

CDP



Research Update -- June 27, 2019

What's Here:

June Is PTSD Awareness Month

- Causes of Excess Mortality in Veterans Treated for Posttraumatic Stress Disorder.
- Examining the relation between PTSD and insomnia on aggression.
- The Impact of Negative Attributions on the Link Between Observed Partner Social Support and Posttraumatic Stress Disorder Symptom Severity.
- Interventions to treat posttraumatic stress disorder in partnership with primary care: A review of feasibility and large randomized controlled studies.
- The Impact of Negative Attributions on the Link Between Observed Partner Social Support and Posttraumatic Stress Disorder Symptom Severity.
- Lifetime Trauma Exposure Among those with Combat-Related PTSD: Psychiatric Risk Among U.S. Military Personnel.
- An Examination of PTSD and Criminal Responsibility among US Servicemembers.

- "You're Missing Out on Something Great": Patient and Provider Perspectives on Increasing the Use of Cognitive Behavioral Therapy for Insomnia.

- Sleep-Related Practices, Behaviors, and Sleep-Related Difficulties in Deployed Active-Duty Service Members Performing Security Duties.
- Insomnia prevalence among U.S. Army soldiers with history of TBI.
- Cognitive Behavioural Therapy Suicide Prevention (CBT-SP) imagery intervention: a case report.
- InDependent but not Alone: A Web-Based Intervention to Promote Physical and Mental Health among Military Spouses.
- The impact of cognitive behavioural therapy for insomnia on objective sleep parameters: A meta-analysis and systematic review.
- Examining emotion relief motives as a facilitator of the transition from suicidal thought to first suicide attempt among active duty soldiers.
- Circumstances preceding suicide in U.S. soldiers: A qualitative analysis of narrative data.
- Financial hardship and risk of suicide among U.S. Army personnel.
- Factors associated with completing evidence-based psychotherapy for PTSD among veterans in a national healthcare system.
- Prospective associations between DSM-5 PTSD symptom clusters and suicidal ideation in treatment-seeking veterans.
- Impact of moral injury on the lives of UK military veterans: a pilot study.
- Links of Interest
- Resource of the Week: PTSD and DSM-5 (National Center for PTSD)

[https://www.ajpmonline.org/article/S0749-3797\(19\)30164-3/fulltext](https://www.ajpmonline.org/article/S0749-3797(19)30164-3/fulltext)

Causes of Excess Mortality in Veterans Treated for Posttraumatic Stress Disorder.

Jenna A. Forehand, Talya Peltzman, Christine Leonard Westgate, Natalie B. Riblet, Bradley V. Watts, Brian Shiner

Introduction

Published research indicates that posttraumatic stress disorder (PTSD) is associated with increased mortality. However, causes of death among treatment-seeking patients with PTSD remain poorly characterized. The study objective was to describe causes of death among Veterans with PTSD to inform preventive interventions for this treatment population.

Methods

A retrospective cohort study was conducted for all Veterans who initiated PTSD treatment at any Department of Veterans Affairs Medical Center from fiscal year 2008 to 2013. The primary outcome was mortality within the first year after treatment initiation. In 2018, collected data were analyzed to determine leading causes of death. For the top ten causes, standardized mortality ratios (SMRs) were calculated from age- and sex-matched mortality tables of the U.S. general population.

Results

A total of 491,040 Veterans were identified who initiated PTSD treatment. Mean age was 48.5 (\pm 16.0) years, 90.7% were male, and 63.5% were of white race. In the year following treatment initiation, 1.1% (5,215/491,040) died. All-cause mortality was significantly higher for Veterans with PTSD compared with the U.S. population (SMR=1.05, 95% CI=1.02, 1.08, p <0.001). Veterans with PTSD had a significant increase in mortality from suicide (SMR=2.52, 95% CI=2.24, 2.82, p <0.001), accidental injury (SMR=1.99, 95% CI=1.83, 2.16, p <0.001), and viral hepatitis (SMR=2.26, 95% CI=1.68, 2.93, p <0.001) versus the U.S. population. Of those dying from accidental injury, more than half died of poisoning (52.3%, 325/622).

Conclusions

Veterans with PTSD have an elevated risk of death from suicide, accidental injury, and viral hepatitis. Preventive interventions should target these important causes of death.

<https://www.tandfonline.com/doi/full/10.1080/08995605.2019.1598220>

Examining the relation between PTSD and insomnia on aggression.

Jennifer M. Ellison, Peter J. Colvonen, Moira Haller, Sonya B. Norman & Abigail C. Angkaw

Military Psychology

Published online: 16 May 2019

DOI: 10.1080/08995605.2019.1598220

Posttraumatic stress disorder (PTSD) symptoms and poor sleep have been identified as potential causal factors in aggression, violence, and impulsive behavior. Given the high cost of aggression to society and public health, identifying modifiable factors related to aggression, such as insomnia, may guide treatment strategies to help decrease aggression. Participants were 143 veterans seeking treatment for PTSD at a VA outpatient PTSD clinic. Linear and logistic regression analyses were used to examine the relation between PTSD and insomnia on aggression. Results from bivariate analyses indicated that while both PTSD and insomnia severity were associated with higher aggression scores independently, when PTSD and insomnia were examined together, PTSD severity was the only significant predictor of aggression. Interaction effects yielded nonsignificant results suggesting that poor sleep did not moderate the PTSD and aggression relation. Results suggest that addressing PTSD symptoms as a first treatment target may be more important for decreasing risk for aggression than targeting insomnia. More research is needed to understand whether treating PTSD and insomnia reduces aggression in veterans.

<https://www.sciencedirect.com/science/article/abs/pii/S0887618518303645>

The Impact of Negative Attributions on the Link Between Observed Partner Social Support and Posttraumatic Stress Disorder Symptom Severity.

Feea R. Leifker, Amy D. Marshall

Journal of Anxiety Disorders

Available online 13 May 2019

<https://doi.org/10.1016/j.janxdis.2019.05.002>

Highlights

- Observed social support from one's partner is associated with lower PTSD symptom severity.

- Informational support may be particularly important, perhaps because it helps individuals better appraise traumatic situations.
- More social support from one's partner is only associated with lower PTSD symptom severity among those who made weaker negative attributions regarding inadequate partner support.

Abstract

Lack of perceived social support is one of the strongest correlates of the development and maintenance of posttraumatic stress disorder (PTSD). However, little is known about observed social support and PTSD. The stress buffering effect of social support may be partly determined by the subjective experience of support, which is created by attributions regarding support behaviors. We examined negative attributions about partner-provided support as a moderator of the expected relation between observed support during couple discussions and PTSD symptom severity. Participants included 128 individuals from 64 heterosexual married or cohabitating couples. Per clinician-administered interview, 72 (56%) participants met subthreshold or diagnostic criteria for PTSD. Receipt of relatively more partner support was modestly associated with lower PTSD symptom severity. Negative causal attributions about partner support were not associated with the amount of support received, but were associated with higher PTSD severity. Additionally, the frequency and quality of received partner support was associated with lower PTSD symptom severity only among those who did not make strong negative causal attributions about partner support. Thus, negative causal attributions may dampen the positive effects of social support on PTSD symptoms. PTSD treatments may more effectively facilitate recovery from trauma by decreasing negative support attributions.

<https://www.sciencedirect.com/science/article/pii/S016383431930091X>

Interventions to treat posttraumatic stress disorder in partnership with primary care: A review of feasibility and large randomized controlled studies.

T.J. Hoefft, K.A. Stephens, S.D. Vannoy, J. Unützer, D. Kaysen

General Hospital Psychiatry

Available online 4 June 2019

<https://doi.org/10.1016/j.genhosppsych.2019.05.008>

Objective

Evidence-based therapies for posttraumatic stress disorder are underutilized and at times unavailable in specialty settings. We reviewed the literature on interventions to treat PTSD within primary care to make recommendations on their effectiveness as treatment modalities or ways to improve engagement in specialty care.

Method

We searched PubMed, PsychInfo, CINAHL, and Cochrane Reviews databases using search terms related to PTSD and primary care. We excluded clinical guidelines and studies of screening only or subthreshold PTSD.

Results

524 articles were identified. Twenty-one papers on 15 interventions met review criteria. Seven interventions focus on individual therapies studied via small feasibility studies to prepare for full-scale intervention research. Eight describe treatment programs in primary care based on collaborative care that included medication management, tracking outcomes, referral services, and for some psychotherapy (versus psychotherapy referral). Ten interventions were feasibility studies which precludes meaningful comparison of effect sizes. Of the four RCTs of treatment programs, only two including some psychotherapy found improvements in PTSD symptoms.

Conclusion

More research is needed to adapt treatment for PTSD to primary care. Collaborative care may be a promising framework for improving the reach of PTSD treatments when psychotherapy is offered within the collaborative care team.

<https://www.sciencedirect.com/science/article/abs/pii/S0887618518303645>

The Impact of Negative Attributions on the Link Between Observed Partner Social Support and Posttraumatic Stress Disorder Symptom Severity.

Feea R.Leifker, Amy D.Marshall

Journal of Anxiety Disorders

Available online 13 May 2019

<https://doi.org/10.1016/j.janxdis.2019.05.002>

Highlights

- Observed social support from one's partner is associated with lower PTSD symptom severity.
- Informational support may be particularly important, perhaps because it helps individuals better appraise traumatic situations.
- More social support from one's partner is only associated with lower PTSD symptom severity among those who made weaker negative attributions regarding inadequate partner support.

Abstract

Lack of perceived social support is one of the strongest correlates of the development and maintenance of posttraumatic stress disorder (PTSD). However, little is known about observed social support and PTSD. The stress buffering effect of social support may be partly determined by the subjective experience of support, which is created by attributions regarding support behaviors. We examined negative attributions about partner-provided support as a moderator of the expected relation between observed support during couple discussions and PTSD symptom severity. Participants included 128 individuals from 64 heterosexual married or cohabitating couples. Per clinician-administered interview, 72 (56%) participants met subthreshold or diagnostic criteria for PTSD. Receipt of relatively more partner support was modestly associated with lower PTSD symptom severity. Negative causal attributions about partner support were not associated with the amount of support received, but were associated with higher PTSD severity. Additionally, the frequency and quality of received partner support was associated with lower PTSD symptom severity only among those who did not make strong negative causal attributions about partner support. Thus, negative causal attributions may dampen the positive effects of social support on PTSD symptoms. PTSD treatments may more effectively facilitate recovery from trauma by decreasing negative support attributions.

<https://www.sciencedirect.com/science/article/abs/pii/S0165178119308868>

Lifetime Trauma Exposure Among those with Combat-Related PTSD: Psychiatric Risk Among U.S. Military Personnel.

Greg M. Reger, Kyle J. Bourassa, Derek Smolenski, Benjamin Buck, Aaron M. Norr

Psychiatry Research

Available online 21 June 2019

<https://doi.org/10.1016/j.psychres.2019.06.033>

Highlights

- Lifetime trauma experienced by soldiers is associated with depression, anxiety, and PTSD symptoms
- Lifetime trauma exposure is associated with likely depression diagnosis
- Clinicians should not overlook the frequency and variety of lifetime trauma

Abstract

Research has described the association between lifetime trauma exposure and psychiatric symptoms among various cohorts, but little is known about the effect of lifetime trauma histories on the symptom expression of active-duty military personnel diagnosed with combat-related posttraumatic stress disorder (PTSD). Active-duty soldiers (N = 162) were diagnosed with PTSD from deployments to Iraq or Afghanistan using the Clinician Administered PTSD Scale. Soldiers then completed self-report measures of depression, anxiety, and PTSD. Lifetime exposure to categories of trauma types and the intensity of exposure was reported on the Life Events Checklist. The number of categories of trauma that happened to them significantly predicted the severity of depression, anxiety, and PTSD symptoms, as well as a positive screen for likely depression diagnosis based on self-reported symptoms. Direct exposure to trauma explained most of the association, as witnessing trauma and hearing about trauma did not explain symptoms beyond events that happened to participants. Interpersonal traumatic events were not associated with psychiatric functioning after controlling for non-interpersonal traumatic events. Assessment of trauma history among post-9/11 service members and veterans should include the frequency and variety of lifetime trauma exposure, given the association with psychiatric functioning.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usz142/5521035>

An Examination of PTSD and Criminal Responsibility among US Servicemembers.

Karl V Umbrasas, Psy. D

Military Medicine

Published: 20 June 2019

<https://doi.org/10.1093/milmed/usz142>

Introduction

This retrospective study evaluated the prevalence of posttraumatic stress disorder (PTSD) diagnosis among military servicemembers referred for Sanity Boards (n = 229), which is a military evaluation for competence to stand trial (CST) and criminal responsibility (CR). This study further explored the degree to which PTSD was considered a “severe mental disease or defect,” the degree to which PTSD was associated with an opinion of not criminally responsible (NCR), and the degree to which PTSD was associated with incompetence to stand trial (IST).

Material and Methods

Completed Sanity Board evaluations were the source of data. This study used an empirical approach to reviewing the Sanity Boards.

Results

Sanity Boards diagnosed 13.1% of referrals with PTSD. Of those diagnosed with PTSD, no participants (0%) were opined to meet criteria for incompetence to stand trial (IST), 30% were opined to meet the insanity criteria of “severe mental disease or defect,” and one person (0.4%) was found not criminally responsible (NCR) based on PTSD. In the single case in which the person was recommended as NCR based on PTSD, the criminal behavior was deemed to be related to dissociation.

Conclusions

PTSD is often considered a “severe mental disease or defect” during Sanity Board evaluations, which differs from the legal standard for “severe mental disease or defect” used by the military justice system. Forensic practitioners consulting with the military justice system acknowledge that PTSD is a “severe mental disease or defect” often, but they rarely opine that PTSD renders a servicemember NCR. In the rare instance where PTSD was opined to render a servicemember NCR, the symptom of dissociation caused an inability to appreciate the nature and quality or wrongfulness of the action.

<https://www.tandfonline.com/doi/full/10.1080/15402002.2019.1591958>

“You’re Missing Out on Something Great”: Patient and Provider Perspectives on Increasing the Use of Cognitive Behavioral Therapy for Insomnia.

Erin Koffel, Erin Amundson, Grace Polusny & Jennifer P. Wisdom

Behavioral Sleep Medicine

Published online: 24 March 2019

<https://doi.org/10.1080/15402002.2019.1591958>

Objective/Background:

Cognitive behavioral therapy for insomnia (CBT-I) is the most effective treatment for insomnia but is severely underutilized. One of the key reasons for underuse is lack of knowledge among patients and primary care providers, but effective methods and materials for increasing knowledge are unknown. This study conducted in-depth interviews with CBT-I patients and their CBT-I providers to explore their perceptions on increasing utilization of CBT-I.

Participants:

Participants included patients who had engaged in CBT-I (N = 17) and CBT-I providers (N = 7).

Methods:

Semistructured interviews were used to explore the CBT-I referral process, recommendations for increasing uptake of CBT-I, and opinions on CBT-I self-management, with thematic analysis used to identify conceptual themes. Findings were compared and contrasted across patients who completed versus prematurely discontinued therapy and patients versus CBT-I providers.

Results:

Three main themes of referral, selling, and delivery were identified. Regarding referral, patients had not heard of nor requested CBT-I. Proactive outreach is crucial in populations in which insomnia is so common that it becomes normalized. For selling, patients and CBT-I providers had powerful testimonials that could be used to “sell” treatment using a peer-to-peer approach. Finally, for delivery, patients and CBT-I providers were ambivalent about alternative delivery formats and emphasized the need for personal contact. Although technology may be useful in advertising and delivering CBT-I, it will be important to ensure that these approaches promote rather than discourage engagement in CBT-I.

Conclusions:

These findings suggest promising opportunities to increase the use of CBT-I, including direct-to-consumer marketing.

<https://www.tandfonline.com/doi/full/10.1080/15402002.2019.1578771>

Sleep-Related Practices, Behaviors, and Sleep-Related Difficulties in Deployed Active-Duty Service Members Performing Security Duties.

Panagiotis Matsangas, Nita Lewis Shattuck & Arlene Saitzyk

Behavioral Sleep Medicine

Published online: 15 Feb 2019

<https://doi.org/10.1080/15402002.2019.1578771>

Objective:

To assess sleep-related difficulties (e.g., trouble staying asleep, oversleeping, falling asleep while on duty, disturbing dreams, sleep paralysis) and behavioral patterns of active-duty service members (ADSMs) performing security duties.

Participants:

The participants were 1,169 ADSMs (20–44 years of age).

Methods:

ADSMs completed an online survey (67.3% response rate) with items assessing demographics, the occupational environment, sleep-related attributes, habits, or difficulties, factors affecting sleep, aids and techniques used to improve sleep, and the use of sleep-related products.

Results:

ADSMs reported sleeping ~6.5 hr/day (~56% reported sleeping < 6 hr). Sleep-related difficulties were reported by ~72% of the ADSMs (i.e., 55.1% had problems staying asleep, 33.1% reported experiencing sleep paralysis, 25.6% reported oversleeping, 21.6% had disturbing dreams, and 4.79% reported falling asleep while on duty). Daily sleep duration and quality, occupational factors (shift work, operational commitments, collateral duties, habitability, taking antimalarial medication, years deployed), and personal factors or behaviors (history of sleep problems, problems in personal life, late exercise times, altering sleep schedule to talk or text with family or friends) were associated with sleep-related difficulties. Some ADSMs reported using alcohol (~14%) or exercising prior to bedtime (~34%) in an attempt to fall sleep faster.

Conclusions:

We identified a high prevalence of sleep-related difficulties in our military sample. Even though most ADSMs used sleep hygiene practices to improve their sleep, some ADSMs

used methods not recommended. Improving ADSMs' daily schedule (to include periods for exercising, and protected sleep periods), and further emphasis on sleep hygiene practices may be viable methods to reinforce behaviors promoting healthy sleep and improve performance.

<https://psycnet.apa.org/record/2019-33384-001>

Insomnia prevalence among U.S. Army soldiers with history of TBI.

Mosti, C. B., Klingaman, E. A., Brownlow, J. A., & Gehrman, P. R.

Rehabilitation Psychology

Advance online publication.

<http://dx.doi.org/10.1037/rep0000283>

Purpose/Objective:

To determine the rate of insomnia among active-duty soldiers with and without a history of traumatic brain injury (TBI).

Research Method and Design:

Data were extracted from the All Army Study (AAS), a cross-sectional, self-report survey completed by a representative sample of 21,499 U.S. Army soldiers from 2011 to 2013 as part of the Army Study to Assess Risk and Resilience in Servicemembers. History and severity of TBI were determined by participants' responses to questions regarding postinjury symptomology (i.e., loss of consciousness [LOC], amnesia, etc.). Insomnia symptoms were defined using DSM–5 criteria as measured by the Brief Insomnia Questionnaire.

Results:

Approximately 63% of respondents reported lifetime history of mild TBI (mTBI), with ~7% endorsing a history of moderate to severe TBI. Insomnia symptom prevalence rate increased with brain injury severity and number of TBIs with LOC, with ~51% of those with mTBI and ~55% of those with moderate to severe TBI demonstrating clinically elevated insomnia symptoms, compared to ~37% insomnia prevalence rate among servicemembers without TBI.

Conclusion/Implications:

Results suggest high (> 50%) prevalence rates of insomnia symptoms among servicemembers with a lifetime history of brain injury, underscoring the need for behavioral sleep medicine interventions among active-duty personnel. (PsychINFO Database Record (c) 2019 APA, all rights reserved)

<https://www.cambridge.org/core/journals/the-cognitive-behaviour-therapist/article/cognitive-behavioural-therapy-suicide-prevention-cbtsp-imagery-intervention-a-case-report/CC7C1CD6DD4F9DDC651C34ABB5729E4A>

Cognitive Behavioural Therapy Suicide Prevention (CBT-SP) imagery intervention: a case report.

Marie Carey and Catherine Wells

The Cognitive Behaviour Therapist

Published online: 17 June 2019

DOI: <https://doi.org/10.1017/S1754470X19000175>

Very little clinical work or research to date has focused on the prioritization of suicidal imagery intervention in the stabilization of risk. Current Cognitive Behavioural Therapy Suicide Prevention (CBT-SP) does not specifically address suicidal imagery as a priority intervention. This paper prioritizes imagery modification as the central task of therapy with the suicidal client. This is a single subject case review describing specific imagery interventions used to destabilize the comforting component of suicidal images, de-glamourize the suicidal image as a problem-solving method and the reconstruction of new images to offset the emotional grasp of both 'flash-forward' violent suicidal images and suicidal 'daydreaming' rumination. It is hypothesized that when suicidal images become less emotionally charged, the desire to act upon suicide decreases. Focusing on imagery intervention as a priority aims to stabilize risk in a more clinically specific and targeted way. Rob is a 19-year-old depressed young man with chronic suicidal ideation/images with repeated suicide attempts. All GP referrals are of a crisis nature since the age of 16. He was referred to a CBT clinician with specific training and experience in CBT-SP who proposed the following brief imagery intervention. Socialization to treatment rationale was pivotal at the outset to help facilitate strong therapeutic alliance, 'buy-in' to the intended de-glamourization of suicide planning/daydreaming/rumination and the effects of intrusive 'flash-forward' images on emotional well-being. Therapy was facilitated weekly, supported by telephone contact,

on an out-patient basis in the HSE (Health Service Executive) Irish Adult Mental Health service. The care plan and interventions were supported by access to the 24-hour acute Adult Mental Health services, as required. There was no requirement for direct client engagement with the acute services. Rob engaged with five treatments of CBT-SP imagery intervention and full stabilization of risk to self by suicide was achieved. At the time of writing, Rob is alive, has no engagement with the services and no further GP referral requests for intervention. Despite Rob leaving therapy before full completion, brief targeted suicidal imagery intervention was observed to stabilize the risk of suicidal behaviour. This young man has completed his schooling, engaged in 'life' planning rather than 'death' planning and has not required further intervention from this service. Further research is required to engage frontline clinicians on the merits of suicidal imagery assessment in routine clinical practice.

Key learning aims

- (1) To assess for imagery and violent day dreaming in suicidal patients.
- (2) Conceptualizing suicidal rumination and daydreaming as being a maladaptive problem-solving technique in overcoming psychological pain.
- (3) Use of suicide-specific assessment.
- (4) Ask about the presence of suicidal imagery as part of routine mental health assessment with the suicidal client.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/aphw.12168>

InDependent but not Alone: A Web-Based Intervention to Promote Physical and Mental Health among Military Spouses.

Emily L. Mailey, Brandon C. Irwin, Jillian M. Joyce, Wei-Wen Hsu

Applied Psychology: Health and Well-Being

First published: 18 June 2019

<https://doi.org/10.1111/aphw.12168>

Background

Military spouses must cope with multiple threats to their physical and mental health, yet few interventions have been developed to promote health in this population.

Methods

For this quasi-experimental study, military spouses (N = 231) received a standard educational intervention or an interactive, theory-based intervention; both were delivered online and lasted 10 weeks. The educational intervention directed participants to content on the existing website, Operation Live Well. The interactive intervention was based on Self-Determination Theory, delivered weekly content via podcasts, and encouraged participants to complete weekly challenges to improve physical activity, diet, and mental health. Linear mixed effects models were used to examine self-reported changes in stress, anxiety, depression, loneliness, self-esteem, physical activity, and diet from pre- to post-intervention.

Results

Significant improvements were observed for all mental health outcomes, total physical activity, and sugar consumption. However, there were no significant group by time interaction effects.

Conclusions

Web-based interventions may promote positive changes in mental health and health behaviours among military spouses. In this study, an interactive theory-based intervention was no more effective than an information-based intervention. Future studies should aim to determine the minimum “dose” needed to elicit meaningful changes in this population.

<https://www.sciencedirect.com/science/article/abs/pii/S1087079218302223>

The impact of cognitive behavioural therapy for insomnia on objective sleep parameters: A meta-analysis and systematic review.

L. Mitchell, L. Bisdounis, A. Ballesio, Omlin X, S.D. Kylea

Sleep Medicine Reviews

Available online 18 June 2019

<https://doi.org/10.1016/j.smr.2019.06.002>

It is well-established that cognitive behavioural therapy for insomnia (CBT-I) improves self-reported sleep disturbance, however the impact on objective sleep is less clear. This meta-analysis aimed to quantify the impact of multi-component CBT-I on objective measures of sleep, indexed via polysomnography (PSG) and actigraphy. Fifteen studies

met inclusion criteria. Following appraisal for risk of bias, extracted data were meta-analysed using random-effects models. The quality of the literature was generally high, although reporting of methodological detail varied markedly between studies. Meta-analyses found no evidence that CBT-I reliably improves PSG-defined sleep parameters. Actigraphy evidence was more mixed; with a small positive effect for reduction in sleep onset latency (Hedge's $g = -0.28$ [95% confidence interval (CI) -0.51 to -0.05], $p = 0.018$) and a moderate effect for reduction in total sleep time (TST) (Hedge's $g = -0.51$ [95% CI -0.75 to -0.26], $p < 0.001$). In contrast, and consistent with recent meta-analyses, CBT-I was associated with robust improvements in diary measures of sleep initiation and maintenance (Hedge's g range = 0.50 to 0.79) but not TST. While the literature is small and still developing, the sleep benefits of CBT-I are more clearly expressed in the subjective versus objective domain.

<https://www.ncbi.nlm.nih.gov/pubmed/30382748>

Psychol Serv. 2019 May;16(2):293-301. doi: 10.1037/ser0000234. Epub 2018 Nov 1

Examining emotion relief motives as a facilitator of the transition from suicidal thought to first suicide attempt among active duty soldiers.

Bryan CJ, May AM, Harris J

Cross-sectional and retrospective studies indicate that a primary motive for suicidal behavior among United States soldiers is the desire to alleviate or reduce emotional distress. This is also the aim of psychological services designed to prevent suicidal behavior. The prospective association of emotion relief (and other) motives with future suicidal behavior has yet to be examined, however. In a high-risk sample of 97 active duty soldiers presenting for an emergency behavioral health appointment, suicide motives were examined and compared between those with and without a history of suicide attempts. Results indicated that soldiers with a history of suicide attempts reported significantly more emotion relief (i.e., reducing or avoiding negative emotional states) and feeling generation (i.e., creating positive emotional states) motives. Feeling generation motives were positively correlated with severity of suicide ideation, hopelessness, depression, and posttraumatic stress, especially among those with a prior suicide attempt. Among soldiers with no previous suicide attempts, emotion relief motives were associated with significantly increased risk for suicide attempt during the 6-month follow-up assessment. Among soldiers with a prior attempt, emotion relief motives were not associated with later suicide attempts. Results provide preliminary

evidence suggesting the desire to reduce or avoid negative emotional states may facilitate the emergence of a first suicide attempt among treatment-seeking Soldiers. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

<https://www.ncbi.nlm.nih.gov/pubmed/30372092>

Psychol Serv. 2019 May;16(2):302-311. doi: 10.1037/ser0000221. Epub 2018 Oct 29

Circumstances preceding suicide in U.S. soldiers: A qualitative analysis of narrative data.

Skopp NA, Holland KM, Logan JE, Alexander CL, Floyd CF

To gain a better understanding of military suicide, we examined suicide narratives for 135 Soldiers extracted from two large-scale surveillance systems: the Department of Defense Suicide Event Report (DoDSER) and the Centers for Disease Control and Prevention's (CDC) National Violent Death Reporting System (NVDRS). Using coroner/medical examiner and law enforcement narratives captured in the NVDRS and mental health provider narrative data collected across multiple domains from the DoDSER, we examined circumstances surrounding military suicides using a qualitative content analysis approach. We identified five common proximal circumstances: (1) intimate partner relationship problems (63.0%); (2) mental health/substance abuse (51.9%); (3) military job-related (46.7%); (4) financial (17.8%); and (5) criminal/legal activity (16.3%). Evidence of premeditation was present in 37.0% of suicides. Decedents frequently struggled with multiple, high-stress problems and exhibited symptoms of coping and emotion regulation difficulties. Findings demonstrate potential points of intervention for suicide prevention strategies. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

<https://www.ncbi.nlm.nih.gov/pubmed/30359074>

Psychol Serv. 2019 May;16(2):286-292. doi: 10.1037/ser0000201. Epub 2018 Oct 25

Financial hardship and risk of suicide among U.S. Army personnel.

Goodin CA, Prendergast DM, Pruitt LD, Smolenski DJ, Wilson NY, Skopp N, Hoyt T

Abstract

Financial stress has been frequently identified as a risk factor for suicidal behavior, both in military and civilian groups. However, it remains unclear to what degree financial stress may be associated independently with suicide behavior when accounting for other risk factors. This study examined data on suicide and suicide attempt cases in the Department of Defense Suicide Event Report compared with service members who did not have recent suicide behavior. The resulting multinomial regression analysis found that financial distress had a weak association with suicide, and its relationship to suicide attempts was not statistically significant. Compared with financial distress, relationship problems and substance abuse history appeared to have much stronger associations with suicidal behavior, as did having a diagnosis of a mood disorder, such as major depressive disorder. The major conclusion from these data are that although financial distress may be a risk factor for suicidal behavior, the relationship is likely indirect and considerably less substantial than previously suspected. In addition, its relative influence is significantly less than other identified risk factors. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

<https://www.ncbi.nlm.nih.gov/pubmed/30784780>

Psychiatry Res. 2019 Apr;274:112-128. doi: 10.1016/j.psychres.2019.02.027. Epub 2019 Feb 11

Factors associated with completing evidence-based psychotherapy for PTSD among veterans in a national healthcare system.

Maguen S, Li Y, Madden E, Seal KH, Neylan TC, Patterson OV, DuVall SL, Lujan C, Shiner B

Little is known about predictors of initiation and completion of evidence-based psychotherapy (EBP) for posttraumatic stress disorder (PTSD), with most data coming from small cohort studies and post-hoc analyses of clinical trials. We examined patient and treatment factors associated with initiation and completion of EBP for PTSD in a large longitudinal cohort. We conducted a national, retrospective cohort study of all Iraq and Afghanistan War veterans who had a post-deployment PTSD diagnosis from 10/01-9/15 at a Veterans Health Administration facility and had at least one coded post-deployment psychotherapy visit. We examined utilization of PE and CPT (individual or

group) during any 24-week period. We used ordered logistic, logistic, and Cox proportional hazards regressions to examine variables associated with EBP initiation, early termination, and completion, and time to completion. Over a 15-year period, of 265,566 veterans with PTSD, 22.8% initiated an EBP, and only 9.1% completed treatment. Completers did so about three years after their initial mental health visit. Factors positively associated with EBP completion included military sexual trauma, older age, race/ethnicity (i.e., African-American race for PE), combat, and multiple deployments. The VHA has become timelier in delivering EBP for PTSD, and several subgroups are more likely to complete EBP.

Copyright © 2019. Published by Elsevier B.V.

<https://www.ncbi.nlm.nih.gov/pubmed/30359075>

Psychol Serv. 2019 May;16(2):321-328. doi: 10.1037/ser0000215. Epub 2018 Oct 25.

Prospective associations between DSM-5 PTSD symptom clusters and suicidal ideation in treatment-seeking veterans.

Horwitz AG, Miron L, Maieritsch KP

Abstract

Posttraumatic stress disorder (PTSD) rates are higher in military veterans than in the civilian population. Meta-analyses have found strong and consistent associations between PTSD and suicide risk. Several studies have demonstrated a concurrent reduction in suicidal ideation (SI) with reduction of PTSD symptoms during trauma-focused treatment. However, it is unclear whether changes in specific PTSD symptom clusters are most strongly associated with these changes in SI. This study prospectively examined associations between PTSD symptom clusters and SI to better specify mechanisms of change during treatment. Participants were 160 veterans (87% male, 63% Caucasian, 64% combat trauma) who completed a course of evidence-based trauma-focused therapy at a VA hospital. The Patient Health Questionnaire-9 and Posttraumatic Stress Disorder Checklist-5 were used to assess depression, SI frequency, and PTSD symptoms. Binary logistic regression analyses found that the cognitive/mood alteration cluster was the only significant independent predictor of SI at termination. Post hoc analysis of variance Bonferroni tests indicated those who decreased SI frequency had a greater reduction in intrusive, cognitive/mood alteration, and hyperarousal symptoms relative to those who increased or had no change in SI. A within-cluster item analysis revealed that baseline symptom D3 (blame self/others) was

the only significant independent predictor for baseline SI, whereas baseline symptom D6 (detachment) was the only significant independent predictor for SI at termination. This discrepancy may be explained by reductions in guilt during treatment, as 79% of the sample elected to receive cognitive processing therapy. Given these associations, PTSD patients with SI may benefit from a treatment emphasis on reducing cognitive/mood alteration symptoms. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

<https://jramc.bmj.com/content/early/2019/06/21/jramc-2019-001243>

Impact of moral injury on the lives of UK military veterans: a pilot study.

Victoria Williamson, N Greenberg, and D Murphy

Journal of the Royal Army Medical Corps

Published Online First: 21 June 2019

doi: 10.1136/jramc-2019-001243

Introduction

Research suggests that moral injury (MI) in US veterans is associated with poor psychological outcomes and disruption in functioning. However, little is known about how MI may impact UK Armed Forces (AF) veterans. This study aimed to explore the impact of MI on veteran psychological well-being and functioning.

Methods

Six veterans identified as having had exposure to MI and four clinicians who treated veterans with MI were recruited from a UK charitable organisation which provides psychological care for veterans. Data were analysed using thematic analysis.

Results

MI was perceived to cause substantial psychological distress in this sample. Our data suggest that some veterans held extremely negative self-appraisals which appeared to contribute towards and maintain their distress. Issues relating to spirituality following MI were thought to be infrequent; however, a loss of faith was perceived by clinicians to be more common in morally injured veterans than heightened spiritual/religious views. Several difficulties relating to employment were described, including increased trouble coping with occupational stress and authority figures. Interpersonal difficulties were

frequently reported, with withdrawal from others often leading to relationship breakdown with spouses and children.

Conclusion

This study provides some of the first evidence of the impact of MI on UK AF veterans' psychological, spiritual, social and day-to-day functioning all of which would pose challenges to clinicians aiming to manage such difficulties. These findings highlight several gaps in existing care provision for morally injured veterans, including addressing issues related to spirituality, employment and family functioning, which could ultimately improve veteran well-being.

Links of Interest

How far should victims have to go to prove military sexual trauma?

<https://www.militarytimes.com/news/pentagon-congress/2019/06/21/how-far-should-victims-have-to-go-to-prove-military-sexual-trauma/>

When DODEA investigates its teachers for bullying, parents say they're left in the dark

<https://www.stripes.com/news/europe/when-dodea-investigates-its-teachers-for-bullying-parents-say-they-re-left-in-the-dark-1.587229>

Understanding Combat and Operational Stress Reactions

<https://www.pdhealth.mil/news/blog/understanding-combat-and-operational-stress-reactions>

Thousands of veterans had education derailed when for-profit college chains abruptly closed

<https://rebootcamp.militarytimes.com/news/education/2019/06/20/thousands-of-veterans-had-education-derailed-when-for-profit-college-chains-abruptly-closed/>

Veterans suicide prevention efforts will include more discussions on firearm safety

<https://www.militarytimes.com/news/pentagon-congress/2019/06/19/veterans-suicide-prevention-efforts-will-include-more-discussions-on-firearm-safety/>

VA's top suicide prevention official departing in July

<https://www.militarytimes.com/news/pentagon-congress/2019/06/26/vas-top-suicide-prevention-official-departing-in-july/>

Practicing yoga to stimulate the mind, body, spirit

<https://health.mil/News/Articles/2019/06/21/Practicing-yoga-to-stimulate-the-mind-body-spirit>

Math not medicine | Scientists try to prevent veteran suicides with deep learning

<https://www.wusa9.com/article/news/local/maryland/math-not-medicine-scientists-try-to-prevent-veteran-suicides-with-deep-learning/>

VA Imposes Strict Limits on Controversial Ketamine-Based Depression Treatment

<https://www.military.com/daily-news/2019/06/24/va-imposes-strict-limits-controversial-ketamine-based-depression-treatment.html>

Veterans with PTSD twice as likely to die from suicide, accidents, study says

https://www.upi.com/Health_News/2019/06/24/Veterans-with-PTSD-twice-as-likely-to-die-from-suicide-accidents-study-says/2081561384227/

Sexually transmitted infections on the rise in military

<https://health.mil/News/Articles/2019/06/26/Sexually-transmitted-infections-on-the-rise-in-military>

Resource of the Week: [PTSD and DSM-5](#)

From the National Center for PTSD (VA)

In 2013, the American Psychiatric Association revised the PTSD diagnostic criteria in the fifth edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-5; 1). PTSD is included in a new category in DSM-5, Trauma- and Stressor-Related Disorders. All of the conditions included in this classification require exposure to a traumatic or stressful event as a diagnostic criterion.

DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS

FIFTH EDITION

DSM-5

AMERICAN PSYCHIATRIC ASSOCIATION

Shirl Kennedy
Research Editor
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
240-535-3901