

CDP



Research Update -- July 18, 2019

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<https://www.ptsd.va.gov/professional/articles/article-pdf/id52066.pdf>

A Guide to Guidelines for the Treatment of Posttraumatic Stress Disorder in Adults: An Update.

Jessica L. Hamblen, Sonya B. Norman, Jeffrey H. Sonis, Andrea J. Phelps, Jonathan I. Bisson, Vanessa D. Nunes, Odette Megnin-Viggars, David Forbes, **David S. Riggs**, Paula P. Schnurr

Psychotherapy

In the public domain

2019, Vol. 56, No. 3, 359–373

<http://dx.doi.org/10.1037/pst0000231>

Clinical practice guidelines (CPGs) are used to support clinicians and patients in diagnostic and treatment decision-making. Along with patients' preferences and values, and clinicians' experience and judgment, practice guidelines are a critical component to ensure patients are getting the best care based on the most updated research findings. Most CPGs are based on systematic reviews of the treatment literature. Although most reviews are now restricted to randomized controlled trials, others may consider nonrandomized effectiveness trials. Despite a reliance on similar procedures and data, methodological decisions and the interpretation of the evidence by the guideline development panel can result in different recommendations. In this article, we will describe key methodological points for 5 recently released CPGs on the treatment of posttraumatic stress disorder in adults and highlight some of the differences in both the process and the subsequent recommendations.

<https://psycnet.apa.org/record/2019-36160-003>

An appraisal of the American Psychological Association's Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder.

Silver, K. E., & Levant, R. F.

Psychotherapy
2019; 56(3), 347-358
<http://dx.doi.org/10.1037/pst0000230>

In 2017, the American Psychological Association published the Clinical Practice Guidelines for the Treatment of Posttraumatic Stress Disorder (PTSD) in Adults. Although the Guideline Development Panel aimed to produce guidelines based on the best available scientific evidence, concerns were raised that the guidelines would constrain the implementation of some effective psychotherapies and limit clinician autonomy, potentially leading to coverage for only manualized, time-limited, cognitive-behavioral treatments. The following article reviews the PTSD guidelines in light of the evidence-based practice in psychology policy adopted by the American Psychological Association in 2006. We highlight the strengths of the guidelines as currently written while recognizing areas in which the guidelines do not meet evidence-based practice in psychology recommendations. A clinical vignette of the treatment of a complex patient with PTSD and significant comorbidities is provided to illustrate the difficulty of clinical decision-making and how the guidelines may complicate the delivery of effective treatments. We conclude with recommendations on how to consider a broad range of research evidence, appropriately integrate clinician expertise, and better appreciate the role of patient values and preferences in PTSD treatment decision-making. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

<https://psycnet.apa.org/record/2019-36160-005>

Potential ethical pitfalls and dilemmas in the promotion and use of American Psychological Association-recommended treatments for posttraumatic stress disorder.

Gnaulati, Enrico

Psychotherapy
2019; 56(3), 374-382
<http://dx.doi.org/10.1037/pst0000235>

A variety of potential unrecognized ethical concerns arise from the American Psychological Association's (APA, 2017) Clinical Practice Guideline for the Treatment of PTSD in Adults. In privileging short-term treatments that underscore symptom reduction as the predominant index of outcome, such as cognitive processing therapy and

prolonged exposure, there is a susceptibility to mislead mental health professionals and clients alike to believe that lasting improvements in socioemotional well-being, and a time-intensive approach, are unrealistic, rather than realistic psychotherapy expectations. There are ethical implications to incompletely addressing clients' preferences and clinicians' judgments on matters such as preferred socioemotional outcomes, and desirable qualities in a therapist and therapy. As regard combat veterans, treating trauma-related guilt and shame as symptoms to be eliminated, rather than moral feelings to be acknowledged, expressed, and self-forgiven, warrants special ethical consideration. The high dropout rates of cognitive processing therapy and prolonged exposure raise questions as to whether their protocol-driven methods alienate substantial numbers of traumatized clients. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

<https://onlinelibrary.wiley.com/doi/10.1002/jts.22412>

Predictors for Excellent Versus Partial Response to Prolonged Exposure Therapy: Who Needs Additional Sessions?

Yinyin Zang, Yi-Jen Su, Carmen P. McLean, Edna B. Foa

Journal of Traumatic Stress

First published: 02 July 2019

<https://doi.org/10.1002/jts.22412>

In practice, the duration of psychotherapy is determined by the patient's response to treatment. Identifying predictors for treatment responses is of great clinical utility to guide clinicians in their treatment planning. Demographic characteristics, trauma history, comorbidity, and early reduction of posttraumatic stress disorder (PTSD) symptoms were examined as predictors of excellent versus partial response to prolonged exposure therapy (PE) for PTSD. Participants were 96 female assault survivors with chronic PTSD who received at least eight PE sessions with or without cognitive restructuring. Participants were classified as excellent responders ($n = 27$) or partial responders ($n = 69$) based on whether they achieved at least 70% improvement in self-reported PTSD severity on the PTSD Symptom Scale–Self-Report at the end of Session 8. Excellent responders terminated therapy after Session 9, and partial responders were offered up to three additional sessions. Logistic regression was conducted to investigate predictors of response to PE. Results showed that prior interpersonal violence and comorbid alcohol use disorder were associated with partial response. Comorbid depressive

disorder and early PTSD symptom reduction were associated with excellent response. Being treated by a cognitive behavioral therapy expert predicted higher excellent response for patients with a history of prior interpersonal violence. The model accounted for 56.6% of the variance in treatment response and correctly predicted responder status for 83.3% of the sample. These findings contribute to the field's understanding of factors that predict or moderate response to PE and have implications for treatment planning.

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2737419>

Leveraging Digital Health and Machine Learning Toward Reducing Suicide—From Panacea to Practical Tool.

Torous J, Walker R

JAMA Psychiatry

Published online July 10, 2019

doi:10.1001/jamapsychiatry.2019.1231

Because the rates of suicide attempts and deaths have recently increased to 50-year highs, new solutions are needed. The urgency to reverse this trend has brought attention to technology-based tools, such as text messaging, smartphone apps, smartphone sensors, electronic health records, and machine-learning algorithms, that can offer crucial data to improve the prognostication of suicide or immediate support for those at risk. This promise of real-time data from connected devices, large quantities of social-behavioral interactions from social media and internet, and longitudinal clinical trends from electronic health records, when paired with artificial intelligence to automatically identify risk, is often touted as a panacea. Yet, to date, this approach has found less clinical success than expected. The current, limited technological advances in suicide prevention do not reflect a failure of technology or big data but rather a need to realign research aims and clinical use with prevention research that addresses the upstream suicide risk that precedes suicide crisis. In a recent report,² the National Action Alliance for Suicide Prevention outlined 3 gaps in health care that contribute to suicide death: failing to (1) proactively identify suicide risk, (2) act efficiently for safety, and (3) provide supportive contacts for people at risk of suicide. Focusing on these 3 specific gaps as examples by identifying risks (such as limited social connectedness, cognitive hopelessness, and poor problem solving) can have immediate effects. This Viewpoint aims to explore how technology can augment solutions to these challenges

while simultaneously addressing current gaps in translational research and clinical care.

<https://link.springer.com/article/10.1007/s41542-019-00044-2>

The Role of Social Support in Treatment Seeking Among Soldiers.

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Occupational Health Science

First Online: 05 July 2019

<https://doi.org/10.1007/s41542-019-00044-2>

Many military personnel experience mental health problems, but do not seek professional treatment for their symptoms. The present study examined how support for seeking treatment from family members and friends, unit members, and leaders relate to soldiers' treatment attitudes and decisions. Active-duty soldiers (N = 1725) completed assessments of perceived social support for treatment-seeking, attitudes toward treatment-seeking, mental health symptoms, and treatment-seeking behaviors. Family and friends were rated as most supportive of seeking treatment and support from all sources was related to a more positive attitude toward treatment seeking. For those who were experiencing a current problem (N = 718), support from all sources was indirectly related to treatment-seeking behaviors through overall attitude toward treatment. Of those who had sought treatment, family and friends were rated as most influential to that decision, and an instrumentally supportive behavior was rated as the most influential out of several supportive leader behaviors. These results demonstrate that support may be an important facilitator of treatment; however, the source of support and specific behaviors may be important considerations in optimally supporting soldiers.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jocc.12124>

Attachment, Communication, and Relationship Functioning Among College Student Veterans and Nonveterans.

Shelley A. Riggs, Kellye S. Carver, Daniel Romero, Sandra B. Morissette, Jamie Wilson, Robyn Campbell, James McGuffin

Journal of College Counseling
First published: 06 July 2019
<https://doi.org/10.1002/jocc.12124>

This study examined attachment processes of college student veterans and nonveterans and further examined how veteran status and attachment style directly and indirectly predict relationship functioning. Results indicated that student veterans were more often dismissing in their attachment style but less often preoccupied than nonveteran students. Veteran status moderated the association between attachment style and dyadic consensus. The contributions of attachment and communication processes to overall relationship adjustment differed for student veterans and nonveterans.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usz171/5530270>

Suicidal Ideation in Pregnant and Postpartum Women Veterans: An Initial Clinical Needs Assessment.

Mercedes J Szpunar, Jennifer N Crawford, Selena A Baca, Ariel J Lang

Military Medicine
Published: 09 July 2019
<https://doi.org/10.1093/milmed/usz171>

Introduction

Pregnancy and postpartum, or the perinatal period, are times when women are particularly vulnerable to mental health concerns, including suicidal ideation. Risk factors for suicidal ideation during this period of a woman's life are depression and exposure to trauma, the latter of which may occur during military operations. The number of women veterans in the United States continues to rise, as does their use of maternity benefits. In this pilot study, we examined the feasibility of recruiting pregnant veterans for longitudinal research. We hypothesized that hopelessness and depressive symptoms would be related to suicidal ideation during the perinatal period, and we investigated a possible relationship between post-traumatic stress symptoms (PTSS) and suicidal ideation.

Materials and Methods

Using the designated Veterans Affairs (VA) maternity care coordinator's census, we contacted pregnant women veterans for assessment during the 3rd trimester of pregnancy and 6 weeks postpartum at the San Diego VA. Between September 2017 and October 2018, 28 women volunteers completed the following measures: the Columbia-Suicide Severity Rating Scale (C-SSRS); the Beck Hopelessness Scale (BHS); the Edinburgh Postnatal Depression Scale (EPDS); and the PTSD Checklist for DSM-5 (PCL-5). We used correlational analyses and descriptive statistics to determine associations among the measures.

Results

As gathered from the C-SSRS, over 30% of the veteran women had past lifetime suicide attempts, and over 10% of the veterans had suicidal ideation in the perinatal period. Both depression and PTSS rates neared 30% during pregnancy and postpartum. Hopelessness and depressive symptoms were positively correlated at both time points. While the intensity of lifetime suicidal ideation was correlated with postpartum depressive symptoms, there was no correlation with current suicidal ideation and depressive symptoms. PTSS correlated with both depressive symptoms and hopelessness, but not suicidal ideation, at both time points. There was no correlation between hopelessness and suicidal ideation during the perinatal period in this cohort.

Conclusions

It is important to understand the mental health needs of perinatal veterans given their vulnerability to develop mental health concerns, including suicidal ideation. The unpredicted pattern of correlations determined in this study implies the need for multifaceted measures for safety-related mental health assessment of perinatal veterans, including assessment for PTSS. Strengths of this study include its longitudinal assessment and a sampling from a general population of veterans. Limitations include small sample size, a single gestational time point, and loss of participants who did not return for their postpartum assessment. We demonstrated the feasibility of longitudinal research with pregnant and postpartum veterans, but additional assessment points during the perinatal period could help identify critical times for mental health intervention in this population.

<https://psycnet.apa.org/record/2019-36160-008>

Trauma training: Competencies, initiatives, and resources.

Cook, J. M., Newman, E., & Simiola, V.

Psychotherapy

2019; 56(3), 409-421.

<http://dx.doi.org/10.1037/pst0000233>

Traumatic stress is currently not a required component of the standard curricula in graduate-level education in clinical and counseling psychology. However, due to the high prevalence of trauma and its potentially deleterious physical and mental health effects in the general and clinical populations, it is imperative that psychology graduate students and practitioners understand the relevance of trauma in their clients' lives and its impact in clinical research. A comprehensive model of trauma-focused empirically informed competencies (knowledge, skills, and attitudes) was developed at a national consensus conference in 2013 and approved by the American Psychological Association in 2015 as part of that organization's education and training policy. These trauma competencies predated the American Psychological Association's Posttraumatic Stress Disorder Guidelines, and provided consensus about the scientific, theoretical, ethical, and professional foundational knowledge, skills, and attitudes for all trauma-informed professional practice, not solely treatment. The two endeavors are related and potentially synergistic, but separate. Intended to guide training programs' curriculum development and psychologists' self-monitoring, the trauma competencies serve as aspirational goals for psychologists. Training issues in these and other trauma competencies are discussed. Perhaps, most importantly, the scientific literature on trauma is constantly evolving, and thus embracing an ever-evolving curriculum and lifelong-learning approach is essential. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

<https://www.sciencedirect.com/science/article/pii/S0924933819301038>

Suicide ideation severity is associated with severe suicide attempts in a military setting.

Leah Shelef, Anat Brunstein Klomek, Eyal Fruchter, Ron Kedem, ... Gil Zalsman

European Psychiatry

Volume 61, September 2019, Pages 49-55

<https://doi.org/10.1016/j.eurpsy.2019.06.005>

Background

There is an ongoing debate on the effectiveness of suicidal behavior prevention measures in the military. The association of three widely used tools with severe suicide attempts was assessed in this setting.

Methods

Thirty-nine Israeli soldiers (59% males), mean age 19 yrs., who attempted suicide during military service were divided into two groups: severe ($n = 14$; 35.9%) and moderate suicide attempts, and were assessed using the Scale for Suicide Ideation (SSI), Suicide Intent Scale (SIS) and the Columbia Suicide Severity Rating Scale (C-SSRS).

Results

Seven items from the SSI ($p = 0.008$), two items from SIS and one item from C-SSRS were associated with severe suicide attempts. Kendall's tau-b correlation with bootstrap demonstrated stability of these correlations.

Conclusion

Greater severity of suicidal ideation was associated with more severe suicide attempts. The combination of male gender, available firearms and current severe suicide ideation is high-risk danger sign in a military setting, even when reported intent to die is low.

<https://link.springer.com/article/10.1007/s10597-019-00437-1>

Changing Rates of Mental Health Disorders Among Veterans Treated in the VHA During Troop Drawdown, 2007–2013.

Marcia G. Hunt, Gary S. Cuddeback, Elizabeth Bromley, Daniel W. Bradford, Rani A. Hoff

Community Mental Health Journal

First Online: 10 July 2019

<https://doi.org/10.1007/s10597-019-00437-1>

Nationally representative data on mental health disorder prevalence are critical to set informed mental health priorities and policies. Data indicating mental health diagnoses within our nation's veteran population treated at the Veterans Health Administration

(VHA) are available, but have yet to be examined for changing trends to inform both VHA and community care. We use VHA national program evaluation data from a time of increasing military enrollment (2007) to troop draw down (2013) to examine changes over time in the number of diagnoses in veterans receiving VHA services. The number of veterans in all diagnostic categories increased during our study period with the smallest increase in psychotic disorders (8%) and the largest in posttraumatic stress disorder (71%). Trends in behavioral health diagnoses among veterans have important implications for policy and clinician competencies within VHA and community providers as veteran mental health care needs change.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/sltb.12570>

Suicidal Ideation, Suicidal Attempts, and Self-Harm in the UK Armed Forces.

Norman Jones PhD, Marie-Louise Sharp PhD, Ava Phillips MSc, Sharon A. M. Stevelink PhD

Suicide and Life-Threatening Behavior

First published: 10 July 2019

<https://doi.org/10.1111/sltb.12570>

Introduction

In the UK military, suicide is infrequent and studies of self-harm behavior in this population are rare.

Objectives

To compare lifetime self-harm rates estimated on three occasions between 2004 and 2016 and to explore the associates of lifetime self-harm.

Method

Three phases of a UK AF cohort study ($n = 10,272$, $9,990$, and $8,581$, respectively) provided data. Telephone interviews assessed associates of self-harm among cohort members who reported subjective mental health problems in the past 3 years ($n = 1,448$). Validated measures of mental health and related stigmatization, social support, and help-seeking were obtained.

Results

Lifetime self-harm increased significantly ($p < .001$) from 1.8% among serving personnel

and 3.8% among veterans in 2004/06 to 1.9% and 4.5% in 2007/09 and to 4.2% and 6.6% in 2014/16 in the two groups, respectively. Veterans were consistently significantly more likely to report lifetime self-harm than serving personnel. Significant determinants of lifetime self-harm included current mental disorder symptoms, stigmatization, poor social support, suicidal ideation, and seeking help from formal medical sources.

Conclusion

Self-harm has increased over time in the UK serving and veteran community. Suicide prevention should focus on ameliorating mental disorder by encouraging engagement with health care, reducing negative views of mental illness, and fostering social support.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usz165/5530271>

Development and Trial Implementation of a 30-Day Outpatient Program for Subthreshold PTSD.

Sybil Mallonee, Larissa Tate, Fernanda De Oliveira, **Augusto Ruiz**

Military Medicine,

Published: 09 July 2019

<https://doi.org/10.1093/milmed/usz165>

Introduction

Posttraumatic stress disorder (PTSD) negatively impacts service members at high rates, causing considerable physical and psychological consequences. Additionally, many service members experience subthreshold PTSD (i.e., experiencing PTSD symptoms that do not meet full diagnostic criteria), which has also been shown to cause significant functional impairment and can be a precursor to the development of full PTSD. Typically, treatment for PTSD at Walter Reed National Military Center facility includes weekly outpatient individual therapy over a three-month period or referral to an intensive outpatient program (IOP), which emphasizes group treatment. Inclusion in these programs is dependent on the severity of symptoms. Service members with subthreshold symptoms do not typically qualify for an IOP, and weekly outpatient therapy does not meet the needs of some service members or their commands.

Methods

As a result, we developed an alternative program with the intention of allowing service members with subthreshold PTSD to receive treatment and return to full-duty status

more rapidly. The program emphasized bi-weekly evidenced-based PTSD therapies treatment adjusted to meet the needs of each service member along with the option of adjunct individual and group treatments.

Results

While this program is ongoing and we have not yet conducted outcome data analyses, the structure and pace of this program have the potential to produce quicker functional improvements, prevent the development of full PTSD symptoms, and reduce long-term or recurring healthcare utilization.

Conclusion

Although more research is needed, there exists preliminary empirical evidence of efficacy for an accelerated protocol of biweekly evidence-based therapy for service members with subthreshold PTSD.

Disclaimer

The opinions expressed in this abstract are those of the authors and do not necessarily represent the opinions of the Uniformed Services University of the Health Sciences, the Department of Defense, or the United States Government. Additionally, the authors have no conflicts of interests to report.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22411>

Association Between Shame and Posttraumatic Stress Disorder: A Meta-Analysis.

Teresa López-Castro, Tanya Saraiya, Kathryn Zumberg-Smith, Naomi Dambreville

Journal of Traumatic Stress

First published: 10 July 2019

<https://doi.org/10.1002/jts.22411>

Posttraumatic stress disorder (PTSD) is a complex condition with affective components that extend beyond fear and anxiety. The emotion of shame has long been considered critical in the relation between trauma exposure and PTSD symptoms. Yet, to date, no meta-analytic synthesis of the empirical association between shame and PTSD has been conducted. To address this gap, the current study summarized the magnitude of the association between shame and PTSD symptoms after trauma exposure. A systematic literature search yielded 624 publications, which were screened for inclusion

criteria (individuals exposed to a Criterion A trauma, and PTSD and shame assessed using validated measures of each construct). In total, 25 studies employing 3,663 participants met full eligibility criteria. A random-effects meta-analysis revealed a significant moderate association between shame and posttraumatic stress symptoms, $r = .49$, 95% CI [0.43, 0.55], $p < .001$. Moderator analyses were not completed due to the absence of between-study heterogeneity. Publication bias analyses revealed minimal bias, determined by small attenuation after the superimposition of weight functions. The results underscore that across a diverse set of populations, shame is characteristic for many individuals with PTSD and that it warrants a central role in understanding the affective structure of PTSD. Highlighting shame as an important clinical target may help improve the efficacy of established treatments. Future research examining shame's interaction with other negative emotions and PTSD symptomology is recommended.

<https://ieeexplore.ieee.org/abstract/document/8753959>

Towards Clinical Decision Support for Veteran Mental Health Crisis Events using Tree Algorithm.

Fitrat Hossain ; Olawunmi George ; Nadiyah Johnson ; Praveen Madiraju ; Mark Flower ; Zeno Franco ; Katinka Hooyer ; Jose Lizarraga Mazaba ; Lisa Rein ; Sheikh Iqbal Ahamed

2019 IEEE 43rd Annual Computer Software and Applications Conference (COMPSAC)
Publication Year: 2019, Page(s): 386 - 390
DOI: 10.1109/COMPSAC.2019.10237

This research focuses on establishing a psychological treatment system especially for Milwaukee based veterans outside the traditional clinical environment of Veterans Affairs (VA). As part of this process, a 12- week intervention had been made. Data had been collected related to different health aspects and psychological measurements. With the help of expert veterans and psychologist, we had defined early warning signs, acute crisis and long-term crisis from this dataset. We had used different algorithms to predict long term crisis using acute crisis and early warning signs. At the end, we had established a clinical decision-making rule to assist peer mentor veterans to help their fellow mentee veterans especially those suffering from PTSD.

<https://www.healio.com/psychiatry/journals/psycann/2019-7-49-7/%7B9b1c160d-222a-4cbf-8aa9-8c27e169865c%7D/ptsd-risk-assessment-and-early-management>

PTSD: Risk Assessment and Early Management.

Arieh Y. Shalev, MD; Anna C. Barbano, BS

Psychiatric Annals

2019; 49(7):299-306

<https://doi.org/10.3928/00485713-20190605-01>

Posttraumatic stress disorder (PTSD) is a debilitating and pernicious disorder that occurs in a significant proportion of survivors exposed to trauma. Early interventions may mitigate the development of PTSD among survivors who have risk factors. Beyond PTSD risk, survivors' initial distress may require immediate interventions. This article outlines clinically pertinent predictors of PTSD risk that inform early intervention decisions, delineates stress management approaches at the early aftermath of trauma, and discusses barriers to receiving mental health care by those at high risk for PTSD, and ways to mitigate them.

<https://www.healio.com/psychiatry/journals/psycann/2019-7-49-7/%7B892fbefe-e55c-4db2-8d05-19c9ace826c3%7D/psychological-interventions-to-prevent-ptsd>

Psychological Interventions to Prevent PTSD.

Sara A. Freedman, PhD

Psychiatric Annals

2019; 49(7):314-319

<https://doi.org/10.3928/00485713-20190528-01>

Experiencing a traumatic event is ubiquitous, whereas developing posttraumatic stress disorder (PTSD) is less likely. However, PTSD can become a chronic and disabling disorder, making primary and secondary prevention important goals. Studies have shown that we know little about preventing PTSD before the traumatic event has happened. In the first hours after the traumatic event, psychological debriefing is likely to have no or potentially a negative effect on subsequent PTSD and psychological interventions have not shown consistent results. Providing common-sense help and

reassurance is likely to be helpful. In the first weeks or months after the traumatic event, providing cognitive-behavioral therapy (CBT) for highly symptomatic patients is helpful in preventing PTSD. When resources are not immediately available, waiting for up to 3 months before starting CBT gives similar long-term results.

<https://www.ncbi.nlm.nih.gov/pubmed/30901421>

Mil Med. 2019 Mar 1;184(Suppl 1):488-497. doi: 10.1093/milmed/usy323

Self-Reported Sleep, Anxiety, and Cognitive Performance in a Sample of U.S. Military Active Duty and Veterans.

Rice VJB, Schroeder PJ

Unhealthy sleep can interfere with U.S. military service members affective and cognitive functioning, and increase accident and injury risks. This study examined the relationship between U.S. active duty and veterans' (n = 233) self-reported sleep (Pittsburgh Sleep Quality Index), anxiety (Zung Self-Rating Anxiety Scale), and cognitive performance (Automated Neuropsychological Assessment Metric). Statistical analyses included Pearson product moment correlations and multivariate analysis of variance, with Tukey-b post-hoc tests, with a $p < 0.05$ significance level. Higher education, abstinence from sleep aids, longer time in active duty service, and being on active duty were correlated with better sleep and lower anxiety. Greater sleep disturbance, poor sleep quality, and sleepiness-related daytime dysfunction were associated with greater anxiety and slower response times, and lower response accuracy. Statistically controlling for anxiety diminished the magnitude and significance of the correlations between sleep and cognitive performance, suggesting that reducing anxiety will improve sleep and diminish cognitive performance effects. These findings suggest the need for addressing both sleep and anxiety for those with diagnosed sleep disorders, as well as using a procedural systems approach to decrease anxiety during missions that demand outstanding cognitive performance.

Published by Oxford University Press on behalf of Association of Military Surgeons of the United States 2019.

<https://www.ncbi.nlm.nih.gov/pubmed/30901404>

Mil Med. 2019 Mar 1;184(Suppl 1):148-154. doi: 10.1093/milmed/usy321

Correlates of Depression in U.S. Military Service Members With a History of Mild Traumatic Brain Injury.

Kennedy JE, Lu LH, Reid MW, Leal FO, Cooper DB

OBJECTIVES:

Post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) are identified as signature injuries of the Wars in Iraq and Afghanistan. Statistics have confirmed a high incidence of PTSD among military personnel with mild TBI (mTBI) who served in these conflicts. Although receiving less attention, individuals with a history of mTBI are also at increased risk for depressive disorders. This study examines the incidence and correlates of depression in service members with a history of mTBI received an average of 4-1/2 years prior to evaluation.

METHODS:

Retrospective analysis of 184 service members with a history of mTBI extracted from a data repository maintained at a military medical center.

RESULTS:

One-third of the sample (34.2%) was clinically diagnosed with a depressive disorder in the month preceding evaluation. Of those with depression, 81% (51 of 63) were also diagnosed with PTSD. Proportionately more women than men had depression. Depression was more common among those who were undergoing a Military Evaluation Board and those who served in more than three combat deployments.

CONCLUSIONS:

Results confirm chronically elevated the rates of depressive disorders and PTSD comorbidity among service members with a history of mTBI. Depression screening and treatment within the Military Health System should remain a priority for service members reporting a remote history of mTBI. Individuals with chronic PTSD, women, service members undergoing MEB and those who served in greater than three combat deployments are at particular risk.

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<https://www.ncbi.nlm.nih.gov/pubmed/30423136>

Mil Med. 2019 Mar 1;184(Suppl 1):432-437. doi: 10.1093/milmed/usy296

Suicide in the Military: Understanding Rates and Risk Factors Across the United States' Armed Forces.

Pruitt LD, Smolenski DJ, Bush NE, Tucker J, Issa F, Hoyt TV, Reger MA

This paper presents data from the United States Department of Defense Suicide Event Report System for years 2012-2015 to detail descriptive, longitudinal rate data and risk factor profiles associated with military suicide. The annual findings were aggregated from all U.S. military suicide deaths and suicide attempts. Data elements included the most common method of suicide (firearms), most common behavioral health diagnoses (substance abuse/dependence), common life stressors (failed intimate-partner relationships), and an individual's history of operational deployment. Age- and sex-adjusted rates for the Services were compared with rates for the U.S. adult population. Results showed that the current reporting period (2015) is similar to patterns that have been observed over the preceding years and to patterns reported in the overall U.S. adult population. Suicide rates remain elevated but stable for both the Active and Reserve Components of the Military Services compared to historical levels observed prior to 2003. Finally, we discuss common errors and misinterpretations that can occur when analyzing surveillance data.

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<https://www.ncbi.nlm.nih.gov/pubmed/30549394>

Depress Anxiety. 2019 May;36(5):412-422. doi: 10.1002/da.22870. Epub 2018 Dec 14

Transition to suicide attempt from recent suicide ideation in U.S. Army soldiers: Results from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS).

Naifeh JA, Ursano RJ, Kessler RC, Zaslavsky AM, Nock MK, Dempsey CL, Bartolanzo D, Ng THH, Aliaga PA, Zuromski KL, Dinh HM, Fullerton CS, Kao TC, Mash HBH, Sampson NA, Wynn GH, Stein MB

BACKGROUND:

Most people with suicide ideation (SI) do not attempt suicide (SA). Understanding the transition from current/recent SI to SA is important for mental health care. Our objective was to identify characteristics that differentiate SA from 30-day SI among representative U.S. Army soldiers.

METHODS:

Using a unique case-control design, soldiers recently hospitalized for SA ($n = 132$) and representative soldiers from the same four communities ($n = 10,193$) were administered the same questionnaire. We systematically identified variables that differentiated suicide attempters from the total population, then examined whether those same variables differentiated all 30-day ideators ($n = 257$) from the total population and attempters from nonattempting 30-day ideators.

RESULTS:

In univariable analyses, 20 of 23 predictors were associated with SA in the total population (0.05 level). The best multivariable model included eight significant predictors: interpersonal violence, relationship problems, major depressive disorder, posttraumatic stress disorder (PTSD), and substance use disorder (all having positive associations), as well as past 12-month combat trauma, intermittent explosive disorder (IED), and any college education (all having negative associations). Six of these differentiated 30-day ideators from the population. Three differentiated attempters from ideators: past 30-day PTSD (OR = 6.7 [95% CI = 1.1-39.4]), past 30-day IED (OR = 0.2 [95% CI = 0.1-0.5]), and any college education (OR = 0.1 [95% CI = 0.0-0.6]). The 5% of ideators with highest predicted risk in this final model included 20.9% of attempters, a four-fold concentration of risk.

CONCLUSIONS:

Prospective army research examining transition from SI to SA should consider PTSD, IED, and education. Combat exposure did not differentiate attempters from ideators. Many SA risk factors in the Army population are actually risk factors for SI.

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<https://www.ncbi.nlm.nih.gov/pubmed/30901390>

Mil Med. 2019 Mar 1;184(Suppl 1):426-431. doi: 10.1093/milmed/usy284

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

Hoyt T, Repke DM

OBJECTIVES:

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

METHODS:

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

RESULTS:

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

DISCUSSION:

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

CONCLUSIONS:

Combined efforts in crafting policy for risk identification and communication resulted in a policy that was acceptable and feasible from the perspective of commanders and clinicians. Synchronization efforts between commanders, clinicians, and support services are crucial to ensure effective intervention to prevent suicide behavior. Published by Oxford University Press on behalf of Association of Military Surgeons of the United States 2019.

<https://www.ncbi.nlm.nih.gov/pubmed/30007291>

Mil Med. 2019 Jan 1;184(1-2):e101-e109. doi: 10.1093/milmed/usy162

Predictors of Postdeployment Prescription Opioid Receipt and Long-term Prescription Opioid Utilization Among Army Active Duty Soldiers.

Adams RS, Thomas CP, Ritter GA, Lee S, Saadoun M, Williams TV, Larson MJ

Erratum in

Predictors of Postdeployment Prescription Opioid Receipt and Long-term Prescription Opioid Utilization Among Army Active Duty Soldiers: Corrigendum. [Mil Med. 2019]

INTRODUCTION:

Little is known about long-term prescription opioid utilization in the Military Health System. The objectives of this study were to examine predictors of any prescription opioid receipt, and predictors of long-term opioid utilization among active duty soldiers in the year following deployment.

MATERIALS AND METHODS:

The analytic sample consisted of Army active duty soldiers returning from deployment to Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn in fiscal years 2008-2014 (N = 540,738). The Heckman probit procedure was used to jointly examine predictors of any opioid prescription receipt and long-term opioid utilization (i.e., an episode of 90 days or longer where days-supply covered at least two-thirds of days) in the postdeployment year. Predictors were based on diagnoses and characteristics of opioid prescriptions.

RESULTS:

More than one-third of soldiers (34.8%, n = 188,211) had opioid receipt, and among those soldiers, 3.3% had long-term opioid utilization (or 1.1% of the cohort, n = 6,188). The largest magnitude predictors of long-term opioid utilization were receiving a long-acting opioid within the first 30 days of the episode, diagnoses of chronic pain (no specified source), back/neck pain, or peripheral/central nervous system pain, and severe pain score in vital records.

CONCLUSIONS:

Soldiers returning from deployment were more likely to receive an opioid prescription

than the overall active duty population, and 1.1% initiated a long-term opioid episode. We report a declining rate of opioid receipt and long-term opioid utilization among Army members from fiscal years 2008-2014. This study demonstrates that the most important predictors of opioid receipt were not demographic factors, but generally clinical indicators of acute pain or physical trauma.

<https://www.ncbi.nlm.nih.gov/pubmed/30945914>

Neuropsychology. 2019 May;33(4):534-546. doi: 10.1037/neu0000529. Epub 2019 Apr 4

Clinically significant cognitive dysfunction in OEF/OIF/OND veterans: Prevalence and clinical associations.

Riley E, Mitko A, Stumps A, Robinson M, Milberg W, McGlinchey R, Esterman M, DeGutis J

OBJECTIVE:

Cognitive performance in trauma-exposed populations, such as combat Veterans, has been shown to be worse than in nonexposed peers. However, cognitive performance has typically been within the normal range (within 1 SD of normative mean), and the prevalence of clinically significant cognitive dysfunction (i.e., performance more than 1 SD below the mean on multiple measures in a domain) in younger adults with trauma exposure remains unknown. The objective of our study was to measure this.

METHOD:

We applied Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5) cutoffs for clinically significant cognitive dysfunction (>1 SD below the mean in multiple measures within a domain) in the domains of memory, executive function, and attention to a sample of combat-exposed Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND; N = 368, mean age = 31.7 years, 90% men) Veterans. We then compared psychiatric, physiological, and neural measures, as well as functional outcomes, between those with and without cognitive dysfunction.

RESULTS:

Veterans with cognitive dysfunction (n = 129, 35.1%) had lower premorbid reading ability and more severe psychological distress, including increased anxiety, depression, posttraumatic stress disorder (PTSD), sleep difficulties, pain, and alcohol consumption.

Those with cognitive dysfunction also had worse functional outcomes, with mild but significant disability. In contrast, we found associations between outcome and age, traumatic brain injury, physiological and neural measures to be weak or not significant.

CONCLUSIONS:

Together, this suggests that premorbid abilities and trauma-related psychological symptoms contribute significantly to cognitive dysfunction in OEF/OIF/OND Veterans, and that neurological insult and aging may play less of a role. Cognitive dysfunction may be at least partially ameliorated by treating trauma-related symptoms. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

<https://www.ncbi.nlm.nih.gov/pubmed/29931192>

Mil Med. 2019 Jan 1;184(1-2):e133-e142. doi: 10.1093/milmed/usy147

Deployed Military Medical Personnel: Impact of Combat and Healthcare Trauma Exposure.

Peterson AL, Baker MT, Moore CBA, Hale WJ, Joseph JS, Straud CL, Lancaster CL, McNally RJ, Isler WC, Litz BT, Mintz J

INTRODUCTION:

Limited research has been conducted on the impact of deployment-related trauma exposure on post-traumatic stress symptoms in military medical personnel. This study evaluated the association between exposure to both combat experiences and medical duty stressors and post-traumatic stress symptoms in deployed military medical personnel.

MATERIALS AND METHODS:

U.S. military medical personnel (N = 1,138; 51% male) deployed to Iraq between 2004 and 2011 were surveyed about their exposure to combat stressors, healthcare stressors, and symptoms of post-traumatic stress disorder (PTSD). All participants were volunteers, and the surveys were completed anonymously approximately halfway into their deployment. The Combat Experiences Scale was used as a measure of exposure to and impact of various combat-related stressors such as being attacked or ambushed, being shot at, and knowing someone seriously injured or killed. The Military Healthcare Stressor Scale (MHSS) was modeled after the Combat Experiences Scale and developed for this study to assess the impact of combat-related healthcare stressors

such as exposure to patients with traumatic amputations, gaping wounds, and severe burns. The Post-traumatic Stress Disorder Checklist-Military Version (PCL-M) was used to measure the symptoms of PTSD.

RESULTS:

Eighteen percent of the military medical personnel reported exposure to combat experiences that had a significant impact on them. In contrast, more than three times as many medical personnel (67%) reported exposure to medical-specific stressors that had a significant impact on them. Statistically significant differences were found in self-reported exposure to healthcare stressors based on military grade, education level, and gender. Approximately 10% of the deployed medical personnel screened positive for PTSD. Approximately 5% of the sample were positive for PTSD according to a stringent definition of caseness (at least moderate scores on requisite Diagnostic and Statistical Manual for Mental Disorders criteria and a total PCL-M score ≥ 50). Both the MHSS scores ($r(1,127) = 0.49, p < 0.0001$) and the Combat Experiences Scale scores ($r(1,127) = 0.34, p < 0.0001$) were significantly associated with PCL-M scores. However, the MHSS scores had statistically larger associations with PCL-M scores than the Combat Experiences Scale scores ($z = 5.57, p < 0.0001$). The same was true for both the minimum criteria for scoring positive for PTSD ($z = 3.83, p < 0.0001$) and the strict criteria PTSD ($z = 1.95, p = 0.05$).

CONCLUSIONS:

The U.S. military has provided significant investments for the funding of research on the prevention and treatment of combat-related PTSD, and military medical personnel may benefit from many of these treatment programs. Although exposure to combat stressors places all service members at risk of developing PTSD, military medical personnel are also exposed to many significant, high-magnitude medical stressors. The present study shows that medical stressors appear to be more impactful on military medical personnel than combat stressors, with approximately 5-10% of deployed medical personnel appearing to be at risk for clinically significant levels of PTSD.

Links of Interest

2017 DoD Suicide Event Report: Key Findings about Suicidal Behaviors among Service Members

<https://www.pdhealth.mil/news/blog/2017-dod-suicide-event-report-key-findings-about-suicidal-behaviors-among-service-members>

Questions Remain as DoD Gets Ready to Cut 18,000 Medical Personnel

<https://www.military.com/daily-news/2019/07/10/questions-remain-dod-gets-ready-cut-18000-medical-personnel.html>

Medal of Honor Recipient Dakota Meyer Launches GoFundMe for PTSD Treatment

<https://www.military.com/daily-news/2019/07/10/medal-honor-recipient-dakota-meyer-launches-gofundme-ptsd-treatment.html>

Advocates urge help for homeless women veterans

<https://thehill.com/policy/defense/452504-advocates-urge-help-for-homeless-women-veterans>

Would lowering the age of recruitment fix the military's recruiting worries?

<https://www.militarytimes.com/opinion/commentary/2019/07/10/why-we-should-lower-the-age-for-recruitment-to-16/>

New Marine Commandant: There Will 'Definitely' Be More Coed Companies at Boot Camp

<https://www.military.com/daily-news/2019/07/11/new-marine-commandant-there-will-definitely-be-more-coed-companies-boot-camp.html>

Milley: No Problem with Transgender Troops if They Meet Standards

<https://www.military.com/daily-news/2019/07/12/milley-no-problem-transgender-troops-if-they-meet-standards.html>

Military Discipline in the Social Media Age: How the New Top Marine Plans to Lead

<https://www.military.com/daily-news/2019/07/14/military-discipline-social-media-age-how-new-top-marine-plans-lead.html>

Department of Veterans Affairs' new 'smoke-free' policy doesn't apply to employees

<https://www.stripes.com/news/us/departement-of-veterans-affairs-new-smoke-free-policy-doesn-t-apply-to-employees-1.590159>

Why gambling addiction among active-duty troops may pose national security risks

<https://www.militarytimes.com/news/pentagon-congress/2019/07/09/gambling-addiction-remains-a-troubling-problem-among-active-duty-troops-advocates-warn/>

New Data Finds Child Abuse, Neglect Still Underreported in the Army

<https://www.military.com/daily-news/2019/07/15/new-data-finds-child-abuse-neglect-still-underreported-army.html>

Fleet Finding New Sleep-Sensitive Watch Schedules Boosts Crew Performance, Efficiency

<https://news.usni.org/2019/07/15/fleet-finding-new-sleep-sensitive-watch-schedules-boosts-crew-performance-efficiency>

High-Risk ANG Wings Boosting Mental Health Support

<http://www.airforcemag.com/Features/Pages/2019/July%202019/High-Risk-ANG-Wings-Boosting-Mental-Health-Support.aspx>

Rural retreats offer traumatized veterans and their families time and therapy to heal

https://www.washingtonpost.com/local/social-issues/rural-retreats-offer-traumatized-veterans-and-their-families-time-and-support-to-heal/2019/07/16/b9c271fe-a3d9-11e9-bd56-eac6bb02d01d_story.html

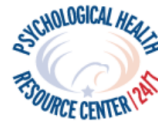
The Sad Truth About Sleep-Tracking Devices and Apps

<https://www.nytimes.com/2019/07/17/technology/personaltech/sleep-tracking-devices-apps.html>

Resource of the Week: [Resources for Military Members Before, During, and Following a Hurricane](#)

By Dr. Holly O'Reilly at the Psychological Health Center of Excellence:

While it is always hard to predict just how impactful these storms will be, quick access to emergency preparedness and response resources can make a critical difference and providers and commands should encourage service members, veterans, and families to leverage all available resources.



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Resources for Military Members Before, During, and Following a Hurricane

By Holly O'Reilly, Ph.D.

July 12, 2019

Tropical storm Barry is expected to become a hurricane and make landfall on Saturday. Service members and their families living in Louisiana and other regions of the Gulf Coast may experience challenges related to the extreme weather. While it is always hard to predict just how impactful these storms will be, quick access to emergency preparedness and response resources can make a critical difference and providers and commands should encourage service members, veterans, and families to leverage all available resources.



Photo Credit: Staff Sgt. Garrett Dipuma

General Hurricane Assistance and Information

- [Federal Emergency Management Agency \(FEMA\)](#)
 - Check [eligibility for disaster assistance](#) or call 800-621-3362 (en espanol)
 - Download the [FEMA App](#) for real time alerts and emergency safety tips

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