicidal thoughts during their visit.

Limitations

The use of single item measures may limit specificity of measurement of suicide risk factors. Hourly, rather than daily measurement used in the current study, may more accurately identify suicide risk.

Conclusions

Change in suicidal ideation is associated with changes in a number of psychological risk factors. Regular assessment of interpersonal risk factors may identify warning signs and aid clinical interventions in reducing suicidal thoughts and associated self-injurious behaviours.

<https://psycnet.apa.org/record/2019-14424-003>

Provider fidelity and modifications to cognitive processing therapy in a diverse community health clinic: Associations with clinical change.

Marques, L., Valentine, S. E., Kaysen, D., Mackintosh, M.-A., Dixon De Silva, L. E., Ahles, E. M., . . . Wiltsey-Stirman, S.

Journal of Consulting and Clinical Psychology
2019; 87(4), 357-369.
<http://dx.doi.org/10.1037/ccp0000384>

Objective:

The purpose of this study is to examine associations between therapist adherence, competence, and modifications of an evidence-based protocol (EBP) delivered in routine clinical care and client outcomes.

Method:

Data were derived from a NIMH-funded implementation-effectiveness hybrid study of Cognitive Processing Therapy (CPT) for PTSD in a diverse community health center. Providers (n = 19) treated clients (n = 58) as part of their routine clinical care. Clients completed the PCL-S and PHQ-9 at baseline, after each CPT session, and

posttreatment. CPT sessions were rated for treatment fidelity and therapist modifications.

Results:

Overall, therapist adherence was high, although it decreased across sessions suggesting potential drift. Therapist competence ratings varied widely. Therapists made on average 1.6 fidelity-consistent and 0.4 fidelity-inconsistent modifications per session. Results show that higher numbers of fidelity-consistent modifications were associated with larger reductions in posttraumatic stress and depressive symptoms. High adherence ratings were associated with greater reductions in depressive symptoms, whereas higher competence ratings were associated with greater reduction in posttraumatic stress symptoms.

Conclusions:

The results highlight the importance of differentially assessing therapist adherence, competence, and modifications to EBP in usual care settings. The findings also suggest that effective EBP delivery in routine care may require minor adaptations to meet client needs, consistent with previous studies. Greater attention to fidelity and adaptation can enhance training so providers can tailor while retaining core components of the intervention. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

<https://www.sciencedirect.com/science/article/pii/S1389945719300747>

Examining Social Capital in Relation to Sleep Duration, Insomnia, and Daytime Sleepiness.

Rebecca Robbins, Girardin Jean-Louis, Rebecca A. Gallagher, Lauren Hale, ... Michael A. Grandner

Sleep Medicine

Available online 8 April 2019

<https://doi.org/10.1016/j.sleep.2019.03.019>

Highlights

- Social capital, or the quality of networks and relationships among people who live and work together, is a strong predictor of health. Yet, little research has examined the relationship between social capital and sleep.

- We examine the relationship between social capital and several dimensions of sleep health, including duration, insomnia, and daytime sleepiness.
- We find a pattern of poor sleep health (e.g., short sleep duration and moderate-to-severe insomnia) associated with poor social capital (e.g., fewer group memberships and sense of neighborhood belonging). Interestingly, we did not find any significant associations between daytime sleepiness and social capital. Social capital may be an important factor for understanding social and environmental determinants of sleep health and population health.

Abstract

Objective

Sleep, which plays an important role in health and well-being, is socially patterned such that certain demographic groups have worse sleep health than others. One possible mechanism driving sleep disparities is social capital. The current study examines the association between social capital and self-reported sleep variables (e.g., duration, insomnia symptoms, and daytime sleepiness) among a sample of 1,007 participants from the Sleep Health and Activity, Diet and Environment Study (SHADES).

Methods

Logistic regressions were used to estimate whether the sleep variables were associated with social capital measures. All models control for age, sex, race/ethnicity (Non-Hispanic White, Black/African-American, Hispanic/Latino, Asian, and multicultural/other), income, and education (less than high school, high school graduate, some college, and college graduate).

Results

Lower likelihood of membership in groups was seen for long sleepers (>9hrs, p-value<.05) and beliefs that neighbors rarely/never help each other was more likely among short sleepers (5-6hrs, p-value<.05), relative to 7-8 hour sleepers. A decreased sense of belonging was seen among short sleepers (5-6hrs, p-value<.05). Decreased likelihood of trust was reported by those with moderate-severe insomnia (p-value<.05). Similarly, neighborhood improvement efforts were less likely among individuals with moderate-to-severe insomnia (p-value<.05).

Conclusions

Results of our study show that short and long sleep duration, as well as insomnia, were inversely related to measures of social capital, such as group memberships and a sense of neighborhood belonging. Future research may explore the directionality of the relationship between social capital and sleep and perhaps consider future interventions to improve low social capital and/or poor sleep in community samples.

<https://www.cambridge.org/core/journals/the-cognitive-behaviour-therapist/article/culture-and-therapist-selfdisclosure/6BA6F22C11BC767C2DF553F59123D9B9>

Culture and therapist self-disclosure.

Phiri, P., Rathod, S., Gobbi, M., Carr, H., & Kingdon, D.

The Cognitive Behaviour Therapist

Published online: 11 April 2019

doi:10.1017/S1754470X19000102

Cognitive behaviour therapy (CBT) as a treatment for schizophrenia and psychotic-related disorders has been shown to have significantly greater drop-out rates in clients of black and minority ethnic (BME) groups. This has resulted in poor outcomes in treatments. Our recent qualitative study thus aimed to develop culturally sensitive CBT for BME clients. The study consisted of individual in-depth 1:1 interviews with patients with a diagnosis of schizophrenia, schizo-affective, delusional disorders or psychosis (n = 15) and focus groups with lay members (n = 52), CBT therapists (n = 22) and mental health practitioners (n = 25) on a data set of 114 participants. Several themes emerged relating to therapist awareness on culturally derived behaviours, beliefs and attitudes that can influence client response and participation in therapy. The current paper aims to explore one of these themes in greater detail, i.e. client-initiated therapist self-disclosure (TSD). Using thematic analysis, the paper highlights key elements of TSD and how this could impact on therapist's reactions towards TSD, the therapeutic alliance and ultimately, the outcomes of therapy. The findings appear to show that TSD has significant relevance in psychological practice today. Some BME client groups appear to test therapists through initiating TSD. It is not the content of TSD they are testing per se, but how the therapist responds. Consequently, this requires therapists' cognisance and sensitive responses in a manner that will nurture trust and promote rapport. Further investigation in this area is suggested with a recommendation for guidelines to be created for clinicians and training.

<https://www.sciencedirect.com/science/article/pii/S0165032718321992>

Effectiveness and Harms of Mental Health Treatments in Service Members and Veterans with Deployment-Related Mild Traumatic Brain Injury.

Princess E. Ackland, Nancy Greer, Nina A. Sayer, Michele R. Spoont, ... Timothy J. Wilt

Journal of Affective Disorders

Available online 9 April 2019

<https://doi.org/10.1016/j.jad.2019.04.066>

Highlights

- Psychotherapy for psychiatric disorders may be effective in those with mTBI.
- Rigorous studies on psychiatric interventions in co-morbid mTBI are lacking.
- No SUD, suicidal ideation or pharmacological interventions studies in mTBI found.

Abstract

Background

Co-morbidity of psychiatric conditions with traumatic brain injury (TBI) is common among service members and Veterans from recent deployments. Practice guidelines for mild TBI (mTBI) recommend management of co-occurring psychiatric conditions with existing treatments, but it is unclear whether the effectiveness of treatments for psychiatric conditions is impacted by mTBI. We conducted a systematic literature review to examine the effectiveness and harms of pharmacological and non-pharmacological treatments for posttraumatic stress disorder, depressive disorders, substance use disorders, suicidal ideation or attempts, and anxiety disorders in the presence of co-morbid deployment-related mTBI.

Methods

We searched bibliographic databases for peer-reviewed, English language studies published from 2000-October 2017. Two reviewers independently completed abstract triage and full text review.

Results

We identified 7 studies (5 pre-post and 2 secondary analysis). Six assessed psychotherapy and one reported on hyperbaric oxygen therapy (HBO2). Studies comparing outcomes by TBI history found that a history of TBI does not affect treatment outcomes. Harms were reported only for HBO2 and were mild. No study examined the effectiveness of treatments for substance use disorders or suicidal ideation, or the

effectiveness of pharmacological interventions for the psychiatric conditions of interest in service members and Veterans with mTBI.

Limitations

Studies lacked usual care or wait-list control groups and no randomized trials were found, making the strength of evidence insufficient.

Conclusions

Evidence is insufficient to fully assess the impact of TBI on the effectiveness of treatments for psychiatric conditions. Higher quality evidence with definitive guidance for providers treating this population is needed.

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0214998>

Characterizing emotional Stroop interference in posttraumatic stress disorder, major depression and anxiety disorders: A systematic review and meta-analysis.

Marilyne Joyal, Tobias Wensing, Jean Levasseur-Moreau, Jean Leblond, Alexander T. Sack, Shirley Fecteau

PLOS ONE

Published: April 9, 2019

<https://doi.org/10.1371/journal.pone.0214998>

Background

Posttraumatic stress disorder is a debilitating psychiatric disorder characterized by symptoms of intrusive re-experiencing of trauma, avoidance and hyper-arousal. Diagnosis and treatment of PTSD is further complicated by concurrently occurring disorders, the most frequent being major depressive disorder and anxiety disorders. Previous research highlights that attentional processing in posttraumatic stress disorder is associated with substantial interference by emotional stimuli, a phenomenon also observed in these concurrently occurring psychiatric disorders. However, the diagnosis-relevance of this interference remains elusive. Here, we investigated the emotional Stroop interference for diagnosis-related stimuli, generally negative stimuli, and generally positive stimuli in posttraumatic stress disorder, major depressive disorder and anxiety disorders.

Methods

We performed a systematic database search in PubMed (Medline), Cochrane Library and PsycINFO on emotional Stroop performance in individuals with a diagnosis of posttraumatic stress disorder, major depressive disorder or anxiety disorders separately. Mean effect sizes, standard errors and confidence intervals were estimated for each clinical group and healthy control group comparison using random effect models.

Results

As compared to healthy control group, the posttraumatic stress disorder group displayed greater interference by diagnosis-related stimuli and positive stimuli but not for generally negative stimuli. The major depressive disorder and anxiety disorders groups showed greater interference by diagnosis-related and negative stimuli, but not by positive stimuli. The age and sex had no significant impact on interference.

Conclusions

These findings highlight the importance of diagnosis-relevant information on attentional processing in all three clinical populations, posttraumatic stress disorder, major depressive disorder and anxiety disorders. Further, the impact of generally negative stimuli but not generally positive stimuli in major depressive disorder and anxiety disorders indicate impaired attentional bias for mood-congruent stimuli but not for general stimuli. Finally, it remains to be studied whether the influence of generally positive stimuli in posttraumatic stress disorder indicate that positive stimuli are perceived as PTSD related.

<https://www.sciencedirect.com/science/article/pii/S016503271930076X>

Variables associated with reductions in insomnia severity among acutely suicidal patients receiving brief cognitive behavioral therapy for suicide prevention.

Erika M. Roberge, Craig J. Bryan, Alan Peterson, M. David Rudd

Journal of Affective Disorders

Volume 252, 1 June 2019, Pages 230-236

<https://doi.org/10.1016/j.jad.2019.04.045>

Highlights

- BCBT for suicide prevention reduces sleep disturbance.
- Changes in sleep disturbance predict changes in suicide risk.
- Reductions of hopelessness and suicidal beliefs predicted improvement of sleep disturbance.
- Changes in cognitive flexibility explain improvements in sleep amongst suicidal soldiers.

Abstract

Introduction

This study compared changes in sleep disturbance over time across brief cognitive behavioral therapy for suicide prevention and treatment as usual and examined the mechanisms that link sleep disturbance with several suicide risk factors.

Method

Active duty U.S. Army soldiers (N = 152) completed a randomized controlled trial to test the efficacy of brief cognitive behavioral therapy (n = 76) or treatment as usual (n = 76). Six assessments of insomnia symptoms, hopelessness, coping, and suicide beliefs were tracked over 24 months.

Results

Brief cognitive behavioral therapy patients reported a significant decrease in sleep disturbance symptoms over time while treatment as usual patients did not. These improvements were initially observed during treatment and carried over through 12-months. Changes in sleep disturbance predicted changes in suicide risk. Longitudinal growth modeling was used to assess potential mechanisms of this effect. Results suggested that changes in cognitive flexibility, as defined by measures of hopelessness and suicide beliefs, predicted change in sleep disturbance symptoms. These relationships did not differ across treatment groups.

Limitations

The participants were active duty military personnel. Therefore, the results may not generalize to other patient populations. A greater number of assessment periods in closer proximity as well as additional measures of constructs of interest would have improved the internal validity of this study.

Conclusions

Brief cognitive behavioral therapy significantly reduces sleep disturbance and suicide risk. Changes in cognitive flexibility, in part, explain change in sleep disturbance across both treatments.

<https://www.sciencedirect.com/science/article/pii/S0165032718329690>

Posttraumatic stress following military deployment: genetic associations and cross-disorder genetic correlations.

Yunpeng Wang, Karen-Inge Karstoft, Caroline M. Nievergelt, Adam X. Maihofer, ...
Søren B. Andersen

Journal of Affective Disorders

Available online 9 April 2019

<https://doi.org/10.1016/j.jad.2019.04.070>

Highlights

- We conduct a GWAS on previously soldiers (462 PTSD cases, 2019 controls)
- One region, 4q31, close to the IL15 gene, is significantly associated with PTSD
- The results suggest a relation between deployment-related PTSD and inflammation
- Further, we find cross-genetic correlations between PTSD, depression, insomnia and schizophrenia

Abstract

Background

Post-traumatic stress disorder (PTSD) is a complex psychiatric disorder that occurs with relatively high frequency after deployment to warzones (~10%). While twin studies have estimated the heritability to be up to 40%, thus indicating a considerable genetic component in the etiology, the biological mechanisms underlying risk and development of PTSD remain unknown.

Methods

Here, we conduct a genome-wide association study (GWAS; N=2,481) to identify genome regions that associate with PTSD in a highly homogenous, trauma-exposed sample of Danish soldiers deployed to war and conflict zones. We perform integrated analyses of our results with gene-expression and chromatin-contact datasets to prioritize genes. We also leverage on other large GWAS (N>300,000) to investigate genetic correlations between PTSD and other psychiatric disorders and traits.

Results

We discover, but do not replicate, one region, 4q31, close to the IL15 gene, which is genome-wide significantly associated with PTSD. We demonstrate that gene-set enrichment, polygenic risk score and genetic correlation analyses show consistent and significant genetic correlations between PTSD and depression, insomnia and schizophrenia.

Limitations

The limited sample size, the lack of replication, and the PTSD case definition by questionnaire are limitations to the study.

Conclusions

Our results suggest that genetic perturbations of inflammatory response may contribute to the risk of PTSD. In addition, shared genetic components contribute to observed correlations between PTSD and depression, insomnia and schizophrenia.

<https://www.sciencedirect.com/science/article/pii/S2352250X19300338>

Posttraumatic Stress and Alcohol Use Disorders: Recent Advances and Future Directions in Cue Reactivity.

Anka A Vujanovic, Antoine Lebeaut, Maya Zegel, Tanya Smit, Erin C Berenz

Current Opinion in Psychology

Available online 10 April 2019

<https://doi.org/10.1016/j.copsyc.2019.04.003>

The comorbidity of posttraumatic stress disorder (PTSD) and alcohol use disorders (AUD) is prevalent, complex, and difficult to treat. Cue reactivity paradigms offer a clinically relevant scientific avenue to advance our understanding of PTSD/AUD comorbidity and ultimately inform evidence-based interventions. Cue reactivity paradigms evoke emotional, behavioral, and/or physiological responses by manipulating external (e.g., images, smells, scripts) cues. Through evaluation of how individuals with PTSD/AUD respond to trauma or alcohol cues (e.g., craving, distress, avoidance) in 'real' time, the theoretical framework for understanding functional associations between PTSD and AUD is refined. This brief narrative review of the recent literature (2015-present) will focus upon (1) summarizing the recently published cue reactivity studies

relevant to PTSD/AUD, (2) explicating the limitations of the literature, and (3) discussing future empirical directions.

<https://www.sciencedirect.com/science/article/abs/pii/S000579671930066X>

Knowledge of suicide history, current depressive symptoms, and future suicide risk within couples.

Alexis M. May, Alexander O. Crenshaw, Feea Leifker, Craig J. Bryan, Brian R.W. Baucom

Behaviour Research and Therapy
Available online 9 April 2019
<https://doi.org/10.1016/j.brat.2019.03.015>

Highlights

- Partners often know of each other's depression symptoms and past suicidal ideation.
- They are less aware of each other's past suicidal behavior or future suicide risk.
- Even couples in strong relationships may not know of each other's suicide risk.
- Opportunities to develop partner-involved suicide prevention interventions exist.

Abstract

Research on suicide prevention and intervention has overwhelmingly focused on the suicidal individual. However, suicidal individuals exist within interpersonal relationships. This study tests 1) how accurately members of romantic couples know each other's depression symptoms, suicide histories, and risk for future suicidal thoughts and behaviors and 2) whether couple-specific factors moderate those associations. Participants were 43 mixed-sex couples (N = 86 individuals) recruited for a larger study of National Guard or Reserves members and their partners. Participants reported on their own depression symptoms, suicide history and expectation of future suicide risk, as well as their perceptions of their partners' depression symptoms, suicide history and future suicide risk. Effects were tested for moderation by communication style and relationship satisfaction. Results suggest that many individuals knew about their partners' depression symptoms and past suicidal ideation (77%). In contrast, fewer were aware of their partners' future suicide ideation risk (44%) and the minority knew about past suicidal behavior (23%) or risk for future suicide attempt (14%). Associations were not moderated by positive or negative communication styles or relationship satisfaction.

Taken together, these results suggest that while romantic partners share some parts of their suicide histories with each other, some aspects are kept private. Notably, regardless of communication style or relationship quality, results were consistent, suggesting that even couples in strong relationships may not be aware of each other's suicide history and risk. Implications for the development of couples-based suicide prevention interventions are discussed.

<https://www.sciencedirect.com/science/article/abs/pii/S0005796719300646>

Patterns of change in suicide ideation signal the recurrence of suicide attempts among high-risk psychiatric outpatients.

Craig J. Bryan, David C. Rozek, Jon Butner, M. David Rudd

Behaviour Research and Therapy

Available online 9 April 2019

<https://doi.org/10.1016/j.brat.2019.04.001>

Highlights

- Suicide ideation (SI) is an inherently dynamic construct.
- Prior research suggests repeat attempts are associated with variable SI.
- Among first-time attempters, variability in SI distinguished those who reattempted.
- Severity in SI did not distinguish those who reattempted.
- Nonlinear dynamics may better capture the emergence of repeat suicide attempts.

Abstract

Suicide ideation is an inherently dynamic construct. Previous research implicates different temporal patterns in suicide ideation among individuals who have made multiple suicide attempts as compared to individuals who have not. Temporal patterns among first-time attempters might therefore distinguish those who eventually make a second suicide attempt. To test this possibility, the present study used a dynamical systems approach to model change patterns in suicide ideation over the course of brief cognitive behavioral therapy for suicide prevention (12 sessions total) among 33 treatment-seeking active duty Soldiers with one prior suicide attempt. Variable-centered models were constructed to determine if change patterns differed between those with and without a follow-up suicide whereas person-centered models were constructed to

determine if within-person change patterns were associated with eventual suicide attempts. Severity of suicide ideation was not associated with the occurrence of suicide attempts during follow-up, but person-centered temporal patterns were. Among those who made an attempt during follow-up, suicide ideation demonstrated greater within-person variability across treatment. Results suggest certain change processes in suicide ideation may characterize vulnerability to recurrent suicide attempt among first-time attempters receiving outpatient behavioral treatment. Nonlinear dynamic models may provide advantages for suicide risk assessment and treatment monitoring in clinical settings.

<https://www.sciencedirect.com/science/article/pii/S0376871618307397>

Veterans with PTSD and comorbid substance use disorders: Does single versus poly-substance use disorder affect treatment outcomes?

Stephanie M. Jeffirs, Amber M. Jarnecke, Julianne C. Flanagan, Therese K. Killeen, ...
Sudie E. Back

Drug and Alcohol Dependence

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Highlights

- Differences may exist between poly-substance and single-substance users with PTSD
- Examined outcomes related to an integrated, exposure-based treatment
- Poly-substance users had greater reductions in substance use frequency
- Single substance users had greater reductions in PTSD symptom severity
- Findings have implications for developing integrated treatments

Abstract

Introduction

Substance use disorders (SUD) frequently co-occur with posttraumatic stress disorder (PTSD). Little is known, however, about how individuals with a single SUD diagnosis (relating to only one substance) compare to individuals with poly-SUD diagnoses (relating to more than one substance) on substance use and PTSD treatment outcomes. To address this gap in the literature, we utilized data from a larger study investigating a 12-week integrated, exposure-based treatment (i.e., Concurrent

Treatment of PTSD and Substance Use Disorders using Prolonged Exposure, or COPE) to examine treatment outcomes by single vs. poly-SUD status.

Method

Participants were 54 Veterans (92.6% male, average age = 39.72) categorized as having single SUD (n = 39) or poly-SUD (n = 15). T-tests characterized group differences in baseline demographics and presenting symptomatology. Multilevel models examined differences in treatment trajectories between participants with single vs. poly-SUD.

Results

Groups did not differ on baseline frequency of substance use, PTSD symptoms, or treatment retention; however, individuals with poly-SUD evidenced greater reductions in percent days using substances than individuals with a single SUD, and individuals with a single SUD had greater reductions in PTSD symptoms than individuals with poly-SUD over the course of treatment.

Discussion

The findings from this exploratory study suggest that Veterans with PTSD and co-occurring poly-SUD, as compared to a single-SUD, may experience greater improvement in substance use but less improvement in PTSD symptoms during integrated treatment. Future research should identify ways to enhance treatment outcomes for individuals with poly-SUD, and to better understand mechanisms of change for this population.

<https://www.ncbi.nlm.nih.gov/pubmed/28972302>

Suicide Life Threat Behav. 2019 Feb;49(1):41-53. doi: 10.1111/sltb.12401. Epub 2017 Oct 3

The Sexual Harassment-Suicide Connection in the U.S. Military: Contextual Effects of Hostile Work Environment and Trusted Unit Leaders.

Griffith J

Sexual harassment has been associated with suicidal behaviors, and with the rise in suicides in the U.S. military, sexual harassment's role in suicide has been of growing interest. Lacking are studies that examine group- or unit-level variables in the

relationship of sexual harassment to suicidal behaviors (thoughts, plans, and attempts). In this study, survey data from soldiers (12,567 soldiers in 180 company-sized units) who completed the Unit Risk Inventory administered during calendar year 2010 were analyzed using hierarchical linear modeling. At the individual level, sexual harassment was associated with a fivefold increase for risk of suicide. Reporting that leaders could be trusted was associated with a decreased suicide risk by about one-third. There was no statistically significant interaction between sexual harassment and trusted leaders in predicting the suicidal behaviors. At the group level, units or companies having higher levels of sexual harassment also had soldiers three times more at risk for suicide. A cross-leveling effect was also observed: Among units having higher levels of sexual harassment, the negative correlation (buffering effect of unit leaders on suicidal behaviors) was diminished. Implications of findings for preventing sexual harassment and suicide risk are discussed.

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<https://www.frontiersin.org/articles/10.3389/fpsy.2019.00276/abstract>

Spirituality and Moral Injury among Military Personnel: A Mini-Review.

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Frontiers in Psychiatry

doi: 10.3389/fpsy.2019.00276

Moral injury (MI) results when military personnel are exposed to morally injurious events that conflict with their values and beliefs. Given the complexity of MI and its physical, emotional, social, and spiritual impact, a holistic approach is needed. While the biopsychosocial aspects of MI are more commonly addressed, less is known of the spiritual dimension and how to incorporate it into treatment that facilitates restoration of one's core self and mending of relationships with self, others and the sacred/Transcendent. The purpose of this study was to gain a greater understanding of the relationship between spirituality/religion (S/R) and MI as experienced by military members and veterans and to consider how S/R might be better integrated into prevention and treatment strategies. Methods. A mini review of peer-reviewed articles published between January 2000 and April 2018 regarding the relationship between spirituality and MI among military personnel and veterans was conducted. Results. Twenty-five articles were included in the final review. Five themes were identified and explored, including (i) Spirituality: A potential cause of and protective factor against MI,

(ii) Self and identity: Lost and found, (iii) Meaning-making: What once was and now is, (iv) Spirituality as a facilitator of treatment for MI, and (v) Faith communities: Possible sources of fragmentation or healing. Discussion. Findings identified a cyclical relationship between S/R and MI, whereby S/R can both mitigate and exacerbate MI, as well as be affected by it. Seen as a type of S/R struggle, the use of S/R-specific strategies (e.g., forgiveness, review of S/R beliefs, engagement in S/R practices and (re)connection with S/R communities), integration of S/R perspectives into general interventions, and help from Chaplains may support healing, self-regulation, and mending of relationships, moral emotions and social connection. Further research is yet needed, however, regarding: (i) S/R orienting systems, interventions, practices and rituals/ceremonies that might protect against and treat MI, (ii) features of individuals who do/do not experience MI, (iii) S/R assessment tools and interventions, and (iv) ways to maximize the positive contributions of faith communities.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6453608/>

Effects of Insomnia and Depression on CPAP Adherence in a Military Population.

Mitzkewich, M. P., Seda, G., Jameson, J., & Markwald, R. R.

Federal Practitioner
36(3), 134–139
PMCID: PMC6453608

Initial self-reported depression and insomnia prior to the diagnosis and treatment of obstructive sleep apnea with continuous positive airway pressure therapy did not reliably predict short- and long-term adherence in a sample of active-duty military and veteran patients.

<https://journals.sagepub.com/doi/abs/10.1177/1357633X19832419>

Comparing PTSD treatment retention among survivors of military sexual trauma utilizing clinical video technology and in-person approaches.

Valentine, L. M., Donofry, S. D., Broman, R. B., Smith, E. R., Rauch, S. A., & Sexton, M. B.

Introduction

Interventions such as Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) have demonstrated efficacy for the treatment of post-traumatic stress disorder (PTSD) following military sexual trauma (MST). However, MST survivors report a number of logistical and social barriers that impede treatment engagement. In an effort to address these barriers, the Veterans Health Administration offers remote delivery of services using clinical video technology (CVT). Evidence suggests PE and CPT can be delivered effectively via CVT. However, it is unclear whether rates of veteran retention in PTSD treatment for MST delivered remotely is comparable to in-person delivery in standard care.

Methods

Data were drawn from veterans (N = 171, 18.1% CVT-enrolled) with PTSD following MST who were engaged in either PE or CPT delivered either via CVT or in person. Veterans chose their preferred treatment modality and delivery format in collaboration with providers. Data were analysed to evaluate full completion (FP) of the protocol and completion of a minimally adequate care (MAC) number of sessions.

Results

FP treatment completion rates did not differ significantly by treatment delivery format. When evaluating receipt of MAC care, CVT utilizers were significantly less likely to complete. Kaplan–Meier analyses of both survival periods detected significant differences in attrition speed, with the CVT group having higher per-session attrition earlier in treatment.

Discussion

Disengagement from CVT-delivered treatment generally coincided with early imaginal exposures and writing of trauma narratives. CVT providers may have to take special care to develop rapport and problem-solve anticipated barriers to completion to retain survivors in effective trauma-focused interventions.

<https://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201800338>

Adoption by VA Residential Programs of Two Evidence-Based Psychotherapies for PTSD: Effect on Patient Outcomes.

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Psychiatric Services

Published Online: 10 Apr 2019

<https://doi.org/10.1176/appi.ps.201800338>

Objective:

This observational study examined the association between patient outcomes at 39 U.S. Department of Veterans Affairs residential treatment programs for veterans with posttraumatic stress disorder (PTSD) and the degree of adoption of two evidence-based psychotherapies, prolonged exposure and cognitive processing therapy. The hypothesis was that a higher degree of adoption would be associated with better outcomes.

Methods:

Providers (N=171) completed a qualitative interview and quantitative survey about their level of adoption of prolonged exposure delivered individually and cognitive processing therapy delivered in individual or group formats. On the basis of responses, programs were assigned to one of three adoption categories: little or no adoption of either therapy (N=8), some adoption, (N=9), and high adoption (N=22). A linear mixed model compared patient outcomes (e.g., PTSD and depression symptom severity, substance use, and distress) between adoption groups.

Results:

The sample of veterans consisted of 2,834 who completed an assessment of PTSD symptoms and functioning at program intake and again at either program discharge or at 4 months postdischarge. Improvements in PTSD, distress, and alcohol use were noted over time for all programs, with decreases at follow-up. No effects of adoption group or a group × time interaction were noted for any outcome.

Conclusions:

Moderate to large effects were noted across all programs. However, programs that used prolonged exposure and cognitive processing therapy with most or all patients did not see greater reductions in PTSD or depression symptoms or alcohol use, compared with programs that did not use these evidence-based psychotherapies.

<https://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201800101>

Mental Health Trends in Military Pediatrics.

Elizabeth Hisle-Gorman, M.S.W., Ph.D., Apryl Susi, M.S., Gregory H. Gorman, M.D., M.H.S.

Psychiatric Services

Published Online: 10 April 2019

<https://doi.org/10.1176/appi.ps.201800101>

Objective:

Childhood psychiatric disorders affect current functioning and predispose individuals to more severe adult mental health problems. Provider survey research has suggested that children's mental health problems are increasing; observed changes may be due to increased illness or improved access to care. The authors sought to quantify trends in the prevalence of diagnosed and treated mental health conditions, outpatient treatment, and psychiatric medication prescriptions in a large population of children who were continuously insured.

Methods:

The authors performed a retrospective trend study of diagnosed mental health conditions, treatment, and psychiatric medication prescriptions from 2003 to 2015 in children ages 2–18 who were military dependents (N=1,798,530). Poisson regression analyses and Cochran-Armitage tests determined trends in the prevalence of treated psychiatric diagnoses overall and by subcategory, rates of outpatient mental health visits, and psychiatric medication use overall and by specific class.

Results:

From 2003 to 2015, the prevalence of children with diagnosed mental health conditions increased from 9.2% to 15.2% (rate ratio=1.04, 95% confidence interval=1.04–1.05, $p<0.001$). Identified suicidal ideation prevalence increased by 20% a year. Mental health care visits increased by 2% a year, and psychiatric medication prescriptions increased by 3% a year between 2003 and 2015, with larger increases seen among older children. Prescriptions for children with identified mental health conditions did not increase.

Conclusions:

Diagnosed mental health conditions, pharmaceutical treatment, and outpatient visits all increased across a diverse U.S. pediatric population from 2003 to 2015. Results suggest that use of psychiatric medications kept pace with the increased number of diagnoses and that older children are most affected.

Links of Interest

Medical association blasts military's transgender policy

<https://www.militarytimes.com/news/your-military/2019/04/14/medical-association-blasts-militarys-transgender-policy/>

Navy allows transgender sailors to dress according to gender identity while off duty

<https://www.stripes.com/news/navy-allows-transgender-sailors-to-dress-according-to-gender-identity-while-off-duty-1.577007>

Here are 12 big changes veterans caregivers will see in the next year

<https://www.militarytimes.com/news/pentagon-congress/2019/04/11/here-are-12-big-changes-veterans-caregivers-will-see-in-the-next-year/>

The Challenge of Going Off Psychiatric Drugs

<https://www.newyorker.com/magazine/2019/04/08/the-challenge-of-going-off-psychiatric-drugs>

Shanahan Launches New Task Force on Military Sexual Assault

<https://www.military.com/daily-news/2019/04/16/shanahan-launches-new-task-force-military-sexual-assault.html>

Defense Department warns troops about risks of using CBD products

<https://www.stripes.com/news/us/defense-department-warns-troops-about-risks-of-using-cbd-products-1.577092>

Facilitating 12-Step Approaches to Change for Service Members with Problematic Drinking

<https://www.pdhealth.mil/news/blog/facilitating-12-step-approaches-change-service-members-problematic-drinking>

Resource of the Week: DoD Personnel, [Workforce Reports & Publications](#)

From the [Defense Manpower Data Center](#) (DMDC):

DMDC maintains a DoD Personnel, Workforce Reports & Publications site. Users of this site may view and print DoD Personnel and U.S. Military casualty statistics, as well as, historical DoD procurement reports and data files.

For the Military and Civilian Personnel by Service/Agency by State/Country Reports, the DMDC data only reflects personnel who are permanently assigned for duty at these locations. Starting in December 2017, the table no longer includes personnel on temporary duty, or deployed in support of contingency operations.

The screenshot shows the DMDC website interface. At the top, there is a blue header with the DMDC logo and the text "Serving those who serve our country, with the right information, at the right time, to the right people, for the right decisions". To the right of the header are links for "Glossary", "Site Map", and "Contact Us", along with a search bar. Below the header is a dark blue navigation bar with links for "Home", "Identify Management", "DoD Data/Reports", "Entitlements & Benefits", "Military Careers", "Status Finder", "FAQs", and "About DMDC". The main content area has a sidebar on the left with a blue background and white stars, containing links for "DOD DATA/REPORTS", "Data Requests", "Statistics & Reports", and "Surveys". The main content area is titled "DoD Personnel, Workforce Reports & Publications" and contains the following text: "DMDC maintains a DoD Personnel, Workforce Reports & Publications site. Users of this site may view and print DoD Personnel and U.S. Military casualty statistics, as well as, historical DoD procurement reports and data files." and "For the Military and Civilian Personnel by Service/Agency by State/Country Reports, the DMDC data only reflects personnel who are permanently assigned for duty at these locations. Starting in December 2017, the table no longer includes personnel on temporary duty, or deployed in support of contingency operations." Below this text is a note: "Note: Several reports and publications came to DMDC in 1996 from the Washington Headquarters Services (WHS), Statistical Information Analysis Division (SIAD). In some cases, DMDC did not receive the data behind the report and/or publication; therefore is unable to replicate them. These reports and publications are labeled as historical." At the bottom right of the main content area are links for "Expand All" and "Collapse All". Below this is a blue header for "Military Personnel" with a dropdown arrow. Underneath is a section titled "Active Duty Military Strength by Service (Updated Monthly)" with a list of links: "Strength Comparison (February 2019)", "Percent Changes (Last 12 months)", "Strength Changes (Last 12 months)", "Historical Reports - FY 2013 - 2016", "Historical Reports - FY 1994 - 2012", and "Historical Reports - FY 1954 - 1993 (Not DMDC Data)".

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