

CDP



Research Update -- August 8, 2019

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<https://academic.oup.com/sleep/advance-article/doi/10.1093/sleep/zsz112/5491797>

The association of insomnia and sleep apnea with deployment and combat exposure in the entire population of US army soldiers from 1997 to 2011: a retrospective cohort investigation.

John A Caldwell, Joseph J Knapik, Tracie L Shing, Joseph R Kardouni, Harris R Lieberman

Sleep

Published: 18 May 2019

<https://doi.org/10.1093/sleep/zsz112>

Since 2001, the United States has been engaged in the longest and most expensive overseas conflict in its history. Sleep disorders, especially insomnia and obstructive sleep apnea (OSA), are common in service members and appear related to deployment and combat exposure, but this has not been systematically examined. Therefore, the incidence of clinically diagnosed insomnia and OSA from 1997 to 2011 in the entire population of US Army soldiers was determined and associations of these disorders with deployment and combat exposure examined. This observational retrospective cohort study linked medical, demographic, deployment, and combat casualty data from all active duty US Army soldiers serving from 1997 to 2011 ($n = 1\,357\,150$). The mediating effects of multiple known comorbid conditions were considered. From 2003 to 2011, there were extraordinary increases in incidence of insomnia (652%) and OSA (600%). Factors increasing insomnia risk were deployment (risk ratio [RR] [deployed/not deployed] = 2.06; 95% confidence interval [CI], 2.04–2.08) and combat exposure (RR [exposed/not exposed] = 1.20; 95% CI, 1.19–1.22). Risk of OSA was increased by deployment (RR [deployed/not deployed] = 2.14; 95% CI, 2.11–2.17), but not combat exposure (RR [exposed/not exposed] = 1.00; 95% CI, 0.98–1.02). These relationships remained after accounting for other factors in multivariable analyses. A number of comorbid medical conditions such as posttraumatic stress disorder and traumatic brain injury mediated a portion of the association between the sleep disorders and deployment. It is essential to determine underlying mechanisms responsible for these very large increases in insomnia and OSA and introduce effective preventive measures.

<https://s3.amazonaws.com/static.militarytimes.com/assets/pdfs/1564602889.pdf>

The Veteran Wage Differential.

Francesco Renna & Amanda Weinstein

Applied Economics

2019; 51:12, 1284-1302

DOI: 10.1080/00036846.2018.1527445

There is debate in the literature as to whether military service is rewarded in the economy and the extent to which veterans receive either a wage premium or penalty. In this paper, we take a new approach to this question by conducting a wage decomposition of the veteran wage differential and decomposing the wage distribution of veterans and civilians instead of focusing only on the standard wage gap analysis at the averages. We find the veteran wage differential is driven by observable factors such as education, occupation, and industry, but also by location choice, a factor that has been previously overlooked in the literature. At the average, we find white men experience a veteran penalty whereas black men and women experience a veteran premium consistent with the bridging hypothesis. Additionally, we find that as we move along the wage distribution for all demographic groups, the veteran premium tends to become a veteran penalty, even after accounting for selection into military service. However, once we account for selection, we find that the premium for veteran black men disappears.

<https://psycnet.apa.org/record/2019-41294-001>

Timing of evidence-based psychotherapy for posttraumatic stress disorder initiation among Iraq and Afghanistan war veterans in the Veterans Health Administration.

Holder, N., Shiner, B., Li, Y., Madden, E., Neylan, T. C., Seal, K. H., . . . Maguen, S.

Psychological Trauma: Theory, Research, Practice, and Policy

Advance online publication.

<http://dx.doi.org/10.1037/tra0000496>

Objective:

Cognitive processing therapy (CPT) and prolonged exposure therapy (PE) were widely disseminated to treat posttraumatic stress disorder (PTSD) in the Veterans Health Administration (VHA). However, few Iraq and Afghanistan war veterans (Operation Enduring Freedom [OEF], Operation Iraqi Freedom [OIF], Operation New Dawn [OND]) diagnosed with PTSD have received CPT/PE and many initiate CPT/PE after substantial delay. Veterans who do not initiate CPT/PE or initiate CPT/PE after delay may have poorer treatment outcomes. This study aimed to identify predictors of CPT/PE initiation and timing.

Methods:

Participants included OEF/OIF/OND veterans diagnosed with PTSD who received psychotherapy between 2001 and 2017 in the VHA (n = 265,566). Logistic regression analysis was utilized to predict initiating CPT/PE (vs. no CPT/PE). Multinomial logistic regression analysis was utilized to predict not initiating or initiating delayed CPT/PE versus “early CPT/PE” (< 1 year after first mental health visit). Analyzed predictors included demographic, military, and clinical complexity variables (e.g., comorbidities, reported military sexual trauma [MST] history).

Results:

Seventy-Seven percent of veterans did not initiate CPT/PE, with 7.4% initiating early and 15.4% initiating delayed CPT/PE. Reported MST history (odds ratio [OR] = 1.45, 95% CI [1.39, 1.51]) and history of suicidal ideation/attempt (OR = 1.42, 95% CI [1.38, 1.46]) were strong predictors of CPT/PE initiation versus no CPT/PE. Comorbid pain (relative risk ratio [RRR] = 1.35, 95% CI [1.30, 1.42]) and depressive disorders (RRR = 1.37, 95% CI [1.32, 1.43]) were associated with increased likelihood of delayed versus early CPT/PE.

Conclusions:

Most veterans in our study did not initiate CPT/PE. Generally, clinical complexity variables increased likelihood of initiating CPT/PE and initiating CPT/PE more than 1 year after first mental health visit. Additional research is needed to understand whether CPT/PE delay results from receipt of alternative intervention due to clinical complexity variables. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

<https://www.liebertpub.com/doi/abs/10.1089/tmj.2018.0079>

Update of Recent Literature on Remotely Delivered Psychotherapy Interventions for Anxiety and Depression.

Timothy Lamb, Nancy A. Pachana, and Nadeeka Dissanayaka

Telemedicine and e-Health

Aug 2019 ahead of print

<http://doi.org/10.1089/tmj.2018.0079>

Introduction:

Anxiety and depression are harmful to individuals suffering from these disorders, their caregivers, and the economy. Remote delivery of psychotherapy has been established as a viable alternative to traditional in-person psychotherapy for treating anxiety and depression. However, literature comparing and evaluating the variety of remote delivery modalities of psychotherapy has not yet been integrated. This review examines the efficacy, practicality, and limitations of telephone, video, and online-administered psychotherapy for the treatment of anxiety and depression.

Methods:

A comprehensive literature search conducted using PubMed and PsycINFO included systematic reviews, randomized controlled trials, and cost-analysis studies focused on a remote delivery method of psychotherapy for anxiety and depression.

Results:

Overall, interventions delivered through telephone, video, and online modalities demonstrated good efficacy in treating anxiety and depression in general, and when presenting comorbid with other disorders. The literature also suggested that telehealth psychotherapy is accessible, convenient, and cost-effective. However, there is less evidence for video-delivered psychotherapy for anxiety and depression compared with telephone-administered and online-administered modalities. Despite this, overall, the efficacy and practical benefits of remote psychotherapy interventions in treating anxiety and depression across a diverse range of patient groups suggested that it is an appropriate alternative for those who cannot access in-person psychotherapy.

Conclusions:

Further research evaluating the efficacy and practical benefits of video-delivered psychotherapy for anxiety and depression is much needed for patients with limited access to in-person psychological care.

<https://bjgp.org/content/early/2019/07/29/bjgp19X705065.short>

Cognitive behavioural treatment for insomnia in primary care: a systematic review of sleep outcomes.

Judith R Davidson, Ciara Dickson and Han Han

British Journal of General Practice

29 July 2019

DOI: <https://doi.org/10.3399/bjgp19X705065>

Background

Practice guidelines recommend that chronic insomnia be treated first with cognitive behavioural therapy for insomnia (CBT-I), and that hypnotic medication be considered only when CBT-I is unsuccessful. Although there is evidence of CBT-I's efficacy in research studies, systematic reviews of its effects in primary care are lacking.

Aim

To review the effects on sleep outcomes of CBT-I delivered in primary care.

Design and setting

Systematic review of articles published worldwide.

Method

Medline, PsycINFO, EMBASE, and CINAHL were searched for articles published from January 1987 until August 2018 that reported sleep results and on the use of CBT-I in general primary care settings. Two researchers independently assessed and then reached agreement on the included studies and the extracted data. Cohen's *d* was used to measure effects on sleep diary outcomes and the Insomnia Severity Index.

Results

In total, 13 studies were included. Medium-to-large positive effects on self-reported sleep were found for CBT-I provided over 4–6 sessions. Improvements were generally well maintained for 3–12 months post-treatment. Studies of interventions in which the format or content veered substantially from conventional CBT-I were less conclusive. In only three studies was CBT-I delivered by a GP; usually, it was provided by nurses, psychologists, nurse practitioners, social workers, or counsellors. Six studies included advice on withdrawal from hypnotics.

Conclusion

The findings support the effectiveness of multicomponent CBT-I in general primary care. Future studies should use standard sleep measures, examine daytime symptoms, and investigate the impact of hypnotic tapering interventions delivered in conjunction with CBT-I.

<https://www.nature.com/articles/s41593-019-0447-7>

Genome-wide association study of post-traumatic stress disorder reexperiencing symptoms in >165,000 US veterans.

Joel Gelernter, Ning Sun, Renato Polimanti, Robert. Pietrzak, Daniel F. Levey, Julien Bryois, Qiongshi Lu, Yiming Hu, Boyang Li, Krishnan Radhakrishnan, Mihaela Aslan, Kei-Hoi Cheung, Yuli Li, Nallakkandi Rajeevan, Frederick Sayward, Kelly Harrington, Quan Chen, Kelly Cho, Saiju Pyarajan, Patrick F. Sullivan, Rachel Quaden, Yunling Shi, Haley Hunter-Zinck, J. Michael Gaziano, John Concato, Hongyu Zhao, Murray B. Stein & Department of Veterans Affairs Cooperative Studies Program (#575B) and Million Veteran Program

Nature Neuroscience

Published: 29 July 2019

<https://doi.org/10.1038/s41593-019-0447-7>

Post-traumatic stress disorder (PTSD) is a major problem among military veterans and civilians alike, yet its pathophysiology remains poorly understood. We performed a genome-wide association study and bioinformatic analyses, which included 146,660 European Americans and 19,983 African Americans in the US Million Veteran Program, to identify genetic risk factors relevant to intrusive reexperiencing of trauma, which is the most characteristic symptom cluster of PTSD. In European Americans, eight distinct significant regions were identified. Three regions had values of $P < 5 \times 10^{-10}$: CAMKV; chromosome 17 closest to KANSL1, but within a large high linkage disequilibrium region that also includes CRHR1; and TCF4. Associations were enriched with respect to the transcriptomic profiles of striatal medium spiny neurons. No significant associations were observed in the African American cohort of the sample. Results in European Americans were replicated in the UK Biobank data. These results provide new insights into the biology of PTSD in a well-powered genome-wide association study.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/da.22945>

Predictors of multiple domains of functioning in Veterans with posttraumatic stress disorder: Results from the Mind Your Heart Study.

Melanie B. Arenson BS, Shannon E. McCaslin PhD, Beth E. Cohen MD, MAS

Depression & Anxiety

First published: 29 July 2019

<https://doi.org/10.1002/da.22945>

Background

Those with posttraumatic stress disorder (PTSD) have lower overall functioning than healthy controls. However, this population is not homogenous, and those with PTSD have a wide range of functional outcomes. To our knowledge, only one other study has evaluated the predictors of better functioning within patients with PTSD.

Methods

We examined 254 veterans with likely PTSD, using the Clinician-Administered PTSD Scale to assess PTSD symptom severity, and the SF-36 and single-item question to assess aspects of current functioning and quality of life.

Results

In fully adjusted models (controlling for age, gender, and PTSD score, and including all significant psychosocial predictors of the outcome of interest), greater sleep quality ($p = .03$), lower C-reactive protein ($p < .01$), and lower erythrocyte sedimentation rate ($p = 0.04$) were associated with greater physical functioning; lower depression ($p < .01$) and greater perceived social support ($p = .05$) were associated with greater social functioning; lower depression ($p = .02$) was associated with greater occupational functioning; and greater combat exposure ($p = .04$), greater optimism ($p < .01$) and greater perceived social support ($p = .05$) were associated with greater quality of life.

Conclusions

These findings highlight the differential impact of psychosocial predictors on multiple functional outcomes. As such, they provide important information for clinicians about aspects of veterans' lives that can be targeted during the treatment to improve specific types of functioning.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/acps.13079>

Internet-based cognitive behavioural therapy (i-CBT) for post-traumatic stress disorder (PTSD): systematic review and meta-analysis.

Catrin Lewis, Neil P. Roberts, Natalie Simon, Andrew Bethell, Jonathan I. Bisson

Acta Psychiatrica Scandinavica

First published: 29 July 2019

<https://doi.org/10.1111/acps.13079>

Objective

To determine whether internet-based cognitive behavioural therapy (i-CBT) is an effective treatment for those who meet diagnostic criteria for post-traumatic stress disorder (PTSD).

Method

A systematic review was undertaken according to Cochrane Collaboration Guidelines. The primary outcome measures were reduction in PTSD symptoms and dropout. Categorical outcomes were meta-analysed as risk ratios (RRs), and continuous outcomes as mean differences (MDs) or standardised mean differences (SMDs).

Results

Ten studies with 720 participants were included. Evidence showed that i-CBT may be associated with a clinically important reduction in post-treatment PTSD symptoms compared with waitlist (SMD-0.60, 95% confidence interval -0.97 to -0.24; N=560), however only three studies reported follow-up data and there was no evidence to support the maintainance of symptom improvement at follow-up of three to six months. There was no evidence of a difference in PTSD symptoms between i-CBT and internet-based-non-CBT post-treatment. There was evidence of greater treatment effect from trauma-focused i-CBT than i-CBT without a trauma-focus, as well as evidence that treatment effect was increased by the provision of guidance.

Conclusions

While the review found some beneficial effects of i-CBT for PTSD post-treatment, the quality of the evidence was very low due to the small number of included trials and there was insufficient evidence to support the maintainance of improvement at follow-up of three to six months. Further work is required to establish non-inferiority to current first-

line interventions; to determine long-term efficacy; to explore mechanisms of effect; and to establish optimal levels of guidance.

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<https://www.sciencedirect.com/science/article/abs/pii/S0306460319301479>

Past-year opioid misuse and suicide attempt are positively associated in high suicide risk veterans who endorse past- year substance use.

Megan Chesin, Alejandro Interian, Anna Kline, Lauren St. Hill, ... Barbara Stanley

Addictive Behaviors

Available online 29 July 2019

<https://doi.org/10.1016/j.addbeh.2019.106064>

Highlights

- Past-year opioid misuse is associated with past-year suicide attempt in high suicide-risk Veterans.
- The relationship between past-year opioid misuse and past-year suicide attempt is robust and remains when psychosocial factors associated with suicide attempt and opioid misuse are included as covariates in the model testing the relationship between near-term opioid misuse and suicide attempt.
- Suicide attempt rates do not differ among those who misuse different types of opioids, e.g., prescription medications for pain relief and/or heroin.

Abstract

The main purpose of this study was to test the relationship between past-year suicide attempt (SA) and past-year opioid misuse among Veterans at high risk of suicide who reported using at least one illicit substance or alcohol in the past year. Baseline data from 130 high suicide-risk Veterans (n = 39 past-year opioid misusers; n = 91 past-year users of other substances) who enrolled in a randomized controlled trial testing adjunctive Mindfulness-Based Cognitive Therapy to Prevent Suicidal Behavior were used. Information was collected on a semi-structured interview that included the Columbia-Suicide Severity Rating Scale to collect suicide attempt history. Past-year opioid misusers, compared to those who used at least one other illicit substance or alcohol in the past year, were more likely to have made a past-year SA. Past-year opioid misuse remained associated with past-year SA in multivariate analysis that

included other known risk factors for SA. Our findings show a robust link between near-term SA and opioid misuse in Veterans.

<https://link.springer.com/article/10.1007/s12144-019-00357-z>

Family snapshot: Characteristics of the economic and social environment and their associations with mental health in Canadian military personnel with a history of deployment.

Christine Frank, Jennifer E. C. Lee, Mark A. Zamorski

Current Psychology

First Online: 29 July 2019

<https://doi.org/10.1007/s12144-019-00357-z>

The high volume of deployments related to military operations in southwest Asia over the past two decades have generated interest in research on factors that may influence mental health among service members with a history of deployment. Identifying key risk and protective factors for mental health disorders in military populations is an integral step towards developing or improving policies and programs aimed at enhancing resilience to deployment stress. In line with the growing consideration of research on social determinants of health, the objectives of the present study were to i) examine the characteristics of Canadian Armed Forces (CAF) members' economic and social environment and ii) examine the associations between these characteristics and mental health. Participants included 6,040 CAF members who were deployed at least once in support of a mission and completed the 2013 Canadian Forces Mental Health Survey (CFMHS). A range of economic and social environmental characteristics were examined, including education, income, marital status, household composition, and social support. Accounting for various other demographic and military characteristics, results indicated that living as a single parent was associated with increased odds of reporting any past year anxiety or mood disorder. Additionally, those with a Bachelor's degree or higher appeared to have decreased odds of reporting any past year anxiety or mood disorder. The results underline at risk groups and reinforce the value of considering the personal and social circumstances of military personnel in research on their mental health and well-being.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22428>

Patterns of Treatment Disengagement and Personality Traits Associated With Posttraumatic Stress Disorder in Recent-Era U.S. Veterans Receiving Cognitive Processing Therapy.

Joanna Lamkin, Natalie Hundt, Eileen P. Ahearn, Melinda Stanley, Tracey L. Smith

Journal of Traumatic Stress

First published: 29 July 2019

<https://doi.org/10.1002/jts.22428>

Low treatment engagement is a barrier to implementation of empirically supported treatments for posttraumatic stress disorder (PTSD) among veterans. Understanding personality traits that predict dropout may help focus attempts to improve engagement. The current study included 90 veterans who served in recent conflicts in Iraq and/or Afghanistan and participated in a trial of cognitive processing therapy for PTSD. Goals were to characterize (a) personality correlates of PTSD, (b) patterns of engagement (i.e., attendance and homework completion), and (c) personality correlates of reduced engagement. Higher levels of PTSD symptoms were associated with a range of characteristics, including affective lability, $r = .44$, $p < .001$; anxiety, $r = .38$, $p < .001$; identity problems, $r = .57$, $p < .001$; intimacy problems, $r = .34$, $p = .001$; low affiliation, $r = .33$, $p = .002$; oppositionality, $r = .36$, $p = .001$; restricted expression, $r = .35$, $p = .001$; and suspiciousness, $r = .50$, $p < .001$. Notably, veterans with worse PTSD symptoms endorsed more cognitive dysregulation, $r = .40$, $p < .001$; and less insecure attachment, $r = .14$, $p = .190$, than expected. Only 52.2% of veterans completed the 12-session course of treatment and 31.0% of participants completed fewer than six sessions. Personality traits did not predict attendance or homework completion. Disengagement continues to be a significant issue in trauma-focused treatment for veterans with PTSD. Understanding veteran-level factors, such as personality traits, may be useful considerations for future research seeking to understand and improve engagement.

<https://www.sciencedirect.com/science/article/abs/pii/S0165032719308328>

The efficacy of virtual reality exposure therapy for PTSD symptoms: A systematic review and meta-analysis.

Wenrui Deng, Die Hu, Sheng Xu, Xiaoyu Liu, ... Xiaoming Li

Highlights

- VRET has moderate positive effects on PTSD symptoms.
- Effect sizes were significantly greater compared to inactive conditions.
- A dose–response relationship existed with more sessions showing larger effects.
- Significant long-range effects were detected at 6 and 12 month follow-up.
- For depressive symptoms, VRET also has moderate positive effects.

Abstract

Background

Virtual reality exposure therapy (VRET) for PTSD is an emerging treatment of remarkable promise, but its efficacy and safety are still unclear. Our aim was to investigate the efficacy of VRET for individuals with PTSD, and to identify the potential moderating variables associated with interventions.

Methods

Literature search was conducted via PubMed, Embase, Web of Science, Cochrane Library, PsycInfo, Science Direct, and EBSCO. We identified 18 studies on PTSD including 13 randomized controlled trials (RCTs; 654 participants) and 5 single-group trials (60 participants).

Results

The main effects analysis showed a moderate effect size ($g = 0.327$, 95% CI: 0.105–0.550, $p < 0.01$) for VRET compared to control conditions on PTSD symptoms. Subgroup analysis revealed that the effects of VRET were larger when compared to inactive groups ($g = 0.567$) than active control groups ($g = 0.017$). This finding was in agreement with depressive symptoms. A dose–response relationship existed with more VRET sessions showing larger effects. There was a long-range effect of VRET on PTSD symptoms indicating a sustained decrease in PTSD symptoms at 3-month follow-up ($g = 0.697$) and 6-month follow-up ($g = 0.848$). The single-group trials analysis revealed that the VRET intervention had a significant effect on PTSD.

Limitations

Many of the combat-related PTSD subjects resulted in uncertainty regarding meta-analytical estimates and subsequent conclusions.

Conclusions

These findings demonstrated that VRET could produce significant PTSD symptoms reduction and supported its application in treating PTSD.

https://journals.lww.com/headtraumarehab/Abstract/publishahead/The_Association_of_Lifetime_and.99398.aspx?Ppt=Article|headtraumarehab:9000:00000:99398|

The Association of Lifetime and Deployment-Acquired Traumatic Brain Injury With Postdeployment Binge and Heavy Drinking.

Adams, Rachel Sayko PhD, MPH; Campbell-Sills, Laura PhD; Stein, Murray B. MD, MPH; Sun, Xiaoying MS; Larson, Mary Jo PhD, MPA; Kessler, Ronald C. PhD; Ursano, Robert J. MD; Jain, Sonia PhD; Corrigan, John D. PhD

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Objective:

To investigate associations of lifetime traumatic brain injury (LT-TBI) prior to an index deployment, and/or deployment-acquired TBI (DA-TBI), with postdeployment binge and heavy drinking.

Setting:

Soldiers from 3 Brigade Combat Teams deployed to Afghanistan in 2012.

Participants:

A total of 4645 soldiers who participated in the Army STARRS Pre/Post Deployment Study and completed 4 assessments: T0 (1-2 months predeployment), T1 (upon return to United States), T2 (3 months postdeployment), and T3 (9 months postdeployment).

Design:

Prospective, longitudinal study controlling for baseline binge drinking.

Main Measures:

Self-reported past month binge drinking (5+ alcoholic beverages on the same day) and past month heavy drinking (binge drinking at least weekly) at T2 and T3.

Results:

In total, 34.3% screened positive for LT-TBI, and 19.2% screened positive for DA-TBI. At T2 only, LT-TBI, but not DA-TBI, was associated with increased odds of binge drinking (adjusted odds ratio [AOR] = 1.39, 95% confidence interval [CI]: 1.20-1.60, $P < .001$) and heavy drinking (AOR = 1.28, 95% CI: 1.09-1.49, $P = .007$). Among the subgroup with LT-TBI, also having DA-TBI was associated with increased risk of heavy drinking at T3 (AOR = 1.42, 95% CI: 1.03-1.95, $P = .047$).

Conclusion:

Routine screening for LT-TBI may help target efforts to prevent alcohol misuse among military members.

https://journals.lww.com/headtraumarehab/Abstract/publishahead/Emotional_Suppression_and_Hypervigilance_in.99400.aspx?Ppt=Article|headtraumarehab:9000:00000:99400|

Emotional Suppression and Hypervigilance in Military Caregivers: Relationship to Negative and Positive Affect.

Sander, Angelle M. PhD; Boileau, Nicholas R. MPH; Hanks, Robin A. PhD; Tulsky, David S. PhD; Carlozzi, Noelle E. PhD

The Journal of Head Trauma Rehabilitation
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Objective:

To investigate the relationship of 2 health-related quality-of-life (QOL) item banks (Emotional Suppression and Caregiver Vigilance), developed for caregivers of service members/veterans with traumatic brain injury (TBI), to caregivers' positive and negative affect.

Setting:

Community.

Participants:

One hundred sixty-five caregivers of service members/veterans with TBI.

Design:

Retrospective database analysis.

Main Measures:

TBI-CareQOL Emotional Suppression; TBI-CareQOL Caregiver Vigilance; measures of negative (Patient-Reported Outcomes Measurement Information System [PROMIS] Depression, PROMIS Anger, TBI-CareQOL Caregiver-Specific Anxiety, National Institutes of Health Toolbox [NIHTB] Perceived Stress, GAD-7) and positive affect (Neuro-QOL Positive Affect and Well-being, NIHTB Self-efficacy, NIHTB General Life Satisfaction, Family Resilience Scale for Veterans, TBI-QOL Resilience).

Results:

When considered separately, linear regression showed that higher levels of Emotional Suppression and greater Caregiver Vigilance were individually associated with more negative affect and less positive affect. When considered together, the pattern of findings was generally consistent for both Emotional Suppression and Caregiver Vigilance with regard to negative affect and for Emotional Suppression with regard to positive affect. However, when considered together, Caregiver Vigilance was no longer related to positive affect.

Conclusions:

Caregivers with high emotional suppression and/or vigilance are more likely to show emotional distress and less likely to have positive affect than caregivers with lower levels of emotional suppression and vigilance. A combination of education and individual counseling targeting coping with negative emotions and TBI-related problems may be beneficial.

<https://www.sciencedirect.com/science/article/abs/pii/S0005789419300784>

Weekly Changes in Blame and PTSD Among Active Duty Military Personnel Receiving Cognitive Processing Therapy.

Kirsten H. Dillon, Willie J. Hale, Stefanie T. LoSavio, Jennifer S. Wachen, ... Patricia A. Resick

Behavior Therapy

Available online 28 June 2019

<https://doi.org/10.1016/j.beth.2019.06.008>

Highlights

- Posttraumatic stress symptoms and self-blame reduced over the course of treatment
- Changes in posttraumatic stress symptoms and self-blame were dynamically linked
- Changes in other-blame did not predict changes in posttraumatic stress symptoms

Abstract

Both negative posttraumatic cognitions and posttraumatic stress disorder (PTSD) symptoms decrease over the course of cognitive behavior therapy for PTSD; however, further research is needed to determine whether cognitive change precedes and predicts symptom change. The present study examined whether weekly changes in blame predicted subsequent changes in PTSD symptoms over the course of cognitive processing therapy (CPT). Participants consisted of 321 active-duty U.S. Army soldiers with PTSD who received CPT in one of two clinical trials. Symptoms of PTSD and blame were assessed at baseline and weekly throughout treatment. Bivariate latent difference score modeling was used to examine temporal sequential dependencies between the constructs. Results indicated that changes in self-blame and PTSD symptoms were dynamically linked: When examining cross-construct predictors, changes in PTSD symptoms were predicted by prior changes in self-blame, but changes in self-blame were also predicted by both prior levels of and prior changes in PTSD. Changes in other-blame were predicted by prior levels of PTSD, but changes in other-blame did not predict changes in PTSD symptoms. Findings highlight the dynamic relationship between self-blame and PTSD symptoms during treatment in this active military sample.

<https://www.tandfonline.com/doi/abs/10.1080/07420528.2019.1644344>

Social rhythm regularity moderates the relationship between sleep disruption and depressive symptoms in veterans with post-traumatic stress disorder and major depressive disorder.

Elaine M. Boland, Jennifer R. Goldschmied, Monica R. Kelly, Suzanne Perkins, Philip R. Gehrman & Patricia L. Haynes

Approximately 50% to 80% of individuals with posttraumatic stress disorder (PTSD) also meet criteria for major depressive disorder (MDD). Sleep disturbance is a major concern in both PTSD and MDD, and is associated with poor treatment response, poor functional outcome and increased suicide risk. Social rhythm regularity, or the consistency of daily habitual behaviors, is theoretically linked to circadian rhythms and may be disturbed in both PTSD and MDD. The present study examined the relationship between social rhythm regularity, sleep disruption and MDD and PTSD symptoms in a sample of veterans with comorbid PTSD and MDD. Baseline data were obtained from 56 male veterans who met DSM-IV criteria for PTSD and MDD. Veterans completed the Social Rhythm Metric (SRM), a self-report questionnaire that assesses the regularity of routines by determining how regularly individuals completed 17 different types of activities. In a linear regression model, increased minutes awake after sleep onset (WASO) was a significant predictor of increased depression scores on the Hamilton Rating Scale for Depression ($p < .05$). SRM scores did not significantly predict depressive symptoms, however the interaction of WASO and SRM significantly predicted depressive symptoms ($p = <.05$), with significant relationships found at SRM scores less than 3.62. Neither minutes awake after sleep onset, SRM scores, nor their interaction was associated with PTSD symptom severity. Social and possibly circadian rhythm regularity may represent a risk or resilience factor for individuals with comorbid PTSD and MDD. Findings highlight the importance of exploring the interactions of sleep and social/circadian rhythms in depression in order to inform continued treatment development.

<https://psycnet.apa.org/record/2019-44318-004>

The role of economic analyses in promoting adoption of behavioral and psychosocial interventions in clinical settings.

Jacobsen, P. B., Prasad, R., Villani, J., Lee, C.-M., Rochlin, D., Scheuter, C., . . . Wilson, D. K.

Health Psychology
2019; 38(8), 680-688.
<http://dx.doi.org/10.1037/hea0000774>

In this report, we offer three examples of how economic data could promote greater adoption of behavioral and psychosocial interventions in clinical settings where primary or specialty medical care is delivered to patients. The examples are collaborative care for depression, chronic pain management, and cognitive–behavioral therapy for insomnia. These interventions illustrate differences in the availability of cost and cost-effectiveness data and in the extent of intervention adoption and integration into routine delivery of medical care. Collaborative care has been widely studied from an economic perspective, with most studies demonstrating its relative cost-effectiveness per quality-adjusted life year (QALY) and some studies demonstrating its potential for cost neutrality or cost savings. The success of collaborative care for depression can be viewed as a model for how to promote greater adoption of other interventions, such as psychological therapies for chronic pain and insomnia. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

<https://onlinelibrary.wiley.com/doi/10.1002/jts.22417>

Comparing Outcomes of Women-Only and Mixed-Gender Intensive Posttraumatic Stress Disorder Treatment for Female Veterans.

Elina A. Stefanovics & Robert A. Rosenheck

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Although most female veterans treated in specialized intensive Veterans Health Administration (VHA) posttraumatic stress disorder (PTSD) programs receive services in settings in which over 95% of participants are men, two programs include only women. Whether outcomes for women with PTSD are superior in women-only programs has not been evaluated. National program evaluation data on 1,357 women veterans from 57 sites were collected at program entry and 4 months after discharge. With adjustment for differences in baseline characteristics, outcomes of women in two women-only programs ($n = 469$) were compared with those from 55 mixed-gender programs ($n = 888$), using mixed models with random effect for site. The primary outcome was total PTSD symptom level, with supplementary information on PTSD assessment subscales, substance use, and other outcomes. At program entry, female veterans in women-only programs had lower scores on measures of total PTSD symptoms, $p = .013$, $d = -0.24$, and on several subscales. Adjusting for these

differences, there were no significant differences between program types in terms of PTSD total score or scores on secondary measures. In women-only programs, veterans had longer lengths of stay and were rated by their clinicians to have a higher level of commitment to therapy at discharge. Thus, women-only programs did not show superior outcomes; however, compared to participants in mixed-gender programs, those in women-only programs had longer lengths of stay, higher levels of commitment to therapy, and were more likely to participate in posttreatment outcome assessments following discharge.

<https://onlinelibrary.wiley.com/doi/10.1002/jts.22428>

Patterns of Treatment Disengagement and Personality Traits Associated With Posttraumatic Stress Disorder in Recent-Era U.S. Veterans Receiving Cognitive Processing Therapy.

Joanna Lamkin, Natalie Hundt, Eileen P. Ahearn, Melinda Stanley, Tracey L. Smith

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Low treatment engagement is a barrier to implementation of empirically supported treatments for posttraumatic stress disorder (PTSD) among veterans. Understanding personality traits that predict dropout may help focus attempts to improve engagement. The current study included 90 veterans who served in recent conflicts in Iraq and/or Afghanistan and participated in a trial of cognitive processing therapy for PTSD. Goals were to characterize (a) personality correlates of PTSD, (b) patterns of engagement (i.e., attendance and homework completion), and (c) personality correlates of reduced engagement. Higher levels of PTSD symptoms were associated with a range of characteristics, including affective lability, $r = .44$, $p < .001$; anxiety, $r = .38$, $p < .001$; identity problems, $r = .57$, $p < .001$; intimacy problems, $r = .34$, $p = .001$; low affiliation, $r = .33$, $p = .002$; oppositionality, $r = .36$, $p = .001$; restricted expression, $r = .35$, $p = .001$; and suspiciousness, $r = .50$, $p < .001$. Notably, veterans with worse PTSD symptoms endorsed more cognitive dysregulation, $r = .40$, $p < .001$; and less insecure attachment, $r = .14$, $p = .190$, than expected. Only 52.2% of veterans completed the 12-session course of treatment and 31.0% of participants completed fewer than six sessions. Personality traits did not predict attendance or homework completion. Disengagement continues to be a significant issue in trauma-focused treatment for veterans with PTSD.

Understanding veteran-level factors, such as personality traits, may be useful considerations for future research seeking to understand and improve engagement.

<https://onlinelibrary.wiley.com/doi/10.1002/jts.22416>

Guilt in the Treatment of Posttraumatic Stress Disorder Among Active Duty Military Personnel.

McLean, C. P., Zandberg, L. , Brown, L. , Zang, Y. , Benhamou, K. , Dondanville, K. A., Yarvis, J. S., Litz, B. T., Mintz, J. , Young-McCaughan, S. , Peterson, A. L., Foa, E. B. , for the STRONG STAR Consortium

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The current study examined the role of trauma-related guilt on posttraumatic stress disorder (PTSD) symptom change during prolonged exposure therapy (PE) as well as the efficacy of PE in reducing three dimensions of guilt (responsibility, wrongdoing, and lack of justification) during treatment. Participants were 331 active duty U.S. military personnel seeking treatment for PTSD who were randomized to one of four groups: massed PE (10 sessions delivered over 2 weeks), spaced PE (10 sessions delivered over 8 weeks), present-centered therapy (PCT; 10 sessions delivered over 8 weeks), or minimal contact control (MCC; weekly therapist phone check-in for 4 weeks). The results showed that baseline guilt did not predict reductions in PTSD symptoms for spaced PE or for PCT, $ps = .178-.387$, $ds = -0.02-0.07$. Treatment condition (massed PE vs. MCC; spaced PE vs. PCT) did not moderate reductions in guilt for spaced PE versus PCT. Guilt decreased significantly over treatment in all groups, $p < .001$ to $p = .038$, $ds = -0.19$ to -0.42 , except concerning justification in the spaced PE and PCT groups, $p = .140$, $d = -0.10$. The findings suggest that guilt may be reduced significantly following active PTSD treatment and attention control and that PTSD recovery is not impacted by baseline levels of trauma-related guilt in military personnel with PTSD, although reported levels of guilt were low to moderate in this sample.

Links of Interest

DoD looking at how installations deal with unauthorized child care providers, in wake of baby's death

<https://www.militarytimes.com/pay-benefits/2019/07/31/dod-looking-at-how-installations-deal-with-unauthorized-child-care-providers-in-wake-of-babys-death/>

Insomnia in the military is up 650 percent since 2003 — here's how DoD is hoping to curb that trend

<https://www.militarytimes.com/off-duty/military-culture/2019/07/31/insomnia-in-the-military-is-up-650-percent-since-2003-heres-how-dod-is-hoping-to-curb-that-trend/>

Auditors seeking input from parents about how military, civilian authorities handle child abuse cases

<https://www.militarytimes.com/pay-benefits/2019/07/31/auditors-seeking-input-from-parents-about-how-military-civilian-authorities-handle-child-abuse-cases/>

Research finds veterans earn more than non-veterans

<https://www.militarytimes.com/2019/07/31/research-finds-veterans-earn-more-than-non-veterans/>

With deaths by suicide rising, Air Force orders resiliency stand-down

<https://www.airforcetimes.com/news/your-air-force/2019/08/01/with-deaths-by-suicide-rising-air-force-orders-resiliency-stand-down/>

Military Suicides Reach Highest Rate Since Record-Keeping Began After 9/11

<https://www.military.com/daily-news/2019/08/01/pentagon-reports-record-number-suicides.html>

Barksdale commander admits calling suicide a 'chickenshit way to go' was a poor choice of words

<https://www.airforcetimes.com/news/your-air-force/2019/08/05/barksdale-commander-acknowledges-calling-suicide-a-chickenshit-way-to-go-was-a-poor-choice-of-words/>

Veteran dies by suicide in North Carolina VA hospital's parking lot

<https://www.militarytimes.com/news/pentagon-congress/2019/08/06/veteran-dies-by-suicide-in-north-carolina-va-hospitals-parking-lot/>

An airman's wife was sexually assaulted by their Air Force sponsor. Now, she's fighting to change the system

<https://www.airforcetimes.com/news/your-air-force/2019/08/01/an-airmans-wife-was-sexually-assaulted-by-their-air-force-sponsor-now-shes-fighting-to-change-the-system/>

The Pentagon wants your help in nabbing serial rapists

<https://www.militarytimes.com/news/your-military/2019/08/05/the-pentagon-wants-your-help-in-nabbing-serial-rapists/>

Military children have more health care needs, but less access and lower quality, study finds

<https://www.militarytimes.com/pay-benefits/2019/08/05/military-children-have-more-health-care-needs-but-less-access-and-lower-quality-study-finds/>

Where Veterans Aren't Thanked for Their Service

<https://www.theatlantic.com/international/archive/2019/08/what-makes-german-military-veteran/595381/>

Resource of the Week: [Department of Defense \(DoD\) Quarterly Suicide Report \(QSR\) 4th Quarter, CY 2018](#)

From the Defense Suicide Prevention Office. Report contains data for the full calendar year 2018.

- For CY 2018, the number of Active Component suicide deaths increased by 40 compared to CY 2017 (325 versus 285 suicide deaths)
- For CY 2018, the number of Reserve suicide deaths decreased by 12 compared to CY 2017 (81 versus 93 suicide deaths)
- For CY 2018, the number of National Guard suicide deaths increased by 2 compared to CY 2017 (135 versus 133 suicide deaths)

DoD Service and Component	CY 2016					CY 2017					CY 2018				
	Q1	Q2	Q3	Q4	Total 2016	Q1	Q2	Q3	Q4	Total 2017	Q1	Q2	Q3	Q4	Total 2018
Active Component	62	56	83	79	280	74	57	71	83	285	81	78	76	90	325
Air Force	10	15	14	22	61	19	12	14	18	63	9	19	12	20	60
Army	31	20	42	37	130	32	23	27	32	114	36	31	38	34	139
Marine Corps	12	11	8	6	37	7	9	15	12	43	13	13	15	17	58
Navy	9	10	19	14	52	16	13	15	21	65	23	15	11	19	68
Reserve Component	56	51	45	50	202	53	68	65	40	226	49	44	61	62	216
Reserve	18	24	18	20	80	21	29	27	16	93	22	16	19	24	81
Air Force Reserve	5	2	1	2	10	2	4	5	0	11	0	1	0	2	3
Army Reserve	6	13	11	11	41	12	20	17	14	63	15	11	13	9	48
Marine Corps Reserve	4	6	5	4	19	5	3	2	0	10	4	1	4	10	19
Navy Reserve	3	3	1	3	10	2	2	3	2	9	3	3	2	3	11
National Guard	38	27	27	30	122	32	39	38	24	133	27	28	42	38	135
Air National Guard	5	5	1	3	14	2	4	3	3	12	3	2	7	5	17
Army National Guard	33	22	26	27	108	30	35	35	21	121	24	26	35	33	118

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