

CDP



Research Update -- August 29, 2019

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<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2747849>

Experimental Therapeutics for Digital Mental Health (Viewpoint)

Andrea K. Graham, PhD; Emily G. Lattie, PhD; David C. Mohr, PhD

JAMA Psychiatry

Published online August 21, 2019

doi:10.1001/jamapsychiatry.2019.2075

The efficacy of digital mental health (DMH) services is well established. Digital mental health services are comprised of the technology, service protocol, and, ideally, implementation plan to support delivery. Like their traditional in-person treatment counterparts, DMH services have been developed and are being studied to target the behavioral, cognitive, and/or affective mechanisms that impact functioning (e.g., decreasing avoidance via a digital anxiety intervention). However, when DMH services move from controlled research settings to deployment in real-world health care settings, engagement is an acute problem. Implementation attempts often show low rates of

service use and retention among patients (ie, failure for individual-level engagement), and DMH services fail to be integrated successfully within their targeted systems of care (ie, failure for systems-level engagement among clinicians/organizations). For example, a large-scale attempt to implement commercially available and free-to-use digital depression services in primary care failed.

<https://www.liebertpub.com/doi/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

Published Online: 1 Aug 2019

<https://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://jamanetwork.com/journals/jamapsychiatry/fullarticle/2748757>

Quantifying the Association Between Psychotherapy Content and Clinical Outcomes Using Deep Learning.

Ewbank MP, Cummins R, Tablan V, et al.

JAMA Psychiatry

Published online August 22, 2019

doi:10.1001/jamapsychiatry.2019.2664

Key Points

Question

What aspects of psychotherapy content are significantly associated with clinical outcomes?

Findings

In this quality improvement study, a deep learning model was trained to automatically categorize therapist utterances from approximately 90 000 hours of internet-enabled cognitive behavior therapy (CBT). Increased quantities of CBT change methods were positively associated with reliable improvement in patient symptoms, and the quantity of nontherapy-related content showed a negative association.

Meaning

The findings support the key principles underlying CBT as a treatment and demonstrate that applying deep learning to large clinical data sets can provide valuable insights into the effectiveness of psychotherapy.

Abstract

Importance

Compared with the treatment of physical conditions, the quality of care of mental health disorders remains poor and the rate of improvement in treatment is slow, a primary reason being the lack of objective and systematic methods for measuring the delivery of psychotherapy.

Objective

To use a deep learning model applied to a large-scale clinical data set of cognitive behavioral therapy (CBT) session transcripts to generate a quantifiable measure of treatment delivered and to determine the association between the quantity of each aspect of therapy delivered and clinical outcomes.

Design, Setting, and Participants

All data were obtained from patients receiving internet-enabled CBT for the treatment of a mental health disorder between June 2012 and March 2018 in England. Cognitive behavioral therapy was delivered in a secure online therapy room via instant synchronous messaging. The initial sample comprised a total of 17 572 patients (90 934 therapy session transcripts). Patients self-referred or were referred by a primary health care worker directly to the service.

Exposures

All patients received National Institute for Health and Care Excellence–approved disorder-specific CBT treatment protocols delivered by a qualified CBT therapist.

Main Outcomes and Measures

Clinical outcomes were measured in terms of reliable improvement in patient symptoms and treatment engagement. Reliable improvement was calculated based on 2 severity measures: Patient Health Questionnaire (PHQ-9)²¹ and Generalized Anxiety Disorder 7-item scale (GAD-7),²² corresponding to depressive and anxiety symptoms respectively, completed by the patient at initial assessment and before every therapy session (see eMethods in the Supplement for details).

Results

Treatment sessions from a total of 14 899 patients (10 882 women) aged between 18 and 94 years (median age, 34.8 years) were included in the final analysis. We trained a deep learning model to automatically categorize therapist utterances into 1 or more of 24 feature categories. The trained model was applied to our data set to obtain quantifiable measures of each feature of treatment delivered. A logistic regression revealed that increased quantities of a number of session features, including change

methods (cognitive and behavioral techniques used in CBT), were associated with greater odds of reliable improvement in patient symptoms (odds ratio, 1.11; 95% CI, 1.06-1.17) and patient engagement (odds ratio, 1.20, 95% CI = 1.12-1.27). The quantity of nontherapy-related content was associated with reduced odds of symptom improvement (odds ratio, 0.89; 95% CI, 0.85-0.92) and patient engagement (odds ratio, 0.88, 95% CI, 0.84-0.92).

Conclusions and Relevance

This work demonstrates an association between clinical outcomes in psychotherapy and the content of therapist utterances. These findings support the principle that CBT change methods help produce improvements in patients' presenting symptoms. The application of deep learning to large clinical data sets can provide valuable insights into psychotherapy, informing the development of new treatments and helping standardize clinical practice.

<https://www.sciencedirect.com/science/article/abs/pii/S0887618518303347>

Examining Military Population and Trauma Type as Moderators of Treatment Outcome for First-Line Psychotherapies for PTSD: A Meta-Analysis.

Casey L. Straud, Jedidiah Siev, Stephen Messer, Alyson K. Zalta

Journal of Anxiety Disorders

Available online 18 August 2019

<https://doi.org/10.1016/j.janxdis.2019.102133>

Highlights

- Treatment outcomes were large across trauma types and population.
- Military populations demonstrated poorer treatment outcomes compared to civilians.
- Military populations had worse PTSD remission rates at posttreatment compared to civilians.
- Combat and assault trauma subgroups had poorer treatment outcomes compared to the mixed trauma type.
- Higher attrition was related to poorer treatment outcome, but rates did not vary between military and civilian populations.

Abstract

There is conflicting evidence as to whether military populations (i.e., veteran and active-duty military service members) demonstrate a poorer response to psychotherapy for posttraumatic stress disorder (PTSD) compared to civilians. Existing research may be complicated by the fact that treatment outcomes differences could be due to the type of trauma exposure (e.g., combat) or population differences (e.g., military culture). This meta-analysis evaluated PTSD treatment outcomes as a function of trauma type (combat v. assault v. mixed) and population (military v. civilian). Unlike previous meta-analyses, we focused exclusively on manualized, first-line psychotherapies for PTSD as defined by expert treatment guidelines. Treatment outcomes were large across trauma types and population; yet differences were observed between trauma and population subgroups. Military populations demonstrated poorer treatment outcomes compared to civilians. The combat and assault trauma subgroups had worse treatment outcomes compared to the mixed trauma subgroup, but differences were not observed between assault and combat subgroups. Higher attrition rates predicted poorer treatment outcomes, but did not vary between military populations and civilians. Overall, manualized, first-line psychotherapies for PTSD should continue to be used for civilians and military populations with various trauma types. However, greater emphasis should be placed on enhancing PTSD psychotherapies for military populations and on treatment retention across populations based on findings from this meta-analysis.

<https://www.sciencedirect.com/science/article/abs/pii/S0887618518303086>

Problematic Driving in Former Service Members: An Evaluation of the Driving Behavior Survey in Veterans with Posttraumatic Stress Disorder.

Joshua D. Clapp, Denise M. Sloan, William Unger, Daniel J. Lee, ... J. Gayle Beck

Journal of Anxiety Disorders

Available online 18 August 2019

<https://doi.org/10.1016/j.janxdis.2019.102134>

Highlights

- Problematic driving behavior is identified as a significant veteran health issue
- Few validated instruments are available assessing problematic behavior in veterans
- 3-factor model of the Driving Behavior Survey (DBS) replicated in vets with PTSD

- Data also provide evidence for concurrent, discriminant, and discriminative validity
- DBS appears to be a valid measure of anxious driving behavior in veterans with PTSD

Abstract

Despite high levels of traffic-related mortality, injury, and impairment among former service members, measures validated to assess problematic driving in this population remain limited. The current study examined characteristics of the Driving Behavior Survey (DBS) in male veterans (76.3% White; age: M = 56.4, SD = 12.3) meeting criteria for PTSD. Confirmatory factor analyses indicated acceptable fit of a 3-factor model specifying dimensions of anxiety-based performance deficits, exaggerated safety/caution, and hostile/aggressive driving behavior. Concurrent associations with indices of anxiety, depression, trauma history, and clinician-rated PTSD were consistent with small ($r = .10 - .29$) to medium ($r = .30 - .49$) effects. Discriminative validity was noted through elevations in performance deficit ($d = .26$), safety/caution ($d = .50$), and hostile/aggressive ($d = .39$) scales relative to published data from student drivers. Scores comparable to civilian motorists with accident-related PTSD help to qualify the severity of problematic driving behavior in trauma-exposed veterans.

<https://bmjopen.bmj.com/content/9/8/e029108>

Effects of ketamine treatment on suicidal ideation: a qualitative study of patients' accounts following treatment for depression in a UK ketamine clinic.

Lascelles K, Marzano L, Brand F, et. al.

BMJ Open

2019;9: e029108

doi: 10.1136/bmjopen-2019-029108

Objective

It is recognised that ketamine treatment can reduce suicidal ideation (SI) in people with depression, at least in the short term. However, information is lacking on patients' perspectives on such effects. Studying these can contribute to greater understanding of the mechanisms underlying impact of ketamine treatment on SI. The aim of this study was to investigate patients' reports of the impact of treatment on their SI, the duration of effects and possible mechanisms.

Design and setting

This qualitative study consisted of semi-structured interviews with patients who had received ketamine treatment for depression. Interview data were analysed thematically.

Participants

Fourteen patients (8 females, 6 males, aged 24–64 years) who had received treatment with ketamine for treatment-resistant depression, and had SI at the initiation of treatment. Two participants also had a diagnosis of bipolar type 1 and two of emotionally unstable personality disorder. Eight had a history of self-harm.

Results

SI reduced following ketamine treatment in 12 out of 14 participants for periods of a few hours following a single treatment to up to three years with ongoing treatment. Reduction of SI was variable in terms of extent and duration, and re-emergence of suicidal thoughts often occurred when treatment ceased. Participants' accounts indicated that reduced SI was associated with improved mood and reduced anxiety, as were clarity of thought, focus and concentration, and ability to function. Participants reported experiencing some or all of these effects in various orders of occurrence.

Conclusion

Generally, ketamine treatment was experienced as effective in reducing SI, although duration of effects varied considerably. Patients' perspectives indicated similarities in the mechanisms of reduction in SI, but some differences in their manifestation, particularly in relation to chronology. Experiences of this cohort suggest that reduced anxiety and improvement in ability to think and function were important mechanisms alongside, or in some cases independently of, improvement in mood. Further studies of patients' experiences are required to gain enhanced understanding of the variability of effects of ketamine on SI and functionality.

<https://www.sciencedirect.com/science/article/abs/pii/S0165178119307322>

The association between baseline insomnia symptoms and future suicide attempts within an intensive outpatient treatment program for suicide.

Jenny W. Lau, Sunita M. Stewart, Jessica D. King, Betsy D. Kennard, Graham J. Emslie

Highlights

- Patients with insomnia symptoms began treatment with more suicide ideation.
- They improved by the end of the program, but had more suicide ideation.
- Entry insomnia symptoms predicted suicide attempts within 6 months.
- This association was accounted for by discharge suicide ideation.
- Insomnia at times of distress might signal vulnerability to future suicide attempts.

Abstract

This study examines the prospective relationship between insomnia symptoms and suicide attempts in high-risk youth. We obtained depressive symptoms, insomnia symptoms, and suicide ideation measures from clinical records of 206 adolescents ages 12–17 at entry and discharge from a suicide prevention intensive outpatient program. Information about whether the participant made a suicide attempt was available through six months after discharge. Patients were mainly girls (79.1%; n = 163) with depression (89.8%; n = 185). Associations between insomnia symptoms, attempts within 6 months of discharge, persistent insomnia symptoms, and suicide ideation at discharge were tested with multiple regression analyses. Entry insomnia symptoms were prospectively associated with attempts when controlling for age, sex, and previous attempts, but insomnia symptoms at discharge were not. Suicide ideation at discharge was associated both with entry insomnia symptoms and attempts within 6 months of discharge. When entry and discharge suicide ideation were controlled, the association between entry insomnia symptoms and attempts lost significance. However, the association between discharge ideation and attempts remained significant. Insomnia symptoms contribute indirectly to suicide attempt risk after discharge. Intensive treatment for ideation and reducing insomnia symptoms could reduce discharge suicide risk and subsequent suicide attempts.

<https://www.sciencedirect.com/science/article/abs/pii/S0165032719303519>

Non-suicidal self-injury, suicide ideation, and past suicide attempts: Comparison between transgender and gender diverse veterans and non-veterans.

Alix Aboussouan, Annie Snow, Julie Cerel, Raymond P. Tucker

Highlights

- Non-suicidal self-injury and suicidal ideation/attempt elevated in transgender individuals.
- Transgender veterans have a lower prevalence of lifetime non-suicidal self-injury.
- Transgender veterans are hospitalized due to lifetime non-suicidal self-injury more.
- Veteran status may be protective against care avoidance.

Abstract

Background

Transgender and gender diverse (TGD) individuals, especially veterans, experience elevated rates of non-suicidal self-injury (NSSI) and suicide related behaviors compared to gender majority individuals. Research has yet to compare TGD veterans to non-veterans or look at correlates of NSSI and related behaviors to suicide related outcomes. This study examines prevalence and suicide related correlates of NSSI among TGD veterans and TGD non-veterans.

Method

Data analyzed in the were part of the Trans Lifeline Mental Health Survey. Both TGD veterans (N = 313) and non-veterans (N = 3,972) completed an online, cross-sectional survey that included self-report measures of NSSI, suicidal ideation (SI), and suicidal attempt (SA) along with lifetime hospitalization and avoidance of care due to NSSI.

Results

Results of this paper indicate that prevalence of NSSI, SI, and SA are elevated in both the TGD veterans and non-veteran subpopulations. Further, veterans compared to non-veterans have a lower prevalence of NSSI but higher prevalence of hospitalization when self-harm is inflicted, reflecting more healthcare utilization or increased severity of NSSI episodes. Additionally, veterans were less likely to avoid care due to NSSI. Further, veteran status seemed to be a protective factor against demographic differences that increased rates of NSSI history in non-veteran TGD individuals.

Limitations

The limitations of this study include its cross-sectional study design, one question assessing SA, and few TGD male veterans.

Conclusion

NSSI is an important risk factor in future suicide related outcome such as SI and SA. Further, differences in healthcare utilization among TGD veterans and non-veterans are apparent.

<https://www.sciencedirect.com/science/article/pii/S2352250X1930140X>

Sleep in PTSD: Treatment Approaches and Outcomes.

Katherine E. Miller, Janeese A. Brownlow, Philip R. Gehrman

Current Opinion in Psychology

Available online 23 August 2019

<https://doi.org/10.1016/j.copsyc.2019.08.017>

The high incidence of sleep disturbance associated with trauma exposure and posttraumatic stress disorder (PTSD) points to the need for effective sleep interventions for trauma survivors. The present review focuses on recent psychotherapeutic, pharmacological, and sleep medicine treatment approaches for sleep disturbances in PTSD. Findings highlight that targeted sleep interventions can ameliorate sleep symptoms and mitigate daytime PTSD symptoms. Attention has turned to the role of multidisciplinary and integrative approaches, as comprehensive treatment for sleep disturbances in PTSD is likely to require innovative assessment modalities and multiple interventions. A method for compressing these components into a treatment plan acceptable to most PTSD-diagnosed patients remains to be developed.

<https://psycnet.apa.org/record/2019-20030-001>

Safety planning to prevent suicidal self-directed violence among veterans with posttraumatic stress disorder: Clinical considerations.

Holliday, R., Rozek, D. C., Smith, N. B., McGarity, S., Jankovsky, M., & Monteith, L. L.

Professional Psychology: Research and Practice

2019; 50(4), 215-227.

<http://dx.doi.org/10.1037/pro0000239>

Veterans with posttraumatic stress disorder (PTSD) are at elevated risk for engaging in suicidal self-directed violence (S-SDV). Safety Planning has been widely implemented in the Veterans Health Administration to prevent S-SDV; however, limited guidelines exist regarding considerations for Safety Planning with veterans with PTSD. In this article, we discuss clinical considerations to guide health care providers in customizing each step of Safety Planning for veterans with PTSD. Proposed considerations include challenges establishing an appropriate baseline (Step 1); risky behaviors and substance use (Step 2); PTSD-related avoidance, beliefs, distrust, and isolation (Steps 3 and 4); stigma and distrust of providers and institutions (Step 5); and hypervigilance, safety beliefs, firearms, substances, and numbing (Step 6). Strategies for addressing these are provided for each step of the Safety Plan, such as delineating trauma-related warning signs, anticipating avoidance, and incorporating PTSD-related resources. In addition, methods of implementing the Safety Plan into evidence-based PTSD treatments disseminated within the Department of Veterans Affairs (e.g., cognitive processing therapy, prolonged exposure therapy) are discussed. Continued examination of Safety Planning in veterans with PTSD, including empirical investigation, is needed. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

<https://onlinelibrary.wiley.com/doi/abs/10.1111/jmft.12402>

The Buffering Effect of Relationships on Combat Exposure, Military Performance, and Mental Health of U.S. Military Soldiers: A Vantage Point for CFTs.

Kayla Reed-Fitzke, Mallory Lucier-Greer

Journal of Marital and Family Therapy

First published: 22 August 2019

<https://doi.org/10.1111/jmft.12402>

This study examined the role of cumulative combat experiences with regard to military performance and conduct and mental health among a sample of young soldiers from the Army STARRS dataset (N = 5,283). Higher levels of cumulative combat experiences were directly related to poorer performance and conduct and a greater likelihood of anxiety, depression, and post-traumatic stress disorder (PTSD). Military performance and conduct served as a linking mechanism between combat experiences and mental health. Using moderated mediation structural equation modeling, relationship disruptions were found to exacerbate the adverse effects of combat experiences;

conversely, unit cohesion buffered the impact of combat experiences. Implications for military helping professionals include identifying leverage points for intervention, particularly strengthening the social connections of service members within and outside the military.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22437>

Five-Year Impacts of Family Stressors and Combat Threat on the Mental Health of Afghanistan and Iraq War Veterans.

Wesley Sanders, Brian N. Smith, Annie B. Fox, Dawne Vogt

Journal of Traumatic Stress

First published: 21 August 2019

<https://doi.org/10.1002/jts.22437>

It has been well established that warfare-related stress puts service members at risk for a range of mental health problems after they return from deployment. Less is known about service members' experience of family stressors during deployment. The aims of this study were to (a) evaluate whether family stressors would contribute unique variance to posttraumatic stress disorder (PTSD) and depressive symptoms above and beyond combat threat during deployment and (b) examine whether family stressors would amplify the negative effects of combat threat on postmilitary mental health 5 years postdischarge. Study participants reported their experience of objective and subjective family stressors and combat threat during deployment. Objective family stressors demonstrated unique associations with PTSD and depression symptoms and remained significant after accounting for ongoing family stressors reported at follow-up. A significant interaction was found between objective family stressors and combat threat on PTSD symptoms, $r = -.10$. Although the association between combat threat and PTSD was significant for participants who reported high, $B = 0.04$; and low, $B = 0.09$, exposure to family stressors, the steeper slope for those exposed to fewer family stressors indicates a stronger effect of combat threat. Follow-up analyses revealed that veterans who experienced high amounts of family stress and high levels of combat threat reported significantly worse PTSD symptoms than those who reported low family stress, $t(256) = 3.98$, $p < .001$. Findings underscore the importance of attending to the role that family stressors experienced during deployment play in service members' postmilitary mental health.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22427>

Effectiveness of the Intent to Complete and Intent to Attend Intervention to Predict and Prevent Posttraumatic Stress Disorder Treatment Drop Out Among Soldiers.

Shulman, G. P., Buck, B. E., Gahm, G. A., Reger, G. M. and Norr, A. M.

Journal of Traumatic Stress

First published: 20 August 2019

<https://doi.org/10.1002/jts.22427>

Active duty military service members have high dropout rates for trauma-focused treatment in both clinical practice and research settings. Measuring patients' intent to complete (ITC) and intent to attend (ITA) treatment have been suggested as methods to reduce dropout, but no studies have examined the effectiveness of such measures. In an attempt to reduce high dropout rates, measures of ITC and ITA were included in a randomized controlled trial evaluating prolonged exposure (PE) and virtual reality exposure (VRE) in active duty soldiers with posttraumatic stress disorder (PTSD). Participants (N = 108) were randomized to either PE or VRE, and the last 49 to enroll were administered a measure of ITC at enrollment and a measure of ITA at the end of every session. A score of 7 or below triggered a problem-solving discussion with the individual's therapist. The results revealed that the ITA assessment predicted treatment dropout after controlling for mental health stigma, PTSD symptoms, and age, odds ratio (OR) = 0.24, $p = .023$. Additionally, participants who completed the ITA assessment were less likely to drop out than those who were not administered the ITA, OR = 0.29 $p = .002$. The ITC did not predict treatment dropout OR = 0.98, $p = .402$. These findings suggest that assessing ITA throughout trauma-focused therapy may reduce treatment dropout rather than solely measuring ITC prior to starting psychotherapy. Based on these preliminary findings, future research should randomize the measurement of ITA in clinical trials to evaluate its impact on treatment dropout.

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2748664>

Association of Restless Legs Syndrome With Risk of Suicide and Self-harm.

Zhuang S, Na M, Winkelman JW, et al.

JAMA Network Open

Published online August 23, 2019;2(8):e199966.

doi:10.1001/jamanetworkopen.2019.9966

Key Points

Questions

Is restless legs syndrome associated with a high risk of suicide and self-harm?

Findings

In a cohort study that included 169 373 participants, individuals with restless legs syndrome had a higher risk of suicide and self-harm compared with age- and sex-matched participants without restless legs syndrome, and the increased risk was independent of common diseases and conditions.

Meaning

Restless legs syndrome was associated with an increased risk of suicide and self-harm.

Abstract

Importance

Restless legs syndrome (RLS) is a common neurologic disorder that has been previously found to be associated with higher odds of suicidal ideation. In the context of the increasing suicide rate in the United States, the evidence regarding the association between RLS and the risk of suicide and self-harm is limited.

Objective

To investigate the association between RLS and risk of suicide and self-harm.

Design, Setting, and Participants

This cohort study was performed using Truven Health MarketScan national claims data from 2006 to 2014; the baseline data were from 2006 to 2008, and the follow-up data covered 6 years (January 1, 2009, to December 31, 2014). Included were 24 179 nonpregnant participants with RLS and 145 194 age- and sex-matched participants without RLS at baseline (2006-2008), who were free of suicide, self-harm, cardiovascular disease, or cancer at study baseline. Data analysis was performed from February 1, 2018, to January 1, 2019.

Exposure

Diagnosis of RLS, as identified by the International Classification of Diseases, Ninth Revision code.

Main Outcomes and Measures

Incident suicide and self-harm event, identified by the International Classification of Diseases, Ninth Revision diagnosis code.

Results

Among 169 373 participants in the current analysis, the mean (SD) age was 49.4 (9.1) years; 53 426 (31.5%) participants were men. During a mean (SD) follow-up duration of 5.2 (2.2) years, 119 incident suicide and self-harm cases were identified. Individuals with RLS had a higher risk of suicide or self-harm compared with those without RLS (adjusted hazard ratio, 2.66; 95% CI, 1.70-4.15), after adjusting for lifestyle factors (eg, alcohol and obesity), presence of chronic diseases (eg, depression, insomnia, diabetes, chronic kidney disease, peripheral neuropathy, iron-deficiency anemia, and Parkinson disease), and use of medications. Excluding those with depression, insomnia, obstructive sleep apnea, and other common chronic conditions, the significant association between RLS and suicide or self-harm persisted (adjusted hazard ratio, 4.14; 95% CI, 2.17-7.92).

Conclusions and Relevance

Restless legs syndrome was associated with a high risk of suicide and self-harm, and the risk was independent of most identified diseases and conditions.

<https://journals.sagepub.com/doi/abs/10.1177/1066480719868700>

Contributions of Parenting Sense of Competence to Family Functioning in a Sample of Military-Connected Families Living in the Community.

Makhija, N. J., Ohye, B. Y., Zakarian, R. J., Jakubovic, R. J., & Bui, E.

The Family Journal

First Published August 22, 2019

<https://doi.org/10.1177/1066480719868700>

The purpose of this investigation was to examine the potential contributions of parenting sense of competence and parental psychological symptoms to family functioning in a

sample of military-connected families attending public elementary school. Fifty-six parents (61.8% female; 92.9% White; 5.3% Hispanic; mean age = 38.5, SD = 7.03) completed the Depression, Anxiety, and Stress Scale (DASS), the Parenting Sense of Competence Scale (PSOC), and the General Functioning Scale of the Family Assessment Device (GF-FAD). Participants' GF-FAD scores negatively correlated with their PSOC scores ($r = -.48, p < .001$). A negative trend between the PSOC scores and DASS scores is observed ($r = -.25, p < .06$). A multiple regression analysis indicates that both scores on PSOC ($\beta = -.46, p < .001$) and DASS ($\beta = 0.3, p = .01$) were independently associated with the GF-FAD scores. These results suggest that among military families, a sense of efficacy as a parent may influence family functioning above and beyond the effect of parental distress and that interventions designed to promote sense of parenting competence may improve military family functioning through a process different than that of interventions to alleviate psychological distress.

<https://www.sciencedirect.com/science/article/abs/pii/S0306453019304664>

An alternative theory for hormone effects on sex differences in PTSD: The role of heightened sex hormones during trauma.

Luke John Ney, Andrea Gogos, Chia-Ming Ken Hsu, Kim Louise Felmingham

Psychoneuroendocrinology

Available online 23 August 2019

<https://doi.org/10.1016/j.psyneuen.2019.104416>

Highlights

- Sex differences in PTSD are a prominent yet poorly understood phenomenon.
- Sex hormones, particularly progesterone, are precursors of stress hormones.
- Progesterone and oestradiol can also enhance memory consolidation of emotional experiences.
- We propose that high levels of progesterone and oestradiol during trauma are a likely cause of sex differences in PTSD.
- Reframing sex differences in PTSD has implications for our current understanding as well as how treatments may be managed.

Abstract

Women are at least twice as susceptible to developing post-traumatic stress disorder (PTSD) compared to men. Although most research seeking to explain this discrepancy has focused on the role of oestradiol during fear extinction learning, the role of

progesterone has been overlooked, despite relatively consistent findings being reported concerning the role of progesterone during consolidation of emotional and intrusive memories. In this review article, we outline literature supporting the role of progesterone on memory formation, with particular emphasis on potential memory-enhancing properties of progesterone when subjects are placed under stress. It is possible that progesterone directly and indirectly exerts memory-enhancing effects at the time of trauma, which is an effect that may not be necessarily captured during non-stressful paradigms. We propose a model whereby progesterone's steroidogenic relationship to cortisol and brain-derived neurotrophic factor in combination with elevated oestradiol may enhance emotional memory consolidation during trauma and therefore present a specific vulnerability to PTSD formation in women, particularly during the mid-luteal phase of the menstrual cycle.

<https://onlinelibrary.wiley.com/doi/10.1002/jts.22433>

Dynamic Network Analysis of Negative Emotions and DSM-5 Posttraumatic Stress Disorder Symptom Clusters During Conflict.

Greene, T., Gelkopf, M. Fried, E. I., Robinaugh, D. J. and Lapid Pickman, L.

Journal of Traumatic Stress

First published: 21 August 2019

<https://doi.org/10.1002/jts.22433>

Investigating dynamic associations between specific negative emotions and PTSD symptom clusters may provide novel insights into the ways in which PTSD symptoms interact with, emerge from, or are reinforced by negative emotions. The present study estimated the associations among negative emotions and the four DSM-5 PTSD symptom clusters (intrusions, avoidance, negative alterations in cognitions and mood [NACM], and arousal) in a sample of Israeli civilians ($n = 96$) during the Israel–Gaza War of July–August 2014. Data were collected using experience sampling methodology, with participants queried via smartphone about PTSD symptoms and negative emotions twice a day for 30 days. We used a multilevel vector auto-regression model to estimate temporal and contemporaneous temporal networks. Contrary to our hypothesis, in the temporal network, PTSD symptom clusters were more predictive of negative emotions than vice versa, with arousal emerging as the strongest predictor that negative emotions would be reported at the next measurement point; fear and sadness were also strong predictors of PTSD symptom clusters. In the contemporaneous network, negative

emotions exhibited the strongest associations with the NACM and arousal PTSD symptom clusters. The negative emotions of sadness, stress, fear, and loneliness had the strongest associations to the PTSD symptom clusters. Our findings suggest that arousal has strong associations to both PTSD symptoms and negative emotions during ongoing trauma and highlights the potentially relevant role of arousal for future investigations in primary or early interventions.

Links of Interest

Planning for Suicide Prevention Month? PHCoE Can Help

<https://www.pdhealth.mil/news/blog/planning-suicide-prevention-month-phcoe-can-help>

Gun retailers could help prevent suicide

<https://www.futurity.org/gun-retailers-suicide-prevention-2141142/>

Trump orders VA to buy controversial antidepressant in an effort to stem veterans suicide

<https://www.militarytimes.com/news/pentagon-congress/2019/08/21/trump-orders-va-to-buy-controversial-antidepressant-in-an-effort-to-stem-veterans-suicide/>

How multiple leadership failures contributed to a patient's suicide at Florida VA hospital

<https://www.militarytimes.com/news/pentagon-congress/2019/08/22/how-multiple-leadership-failures-contributed-to-a-patients-suicide-at-florida-va-hospital/>

The VA Removed a Vet's High-Risk Label. The Patient Died by Suicide. What Went Wrong?

<https://www.military.com/daily-news/2019/08/26/va-removed-vets-high-risk-label-patient-died-suicide-what-went-wrong.html>

Veteran peer-support helps prevent crises

<https://www.militarytimes.com/opinion/commentary/2019/08/21/veteran-peer-support-helps-prevent-crisis/>

Defense Department Officials: All CBD Products Forbidden to Troops

<https://www.military.com/daily-news/2019/08/21/defense-department-officials-all-cbd-products-forbidden-troops.html>

Sexual assault numbers, suicides on the rise: 'Clearly we have to do something different,' acting Army secretary says

<https://www.armytimes.com/news/your-army/2019/08/21/sexual-assault-numbers-suicides-on-the-rise-clearly-we-have-to-do-something-different-acting-army-secretary-says/>

Suicide Stand-Down Inspires 51st Fighter Wing's "Mustang Resiliency Campaign"

<http://www.airforcemag.com/Features/Pages/2019/August%202019/Suicide-Stand-Down-Inspires-51st-Fighter-Wings-Mustang-Resiliency-Campaign.aspx>

Spouse Employment, Childcare Highlighted in New Navy Family Framework

<https://news.usni.org/2019/08/21/spouse-employment-childcare-highlighted-in-new-navy-family-framework>

Union challenges VA's smoke free policy

<https://www.militarytimes.com/news/pentagon-congress/2019/08/21/no-ifs-and-or-butts-vas-smoke-free-policy-will-now-apply-to-employees-too/>

Whether the day is sunny or stormy, Elmo is there for children of the wounded

<https://www.militarytimes.com/pay-benefits/2019/08/24/whether-the-day-is-sunny-or-stormy-elmo-is-there-for-children-of-the-wounded/>

Defense Department students start new school year in wake of staffing, course cuts

<https://www.stripes.com/news/pacific/defense-department-students-start-new-school-year-in-wake-of-staffing-course-cuts-1.595869>

PTSD Made Him Walk Away From Public Life. Now He's Heading Back

<https://www.nytimes.com/2019/08/25/us/jason-kander-ptsd.html>

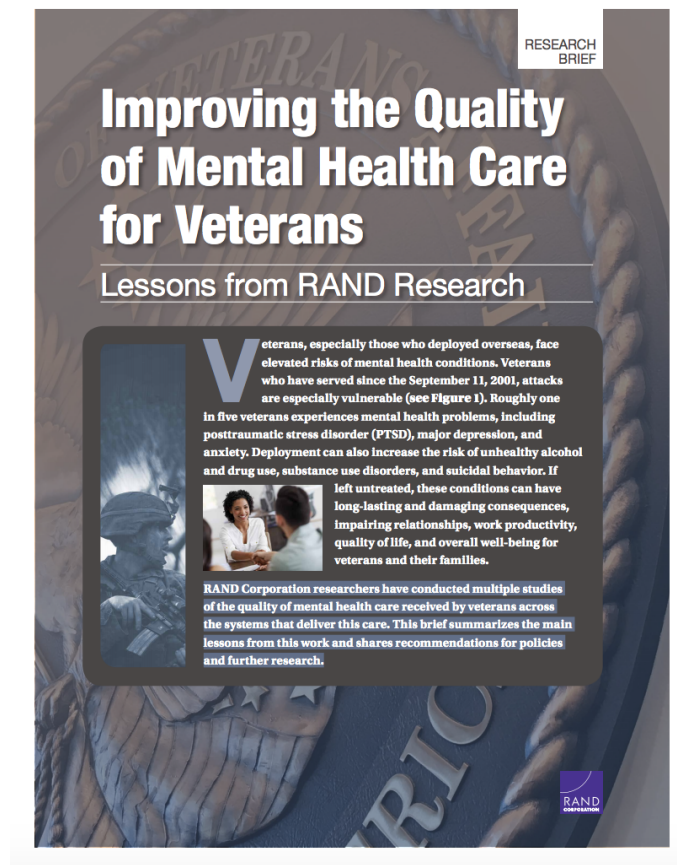
Resource of the Week: [Improving the Quality of Mental Health Care for Veterans](#)

New Research Brief from RAND:

Veterans, especially those who deployed overseas, face elevated risks of mental health conditions. Veterans who have served since the September 11, 2001, attacks are especially vulnerable (see Figure 1). Roughly one in five veterans experiences mental health problems, including posttraumatic stress disorder (PTSD), major depression, and anxiety. Deployment can also increase the risk of

unhealthy alcohol and drug use, substance use disorders, and suicidal behavior. If left untreated, these conditions can have long-lasting and damaging consequences, impairing relationships, work productivity, quality of life, and overall well-being for veterans and their families.

RAND Corporation researchers have conducted multiple studies of the quality of mental health care received by veterans across the systems that deliver this care. This brief summarizes the main lessons from this work and shares recommendations for policies and further research.



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