

CDP



Research Update -- February 6, 2020

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- Resource of the Week - Improving Behavioral Health Care for U.S. Army Personnel: Identifying Predictors of Treatment Outcomes (RAND)

<https://www.sciencedirect.com/science/article/abs/pii/S0306460319309438>

Determinants of new-onset alcohol use disorder in U.S. military veterans: Results from the National Health and Resilience in Veterans Study.

Elizabeth Straus, Sonya B. Norman, Robert H. Pietrzak

Addictive Behaviors

Available online 17 January 2020

<https://doi.org/10.1016/j.addbeh.2020.106313>

Highlights

- Approximately 6% of veterans developed AUD over 7-year follow-up period.
- Adult sexual trauma and anxious arousal symptoms were associated with incident AUD.
- DUDs and greater alcohol use at Wave 1 explained most variance in incident AUD.

Abstract

Background

Although veterans are at increased risk of alcohol use disorder (AUD) relative to civilians, few longitudinal studies have examined both risk and protective factors that influence the development of AUD. This study aimed to identify risk and protective factors that contribute to incident AUD.

Methods

Data were analyzed from the National Health and Resilience in Veterans Study (NHRVS), a nationally representative, prospective cohort study of U.S. veterans. The sample included 1,770 veterans who did not meet criteria for lifetime AUD at Wave 1 and completed at least one follow-up assessment over a 7-year period. Veterans completed self-report measures to assess for risk and protective factors. A multivariable binary logistic regression analysis was conducted to examine baseline factors associated with incident AUD.

Results

A total of 5.9% of veterans without AUD at Wave 1 developed AUD in the 7-year follow-up period. Adult sexual trauma exposure, greater anxious arousal symptoms of PTSD, lifetime history of drug and nicotine use disorders, and higher alcohol consumption at Wave 1 were independently associated with incident AUD. Lifetime drug use disorder

(75.9%) and higher alcohol consumption (22.1%) explained the most variance in incident AUD.

Conclusion

Approximately 6% of veterans without AUD at Wave 1 developed AUD over a 7-year period. Lifetime drug use disorder and greater alcohol consumption at baseline, as well as trauma-related characteristics were associated with increased risk of developing AUD. Future research should examine whether treatment of drug use disorder and PTSD symptoms in at-risk veterans may help mitigate risk of developing AUD in this population.

<https://link.springer.com/article/10.1186/s12888-019-2409-8>

Medicinal cannabis for psychiatric disorders: a clinically-focused systematic review.

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BMC Psychiatry

20, 24 (2020)

<https://doi.org/10.1186/s12888-019-2409-8>

Background

Medicinal cannabis has received increased research attention over recent years due to loosening global regulatory changes. Medicinal cannabis has been reported to have potential efficacy in reducing pain, muscle spasticity, chemotherapy-induced nausea and vomiting, and intractable childhood epilepsy. Yet its potential application in the field of psychiatry is lesser known.

Methods

The first clinically-focused systematic review on the emerging medical application of cannabis across all major psychiatric disorders was conducted. Current evidence regarding whole plant formulations and plant-derived cannabinoid isolates in mood, anxiety, sleep, psychotic disorders and attention deficit/hyperactivity disorder (ADHD) is discussed; while also detailing clinical prescription considerations (including pharmacogenomics), occupational and public health elements, and future research recommendations. The systematic review of the literature was conducted during 2019, assessing the data from all case studies and clinical trials involving medicinal cannabis

or plant-derived isolates for all major psychiatric disorders (neurological conditions and pain were omitted).

Results

The present evidence in the emerging field of cannabinoid therapeutics in psychiatry is nascent, and thereby it is currently premature to recommend cannabinoid-based interventions. Isolated positive studies have, however, revealed tentative support for cannabinoids (namely cannabidiol; CBD) for reducing social anxiety; with mixed (mainly positive) evidence for adjunctive use in schizophrenia. Case studies suggest that medicinal cannabis may be beneficial for improving sleep and post-traumatic stress disorder, however evidence is currently weak. Preliminary research findings indicate no benefit for depression from high delta-9 tetrahydrocannabinol (THC) therapeutics, or for CBD in mania. One isolated study indicates some potential efficacy for an oral cannabinoid/terpene combination in ADHD. Clinical prescriptive consideration involves caution in the use of high-THC formulations (avoidance in youth, and in people with anxiety or psychotic disorders), gradual titration, regular assessment, and caution in cardiovascular and respiratory disorders, pregnancy and breast-feeding.

Conclusions

There is currently encouraging, albeit embryonic, evidence for medicinal cannabis in the treatment of a range of psychiatric disorders. Supportive findings are emerging for some key isolates, however, clinicians need to be mindful of a range of prescriptive and occupational safety considerations, especially if initiating higher dose THC formulas.

<https://neuro.psychiatryonline.org/doi/abs/10.1176/appi.neuropsych.19020032>

Baseline Cognitive Performance and Treatment Outcomes From Cognitive-Behavioral Therapies for Posttraumatic Stress Disorder: A Naturalistic Study.

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The Journal of Neuropsychiatry and Clinical Neurosciences

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Objective:

Approximately 5%–20% of U.S. troops returning from Iraq and Afghanistan have posttraumatic stress disorder (PTSD), and another 11%–23% have traumatic brain injury (TBI). Cognitive-behavioral therapies (CBTs) are empirically validated treatment strategies for PTSD. However, cognitive limitations may interfere with an individual's ability to adhere to as well as benefit from such therapies. Comorbid TBI has not been systematically taken into consideration in PTSD outcome research or in treatment planning guidance. The authors hypothesized that poorer pretreatment cognitive abilities would be associated with poorer treatment outcomes from CBTs for PTSD.

Methods:

This study was designed as a naturalistic examination of treatment as usual in an outpatient clinic that provides manualized CBTs for PTSD to military service members and veterans. Participants were 23 veterans, aged 18–50 years, with combat-related PTSD and a symptom duration of more than 1 year. Of these, 16 participants had mild TBI (mTBI). Predictor variables were well-normed objective tests of cognitive ability measured at baseline. Outcome variables were individual slopes of change of the PTSD Checklist for DSM-5 (PCL-5) and the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) over weeks of treatment, and of pretreatment-to-posttreatment change in PCL-5 and CAPS-5 (Δ PCL-5 and Δ CAPS-5, respectively).

Results:

Contrary to prediction, neither pretreatment cognitive performance nor the presence of comorbid mTBI predicted poorer response to CBTs for PTSD.

Conclusions:

These results discourage any notion of excluding patients with PTSD and poorer cognitive ability from CBTs.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/da.22993>

Courses of suicidal ideation among military veterans in residential treatment for posttraumatic stress disorder.

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Depression & Anxiety

First published: 17 January 2020

<https://doi.org/10.1002/da.22993>

Background

Suicidal thoughts are common among veterans with posttraumatic stress disorder (PTSD). The aim of this study was to examine the prevalence and correlates of four courses of suicidal (SI) among veterans receiving residential PTSD treatment.

Methods

A total of 1,807 veterans receiving residential PTSD treatment at Department of Veterans Affairs medical facilities who completed self-report measures at admission and discharge were included.

Results

The prevalence of SI courses were No SI (33.6%), Remitted SI (23.0%), SI onset (6.0%), and Chronic SI (37.4%). There were group differences between the four SI courses in PTSD symptoms at baseline, magnitude of PTSD symptom change during treatment, race/ethnicity and baseline depression, substance use, physical functioning, and pain. Chronic SI was associated with highest baseline PTSD, depression, substance use, pain and worse physical functioning. Remitted SI course was associated with greatest pre-posttreatment PTSD improvement, followed by No SI, Chronic SI, and SI Onset. Multinomial logistic regressions revealed that PTSD symptom improvement and baseline PTSD symptoms most consistently related to symptomatic SI courses compared to less symptomatic or No SI courses. Receipt of trauma-focused psychotherapy (none, some, or adequate) and length of stay were not related to SI courses and did not differ between groups.

Conclusions

Findings indicate that treating PTSD symptoms could be impactful for reducing suicidal thoughts. Although many veterans had remitted or reduced severity of SI at discharge, a significant proportion of veterans reported SI at discharge (43.4%), potentially highlighting the need for suicide specific treatment interventions within the context of PTSD treatment.

<https://link.springer.com/article/10.1186/s12888-020-2432-9>

Posttraumatic stress disorder and risk of selected autoimmune diseases among US military personnel.

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BMC Psychiatry

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<https://doi.org/10.1186/s12888-020-2432-9>

Background

Increasing evidence suggests a link between posttraumatic stress disorder (PTSD) and physical health. Stress disorders may lead to impairment of the immune system and subsequent autoimmune disease. This study investigated the association between PTSD and risk of selected autoimmune diseases (i.e. rheumatoid arthritis, systemic lupus erythematosus, inflammatory bowel diseases, and multiple sclerosis) among US active duty service members.

Methods

Using data from the Millennium Cohort Study, incident autoimmune cases between study initiation and September 2015 were identified from medical encounter records in the Military Health System Data Repository (MDR). Participants were classified as having a history of PTSD if they self-reported receiving a health care provider's diagnosis of PTSD or if they screened positive using the PTSD Checklist–Civilian Version. Hazard ratios (HRs) and 95% confidence intervals (CIs) were estimated using multivariable Cox regression models adjusted for demographics and history of another mental health condition.

Results

Among 120,572 participants followed for a mean of 5.2 years, risk of any of the selected autoimmune diseases was 58% higher for those with a history of PTSD (HR = 1.58, 95% CI: 1.25, 2.01) compared with no history of PTSD. Further adjustment for BMI, smoking status, and alcohol use had little impact on the effect estimates, and results were not appreciably different according to combat experience and history of physical or sexual trauma.

Conclusions

Active duty military personnel with PTSD may have an elevated risk of a range of

autoimmune diseases, regardless of combat experience or prior trauma. Future research is needed to understand potential mechanisms which may inform future mitigative strategies in reducing extra-neuropsychiatric health problems among those with PTSD.

<https://www.sciencedirect.com/science/article/pii/S1471015319301527>

Body weight status, perceived stress, and emotional eating among US Army Soldiers: A mediator model.

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Eating Behaviors

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<https://doi.org/10.1016/j.eatbeh.2020.101367>

Highlights

- Higher perceived stress was associated with more frequent emotional eating behaviors
- Emotional eating may be a mediator between perceived stress and body composition
- Emotional eating may be a mediator between perceived stress and body mass index
- The effect of emotional eating may be stronger among high stress professionals

Abstract

Background

In civilians, overweight and obesity are associated with emotional eating behaviors such as eating in response to stress, but this association has not been examined in Soldiers, a population with unique stressors. This cross-sectional study examined the relationship between perceived stress (PS), emotional eating (EE), and outcomes of body mass index (BMI), and failing Army body composition (BC) standards among Soldiers.

Methods

Soldiers (N = 1460, 83% male, 23.5 ± 5.2 years old) completed validated surveys on PS, EE, and adherence with military BC standards. Conditional process models and

mediation models tested gender as a moderator and EE as a mediator of associations between PS and BMI and PS and BC failure, respectively.

Results

Higher PS was associated with more frequent self-reported EE behaviors ($p < 0.001$), higher BMI ($p < 0.001$), and BC failure ($p < 0.001$). BMI significantly increased with frequency of reported EE behaviors ($p < 0.001$). Gender was not a statistically significant moderator in the relationship between PS, EE, and, BMI ($p = 0.83$) or BC failure ($p = 0.57$). PS appears to affect BMI indirectly through EE behaviors ($c' = 0.03$, 95% CI: 0.02, 0.04). PS may affect BC failure directly ($c' = 1.04$, 95% CI: 1.01, 1.08) and indirectly ($ab = 1.02$, 95% CI: 1.01, 1.03) through EE as a mediator.

Conclusions

EE behaviors may mediate the positive association between PS, BMI, and BC failure. Prospective investigation is warranted to better understand the role of EE in health-related outcomes among Soldiers and populations in high stress professions.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.22925>

From the military to college and beyond: Growing a culturally sensitive program to support veteran success.

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Journal of Clinical Psychology

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<https://doi.org/10.1002/jclp.22925>

This paper addresses the unique characteristics of veterans and the role military culture continues to play for post-service veterans. We describe a series of programs developed to provide critically important assistance to current and recent student veterans by connecting them to a network of veteran peers and mentors. Through a discussion of psychological distress and healing, stigma, and the challenges of college, we hoped to galvanize student veterans to recognize the value of psychological well-being. We additionally offer suggestions, based on years of work with veterans, on the development of programs and the provision of clinical services for the veteran community.

<https://aps.onlinelibrary.wiley.com/doi/abs/10.1111/cp.12182?af=R>

Communication strategies used by women to influence male partners to seek professional help for mental health problems: A qualitative study.

Rooney, L, John, M, Morison, L

Clinical Psychology

2019; 1– 9

<https://doi.org/10.1111/cp.12182>

Objective

Previous research suggests that female partners have a key role in encouraging men to seek help from a mental health professional. This study investigated the communication forms that female partners use to encourage their male partners to seek help for a mental health problem.

Methods

Fifteen women with experience of working with a partner to seek help, aged 28–71 years, participated in a semi-structured interview. The interviews were analysed using Thematic Analysis.

Results

The main themes indicated that the women initially undertook “Role Adaption/s” and changed their roles to reduce the stress on their male partners. They made “attempts to activate engagement” with their wellbeing through conversations about mental health and the benefits of help-seeking. Discussions began with “gentle” communications, such as hinting and sowing seeds, and escalated to more assertive communications which could be conceived of as “threats” and “emotional blackmail,” if the women were concerned their partners were not seeking help or were at risk of suicide. Finally, the couples entered “Attempted Resolution” where they had conversations around help-seeking, and/or their male partner considered suicide.

Conclusions

Female partners perceived themselves as having a key role in supporting men to seek help from a professional and in maintaining their partner's safety and they adapted their communication strategies to implement this. Access to high-quality information and

some amendments to general practitioner confidentiality would facilitate them in their role.

<https://journals.sagepub.com/doi/abs/10.1177/1049909119900641>

Accelerated Resolution Therapy: Randomized Controlled Trial of a Complicated Grief Intervention.

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American Journal of Hospice and Palliative Medicine

Article first published online: January 21, 2020

<https://doi.org/10.1177/1049909119900641>

Background and Objectives:

Complicated grief (CG) is severe, prolonged (>12 months) grieving. Complicated grief disproportionately affects older adults and is associated with negative physical/psychological effects. Although treatment options exist, those which do are time-intensive. We report on a randomized clinical trial (RCT) which examined whether accelerated resolution therapy (ART), a novel mind-body therapy, is effective in treating CG, post-traumatic stress disorder (PTSD), and depression among hospice informal caregivers.

Research Design and Methods:

Prospective 2 group, wait-listed RCT. All participants were scheduled to receive 4 ART sessions.

Inclusion:

≥60 years, inventory of CG >25, and PTSD checklist for Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition >33 or Psychiatric Diagnostic Screen Questionnaire PTSD subscale >5.

Exclusion:

Major psychiatric disorder, other current psychotherapy treatment. Depression was measured by the Center for Epidemiologic Studies Depression.

Results:

Mean (standard deviation [SD]) age of 54 participants was 68.7 (7.2) years, 85% female, and 93% white. Participants assigned to ART reported significantly greater mean (SD) CG reduction (-22.8 [10.3]) versus Wait-list participants (-4.3 [6.0]). Within-participant effect sizes (ESs) for change from baseline to 8-week post-treatment were CG (ES = 1.96 (95% confidence interval [CI]: 1.45-2.47; $P < .0001$), PTSD (ES = 2.40 [95% CI: 1.79-3.00]; $P < .0001$), depression (ES = 1.63 [95% CI: 1.18-2.08; $P < .0001$). Treatment effects did not substantially differ by baseline symptom levels.

Discussion and Implications:

Results suggests that ART presents an effective and less time-intensive intervention for CG in older adults. However, it should undergo further effectiveness testing in a larger, more diverse clinical trial with a focus on determining physiological or behavioral mechanisms of action.

<https://www.tandfonline.com/doi/full/10.1080/16506073.2019.1682654>

Evaluating approaches to marketing cognitive behavioral therapy: does evidence matter to consumers?

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Cognitive Behaviour Therapy

Published online: 10 Jan 2020

<https://doi.org/10.1080/16506073.2019.1682654>

Direct-to-consumer marketing initiatives may improve utilization of evidence-based therapy. An important decision in such marketing efforts is how to effectively present scientific evidence supporting these treatments to potential consumers (if at all). This OSF preregistered study experimentally tested whether the language used to describe research evidence supporting cognitive behavioral therapy (CBT) for anxiety disorders affected consumer treatment attitudes and intentions. Adult participants ($N = 303$) recruited via mTurk were first assessed for their understanding of the term “evidence-based.” They were then randomized to read a description of CBT employing either: formal research language (e.g., “large-scale clinical trials have demonstrated...”), informal language about research support derived from prior qualitative work (e.g., “people have better results...”), or no information about research. Perceptions of CBT

(including credibility and expectancy) and likelihood of pursuing CBT (pull demand) were assessed. Results indicated that only half the sample understood the meaning of the term “evidence-based.” The conditions that discussed research support outperformed the control condition on CBT perceptions, credibility, general expectancies, and perceived effectiveness. Post-hoc comparisons provided some evidence that qualitatively-derived language was more effective than formal research language for promoting positive perceptions of CBT. Implications for marketing content are discussed.

<https://www.tandfonline.com/doi/full/10.1080/16506073.2019.1641146>

An expert consensus on the most effective components of cognitive behavioural therapy for adults with depression: a modified Delphi study.

Abigail Taylor, Deborah Tallon, David Kessler, Tim J. Peters, Roz Shafran, Chris Williams & Nicola Wiles

Cognitive Behaviour Therapy

Published online: 20 Aug 2019

<https://doi.org/10.1080/16506073.2019.1641146>

Designing new approaches to delivering cognitive behavioural therapy (CBT) requires an understanding of the key components. This study aimed to establish an expert consensus on the effective components of CBT for depressed adults. An international panel of 120 CBT experts was invited to participate in a modified Delphi study. Thirty-two experts participated in round 1; 21 also provided data in round 2. In round 1, experts rated the effectiveness of 35 content and process components. A priori rules identified components carried forward to round 2, in which experts re-rated items and final consensus items were identified. Consensus was achieved for nine content components (ensuring understanding; developing and maintaining a good therapeutic alliance; explaining the rationale for CBT; eliciting feedback; identifying and challenging avoidant behaviour; activity monitoring; undertaking an initial assessment; relapse prevention methods; homework assignments); and three process components (ensuring therapist competence; scheduling sessions flexibly; scheduling sessions for 45–60 mins). Five of the twelve components identified were generic therapeutic competences rather than specific CBT items. There was less agreement about the effectiveness of cognitive components of CBT. This is an important first step in the development of novel approaches to delivering CBT that may increase access to treatment for patients.

<https://www.tandfonline.com/doi/full/10.1080/16506073.2019.1586992>

Predictors of treatment attendance and adherence to treatment recommendations among individuals receiving Cognitive Behavioral Therapy for Insomnia.

Ruifeng Cui & Amy Fiske

Cognitive Behaviour Therapy

Published online: 14 Mar 2019

<https://doi.org/10.1080/16506073.2019.1586992>

Insomnia disorders affect up to 10% of adults and are associated with other health problems and poor quality of life. Cognitive Behavioral Therapy for Insomnia (CBT-I) is an effective treatment; however, its effectiveness is hindered by poor attendance and adherence to treatment recommendations. The present study sought to identify predictors of attendance and adherence in CBT-I. Participants were 108 adults with insomnia disorder. Participants were primarily female (71.3%), middle aged (mean age = 50.5), and Caucasian (92.6%). Demographic variables, physical health problems, Beck Anxiety Inventory, Center for Epidemiologic Studies Depression-Revised scale, and Insomnia Severity Index were used to predict attending three or more sessions and adherence to consistent bedtime and waketime. Higher age was associated with better attendance and less deviation in bed and wake times. Anxiety and depression symptoms were associated with less attendance, and depression was also associated with more deviation in waketimes. To promote better attendance and adherence in treatment, depression or anxiety symptoms should be addressed before or during CBT-I. Identifying and tailoring CBT-I treatments toward the needs of different age groups may also improve attendance and adherence.

<https://www.sciencedirect.com/science/article/abs/pii/S0165032719325194>

Trajectories of depression symptoms from pre- to post- deployment: Does previous trauma predict symptom increase?

Karen-Inge Karstoft, Anni B.S. Nielsen, Cherie Armour, Mia S. Vedtofte, Søren B. Andersen

Highlights

- We estimate heterogeneous trajectories of depression symptoms from pre- to 6.5 years post-deployment in 530 Danish soldiers.
- In total, 9.4% experience a dramatic symptom increase from before through 6.5 years after deployment.
- Course of depression following deployment is differentially predicted by rank, childhood and adult life trauma, neuroticism, and early post-deployment PTSD-symptoms.

Abstract

Background

A significant minority of individuals experience depression following military deployment. The course of depression symptoms varies over time and across individuals; several factors including combat exposure influence depression incidence and course. Importantly, previous trauma, especially in childhood, have been found increase the risk of post-deployment depression.

Methods

In a prospective sample of 530 soldiers deployed to Afghanistan in 2009, we used latent growth mixture modeling (LGMM) to estimate trajectories of depression symptoms from before through 6.5 years after deployment. In a multinomial logistic regression model, we tested if childhood and adult life trauma predicted trajectory membership in combination with combat exposure and neuroticism.

Results

We identified a large trajectory of few depression symptoms from before through 6.5 years after deployment (Low-stable, 86.5%), a trajectory with somewhat elevated symptoms (Medium-fluctuating, 4.0%), and a trajectory with few symptoms before deployment and a steep increase to a severe symptom level 6.5 years after deployment (Low-increasing, 9.4%). The Low-increasing trajectory was predicted by lower rank and childhood trauma, while the Medium-fluctuating trajectory was predicted by neuroticism, adult life trauma, and post-deployment PTSD symptoms.

Limitations

Attrition and use of self-report measures for depression and trauma.

Conclusions

Depression symptoms follow a heterogeneous course from before through 6.5 years after deployment with 9.4% experiencing symptom increase, resulting in severe symptoms 6.5 years after deployment. Trajectories are differentially predicted by rank, childhood and adult life trauma as well as neuroticism and PTSD symptoms, illustrating the clinical importance of taking individual differences of symptom course into account.

<https://brill.com/view/journals/soan/aop/article-10.1163-15685306-00001682/article-10.1163-15685306-00001682.xml>

Outcomes of Participation in a Service Dog Training Program for Veterans with PTSD.

Diane Scotland-Coogan, James D. Whitworth, and Tracy Wharton

Society & Animals

Online Publication Date: 21 Jan 2020

<https://doi.org/10.1163/15685306-00001682>

Canine-assisted interventions have emerged as an increasingly popular means to engage and assist veterans coping with military-associated trauma responses. The present study evaluates the use of a 14-week service dog training program for these trauma-impacted veterans. The service dog program guides veterans in small group cohorts on how to train their own dog to be their personal service animal. All 71 veterans participating in this investigation had been diagnosed with PTSD. Fifty-five veterans (77%) finished the entire 14-week program and took all pretests and posttests. Compared to pretest scores, participants reported significant decreases in self-disturbance, posttraumatic stress, externalization, and somatization after completing the program. Participants experienced significant reductions in a broad scope of psychological impacts associated with their PTSD including interpersonal difficulties and suicidality. Findings provide evidence that service dog training programs may be an effective therapeutic alternative to traditional approaches that PTSD-impacted veterans are willing to utilize.

<https://www.sciencedirect.com/science/article/abs/pii/S2095496420300066>

Acceptability of an adjunct equine-assisted activities and therapies program for veterans with posttraumatic stress disorder and/or traumatic brain injury.

Louisa Sylvia, Emerson West, Allyson M. Blackburn, Carina Gupta, ... Thomas J. Spencer

Journal of Integrative Medicine
Available online 21 January 2020
<https://doi.org/10.1016/j.joim.2020.01.005>

Objective

Equine-assisted activities and therapies (EAATs) have been a growing adjunctive integrative health modality, as they allow participants to practice mindfulness, emotional regulation, and self-mastery or self-esteem building skills. Preliminary evidence suggests that these programs may be helpful in reducing posttraumatic stress disorder (PTSD), anxiety, and depressive symptoms. The current study examines the acceptability of integrating an EAAT program as part of a two-week, intensive clinical program for veterans with PTSD and/or traumatic brain injury (TBI).

Methods

A family member or support person could accompany veterans and participate in the program. One hundred and six participants (veteran $n = 62$, family $n = 44$) left the urban environment in an intensive outpatient program (IOP) to attend a two-day, weekend EAAT in rural New Hampshire. Satisfaction surveys were conducted on the last day of the program and examined using thematic analysis.

Results

The following themes were reported in the surveys: ability of horses to catalyze emotional rehabilitation, effectiveness of immersion in equine-assisted activities, program's ability to foster interpersonal relationships and necessity of education about PTSD for staff. Participants also reported enjoying the program as highlighted by qualitative feedback, a mean score of 9.76 (standard deviation [SD] = 0.61) as reported by veterans and a mean score of 9.91 (SD = 0.29) as reported by family members on a 10-point visual analog scale with higher scores indicating a greater overall experience.

Conclusion

These data offer preliminary evidence that an adjunct EAAT program is acceptable for veterans with PTSD and/or TBI participating in an IOP.

<https://www.sciencedirect.com/science/article/abs/pii/S1526590020300018>

Five-year Pain Intensity and Treatment Trajectories of Post-9/11 Veterans with Mild Traumatic Brain Injury.

Kangwon Song, Chen-Pin Wang, Donald D. McGeary, Carlos A. Jaramillo, ... Mary Jo V. Pugh

The Journal of Pain

Available online 22 January 2020

<https://doi.org/10.1016/j.jpain.2019.12.009>

Highlights

- Traumatic brain injury is associated with higher pain intensity in Veterans
- Higher pain intensity was associated with multimodal treatment
- Despite increased use of multimodal treatments pain trajectories did not improve
- Phenotypes with high medication use may offer a specific target for interventions

Abstract

Pain is a pervasive problem that affects nearly half of the U.S. Veterans deployed in support of the Global War on Terror (Post-9/11 Veterans) and over half of the Post-9/11 Veterans with diagnosed traumatic brain injury (TBI). The goal of the current study was to identify pain phenotypes based on distinct longitudinal patterns of pain scores in light of pain treatment among Post-9/11 Veterans over five years of care using latent growth mixture analysis stratified by TBI status. Five pain phenotypes emerged: (1) simple low impact stable pain, (2) complex low impact stable pain, (3) complex low impact worsening pain, (4) complex moderate impact worsening pain, and (5) complex high impact stable pain. Baseline pain scores and slopes were significantly higher in Veterans with mild TBI for some phenotypes. The mild TBI cohort was younger, had more men, more whites, less blacks, less education, more unmarried, more Marines and Army, more active duty in comparison to the no TBI cohort. Distinct trajectories in pain treatment were apparent among the pain intensity subgroups.

Perspective:

The complexity of pain in patients with mTBI is categorically different than those with no TBI. Pain in patients with mTBI is heterogeneous with distinct phenotypes which may

explain poor outcomes in this group. Identification of the individual differences may have a significant impact on the success of interventions.

<https://www.sciencedirect.com/science/article/pii/S0740547219303484>

The impact of trauma characteristics on posttraumatic stress disorder and substance use disorder outcomes across integrated and substance use treatments.

Journal of Substance Abuse Treatment
Available online 22 January 2020
<https://doi.org/10.1016/j.jsat.2020.01.012>

Highlights

- Studied impact of trauma age and count on PTSD + substance use (SUD) treatment.
- Those with PTSD + SUD received either a combined PTSD + SUD or SUD-only treatment.
- Trauma age and count did not predict PTSD responses across treatments.
- Earlier trauma age predicted less reduction in substance use across treatments.
- Avoiding exposure-based treatments based on trauma age or count is not supported.

Abstract

Proponents of complex posttraumatic stress disorder (PTSD) constructs suggest that specific trauma characteristics, such as earlier age of first trauma (trauma age) and higher number of traumas (trauma count), may obstruct PTSD symptom reduction in treatment. PTSD and substance use disorders (SUD) commonly co-occur, but the impact of trauma age and count on PTSD treatment responses in a comorbid PTSD and SUD sample is unclear. Further, no studies have examined the impact of trauma characteristics on SUD treatment outcomes or whether their impact on either PTSD or SUD outcomes varies if PTSD is directly addressed. A secondary analysis of a randomized controlled trial was conducted to examine: (1) whether trauma age and count influence comorbid PTSD and SUD (PTSD+SUD) responses during and following treatment; and (2) whether these effects differed across an exposure-based, integrated PTSD+SUD treatment (Concurrent Treatment of PTSD and Substance Use Disorders using Prolonged Exposure; COPE) and a SUD-only focused treatment (Relapse Prevention Therapy; RPT). Individuals with PTSD+SUD randomized to COPE (n = 39)

or RPT (n = 43) provided weekly measurements of PTSD and SUD. Across COPE and RPT, earlier trauma age predicted reduced SUD improvement (B = -0.01, standard error = 0.00). Trauma count did not predict changes in PTSD or SUD during or following treatment. These findings suggest that excluding individuals from exposure-based, integrated treatments on the basis of trauma characteristics is not empirically supported. However, individuals with earlier trauma ages may require additional or unique clinical attention to improve their SUD outcomes.

<https://www.ncbi.nlm.nih.gov/pubmed/31707378>

NeuroRehabilitation. 2019;45(2):163-185. doi: 10.3233/NRE-192804

Traumatic brain injury and sleep disturbances in combat-exposed service members and veterans: Where to go next?

McKeon AB, Stocker RPJ, Germain A

OBJECTIVE:

To synthesize the current evidence on sleep disturbances in military service members (SMs) and veterans with traumatic brain injury (TBI).

METHODS:

An electronic literature search first identified abstracts published from 2008-2018 inclusively referencing sleep, TBI, and military personnel from Operation Enduring Freedom, Operation Iraqi Freedom, Operation New Dawn, and Persian Gulf veterans. Selection criteria eliminated studies on non-combat TBI, open or penetrating injuries, and articles where the relationship between sleep and TBI was not directly examined. Articles on all military branches and components, those currently serving and veterans-ranging from medical chart reviews to clinical trials, were included. Forty-one articles were selected for full text-review.

RESULTS:

Twenty-four papers estimated the prevalence of sleep disturbances in TBI. Eight studies demonstrated the contribution of common co-occurring conditions, most notably posttraumatic stress disorder, to the relationship between disrupted sleep and TBI. Ten studies differentiated sleep profiles between military SMs and veterans with and without acute TBI and detected significant differences in sleep disturbances across the course of injury. Longitudinal studies were scarce but helped to establish the temporal

relationship between sleep disturbances and TBI and isolate sleep-related mechanisms influencing TBI prognosis. Only three studies reported on interventions for improving sleep quality and TBI symptoms. Systematic research testing assessments and interventions that target sleep disturbances for improving sleep, TBI symptoms, and long-term functional outcomes were identified as critical knowledge gaps.

CONCLUSION:

Findings unequivocally establish that sleep disturbances are highly prevalent in SMs and veterans with TBI. However, studies testing the effectiveness of treatments for improving sleep in military groups with TBI have been limited and their results inconsistent. This review highlights a critical opportunity for advancing military medicine through future research aimed at identifying and testing sleep-focused treatments in SMs and veterans with combat-related TBI.

<https://www.ncbi.nlm.nih.gov/pubmed/31971440>

Psychol Serv. 2020 Jan 23. doi: 10.1037/ser0000409. [Epub ahead of print]

Hardiness protects against problematic alcohol use in male, but not female, soldiers.

Kulak JA, Homish DL, Hoopsick RA, Fillo J, Bartone PT, Homish GG

Military service members are at high risk for problematic substance use compared with the general population; deployment and combat exposure further increases this risk. It is thus critical to identify resiliency factors that can buffer the negative effects of military experiences and potentially prevent problematic alcohol use. The current research examines the extent to which psychological hardiness predicts lower risk of problematic alcohol use and explores potential sex differences in this association. Data are from Operation: SAFETY, an ongoing study of U.S. Army Reserve/National Guard soldiers. Negative binomial regression models examined the relation between baseline hardiness, assessed by the 15-item Dispositional Resiliency Scale, and problematic alcohol use at the 1-year follow-up, assessed by the Alcohol Use Disorders Identification Test (N = 260), controlling for baseline combat exposure (Combat Exposure subscale, Deployment Risk and Resilience Inventory-2) and baseline quantity and frequency of alcohol use. To examine the impact of hardiness on men and women, models were stratified by sex. In final, adjusted models, hardiness predicted lower risk of problematic alcohol use (adjusted risk ratio = 0.98; $p < .05$) for male soldiers and was

unrelated to alcohol use for female soldiers (adjusted risk ratio = 1.01; $p > .05$). Post hoc analyses explored the impact of each dimension of hardiness (i.e., commitment, control, and challenge) on problematic alcohol use. Hardiness assessment may complement existing screening tools to identify high-risk populations; interventions to promote hardiness may help in preventing problematic alcohol use, particularly among male soldiers. (PsycINFO Database Record (c) 2020 APA, all rights reserved).

<https://academic.oup.com/isq/advance-article-abstract/doi/10.1093/isq/sqz093/5715656>

Illicit Military Behavior as Exceptional and Inevitable: Media Coverage of Military Sexual Violence and the “Bad Apples” Paradox.

Megan MacKenzie, Eda Gunaydin, Umeya Chaudhuri

International Studies Quarterly

Published: 24 January 2020

<https://doi.org/10.1093/isq/sqz093>

How can we understand consistent public support and trust of the military even in climates of high rates of public awareness about military sexual violence? This article examines how the phenomenon of military sexual violence is mediated to the public through a media content and discourse analysis of newspaper reportage about military sexual violence in Australia. The analysis covers an almost thirty-year period (1989–2016) during which several “sex scandals,” some of international import, broke out. We analyze several frames used to depict the issue and conclude that military sex scandals, like other illicit military behaviors, tend to be publicly framed either as (1) a rarity that is atypical of the institution (“bad apples”) or (2) inevitable and so typical of the institution as to be unremarkable. The article then seeks to demonstrate that these seemingly disparate frames are not contradictory, but rather unify into a singular narrative. The narrative cohering these disparate frames is that military sexual violence is a phenomenon that cannot be prevented or addressed and is therefore unproblematic for the institution.

<https://www.sciencedirect.com/science/article/pii/S0165178119318360>

Non-suicidal self-injury among male service members: Descriptive information and a preliminary examination of external correlates.

Shelby L.Bandel, Michael D.Anestis

Psychiatry Research

Available online 25 January 2020

<https://doi.org/10.1016/j.psychres.2020.112815>

Highlights

- The most common NSSI method reported by male service members was burning with a cigarette
- NSSI in male service members was associated with numerous variables found to be previously associated with NSSI
- Novel associations with NSSI for male servicemembers included masculinity and narcissism

Abstract

Previous literature has identified nonsuicidal self-injury (NSSI) as a common and noteworthy behavior, particularly given its association with psychopathology and suicide. However, the research on NSSI among males has resulted in mixed findings. Additionally, few studies have examined NSSI among service members and only one study to date has examined NSSI specifically among male service members. The present study examined descriptive statistics and clinical correlates of NSSI among male service members. Results indicated that the most common method of NSSI among this group was burning oneself with a cigarette, followed closely by cutting, and burning oneself with a lighter. NSSI engagement was associated with common correlates of NSSI such as increased emotion dysregulation, depression, impulsivity, and capability for suicide as well as decreased distress tolerance and a greatly likelihood to have experienced recent suicidal ideation. NSSI was also associated with grit, narcissism, and masculinity, some of which may be particularly important and valued in military culture. Overall, results suggest important similarities and differences among NSSI in service members relative to previously studied samples. Future research should continue to examine NSSI among male service members to ensure treatments are effectively targeting and addressing aspects of the behavior.

<https://psycnet.apa.org/record/2019-81729-001>

Intimate partner violence among service members and veterans: Differences by sex and rurality.

Albright, D. L., McDaniel, J., Godfrey, K., Carlson, C., Fletcher, K. L., & Thomas, K. H.

Traumatology

Advance online publication

<https://doi.org/10.1037/trm0000236>

Among military service members and veterans (SMVs), factors unique to military service may contribute to an elevated risk of experiencing intimate partner violence (IPV) victimization. Although rurality has been established as a risk factor for IPV, differences in IPV victimization by rural–urban dwelling location, SMV status, and sex have not been explored. The purpose of this study was to estimate the rate of IPV victimization in rural and urban areas in the United States by SMV status and sex. We obtained Behavioral Risk Factor Surveillance System data (BRFSS; $n = 18,755$); fit a mixed-effects, multilevel generalized linear model to the data for IPV victimization; and linked the model to U.S. Census Bureau population count data. We generated predicted estimates of IPV for SMVs and civilians separately by sex in rural and urban areas. The direct IPV victimization prevalence rate for the entire BRFSS sample was 16.90%. Substantial variation in model-based IPV prevalence was observed across subgroups. Female SMVs (rural = 23.54%, 95% confidence interval [CI] [17.33, 30.02]; urban = 23.34%, 95% CI [17.48, 30.17]) had higher IPV victimization rates than female civilians (rural = 14.55%, 95% CI [13.06, 16.37]; urban = 14.50%, 95% CI [13.19, 16.34]), whereas male civilians (rural = 8.06%, 95% CI [7.19, 9.08]; urban = 8.02%, 95% CI [7.27, 9.02]) had higher IPV victimization rates than male SMVs (rural = 7.21%, 95% CI [6.03, 8.47]; urban = 7.17%, 95% CI [6.00, 8.41]). Programming for preventing and assisting in recovering from IPV exposure should target rural-dwelling female SMVs. (PsycINFO Database Record (c) 2020 APA, all rights reserved)

<https://www.sciencedirect.com/science/article/abs/pii/S0165032719321287>

The role of depression and suicidal cognitions as contributors to suicide risk among active duty soldiers reporting symptoms of posttraumatic stress disorder.

Kelsi F. Rugo, Jeffrey V. Tabares, Sheila E. Crowell, Brian R. Baucom, ... Craig J. Bryan

Journal of Affective Disorders

Volume 265, 15 March 2020, Pages 333-341

<https://doi.org/10.1016/j.jad.2020.01.095>

Highlights

- Suicidal cognitions fully mediated the relation between PTSD and suicide risk.
- Suicidal cognitions had a significantly larger effect than the other mediators.
- Serial mediation was found when depression preceded suicidal cognitions.
- Suicidal cognitions are most proximal to suicide risk for soldiers with PTSD.

Abstract

Background

Military suicide rates have risen across all service branches, with the overall rate surpassing that of the general population for the first time in history in 2008. Service members with posttraumatic stress disorder (PTSD) are at a substantially higher risk for suicidal ideation, suicide attempts, and death by suicide than their peers without PTSD. While the link between PTSD and suicide is well established in the literature, less is known about the precise nature of that connection. Several constructs have been implicated as potential mediators of this relation, such as depression, alcohol use, suicidal cognitions, and sleep disturbance. Yet, to our knowledge, these constructs have never been examined simultaneously in a single model to determine mediational influence for suicide risk among soldiers with PTSD.

Methods

A sample of 172 active duty Army soldiers completed a series of measures targeting the aforementioned constructs. Data were analyzed using mediation model analyses.

Results

Suicidal cognitions fully mediated the relation between PTSD symptoms and current suicide risk severity. The indirect effect for suicidal cognitions was significantly larger than indirect effects for alcohol use, depression, and sleep disturbance. Exploratory analyses suggest serial mediation of the relation between PTSD and current suicide risk by depression and suicidal cognitions.

Limitations

These results should be interpreted within the context of study limitations, to include use

of self-report data and inability to firmly establish temporal sequencing assumed in mediation.

Conclusions

Implications of this study include the improvement of suicide risk assessment and individualized treatment planning for suicidal military personnel with PTSD.

Links of Interest

Is the Behavioral Health Consultant in Primary Care Right for Your Patient? Yes!

<https://www.pdhealth.mil/news/blog/behavioral-health-consultant-primary-care-right-your-patient-yes>

Sexual assault reports are up a third this year at the military service academies

<https://www.militarytimes.com/news/your-military/2020/01/30/sexual-assault-reports-are-up-a-third-this-year-at-the-military-service-academies/>

Lawmakers Question VA over Improving Veteran Care for Suicide

<https://www.military.com/daily-news/2020/01/30/lawmakers-question-va-over-improving-veteran-care-suicide.html>

Air Force deaths by suicide spiked by one-third in 2019

<https://www.airforcetimes.com/news/your-air-force/2020/01/31/air-force-deaths-by-suicide-spiked-by-one-third-in-2019/>

How to sleep like your relationship depends on it -- Wendy Troxel -- TEDx Manhattan Beach

<https://www.youtube.com/watch?v=U7ntoFtZK6A>

'I'm not the same': Hurdles remain for troops, veterans with TBI despite increase in awareness

<https://www.stripes.com/news/us/i-m-not-the-same-hurdles-remain-for-troops-veterans-with-tbi-despite-increase-in-awareness-1.617259>

A Navy veteran and his dog suffer from PTSD

<https://www.navytimes.com/news/your-navy/2020/02/02/a-navy-veteran-and-his-dog-suffer-from-ptsd/>

Commander of ill-fated Fitzgerald among veterans with PTSD helped by innovative writing and arts program

<https://www.militarytimes.com/veterans/2020/02/04/how-this-writing-and-arts-program-is-helping-veterans-with-ptsd-heal/>

Resource of the Week - [Improving Behavioral Health Care for U.S. Army Personnel: Identifying Predictors of Treatment Outcomes](#)

New, from the RAND Corporation:

This report identifies factors associated with changes in outcomes for soldiers who received Army behavioral health (BH) specialty care and provides recommendations to improve BH care and outcomes. RAND researchers identified three samples of soldiers who received Army BH care with diagnoses of posttraumatic stress disorder (PTSD), depression, or anxiety and whose symptoms were assessed during their care. Multivariate analyses included 141 patient and treatment variables to identify factors associated with symptom improvement. Analyses also examined patterns in how the symptoms changed over time.

Analyses suggest that the Behavioral Health Data Portal, an online system that allows for collection of multiple patient- and clinician-reported measures, is widely used to track symptoms of PTSD, depression, and anxiety, but there are opportunities to expand symptom tracking. Two treatment factors—therapeutic alliance and receipt of benzodiazepines—were associated with treatment outcomes. Specifically, a stronger therapeutic relationship or alliance with providers, as reported by soldiers, was associated with improved PTSD, depression, and anxiety outcomes. Further, receipt of more than a 30-day supply of benzodiazepines was associated with poorer PTSD, depression, and anxiety outcomes. Many soldiers' trajectories of symptom change did not demonstrate improvement.

Recommendations include providing feedback and guidance to providers on how to strengthen alliance with their patients, expanding tracking and feedback on benzodiazepine prescribing, and increasing provider use of measurement-based BH care.



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Improving Behavioral Health Care for U.S. Army Personnel

Identifying Predictors of Treatment Outcomes

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