

CDP



Research Update -- August 15, 2019

What's Here:

- PTSD Research Quarterly -- PTSD and TBI Comorbidity
- A randomized controlled trial of public messaging to promote safe firearm storage among U.S. military veterans.
- Military Telehealth: A Model For Delivering Expertise To The Point Of Need In Austere And Operational Environments.
- Competent Cultural Telebehavioral Healthcare to Rural Diverse Populations: Administration, Evaluation, and Financing.
- The Impact Of Military Parents' Injuries On The Health And Well-Being Of Their Children.
- Post-Deployment Screening In The Military Health System: An Opportunity To Intervene For Possible Alcohol Use Disorder.
- Mental Health, Help-Seeking Behaviour and Social Support in the UK Armed Forces by Gender.
- The overlap between OCD and PTSD: Examining self-reported symptom differentiation.
- Postconcussive, posttraumatic stress and depressive symptoms in recently deployed U.S. Army soldiers with traumatic brain injury.
- Veterans Health Administration Investments In Primary Care And Mental Health Integration Improved Care Access.

- Residual symptoms after natural remission of insomnia: associations with relapse over 4 years.
- Sleep and timing of death by suicide among U.S. Veterans 2006–2015: analysis of the American Time Use Survey and the National Violent Death Reporting System.
- 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.
- Bidirectional Relationships between Posttraumatic Stress Disorder (PTSD) and Social Functioning during Cognitive Processing Therapy.
- Prospective study of anxiety, post-traumatic stress and depression on postural control, gait, otolith and visuospatial function in military service members with persistent post-concussive symptoms.
- Body Composition and Physical Fitness Tests Among US Army Soldiers: A Comparison of the Active and Reserve Components.
- A service Member's experience of Acceptance and Commitment Therapy for moral injury (ACT-MI) via telehealth: “Learning to accept my pain and injury by reconnecting with my values and starting to live a meaningful life”.
- Using the World Health Organization Disability Assessment Schedule 2.0 to assess disability in veterans with posttraumatic stress disorder.
- Intergenerational transmission of war-related trauma assessed 40 years after exposure.
- Variation in patterns of health care before suicide: A population case-control study.
- Motivational Interviewing to Address Suicidal Ideation: A Randomized Controlled Trial in Veterans.
- Exploring the relations of psychopathic and narcissistic personality traits to military experiences in National Guard personnel.
- Links of Interest
- Resource of the Week: Hazing in the Armed Forces (Congressional Research Service)

https://www.ptsd.va.gov/publications/rq_docs/V30N2.pdf

PTSD Research Quarterly - PTSD and TBI Comorbidity

Vol. 30(2), 2019

National Center for PTSD

Brain injury has often been a concern in PTSD patients, most notably from shell shock to TBI during WW I and OEF/OIF/OND, respectively, but also from domestic violence and motor vehicle accidents. This issue of the Research Quarterly provides a comprehensive and thoughtful guide to the literature on PTSD and comorbid mild TBI.

<https://www.sciencedirect.com/science/article/abs/pii/S0277953619301376>

A randomized controlled trial of public messaging to promote safe firearm storage among U.S. military veterans.

Elizabeth Karras, Cara M. Stokes, Sara C. Warfield, Shannon K. Barth, Robert M. Bossarte

Social Science & Medicine

Available online 3 August 2019

<https://doi.org/10.1016/j.socscimed.2019.03.001>

Highlights

- Firearms are involved in nearly 70% of all suicides among U.S. veterans.
- Safe household firearm storage shows promise for reducing risk for suicide.
- Use of public messaging to promote safe firearm storage to veterans was examined.
- Improved attitudes were identified post-exposure; behavior change was not found.
- Findings underscore the need for further research prior to widespread messaging.

Abstract

Background

The objectives of this study were to determine whether short-term exposure to firearm safety messaging significantly improved (1) firearm storage practices, and (2) attitudes of safe firearm storage behaviors among U.S. veterans, a group at elevated risk for firearm suicide.

Design

A three-arm, parallel-group RCT was conducted online in the U.S. nationwide from December 2015 to January 2016.

Setting

A national random sample of U.S. veterans (N = 358) was recruited from the GfK KnowledgePanel, a probability-based internet panel representative of U.S. adults. All study activities were administered online over a three-week study period.

Intervention

Participants were randomized and exposed three times (once per week) to either (a) firearm safety message only (n = 115); (b) firearm safety and mental health promotion messages (n = 133); or (c) active control group exposed to mental health promotion message only (n = 110). Each message was less than two minutes long.

Measures

Assessments were completed at baseline (pre-randomization) and at end-of-trial. Changes in awareness of risk for injuries, attitudes/beliefs related to safe storage practices, behavioral intentions, and storage practices were measured using self-reported surveys. Linear mixed effect models with weighted generalized estimating equations were used to test for exposure effects. Analyses were conducted February 2018.

Results

Analyses restricted to those with baseline firearm access (n = 195) identified no significant changes for intentions or safe storage practices across exposure groups. At baseline, participants' attitudes and beliefs were generally supportive of safe firearm storage. The Firearm Safety message yielded small increases in agreement with the concept that secure storage is "important during emotional or stressful times" (0.36; 95% CI = 0.08, 0.64). Other significant changes in awareness and beliefs were found, but across all study conditions.

Conclusion

Results reinforce the critical need for considerable research and testing prior to the widespread implementation of public messages to increase the likelihood for desired exposure effects.

<https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2019.00273>

Military Telehealth: A Model For Delivering Expertise To The Point Of Need In Austere And Operational Environments.

Jeremy C. Pamplin, Konrad L. Davis, Jennifer Mbuthia, Steven Cain, Sean J. Hipp, Daniel J. Yourk, Christopher J. Colombo, and Ron Poropatich

Health Affairs

2019 38:8, 1386-1392

<https://doi.org/10.1377/hlthaff.2019.00273>

Austere clinical environments are those in which limited resources hamper the achievement of optimal patient outcomes. Operational environments are those in which caregivers and resources are at risk for harm. Military and civilian caregivers experience these environments in the context of war, natural disasters, humanitarian assistance missions, and mass casualty events. The military has a particular interest in enhancing local caregiver capabilities within austere and operational environments to improve casualty outcomes when evacuation is delayed or impossible, reduce the cost and the risk of unnecessary evacuations, enhance the medical response during aid missions, and increase combat effectiveness by keeping service members in the fight as long as possible. This article describes military telehealth as it relates to care in austere and operational environments, and it suggests implications for policy, particularly with respect to the current emphasis on telehealth solutions that might not be feasible in those settings.

<https://link.springer.com/article/10.1007/s41347-018-0076-0>

Competent Cultural Telebehavioral Healthcare to Rural Diverse Populations: Administration, Evaluation, and Financing.

Donald M. Hilty, Jose Feliberti, Gregory Evangelatos, Francis G. Lu, Russell F. Lim

Journal of Technology in Behavioral Science
September 2019, Volume 4, Issue 3, pp 186–200
<https://doi.org/10.1007/s41347-018-0076-0>

Medical healthcare settings have begun to use telepsychiatry and telebehavioral health to improve access to evidence-based care for culturally diverse patients. This paper is a companion paper to another, which focused on components of culturally competent clinical care, fundamental approaches, and linkage of outcomes to competencies. An administrative foundation is needed to address workforce, program evaluation, and short- and long-term financing and reimbursement issues. This paper focuses on three questions, particularly related to medical settings: (1) What administrative approaches facilitate culturally competent care via telebehavioral health? (2) What outcomes should be prioritized for program evaluation? (3) What financing and reimbursement approaches help to overcome/prevent obstacles/barriers and promote sustainability? Administrators need an approach to evaluation, interprofessional/disciplinary teams, stepped/comparable models of care, and telebehavioral health to leverage expertise. Clinicians and team members need integrated cultural and telebehavioral health skills and all members of a clinic/system need to support diversity by reducing stigmatization, facilitating language access and flexibly adapting practices. On one hand, telehealth and culturally competent care are just part of regular services, but on the other hand, few accommodations are made for these in short- and long-term financing and reimbursement streams. Building a viable system and sustaining requires prevention/management of many barriers/obstacles. Populations need culturally competent care and telebehavioral access. More quantitative/qualitative research/evaluation is suggested to improve the approach and outcomes.

<https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2019.00276>

The Impact Of Military Parents' Injuries On The Health And Well-Being Of Their Children.

Elizabeth Hisle-Gorman, Apryl Susi, and Gregory H. Gorman

HEALTH AFFAIRS
38, NO. 8 (2019): 1358–1365
doi: 10.1377/hlthaff.2019.00276

Parental injuries and illnesses affect child and family life. We hypothesized that military parental injury would adversely affect children's preventive care, injuries, maltreatment, mental health care, and psychiatric medication prescriptions. Visit and prescription data of 485,002 military-connected children ages 2–16 were tracked for two years before and two years after the injury of a parent in the period 2004–14. Adjusted negative binomial regression compared pre- and post-injury visit and prescription rates. Children with injured parents had decreased rates of preventive care visits and increased rates of visits for injuries, maltreatment, and mental health care, as well as increased psychiatric medication use, following their parent's injury. Across all categories of care, children of parents with posttraumatic stress disorder (PTSD), both alone and with traumatic brain injury, appeared to have more pronounced changes in care patterns. Parental injury and illness are associated with changes in children's health care use, and PTSD in a parent increases the effect.

<https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2019.00284>

Post-Deployment Screening In The Military Health System: An Opportunity To Intervene For Possible Alcohol Use Disorder.

Rachel Sayko Adams, Erich J. Dietrich, Joshua C. Gray, Charles S. Milliken, Natalie Moresco, and Mary Jo Larson

HEALTH AFFAIRS

2019 38:8, 1298-1306

<https://doi.org/10.1377/hlthaff.2019.00284>

Unhealthy alcohol use in the military remains a serious threat to health and military readiness and raises the question of how to improve detection that facilitates diagnosis and treatment. Army active duty soldiers are routinely screened for possible alcohol use disorder in pre- and post-deployment health surveillance surveys. We examined the likelihood of having a follow-up behavioral health visit or receiving an alcohol use disorder diagnosis among soldiers returning from deployments associated with the Afghanistan or Iraq operations in fiscal years 2008–13, based on their post-deployment screening results. After we controlled for demographic and military treatment facility characteristics, military history, and comorbidities, we found that people who screened positive for possible alcohol use disorder were significantly more likely to have such a visit and receive such a diagnosis. Routine post-deployment alcohol screening

represents an opportunity for timely intervention by the Military Health System for military members whose results indicate elevated risk for alcohol use disorder.

<https://www.tandfonline.com/doi/abs/10.1080/00332747.2019.1626200>

Mental Health, Help-Seeking Behaviour and Social Support in the UK Armed Forces by Gender.

Norman Jones, Neil Greenberg, Ava Phillips, Amos Simms & Simon Wessely

Psychiatry

Published online: 06 Aug 2019

DOI: 10.1080/00332747.2019.1626200

Background:

Little is known about gender differences in mental health, related help-seeking behavior and social support in UK military personnel.

Methods:

1714 UK military serving personnel and ex-service veterans were randomly selected if, in a cohort study, they endorsed experiencing a subjective stress, emotional, alcohol or mental health problem in the previous three years. Following exclusions, the final sample size was 1448 (participation rate 84.5%; women n = 219). Structured telephone interviews assessed anxiety, depression, PTSD symptoms, alcohol use, help-seeking and social support occurring both currently and in the past three years. Outcomes were assessed using weighted unadjusted and adjusted logistic regression analyses.

Results:

Mental health problems assessed at interview were broadly similar for men and women; for both genders, levels of social support were high. One-fifth of respondents screened positive for probable mental disorder or alcohol misuse; although rates of mental disorder symptoms did not differ by gender, women were significantly less likely than men to report alcohol misuse. Women were significantly more likely to have sought help from formal medical sources but significantly less likely to access informal support such as friends, family or unit welfare sources; reasons for seeking formal medical support were similar for men and women except for problem recognition and acting on advice from others, which were both significantly more common among women.

Conclusion:

For military personnel with a history of mental ill-health, women should make greater use of informal support networks while for men, engagement with formal medical help sources should be encouraged.

<https://www.sciencedirect.com/science/article/pii/S0165178119311941>

The overlap between OCD and PTSD: Examining self-reported symptom differentiation.

C. Laurel Franklin, Amanda M. Raines

Psychiatry Research

Volume 280, October 2019, 112508

<https://doi.org/10.1016/j.psychres.2019.112508>

Highlights

- Examined symptom overlap between OCD and PTSD.
- Based on clinical cut-scores, 81% met for probable PTSD and 74% for probable OCD.
- Results revealed frequent overlap of endorsement across items with similar content.
- Caution should be used when using self-report to assess PTSD and OCD.

Abstract

The role of stressful precipitating events has long been recognized in the genesis of obsessive-compulsive disorder (OCD). Posttraumatic stress disorder (PTSD) also necessitates the experience of a traumatic event (PTSD criterion A). Research has demonstrated a high degree of comorbidity between these two conditions. However, few studies have examined symptom overlap as a potential cause for this co-occurrence. Thus, the purpose of the present study was to examine symptom endorsement and overlap between OCD and PTSD using a sample of trauma exposed veterans. Veterans were administered self-report assessments, including the Dimensional Obsessive-Compulsive Scale (DOCS) and the PTSD Checklist for DSM-5 (PCL-5), as part of a routine clinical care at a Veteran's Administration hospital. Based on self-report assessment of clinical cut scores, 81% of participants met for probable PTSD and 74% for probable OCD. In addition, a series of chi square analyses revealed frequent overlap of endorsement across items with similar content. There is significant

overlap between PTSD and OCD symptoms, and patients may find it difficult to differentiate between them on self-report measures. As such, caution should be used when using self-report solely to assess PTSD and OCD, particularly in traumatized samples.

<https://psycnet.apa.org/record/2019-44777-001>

Postconcussive, posttraumatic stress and depressive symptoms in recently deployed U.S. Army soldiers with traumatic brain injury.

Agtarap, Stephanie; Campbell-Sills, Laura; Thomas, Michael L.; Kessler, Ronald C.; Ursano, Robert J.; Stein, Murray B.

Psychological Assessment

Advance online publication

<http://dx.doi.org/10.1037/pas0000756>

Prior studies raise questions about whether persistent postconcussive symptoms (PCS) are differentiable from mental health sequelae of traumatic brain injury (TBI). To investigate whether PCS represented a distinct symptom domain, we evaluated the structure of post-concussive and psychological symptoms using data from The Army STARRS Pre/Post Deployment Study, a panel survey of three U.S. Army Brigade Combat Teams that deployed to Afghanistan. Data from 1229 participants who sustained probable TBI during deployment completed ratings of past-30-day post-concussive, posttraumatic stress, and depressive symptoms three months after their return. Exploratory factor analysis (EFA; $n = 300$) and confirmatory factor analysis (CFA; $n = 929$) of symptom ratings were performed in independent subsamples. EFA suggested a model with 3 correlated factors resembling PCS, posttraumatic stress, and depression. CFA confirmed adequate fit of the 3-factor model ($CFI = .964$, $RMSEA = .073$ [.070, .075]), contingent upon allowing theoretically defensible cross-loadings. Bifactor CFA indicated that variance in all symptoms was explained by a general factor ($\lambda = .36-.93$), but also provided evidence of domain factors defined by (a) reexperiencing/hyperarousal, (b) cognitive/somatic symptoms, and (c) depressed mood/anhedonia. Soldiers with more severe TBI had higher cognitive/somatic scores, whereas soldiers with more deployment stress had higher general and reexperiencing/hyperarousal scores. Thus, variance in PCS is attributable to both a specific cognitive/somatic symptom factor and a general factor that also explains variance in posttraumatic stress and depression. Measurement of specific domains

representing cognitive/somatic symptoms, reexperiencing/hyperarousal, and depressed mood/anhedonia may help clarify the relative severity of PCS, posttraumatic stress, and depression among individuals with recent TBI.

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<https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2019.00270>

Veterans Health Administration Investments In Primary Care And Mental Health Integration Improved Care Access.

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Health Affairs

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Aiming to increase care access, the national Primary Care–Mental Health Integration (PC-MHI) initiative of the Veterans Health Administration (VHA) embedded specialists, care managers, or both in primary care clinics to collaboratively care for veterans with psychiatric illness. The initiative's effects on health care use and cost patterns were examined among 5.4 million primary care patients in 396 VHA clinics in 2013–16. The median rate of patients who saw a PC-MHI provider was 6.3 percent. Each percentage-point increase in the proportion of clinic patients seen by these providers was associated with 11 percent more mental health and 40 percent more primary care visits but also with 9 percent higher average total costs per patient per year. At the mean, 2.5 integrated care visits substituted for each specialty-based mental health visit that did not occur. PC-MHI was associated with improved access to outpatient care, albeit at increased total cost to the VHA. Successful implementation of integrated care necessitates significant investment and multidisciplinary partnership within health systems.

<https://academic.oup.com/sleep/article/42/8/zsz122/5514570>

Residual symptoms after natural remission of insomnia: associations with relapse over 4 years.

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Sleep

Volume 42, Issue 8, August 2019

<https://doi.org/10.1093/sleep/zsz122>

Study Objectives

Chronic insomnia tends to “wax and wane” over lifetime. The presence of residual insomnia symptoms is common, especially among naturally remitted individuals. This study aims to examine the features of these residual symptoms and their potential association with future relapse.

Methods

A population-based data set on the natural history of insomnia was used for this secondary analysis. Residual insomnia symptoms were investigated in those who had insomnia symptoms/syndrome at baseline and achieved full remission (according to predetermined diagnostic algorithm) within the following 1 year. Cox regressions were used to determine the hazard ratio (HR) of each residual symptom for predicting relapse in the next 4 years. The nature and severity of residual symptoms were examined with an extended version of the Insomnia Severity Index (ISI), which incorporates additional items on sleep quality and specific sleep-related daytime impairments (on daytime fatigue, cognitive functioning, mood, interpersonal relationship, and daily activities). In addition, the presence of depressive symptoms and medical conditions were controlled for in investigating risks of insomnia relapse.

Results

A total of 434 participants were included in this study (age ranges from 18 to 94; 65.9% female); 248 of them had relapsed within 4 years. The response rate ranged from 78% to 83%. The most frequently reported residual symptoms with at least moderate severity (ISI items ≥ 2 on 0–4 ISI item scale) were poor “Quality of sleep” (39.2 %), followed by “difficulty maintaining sleep” (DMS; 27%). The most common residual daytime impairments related to insomnia were fatigue (24.7 %), mood disturbances (23%) and cognitive disturbances (22.6%). After controlling for baseline insomnia and depression severity and concurrent physical diseases, impairments of cognition (HR = 1.46), poor quality of sleep (HR = 1.43), disturbed mood (HR = 1.39), being female (HR = 1.36), DMS (HR = 1.35), and fatigue (HR = 1.24) were significantly associated with insomnia relapse in the next 4 years. Moreover, residual poor sleep quality and daytime insomnia symptoms were independent of DMS in predicting relapse. Subgroup regressions according to sex showed that for male participants, residual cognition impairments (HR

= 1.98) was the most significant predictors of future relapse, whereas residual DMS (HR = 1.46) significantly predicted relapse for women only.

Conclusion

A wide range of residual symptoms exists in individuals with naturally remitted insomnia. Notably, residual DMS is the most common residual nighttime symptom and the only nighttime symptom associated with insomnia relapse. Additionally, perceived poor sleep quality and cognitive, mood, and somatic impairments attributed to sleep disturbances are also related to future relapse. Attention to these residual symptoms when initiating insomnia treatment is warranted to minimize future relapse.

<https://academic.oup.com/sleep/article-abstract/42/8/zsz094/5513337>

Sleep and timing of death by suicide among U.S. Veterans 2006–2015: analysis of the American Time Use Survey and the National Violent Death Reporting System.

Michaela S McCarthy, Claire Hoffmire, Lisa A Brenner, Sarra Nazem

Sleep

Volume 42, Issue 8, August 2019

<https://doi.org/10.1093/sleep/zsz094>

Study Objectives

Suicide is a top public health priority, and U.S. Veterans are recognized to be at particularly elevated risk. Sleep disturbances are an independent risk factor for suicide; recent empirical data suggest that nocturnal wakefulness may be a key mechanism underlying this association. Given higher rates of sleep disturbances among U.S. Veterans compared with civilians, we examined associations between nocturnal wakefulness and timing of death by suicide in U.S. Veterans and civilians to determine whether temporal suicide patterns differed.

Methods

The American Time Use Survey and the National Violent Death Reporting System were analyzed (2006–2015) to determine whether sleep and temporal suicide patterns differed between age-stratified groups (18–39, 40–64, and ≥65) of U.S. Veterans and civilians. Observed temporal suicide patterns were reported and standardized incidence ratios (SIRs) calculated to compare the percentage of suicides observed with those expected, given the proportion of the population awake, across clock hours.

Results

The raw proportion of Veteran suicides peaks between the hours of 1000–1200; however, the peak prevalence of suicide after accounting for the population awake is between 0000 and 0300 hr ($p < .00001$, $\phi = .88$). The highest SIR was at midnight; U.S. Veterans were eight times more likely to die by suicide than expected given the population awake (SIR = 8.17; 95% CI = 7.45–8.94).

Conclusions

Nocturnal wakefulness is associated with increased risk for suicide in U.S. Veterans. Overall patterns of observed suicides by clock hour were similar between U.S. Veterans and civilians. However, Veteran-specific SIRs suggest differences in magnitude of risk by clock hour across age groups. Future research examining female and Post-9/11 U.S. Veterans is warranted.

<https://academic.oup.com/sleep/article/42/8/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

Volume 42, Issue 8, August 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://www.sciencedirect.com/science/article/abs/pii/S000578941930098X>

Bidirectional Relationships between Posttraumatic Stress Disorder (PTSD) and Social Functioning during Cognitive Processing Therapy.

Kayla A. Lord, Michael K. Suvak, Samantha Holmes, Norman Shields, ... Candice M. Monson

Behavior Therapy

Available online 8 August 2019

<https://doi.org/10.1016/j.beth.2019.08.002>

Highlights

- Social functioning is robustly related to PTSD symptoms throughout treatment
- Social functioning problem reduction predicts subsequent PTSD symptom reduction
- PTSD symptom reduction predicts subsequent social functioning problem reduction
- Social role functioning problems only predict PTSD symptoms for military status

Abstract

This study investigated temporal relationships between posttraumatic stress symptoms and two indicators of social functioning during Cognitive Processing Therapy.

Participants were 176 patients (51.5% female; M age = 39.46 [SD = 11.51]; 89.1% White; 42.6% active duty military/Veteran) who participated in at least two assessment timepoints during a trial of Cognitive Processing Therapy. PTSD symptoms (DSM-IV

Posttraumatic Disorder Checklist; PCL), and interpersonal relationship and social role functioning problems (Outcomes Questionnaire-45, OQ-45) were assessed prior to each of 12 sessions. Multivariate multilevel lagged analyses indicated that interpersonal relationship problems predicted subsequent PTSD symptoms ($b = .22$, $SE = .09$, $cr = 2.53$, $p = .01$, $pr = .46$), and vice versa ($b = .05$, $SE = .02$, $cr = 2.11$, $p = .04$, $pr = .16$); and social role functioning problems predicted subsequent PTSD symptoms ($b = .21$, $SE = .10$, $cr = 2.18$, $p = .03$, $pr = .16$), and vice versa ($b = .06$, $SE = .02$, $cr = 3.08$, $p < .001$, $pr = .23$). Military status moderated the cross-lag from social role functioning problems to PTSD symptoms ($b = -.35$, $t = -2.00$, $p = .045$, $pr = .16$). Results suggest a robust association between PTSD symptoms and social functioning during Cognitive Processing Therapy with a reciprocal relationship between PTSD symptoms and social functioning over time. Additionally, higher social role functioning problems for patients with military status indicate smaller reductions in PTSD symptoms from session to session.

<https://www.ncbi.nlm.nih.gov/pubmed/31394598>

Undersea Hyperb Med. 2019 BIMA Special Edition No. Feb;46(3):271-287

Prospective study of anxiety, post-traumatic stress and depression on postural control, gait, otolith and visuospatial function in military service members with persistent post-concussive symptoms.

Meehan A, Lewandowski A, Weaver LK, Hebert D, Deru K

PURPOSE:

Military service members often report both affective and vestibular complaints after mild traumatic brain injury (mTBI), but associations between symptoms and vestibular deficits can be subtle and inconsistent.

METHODS:

From two complementary studies, one of military service members with persistent post-concussive symptoms after mTBI (NCT01611194) and the other of adult volunteers with no history of brain injury (NCT01925963), affective symptoms were compared to postural control, gait, otolith and visuospatial function.

RESULTS:

The studies enrolled 71 participants with mTBI and 75 normative controls. Participants

with mTBI had significantly reduced postural equilibrium on the sensory organization test (SOT), and more so in those with high anxiety or post-traumatic stress. Cervical and ocular vestibular evoked myogenic potentials (cVEMP; oVEMP) showed prolonged latencies in mTBI participants compared to controls; oVEMPs were significantly delayed in mTBI participants with high anxiety, post-traumatic stress or depression. A subset of the mTBI group had abnormal tandem gait and high anxiety. Anxiety, post-traumatic stress, and depression did not correlate with performance on the 6-Minute Walk Test, visuospatial neuropsychological measures, and the Satisfaction with Life Scale in the mTBI group.

CONCLUSION:

In this study military service members with mTBI reported affective symptoms, concurrently with vestibular-balance concerns. Worse scores on affective measures were associated with abnormal findings on measures of postural control, gait and otolith function.

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<https://journals.sagepub.com/doi/abs/10.1177/0033354919867069>

Body Composition and Physical Fitness Tests Among US Army Soldiers: A Comparison of the Active and Reserve Components.

Dale W. Russell, PhD, Joshua Kazman, MS, Cristel Antonia Russell, PhD

Public Health Reports

First Published August 8, 2019

<https://doi.org/10.1177/0033354919867069>

Objectives:

US Army reserve soldiers and active-duty soldiers differ in their daily work demands and supporting resources, yet research on reservists' health and fitness is lacking. The objectives of this study were to (1) determine whether physical test failure rates and health behaviors differed between active-duty soldiers and reserve soldiers and (2) establish which demographic and health behavioral factors were associated with failing physical tests.

Methods:

We analyzed a sample of 239 329 US Army active-duty and reserve soldiers surveyed

from September 2013 through March 2015 using the Global Assessment Tool. We extracted data on soldier demographic characteristics and health behaviors, as well as Body Composition Test (BCT) and Army Physical Fitness Test (APFT) results. We compared the 2 groups using the active-to-reserve adjusted odds ratio (aOR) for each variable. We used logistic regression models to determine which variables were associated with failing these tests.

Results:

The odds of failing the BCT (aOR = 0.76; 95% confidence interval [CI], 0.73-0.78) or the APFT (aOR = 0.31; 95% CI, 0.30-0.32) were lower among active-duty soldiers than among reservists, and the odds of doing high levels of high-intensity interval training (aOR = 1.47; 95% CI, 1.42-1.51), resistance training (aOR = 1.45; 95% CI, 1.42-1.48), and vigorous physical activity (aOR = 2.92; 95% CI, 2.86-2.98) were higher among active-duty soldiers than among reservists. The odds of using tobacco (aOR = 1.37; 95% CI, 1.35-1.40), binge drinking alcohol (aOR = 1.11; 95% CI, 1.09-1.13), having insomnia (aOR = 1.46; 95% CI, 1.43-1.48) or mild depression (aOR = 1.50; 95% CI, 1.48-1.53), and sustaining a physical activity–related injury (aOR = 2.52; 95% CI, 2.47-2.57) were higher among active-duty soldiers than among reservists.

Conclusions:

Policy makers and military leaders could use this information to implement health screenings and tailor health-promotion, intervention, and treatment programs.

<https://www.sciencedirect.com/science/article/pii/S2212144719300900>

A service Member's experience of Acceptance and Commitment Therapy for moral injury (ACT-MI) via telehealth: “Learning to accept my pain and injury by reconnecting with my values and starting to live a meaningful life”.

Lauren M.Borges

Journal of Contextual Behavioral Science

Available online 8 August 2019

<https://doi.org/10.1016/j.jcbs.2019.08.002>

Highlights

- In this case study, ACT-MI was delivered successfully via telehealth.
- Engagement in valued importance and behavior increased over treatment.

- Experiential avoidance and cognitive fusion decreased over treatment.

Abstract

Acceptance and Commitment Therapy for Moral Injury (ACT-MI) has been proposed to help individuals move towards their values in the presence of moral pain. The current case study is the first using ACT-MI and the first telehealth moral injury treatment application. ACT-MI was delivered to a Service Member in his early 30's over twelve (90-min) telehealth individual psychotherapy sessions. The Service Member reported significant changes engaging with his values and moral pain over the course of treatment. He found the intervention to be highly acceptable, particularly in comparison to previously completed trauma-focused treatments. His experience of the intervention, conceptual rationale for ACT-MI, and treatment implications are discussed.

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0220806>

Using the World Health Organization Disability Assessment Schedule 2.0 to assess disability in veterans with posttraumatic stress disorder.

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PLOS ONE

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The introduction of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) was accompanied by the elimination of the Global Assessment of Functioning (GAF) scale, which was previously used to assess functioning. Although the World Health Organization Disability Assessment Schedule, Version 2.0 (WHODAS 2.0) was offered as a measure for further study, widespread adoption of the WHODAS 2.0 has yet to occur. The lack of a standardized instrument for assessing posttraumatic stress disorder (PTSD)-related disability has important implications for disability compensation. Accordingly, this study was designed to determine and codify the utility of the WHODAS 2.0 for assessing PTSD-related disability. Veterans from several VA medical centers (N = 1109) were included. We examined PTSD using several definitions and modalities and considered results by gender and age. Across definitions and modalities, veterans with PTSD reported significantly greater WHODAS 2.0 total (large effects; all $t_s > 6.00$; all $p_s < .01$; all Cohen's $d_s > 1.03$) and subscale (medium-to-large effects; all $t_s > 2.29$;

all p s < .05; all Cohen's d s > .39) scores than those without PTSD. WHODAS 2.0 scores did not vary by gender; however, younger veterans reported less disability than older veterans (small effects; all F s > 4.30; all p s < .05; all η^2 s < .05). We identified 32 as the optimally efficient cutoff score for discriminating veterans with and without PTSD-related disability, although this varied somewhat by age and gender. Findings support the utility of the WHODAS 2.0 in assessing PTSD-related disability.

<https://annals-general-psychiatry.biomedcentral.com/articles/10.1186/s12991-019-0238-2>

Intergenerational transmission of war-related trauma assessed 40 years after exposure.

Ivone Castro-Vale, Milton Severo, Davide Carvalho & Rui Mota-Cardoso

Annals of General Psychiatry
Volume 18, Article number: 14 (2019)
<https://doi.org/10.1186/s12991-019-0238-2>

Background

The intergenerational transmission of posttraumatic stress disorder (PTSD) from parent to offspring has been suggested in the literature, but this is highly controversial. We aimed to study the association between veterans' war exposure and lifetime PTSD and the psychological characteristics of their respective offspring, 40 years after war-related trauma.

Methods

Forty-four adult offspring of veterans with PTSD and 29 offspring of veterans without PTSD were included in the study, from a total of 46 veterans. War exposure intensity, lifetime PTSD, and the general psychopathology (with Brief Symptom Inventory—BSI) of the veterans were studied, as were childhood trauma, attachment, and the general psychopathology (with BSI) of their offspring.

Results

Veterans' war exposure was associated with BSI in the offspring with regard to somatisation ($\beta = 0.025$; CI 0.001, 0.050), phobic anxiety ($\beta = 0.014$; CI: 0.000, 0.027), Global Severity Index (GSI) ($\beta = 0.022$; CI 0.005, 0.038), and Positive Symptom Distress Index ($\beta = 0.020$; CI 0.006, 0.033). The fathers' GSI mediated only 18% of the effect of

the veterans' total war exposure on offspring's GSI. Fathers' war exposure was associated with offspring's physical neglect as a childhood adversity, although non-significantly ($p = 0.063$). None of the other variables was associated with veterans' war exposure, and veterans' lifetime PTSD was not associated with any of the variables studied.

Conclusions

The offspring of war veterans showed increased psychological suffering as a function of their fathers' war exposure intensity, but not of their fathers' lifetime PTSD. These results could be used to suggest that mental health support for veterans' offspring should consider the war exposure intensity of their fathers, and not just psychopathology. This could spare offspring's suffering if this mental health support could be delivered early on, after veterans return from war.

<https://www.sciencedirect.com/science/article/pii/S0091743519302725>

Variation in patterns of health care before suicide: A population case-control study.

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Preventive Medicine

Volume 127, October 2019

<https://doi.org/10.1016/j.ypmed.2019.105796>

Highlights

- Healthcare use across all settings is more common for those who die by suicide.
- The emergency room may provide a unique opportunity to prevent suicide.
- To reach all people at risk, prevention must reach beyond behavioral health.

Abstract

Background

The United States has experienced a significant rise in suicide. As decision makers identify how to address this national concern, healthcare systems have been identified as an optimal location for prevention.

Objective

To compare variation in patterns of healthcare use, by health setting, between

individuals who died by suicide and the general population.

Design

Case-Control Study.

Setting

Eight healthcare systems across the United States.

Participants

2674 individuals who died by suicide between 2000 and 2013 along with 267,400 individuals matched on time-period of health plan membership and health system affiliation.

Measurements

Healthcare use in the emergency room, inpatient hospital, primary care, and outpatient specialty setting measured using electronic health record data during the 7-, 30-, 60-, 90-, 180-, and 365-day time periods before suicide and matched index date for controls.

Results

Healthcare use was more common across all healthcare settings for individuals who died by suicide. Nearly 30% of individuals had a healthcare visit in the 7-days before suicide (6.5% emergency, 16.3% outpatient specialty, and 9.5% primary care), over half within 30 days, and >90% within 365 days. Those who died by suicide averaged 16.7 healthcare visits during the year. The relative risk of suicide was greatest for individuals who received care in the inpatient setting (aOR = 6.23). There was both a large relative risk (aOR = 3.08) and absolute utilization rate (43.8%) in the emergency room before suicide.

Limitations

Participant race/ethnicity was not available. The sample did not include uninsured individuals.

Conclusions

This study provides important data about how care utilization differs for those who die by suicide compared to the general population and can inform decision makers on targeting of suicide prevention activities within health systems.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/sltb.12581>

Motivational Interviewing to Address Suicidal Ideation: A Randomized Controlled Trial in Veterans.

Britton, P. C., Conner, K. R., Chapman, B. P. and Maisto, S. A.

Suicide and Life-Threatening Behavior

First published: 08 August 2019

<https://doi.org/10.1111/sltb.12581>

Objective

Although the months following discharge from psychiatric hospitalization are a period of acute risk for veterans, there is a dearth of empirically supported treatments tailored to veterans in acute psychiatric hospitalization.

Method

We conducted a randomized controlled trial to test the efficacy of Motivational Interviewing to Address Suicidal Ideation (MI-SI) that explored and resolved ambivalence, and a revised MI-SI (MI-SI-R) that resolved ambivalence, on suicidal ideation (SI) in hospitalized veterans who scored > 2 on the Scale for Suicidal Ideation. Participants were randomized to receive MI-SI plus treatment as usual (TAU), MI-SI-R+TAU, or TAU alone. MI-SI+TAU and MI-SI-R+TAU included two in-hospital therapy sessions and one telephone booster session. Participants completed follow-up assessments over 6 months.

Results

Participants in all groups experienced reductions in the presence and severity of SI, but there were no significant differences among the groups. For the presence of SI, results were in the hypothesized direction for both MI-SI+TAU conditions.

Conclusions

Results are nondefinitive, but the effect size of both versions of MI-SI+TAU on the presence of SI was consistent with prior MI findings. Exploratory analyses suggest MI-SI-R may be preferable to MI-SI. More intensive MI-SI-R with a greater number of follow-ups may increase its effectiveness.

<https://www.sciencedirect.com/science/article/pii/S0191886919304866>

Exploring the relations of psychopathic and narcissistic personality traits to military experiences in National Guard personnel.

Olivia C. Preston, Sarah E. Butterworth, Lauren R. Khazem, Claire Houtsma, ... Joye C. Anestis

Personality and Individual Differences
Volume 152, 1 January 2020
<https://doi.org/10.1016/j.paid.2019.109554>

Life experiences and interpersonal relationships constitute risk or resilience factors in the development of psychopathology among National Guard (NG) personnel. Psychopathy and narcissism are related to these factors in civilians and may predispose NG personnel to certain experiences or influence their responses to these experiences. This study explored the relationship between psychopathic and narcissistic traits with pre-and post-deployment experiences, as well as military experiences on deployment among NG personnel (n = 504). All pathological traits were associated with poorer social support during and post-deployment and more negative relationships (e.g., bullying) within the military unit, while antisocial psychopathic traits were associated with experiencing stressful life events and having a greater number of combat experiences in a combat-exposed subsample (n = 254). Findings clarify the association of pathological traits to stress-related pathology and elucidate how psychopathy and narcissism relate to experiences of NG personnel.

Links of Interest

Updated VA/DoD Clinical Practice Guideline for Suicide Released
<https://www.pdhealth.mil/news/blog/updated-vadod-clinical-practice-guideline-suicide-released>

Cracking the code: The new frontier in confronting veteran suicide
<https://www.militarytimes.com/opinion/commentary/2019/08/08/cracking-the-code-the-new-frontier-in-confronting-veteran-suicide/>

Air Force Chief Grapples With Suicide Scourge: 'I Don't Have a Solution'

<https://www.usnews.com/news/national-news/articles/2019-08-12/air-force-chief-grapples-with-suicide-scourge-i-dont-have-a-solution>

Veterans Urge Changes Before Expansion Of VA Caregivers Program

<https://www.npr.org/2019/08/08/747604472/veterans-urge-changes-before-expansion-of-va-caregivers-program>

Putting the Rucksack Down: One Military Psychologist's Story of Vicarious Trauma and Resilience

<https://www.pdhealth.mil/news/blog/putting-rucksack-down-one-military-psychologist-s-story-vicarious-trauma-and-resilience>

Pentagon Rolls Out New Spouse Transition Program

<https://www.military.com/daily-news/2019/08/13/pentagon-rolls-out-new-spouse-transition-program.html>

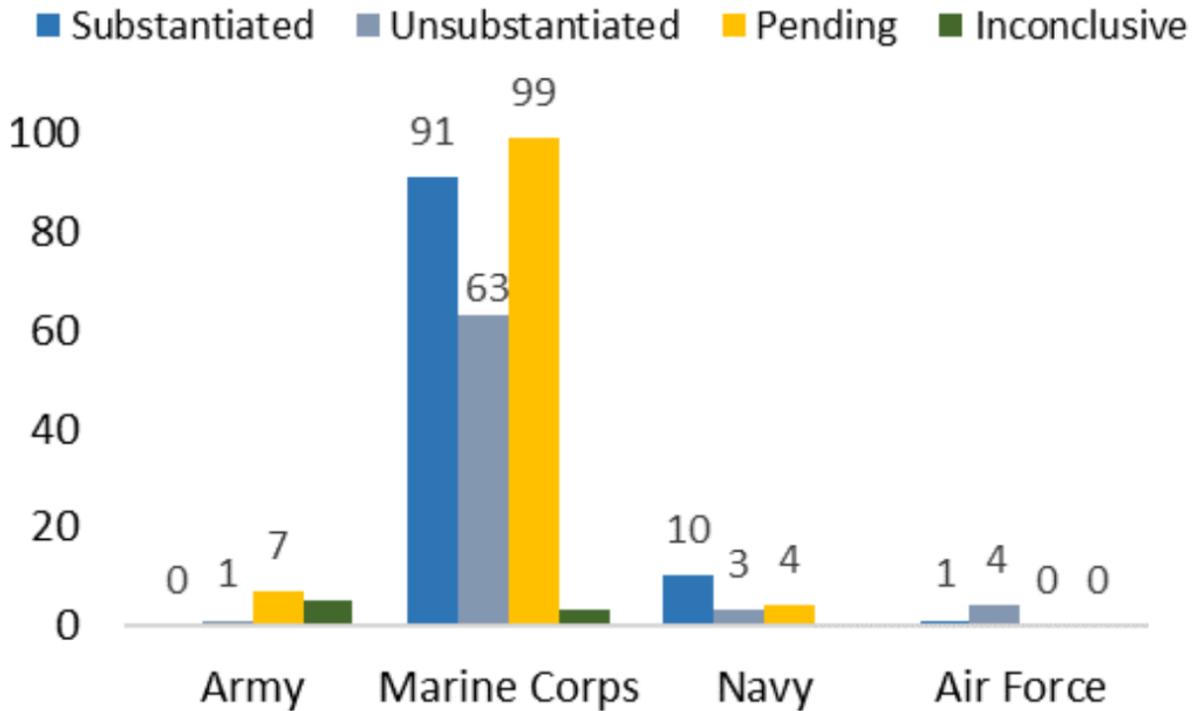
Resource of the Week: [Hazing in the Armed Forces](#)

Recent "In Focus" report from the Congressional Research Service:

Initiation customs have long been part of the culture in the United States Armed Forces as a method to welcome new members and mark rites of passage. However, several high-profile incidents have raised congressional concern that some of these traditions may subject service members to harmful or humiliating acts.

Hazing may pose a threat to trust, cohesion, safety, and the health of members of the Armed Forces. Congress has oversight of this issue under Article 1, Section 8 of the U.S. Constitution, which grants Congress the authority to raise and support armies, provide and maintain a navy, and to make rules relevant to their organization and discipline. Therefore, an understanding of the context of this issue and recent actions taken to counteract it may help Congress decide whether to address hazing in the military through oversight and legislation.

**Figure 1. Hazing Complaints by Service
FY2018**



Source: FY2018 Hazing Prevention and Response in the Armed Forces, Annual Summary Report to Congress,

Note: *Inconclusive* cases are those in which there was insufficient information to pursue an investigation.

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