

CDP



Research Update -- February 13, 2020

What's Here:

- Alterations in sleep electroencephalography synchrony in combat-exposed veterans with post-traumatic stress disorder.
- Intimate partner violence among service members and veterans: Differences by sex and rurality.
- The role of depression and suicidal cognitions as contributors to suicide risk among active duty soldiers reporting symptoms of posttraumatic stress disorder.
- An Item Response Theory Analysis of the PTSD Checklist for DSM-5: Implications for DSM-5 and ICD-11.
- Identifying PTSD symptom typologies: A latent class analysis.
- Cognitive Impairment and Depression Symptoms are Independently Associated with Suicidal Ideation in US Veterans.
- “Will you treat me? I’m suicidal!” The effect of patient gender, suicidal severity, and therapist characteristics on the therapist’s likelihood to treat a hypothetical suicidal patient.
- Self-compassion, trauma, and posttraumatic stress disorder: A systematic review.
- Mild Traumatic Brain Injury Impacts Associations Between Limbic System Microstructure and Post-Traumatic Stress Disorder Symptomatology.
- Longitudinal associations of psychological resilience with mental health and functioning among military personnel: A meta-analysis of prospective studies.

- A Study of Rural and Native-American College Students' Military Identities, Military Family History, and Reading Interests.
- Attempted Suicide Among Adolescents in Military Families: The Mediating Role of Adverse Childhood Experiences.
- Influence of hardiness, avoidance coping, and combat exposure on depression in returning war veterans: A moderated-mediation study.
- The role of depression and suicidal cognitions as contributors to suicide risk among active duty soldiers reporting symptoms of posttraumatic stress disorder.
- Non-suicidal self-injury among male service members: Descriptive information and a preliminary examination of external correlates.
- Perceived burdensomeness uniquely accounts for suicidal ideation severity in social anxiety disorder.
- Outcomes of Online Mindfulness-Based Cognitive Therapy for Patients With Residual Depressive Symptoms: A Randomized Clinical Trial.
- Healing Moral Injury of Seriously Ill Vietnam Veterans: A Veterans Affairs (VA) and National Hospice Palliative Care Organization (NHPCO) Collaboration (FR456).
- Use of the Acquired Capability for Suicide Scale (ACSS) Among United States Military and Veteran Samples: A Systematic Review.
- Temporary PTSD symptom increases among individuals receiving CPT in a hybrid effectiveness-implementation trial: Potential predictors and association with overall symptom change trajectory.
- Comparison of latent typologies of posttraumatic stress disorder and depression symptoms across military personnel from India and the US.
- Effects of Brief Depression and Anxiety Management Training on a US Army Division's Primary Care Providers.
- Traumatic Childhood Experiences and Posttraumatic Stress Disorder Among Veterans in Substance Use Disorder Treatment.
- Links of Interest
- Resource of the Week: U.S. Military Rank Insignia (DOD)

<https://academic.oup.com/sleep/advance-article/doi/10.1093/sleep/zsaa006/5714726>

Alterations in sleep electroencephalography synchrony in combat-exposed veterans with post-traumatic stress disorder.

Srinivas Laxminarayan, Chao Wang, Sridhar Ramakrishnan, Tatsuya Oyama, J David Cashmere, Anne Germain, Jaques Reifman

Sleep

Published: 23 January 2020

<https://doi.org/10.1093/sleep/zsaa006>

Study Objectives

We assessed whether the synchrony between brain regions, analyzed using electroencephalography (EEG) signals recorded during sleep, is altered in subjects with post-traumatic stress disorder (PTSD) and whether the results are reproducible across consecutive nights and subpopulations of the study.

Methods

A total of 78 combat-exposed veteran men with ($n = 31$) and without ($n = 47$) PTSD completed two consecutive laboratory nights of high-density EEG recordings. We computed a measure of synchrony for each EEG channel-pair across three sleep stages (rapid eye movement [REM] and non-REM stages 2 and 3) and six frequency bands. We examined the median synchrony in 9 region-of-interest (ROI) pairs consisting of 6 bilateral brain regions (left and right frontal, central, and parietal regions) for 10 frequency-band and sleep-stage combinations. To assess reproducibility, we used the first 47 consecutive subjects (18 with PTSD) for initial discovery and the remaining 31 subjects (13 with PTSD) for replication.

Results

In the discovery analysis, five alpha-band synchrony pairs during non-REM sleep were consistently larger in PTSD subjects compared with controls (effect sizes ranging from 0.52 to 1.44) across consecutive nights: two between the left-frontal and left-parietal ROIs, one between the left-central and left-parietal ROIs, and two across central and parietal bilateral ROIs. These trends were preserved in the replication set.

Conclusion

PTSD subjects showed increased alpha-band synchrony during non-REM sleep in the

left frontoparietal, left centro-parietal, and inter-parietal brain regions. Importantly, these trends were reproducible across consecutive nights and subpopulations. Thus, these alterations in alpha synchrony may be discriminatory of PTSD.

<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.

<https://www.sciencedirect.com/science/article/abs/pii/S0887618520300049>

An Item Response Theory Analysis of the PTSD Checklist for DSM-5: Implications for DSM-5 and ICD-11.

Madison W. Silverstein, Jessica M. Petri, Lindsay B. Kramer, Frank W. Weathers

Journal of Anxiety Disorders

Available online 24 January 2020

<https://doi.org/10.1016/j.janxdis.2020.102190>

Highlights

- To explore the psychometric properties of the PTSD Checklist (PCL-5) we used item response theory (IRT) to examine item difficulty and discrimination parameters in separate samples of trauma-exposed participants.
- Nightmares, flashbacks, and reckless or self-destructive behavior emerged among the most difficult items across samples and internal avoidance emerged as the least difficult items across samples.
- Surprisingly, many dysphoria symptoms emerged as highly discriminating items in both samples, and traumatic amnesia and reckless or self-destructive behavior emerged as the least discriminating items in both samples.

Abstract

The PTSD Checklist (PCL) is a widely used, extensively validated questionnaire for posttraumatic stress disorder (PTSD). The PCL was revised for Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5; Friedman, 2013), and the updated version, the PCL-5, has continued the strong psychometric performance of the original version. To further explore the PCL-5's psychometric properties, we used item

response theory (IRT) to examine item difficulty and discrimination parameters in separate samples of trauma-exposed undergraduates (N = 1,213) and community members (N = 367). Considering item difficulty, nightmares, flashbacks, and reckless or self-destructive behavior emerged among the most difficult items across samples and internal avoidance emerged as the least difficult items across samples. In terms of item discrimination, inability to experience positive emotions, detachment from others, diminished interest, and negative emotions emerged as highly discriminating items in both samples, and traumatic amnesia and reckless or self-destructive behavior emerged as the least discriminating items in both samples. These results have implications for the divergent conceptualizations of PTSD in DSM-5 versus International Classification of Diseases, 11th Edition (ICD-11; WHO, 2018). Future research should employ IRT in a clinical population.

<https://www.sciencedirect.com/science/article/pii/S0165178119312363>

Identifying PTSD symptom typologies: A latent class analysis.

Sarah.B. Campbell, Benjamin Trachik, Simon Goldberg, Tracy.L. Simpson

Psychiatry Research

Available online 23 January 2020

<https://doi.org/10.1016/j.psychres.2020.112779>

Highlights

- Latent Class Analysis of DSM 5 PTSD produced four classes.
- Classes include Dysphoric, Threat-Reactivity, Low Symptom, and High Symptom.
- Classes are differentially associated with demographics, trauma type, comorbidity.
- Results may support precision medicine approaches for PTSD.

Abstract

Posttraumatic stress disorder (PTSD) is characterized by re-experiencing, avoidance, negative alterations in cognition and mood, and arousal symptoms per the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). While numerous symptom combinations are possible to meet diagnostic criteria, simplification of this heterogeneity of symptom presentations may have clinical utility. In a nationally representative sample of American adults with lifetime DSM-5 PTSD diagnoses from

the third wave of the National Epidemiologic Survey on Alcohol and Related Conditions (n = 2,365), we used Latent Class Analysis (LCA) to identify qualitatively distinct PTSD symptom typologies. Subsequently, we used linear and logistic regressions to identify demographic, trauma-related, and psychiatric characteristics associated with membership in each class. In contrast to prior LCAs with DSM-IV-TR diagnostic criteria, fit indices for the present analyses of DSM-5 PTSD revealed a four-class solution to the data: Dysphoric (23.8%), Threat-Reactivity (26.1%), High Symptom (33.7%), and Low Symptom (16.3%). Exploratory analyses revealed distinctions between classes in socioeconomic impairment, trauma exposure, comorbid diagnoses, and demographic characteristics. Although the study is limited by its cross-sectional design (preventing analysis of temporal associations or causal pathways between covariates and latent classes), findings may support efforts to develop personalized medicine approaches to PTSD diagnosis and treatment.

<https://www.sciencedirect.com/science/article/pii/S0165178119318566>

Cognitive Impairment and Depression Symptoms are Independently Associated with Suicidal Ideation in US Veterans.

Arthur T. Ryan, Peter Phalen, Danielle R. Jahn, Heather Wastler, ... Barbara Schwartz

Psychiatry Research

Available online 30 January 2020

<https://doi.org/10.1016/j.psychres.2020.112833>

Highlights

- Memory, attention, and total cognition are associated with suicidal ideation severity
- They remain significantly associated when depression symptoms are controlled for

Abstract

Depression is associated with cognitive impairment and suicidality. The independent association between cognitive impairment and suicidality is less clear. We examined the relationship between suicidal ideation and cognitive impairment in a sample of 50 veterans with depressive disorder diagnoses. Using zero-inflated Poisson regression, the severity of suicidal ideation was negatively associated with attention (incidence rate ratio [IRR] = 0.78, $p < .001$), memory (IRR = 0.87, $p > .001$), and total cognition (IRR =

0.90, $p=.007$) index scores as measured by the Dementia Rating Scale 2 (DRS-2). These three indices continued to significantly predict suicidal ideation severity once depression symptoms were controlled for.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/cpp.2426?af=R>

“Will you treat me? I'm suicidal!” The effect of patient gender, suicidal severity, and therapist characteristics on the therapist's likelihood to treat a hypothetical suicidal patient.

Sharon Almaliah-Rauscher, Noa Ettinger, Yossi Levi-Belz Yari Gvion

Clinical Psychology & Psychotherapy

First published: 28 January 2020

<https://doi.org/10.1002/cpp.2426>

The purpose of our study was to broaden the understanding regarding mental health professionals' willingness to treat and likeliness to refer suicidal patients to other professionals. More specifically, our aim was to examine the effect of the patient's gender and suicidal severity, as well as the mental health professionals' personal and professional characteristics, on the willingness to treat and likeliness to refer. A total of 331 mental health professionals were randomly exposed to one of four case descriptions of a hypothetical patient in a crisis. The cases shared a common background story; however, they differed in terms of the patient's gender and suicidal condition (high vs. low). The exposure was followed by questionnaires aimed to reflect the subject's evaluation of the patient's suicidal severity, the subject's sense of competence and responsibility, willingness to treat or likeliness to refer, emotional contagion, and depression. The results indicate a lower willingness to treat and higher likelihood to refer suicidal patients compared with depressed patients. In addition, subjects exposed to the high suicidality cases showed a greater willingness to treat and refer female patients compared with male patients. A sense of competence was found as the strongest predictor of mental health professionals' willingness to treat and likelihood to refer, and emotional contagion was found as a predictor of likelihood to refer. It is important that mental health professionals be aware of the low tendency to treat suicidal patients especially if they are male. Further research should explore suitable training programmes and their application in the mental health curriculum.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/cpp.2429?af=R>

Self-compassion, trauma, and posttraumatic stress disorder: A systematic review.

Sarah-Jane Winders, Orlagh Murphy, Kathy Looney, Gary O'Reilly

Clinical Psychology & Psychotherapy

First published: 27 January 2020

<https://doi.org/10.1002/cpp.2429>

Self-compassion has emerged as an important construct in the mental health literature. Although conceptual links between self-compassion and trauma are apparent, a review has not been completed to examine whether this association is supported by empirical research findings. To systematically summarize knowledge on the association between trauma and/or posttraumatic stress disorder (PTSD) and self-compassion. Searches were conducted in PsycINFO, PubMed, Ovid Medline, Web of Science, Embase, and PILOTS databases, and papers reporting a direct analysis on the relationship between these constructs were identified. The search yielded 35 studies meeting inclusion criteria. Despite considerable heterogeneity in study design, sample, measurement, and trauma type, there was consistent evidence to suggest that increased self-compassion is associated with less PTSD symptomatology and some evidence to suggest that reduced fear of self-compassion is associated with less PTSD symptomatology. There was tentative evidence to suggest that interventions based, in part or whole, on a self-compassion model potentially reduce PTSD symptoms. Although findings are positive for the association between increased self-compassion and reduced PTSD symptoms, the precise mechanism of these protective effects is unknown. Prospective and longitudinal studies would be beneficial in clarifying this. The review also highlighted the variability in what is and should be referred to as trauma exposure, indicating the need for further research to clarify the concept.

<https://www.sciencedirect.com/science/article/pii/S2213158220300279>

Mild Traumatic Brain Injury Impacts Associations Between Limbic System Microstructure and Post-Traumatic Stress Disorder Symptomatology.

Valerie J. Sydnor, Sylvain Bouix, Ofer Pasternak, Elisabeth Hartl, ... Inga K. Koerte

NeuroImage: Clinical

Available online 22 January 2020

<https://doi.org/10.1016/j.nicl.2020.102190>

Highlights

- Diffusion MRI measures provide insight into gray matter microstructure in PTSD
- Amygdala-hippocampal and cingulate microstructure is associated with PTSD severity
- Mild TBI may exacerbate the impact of limbic microstructure on PTSD severity
- Neural contributors to psychiatric disorder severity may be affected by brain injury

Abstract

Background

Post-traumatic stress disorder (PTSD) is a psychiatric disorder that afflicts many individuals, yet the neuropathological mechanisms that contribute to this disorder remain to be fully determined. Moreover, it is unclear how exposure to mild traumatic brain injury (mTBI), a condition that is often comorbid with PTSD, particularly among military personnel, affects the clinical and neurological presentation of PTSD. To address these issues, the present study explores relationships between PTSD symptom severity and the microstructure of limbic and paralimbic gray matter brain regions, as well as the impact of mTBI comorbidity on these relationships.

Methods

Structural and diffusion MRI data were acquired from 102 male veterans who were diagnosed with current PTSD. Diffusion data were analyzed with free-water imaging to quantify average CSF-corrected fractional anisotropy (FA) and mean diffusivity (MD) in 18 limbic and paralimbic gray matter regions. Associations between PTSD symptom severity and regional average dMRI measures were examined with repeated measures linear mixed models. Associations were studied separately in veterans with PTSD only, and in veterans with PTSD and a history of military mTBI.

Results

Analyses revealed that in the PTSD only cohort, more severe symptoms were associated with higher FA in the right amygdala-hippocampus complex, lower FA in the right cingulate cortex, and lower MD in the left medial orbitofrontal cortex. In the PTSD and mTBI cohort, more severe PTSD symptoms were associated with higher FA bilaterally in the amygdala-hippocampus complex, with higher FA bilaterally in the

nucleus accumbens, with lower FA bilaterally in the cingulate cortex, and with higher MD in the right amygdala-hippocampus complex.

Conclusions

These findings suggest that the microstructure of limbic and paralimbic brain regions may influence PTSD symptomatology. Further, given the additional associations observed between microstructure and symptom severity in veterans with head trauma, we speculate that mTBI may exacerbate the impact of brain microstructure on PTSD symptoms, especially within regions of the brain known to be vulnerable to chronic stress. A heightened sensitivity to the microstructural environment of the brain could partially explain why individuals with PTSD and mTBI comorbidity experience more severe symptoms and poorer illness prognoses than those without a history of brain injury. The relevance of these microstructural findings to the conceptualization of PTSD as being a disorder of stress-induced neuronal connectivity loss is discussed.

<https://www.sciencedirect.com/science/article/abs/pii/S0277953620300332>

Longitudinal associations of psychological resilience with mental health and functioning among military personnel: A meta-analysis of prospective studies.

Erik van der Meulen, Peter G. van der Velden, Robbie C.M. van Aert, Marc J.P.M. van Veldhoven

Social Science & Medicine

Available online 24 January 2020

<https://doi.org/10.1016/j.socscimed.2020.112814>

Highlights

- Psychological resilience is a personal capacity of military personnel.
- Military mental health and functioning could be predicted by resilience.
- Psychological resilience is operationalized by several different instruments.
- Current military resilience studies examine various circumstances and outcomes.
- There is no strong indication that resilience predicts mental health or functioning.

Abstract

Background

Military personnel are exposed to severe stressors across different stages of their career that may have a negative impact on mental health and functioning. It is often

suggested that psychological resilience plays an important role in the maintenance and/or enhancement of their mental health and functioning under these circumstances.

Method

A systematic literature search was conducted using PsycINFO, MEDLINE, PsycARTICLES, Psychology and Behavioral Sciences Collection, Web of Science, and PubMed up to August of 2019 retrieving 3698 reports. Schmidt and Hunter meta-analytical techniques were used to assess the predictive value of psychological resilience on ten different military relevant mental health and functioning outcomes. Multivariate meta-analysis assessed the origin of heterogeneity among bivariate effect sizes.

Results

The effect sizes of 40 eligible peer-reviewed papers covering 40 unique samples were included in the meta-analysis. Seventy-eight percent of these studies were published after 2010 and were predominantly conducted in western countries. Bivariate effect sizes were low to medium (absolute values: 0.08 to 0.36) and multivariate effect sizes, adjusting for across studies varying sets of covariates, were low to trivial (absolute values: 0.02 to 0.08). Moderator analyses using multivariate meta-analysis on 60 bivariate effect sizes, revealed no significant effect of type of psychological resilience scale, time-lag, and career stage.

Conclusions

The current review found no indications that different conceptualizations of psychological resilience across a variety of research designs, are strongly predictive of mental health and functioning among military personnel. Future directions (moderator/mediator models, stressor type specifications, and directionality) for prospective studies are discussed. Our results question the usefulness of interventions to enhance the resilience of soldiers to improve their mental health and functioning.

<https://journal-veterans-studies.org/articles/10.21061/jvs.v6i1.142/>

A Study of Rural and Native-American College Students' Military Identities, Military Family History, and Reading Interests.

Tara Hembrough

Journal of Veterans Studies
2020; 6(1), pp.46–63
<http://doi.org/10.21061/jvs.v6i1.142>

This study addresses college students in a Southwestern, economically depressed, rural area, with their state of residence having a high number, per capita, of service-members and veterans of recent wars. Additionally, some students identified as Native American. The study's purpose was to investigate within this sociocultural dynamic to what extent students with a military identity, a military family history, and/or no military-related affiliation associate with this background and also enjoy reading and writing about military topics, especially within the composition classroom. The students sampled enrolled in a first-year-composition class based upon an experimental course model formulated to be military-friendly and military-theme focused, which assisted them in reading about military topics connected to their personal family background and writing about their military-related identity. The article discusses a three-year, mixed-methods study and involves the following student types: seven service-members/veterans and 57 nonveterans, with 15 being the child of a parent(s) with military service. As instruments, the author utilized surveys, interviews, and course papers. The study resulted in several findings. A majority of students reported having strong connections to their personal and/or family military history as factors correlating with their enjoyment of reading about military topics and writing about their military-related backgrounds, including those who served as role models. The study's results have implications for teaching students who are service-members/veterans, have a military-affiliated identity, and/or possess a recent military family history within a first-year-writing classroom featuring military-themed readings and writings. Furthermore, in addressing the call to identify and accommodate student groups and their academic needs, this article has implications for instructing Native American students of the geographical area.

<https://journals.sagepub.com/doi/abs/10.1177/0886260519900976>

Attempted Suicide Among Adolescents in Military Families: The Mediating Role of Adverse Childhood Experiences.

Clements-Nolle, K., Lensch, T., Yang, Y., Martin, H., Peek, J., & Yang, W.

Journal of Interpersonal Violence
First Published January 24, 2020
<https://doi.org/10.1177/0886260519900976>

Research has shown that adolescents in military families have higher rates of suicidal behaviors compared to their nonmilitary peers. This is typically attributed to military-specific stressors, but exposure to adverse childhood experiences (ACEs) may also play a role. Our primary research objective was to determine whether cumulative exposure to ACEs mediates the relationship between military family involvement and attempted suicide. A two-stage cluster random sampling design was used to randomly sample 5,336 students from 98 high schools. Students were asked whether a parent or other adult in their home was serving on active duty in the military and attempted suicide in the past 12 months was assessed. Six measures of childhood abuse and household dysfunction were summed, and the ACE score was categorized as 0, 1, 2, and 3–6 ACEs. Weighted logistic regression and multinomial regression were used to assess differences in ACEs and attempted suicide, controlling for sex, age, race/ethnicity, rurality, and qualification for free/reduced lunch. To investigate potential mediation effects of ACEs on the relationship between military family and attempted suicide, we conducted path analyses controlling for demographics. Compared to their peers, students in military families had higher exposure to ACEs (1 ACE: adjusted odds ratio [AOR] = 1.49, 95% confidence interval [CI] = [0.88, 2.53], 2 ACEs: AOR = 2.07, 95% CI = [1.23, 3.48], and 3–6 ACEs: AOR = 2.57, 95% CI = [1.54, 4.27]) and twice the odds of attempting suicide in the past 12 months (AOR = 2.16, 95% CI = [1.30, 3.61]). Mediation analyses showed that cumulative exposure to ACEs completely mediated the relationship between military family involvement and attempted suicide. The study results highlight the need for trauma-informed approaches to mental health promotion with military families.

<https://www.sciencedirect.com/science/article/abs/pii/S0165032719327260>

Influence of hardiness, avoidance coping, and combat exposure on depression in returning war veterans: A moderated-mediation study.

Paul T. Bartone, Gregory G. Homish

Journal of Affective Disorders
Volume 265, 15 March 2020
<https://doi.org/10.1016/j.jad.2020.01.127>

Highlights

- U.S. Army soldiers returning from deployment in Afghanistan were assessed for combat exposure, hardiness, avoidance coping and depression.
- Path analysis shows an influence of hardiness on depression, mediated by avoidance coping. This effect in turn is moderated by combat exposure, and gets stronger as exposure levels increase.
- Soldiers low in hardiness are more vulnerable to depression and avoidance coping strategies, especially at high exposure levels.
- Training for hardiness and active coping strategies should lower the risk for depression in combat exposed soldiers.

Abstract

Background

Depression is a serious problem among military personnel returning from combat deployments, and is related to a range of adverse outcomes including alcohol and drug abuse, family violence and suicide. The present study explores how psychological hardiness, avoidance coping, and combat stress exposure may influence depression in U.S. Army soldiers returning from a one-year deployment to Afghanistan.

Methods

National Guard soldiers (N = 357) completed surveys upon their return to home station, including measures of hardiness, avoidance coping, combat exposure, and depression. Path analysis with ordinary least squares regression procedures (PROCESS program; Hayes, 2013) were applied to test for mediation and moderation effects among the study variables. Results: Results showed a pattern of moderated-mediation. In the mediation model, hardiness had a significant effect on depression, which was mediated by avoidance coping. Soldiers low in hardiness reported using more avoidance coping strategies, which was related to increased depression. This effect in turn was seen to be conditional, moderated by level of combat exposure such that the effect was stronger at high levels of exposure.

Limitations

Data are cross-sectional, and the sample consisted of male soldiers only, which may limit generalizability.

Conclusions

Depression and related problems among combat veterans may be diminished by applying training programs and policies aimed at increasing hardiness attitudes and active coping skills.

<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.

<https://www.sciencedirect.com/science/article/abs/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

Volume 285, March 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 service members 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://www.sciencedirect.com/science/article/abs/pii/S0165032719325637>

Perceived burdensomeness uniquely accounts for suicidal ideation severity in social anxiety disorder.

Mary E. Duffy, Nora E. Mueller, Jesse R. Cogle, Thomas E. Joiner

Journal of Affective Disorders

Volume 266, 1 April 2020, Pages 43-48

<https://doi.org/10.1016/j.jad.2020.01.116>

Highlights

- Interpersonal constructs may explain suicidal ideation in social anxiety disorder.
- Perceived burdensomeness was uniquely related to suicidal ideation severity.
- Thwarted belongingness was not uniquely related to suicidal ideation severity.
- Greater agitation also accounted for more severe suicidal ideation.

Abstract

Background

High rates of suicidal ideation in those with social anxiety disorder (SAD) have been attributed to feelings of thwarted belongingness and perceived burdensomeness, but most work has been in non-clinical samples. We assessed the contributions of thwarted belongingness and perceived burdensomeness to suicidal ideation severity, over clinical covariates, in individuals diagnosed with SAD.

Methods

Participants were 58 adult outpatients (mean age 25.62 years, 69% female) with SAD. Hierarchical linear regression assessed contributions of thwarted belongingness and perceived burdensomeness to suicidal ideation, before and after covarying other potential explanatory variables (depression, agitation, brooding rumination).

Results

Perceived burdensomeness was significantly positively related to suicidal ideation severity ($p < .001$) above thwarted belongingness, which was not incremental ($p = .791$). The same pattern was found after inclusion of additional covariates (perceived burdensomeness $p = .006$; thwarted belongingness $p = .757$). Greater agitation also uniquely accounted for more severe suicidal ideation ($p = .001$).

Limitations

This study was cross-sectional, did not assess all potential confounding variables, and utilized a treatment-seeking sample.

Conclusions

Results suggest perceived burdensomeness is independently related to suicidal ideation severity in SAD, over thwarted belongingness and other clinical features. Future work should seek to replicate these findings and evaluate causal, longitudinal relationships among perceived burdensomeness, agitation, and severity of suicidal ideation in those with SAD in order to determine whether these may be clinically-relevant mechanisms.

<https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2759418>

Outcomes of Online Mindfulness-Based Cognitive Therapy for Patients With Residual Depressive Symptoms: A Randomized Clinical Trial.

Segal ZV, Dimidjian S, Beck A, et al.

JAMA Psychiatry

Published online January 29, 2020

doi:10.1001/jamapsychiatry.2019.4693

Key Points

Question

Can web-based treatment of residual depressive symptoms lead to incremental benefits for adults when added to usual depression care?

Finding

In this randomized clinical trial of 460 participants with residual depressive symptoms, those who received an online version of mindfulness-based cognitive therapy in addition to usual care had greater reductions in depressive and anxiety symptoms, higher rates of remission, and higher levels of quality of life compared with participants who received usual care only.

Meaning

The findings support the value of online mindfulness-based cognitive therapy as an adjunctive, scalable approach for the management of residual depressive symptoms.

Abstract

Importance

Patients with residual depressive symptoms face a gap in care because few resources, to date, are available to manage the lingering effects of their illness.

Objective

To evaluate the effectiveness for treating residual depressive symptoms with Mindful Mood Balance (MMB), a web-based application that delivers mindfulness-based cognitive therapy, plus usual depression care compared with usual depression care only.

Design, Setting, and Participants

This randomized clinical trial was conducted in primary care and behavioral health clinics at Kaiser Permanente Colorado, Denver. Adults identified with residual depressive symptoms were recruited between March 2, 2015, and November 30, 2018. Outcomes were assessed for a 15-month period, comprising a 3-month intervention interval and a 12-month follow-up period.

Interventions

Patients were randomized to receive usual depression care (UDC; n = 230) or MMB plus UDC (n = 230), which included 8 sessions delivered online for a 3-month interval plus minimal phone or email coaching support.

Main Outcomes and Measures

Primary outcomes were reduction in residual depressive symptom severity, assessed using the Patient Health Questionnaire-9 (PHQ-9); rates of depressive relapse (PHQ-9 scores ≥ 15); and rates of remission (PHQ-9 scores < 5). Secondary outcomes included depression-free days, anxiety symptoms (General Anxiety Disorder–7 Item Scale), and functional status (12-Item Short Form Survey).

Results

Among 460 randomized participants (mean [SD] age, 48.30 [14.89] years; 346 women [75.6%]), data were analyzed for the intent-to-treat sample, which included 362 participants (78.7%) at 3 months and 330 (71.7%) at 15 months. Participants who received MMB plus UDC had significantly greater reductions in residual depressive symptoms than did those receiving UDC only (mean [SE] PHQ-9 score, 0.95 [0.39], $P < .02$). A significantly greater proportion of patients achieved remission in the MMB plus UDC group compared with the UDC only group (PHQ-9 score, < 5 : β [SE], 0.38 [0.14], $P = .008$), and rates of depressive relapse were significantly lower in the MMB plus UDC group compared with the UDC only group (hazard ratio, 0.61; 95% CI, 0.39-0.95; $P < .03$). Compared with the UDC only group, the MMB plus UDC group had decreased depression-free days (mean [SD], 281.14 [164.99] days vs 247.54 [158.32] days; difference, -33.60 [154.14] days; $t = -2.33$; $P = .02$), decreased anxiety (mean [SE] General Anxiety Disorder–7 Item Scale score, 1.21 [0.42], $P = .004$), and improved mental functioning (mean [SE] 12-Item Short Form Survey score, -5.10 [1.37], $P < .001$), but there was no statistically significant difference in physical functioning.

Conclusions and Relevance

Use of MMB plus UDC resulted in significant improvement in depression and functional outcomes compared with UDC only. The MMB web-based treatment may offer a scalable approach for the management of residual depressive symptoms.

Trial Registration

ClinicalTrials.gov identifier: NCT02190968

[https://www.jpsmjournal.com/article/S0885-3924\(19\)30868-1/fulltext](https://www.jpsmjournal.com/article/S0885-3924(19)30868-1/fulltext)

Healing Moral Injury of Seriously Ill Vietnam Veterans: A Veterans Affairs (VA) and National Hospice Palliative Care Organization (NHPCO) Collaboration (FR456).

Marie Haverfield, Ariadna Garcia, Joseph Rigdon, Karleen Giannitrapani, Anne Walling, Derek Boothroyd, David Bekelman, Natalie Lo, Jill Lowery, Mary Beth Foglia, Lisa Lehmann, Karl Lorenz

Objectives

- Describe patient characteristics from four VA pilot sites that are associated with having a Goals of Care Conversation (GoCC) documented on the standardized Life Sustaining Treatment (LST) Progress Note template.
- Determine whether the occurrence of a documented GoCC predicts higher Bereaved Family Survey (BFS) perceptions of a positive patient care experience.

Background

Prior to national implementation, VA piloted the Life Sustaining Treatment Decision Initiative (LSTDI), including practice standards requiring Goals of Care Conversations (GoCC) for seriously ill Veterans, at four geographically diverse sites. We examined patient characteristics associated with GoCC and the association of GoCC with Bereaved Family Survey (BFS) data on end-of-life quality.

Aim Statement

To assess a pilot of an initiative to ensure GoCC for high risk patients, including to: 1) describe characteristics of patients with GoCC; association with the BFS; and how implementation and quality varied across diverse sites.

Methods

We examined Veteran characteristics in association with documentation of a GoCC. We evaluated the first occurrence of GoCC (n=6,664) among Veterans who received care at the sites (N=221,383). Among decedents (n=15,177), we examined whether GoCC was associated with higher BFS outcomes versus propensity-score matched controls by site.

Results

Veteran's with widower [OR=1.68(1.53,1.86), p<0.001] and urban status [OR=1.79(1.43,2.24), p <0.001] were more likely to have a GoCC. Patients ≥65 years were twice as likely to have a GoCC [OR=2.65(2.46,2.86), p<0.001], and patients with more serious health conditions were more likely to receive a GoCC compared to frail patients. Findings were similar among Veterans with a higher risk index. Of Veterans with BFS data, we identified 353 GoCC and non-GoCC patient pairs. Comparing across sites, a GoCC was not significantly associated with a higher BFS Overall Score [OR=1.29(0.84,1.99), p=0.24], Communication Score [OR=1.32(0.81,2.16), p=0.27], or Support Score [OR=1.54(0.97,2.47), p=0.07]. Individually analyzed, GoCC was associated with a higher Support Score [OR=1.31(1.09,1.57), p=0.003] at one site.

Conclusions and Implications

Despite site differences, recipients of GoCC generally had higher illnesses burden and prognostic risk. Site-level heterogeneity in outcomes suggest the need for deeper understanding of implementation and communication fidelity. These issues are critical to achieve expected benefits from widespread efforts to implement GoCC.

<https://www.sciencedirect.com/science/article/abs/pii/S0165032719329659>

Use of the Acquired Capability for Suicide Scale (ACSS) Among United States Military and Veteran Samples: A Systematic Review.

Emily B. Kramer, Laurel A. Gaeddert, Christine L. Jackson, Ben Harnke, Sarra Nazem

Journal of Affective Disorders

Available online 29 January 2020

<https://doi.org/10.1016/j.jad.2020.01.153>

Highlights

- United States military personnel and Veterans are at increased risk for suicide.
- Acquired capability for suicide (AC) may be a mechanism that explains this risk.
- We systematically reviewed the literature to determine factors associated with AC.
- Results yielded an empirical base characterized by a high risk of bias.
- AC construct assessment and refinement are suggested as future research targets.

Abstract

Background

Military personnel and Veterans are at increased risk for suicide. Theoretical and conceptual arguments have suggested that elevated levels of acquired capability (AC) could be an explanatory factor accounting for this increased risk. However, empirical research utilizing the Acquired Capability for Suicide Scale (ACSS) in military populations has yielded mixed findings.

Methods

To better ascertain what factors are associated with AC, and whether methodological limitations may be contributing to mixed findings, a systematic review was conducted.

Results

A total of 31 articles utilized the ACSS to examine factors associated with AC, including combat history, in United States (U.S.) military personnel and Veterans. Nearly all studies (96.8%) were rated high risk of bias. Use of the ACSS varied, with seven different iterations utilized. Nearly all studies examined correlations between the ACSS and sample characteristics, mental health and clinical factors, Interpersonal Theory of Suicide constructs, and/or suicide-specific variables. Results of higher-level analyses, dominated by cross-sectional designs, often contradicted correlational findings, with inconsistent findings across studies.

Limitations

Included studies were non-representative of all U.S. military and Veteran populations and may only generalize to these populations.

Conclusions

Due to the high risk of bias, inconsistent use of the ACSS, lack of sample heterogeneity, and variability in factors examined, interpretation of current ACSS empirical data is cautioned. Suggestions for future research, contextualized by these limitations, are discussed.

<https://psycnet.apa.org/buy/2020-03637-001>

Temporary PTSD symptom increases among individuals receiving CPT in a hybrid effectiveness-implementation trial: Potential predictors and association with overall symptom change trajectory.

Larsen, Sadie E., Mackintosh, Margaret-Anne, La Bash, Heidi, Evans, Wyatt R., Suvak, Michael K., Shields, Norman, Lane, Jeanine E. M., Sijercic, Iris, Monson, Candice M., Wiltsey Stirman, Shannon

Psychological Trauma: Theory, Research, Practice, and Policy

Jan 23, 2020

<http://dx.doi.org/10.1037/tra0000545>

Objective:

Concern about symptom worsening with trauma-focused treatment may be one factor hindering the implementation of evidence-based treatments for PTSD, like cognitive processing therapy (CPT), despite evidence for their efficacy. Previous studies have

examined the frequency and effect of symptom exacerbation, or temporary symptom increases, on outcomes, but primarily in randomized clinical trials.

Method:

We examined this issue in a community sample of participants receiving CPT from front-line clinicians learning to deliver CPT in a randomized controlled implementation trial of training strategies. Patient participants (n = 183) completed self-report measures of PTSD symptoms at each session.

Results:

Most participants (67.3%) experienced at least one temporary symptom increase during CPT (only 1.6% continued to have higher symptoms by the end of treatment).

Demographic variables, comorbid conditions (i.e., depression, anxiety, substance use), and baseline PTSD symptom levels did not predict symptom increases. Importantly, symptom increases did not predict treatment noncompletion, posttreatment PTSD symptom levels, or loss of probable PTSD diagnosis. Moreover, growth curve modeling revealed that temporary symptom increases did not predict the trajectory of PTSD symptoms over the course of treatment.

Conclusions:

The rates of symptom increases, which were higher than in previous studies, may be attributed to a routine care sample or to the differences in session timing and measurement. These results add to a nascent literature documenting that symptom increases may be a normal, transient part of treatment that do not impact a patient's ability to have symptom improvement during a course of CPT. (PsycINFO Database Record (c) 2020 APA, all rights reserved)

<https://www.sciencedirect.com/science/article/abs/pii/S0887618520300098>

Comparison of latent typologies of posttraumatic stress disorder and depression symptoms across military personnel from India and the US.

Ateka A. Contractor, Nicole H. Weiss, Melissa R. Schick, Prathiba Natesan Batley, ...
Rachita Sharma

Journal of Anxiety Disorders

Volume 70, March 2020

<https://doi.org/10.1016/j.janxdis.2020.102195>

Highlights

- We examined and compared PTSD-depression typologies across India and U.S. veterans.
- Optimal 4-class solution differed in severity and severity/type in India and U.S. samples respectively.
- Across cultural samples, classes were similar in number but different in meaning/nature.
- Anxiety, number of traumas, and resilience predicted class membership in India sample.
- Alcohol use and rumination predicted class membership in U.S. sample.

Abstract

Research has identified heterogeneous subgroups of individuals based on posttraumatic stress disorder (PTSD) and depression symptoms. Using data collected from military personnel in India (N = 146) and U.S. (N = 194), we examined (1) the best-fitting latent class solution; (2) multi-group invariance of the class solution; and (3) construct validity of optimal class solution. Results indicated that the optimal 4-class solution differed in severity and severity/type in the India and U.S. samples respectively. With similarity in the optimal number of classes across cultural samples, the meaning/nature of classes differed. In the India sample, anxiety severity predicted the Low Severity Class vs. all other classes, and the Moderately High Severity/High Severity Classes vs. the Moderately Low Severity Class; number of traumas predicted the High Severity Class vs. other classes; and resilience predicted the Moderately Low Severity Class vs. the Moderately High Severity Class. In the U.S. sample, alcohol use predicted the High Severity Class vs. all other classes, and the High Depression-Low PTSD Class vs. the Low Severity Class; rumination significantly predicted the High Severity and High Depression-Low PTSD Classes vs. each of the High PTSD-Low Depression and Low Severity Classes. Thus, meaning and nature of PTSD-depression subgroups may vary culturally; hence, culturally-sensitive interventions need to account for this heterogeneity.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usz443/5716508>

Effects of Brief Depression and Anxiety Management Training on a US Army Division's Primary Care Providers.

Rohul Amin, MD, FAPA, FACP, Mary Ann Thomas, BS

Military Medicine

Published: 28 January 2020

<https://doi.org/10.1093/milmed/usz443>

Introduction:

There is a nation-wide gap between the prevalence of mental illness and the availability of psychiatrists. This places reliance on primary care providers (PCPs) to help meet some of these mental health needs. Similarly, the US Army expects its PCPs to be able to manage common mental illnesses such as anxiety and depression. Therefore, PCPs must be able to close their psychiatric skills gaps via lifelong learning. Materials and

Methods:

Following needs assessment of PCPs in a US Army division, the curriculum was developed. Objectives targeted pharmacological management of depression and anxiety. Behavioral intervention skills were also taught to treat insomnia. Didactics and case-based small groups were used. A novel psychotropic decisional tool was developed and provided to learners to assist and influence their future psychiatric practice. Pre-training, immediate post-training, and 6-month assessments were done via survey to evaluate confidence and perceived changes in practice. The curriculum was executed as a quality improvement project using the Plan, Do, Study, Act framework.

Results:

Among 35 learners, immediate confidence in selecting optimal psychotropic and perceived knowledge, skill to change the dose or type of medication, and confidence in prescribing behavioral sleep improved significantly with large effect sizes. At 6-month follow-up, learners reported that they were more likely to adjust medications for anxiety or depression and were more likely to start a new medication for anxiety or depression because of the training with moderate effect sizes. Use and satisfaction with the psychotropic decisional tool are also reported.

Conclusions:

Our psychotropic decisional tool illustrates a novel algorithmic approach for operationalizing the management of depression and anxiety. Similar approaches can improve the skills of a variety of PCPs in the management of psychiatric disorders. Further studies in the military operational setting are needed to assess the effects of similar educational interventions on access to behavioral health care, suicidal behaviors, and unit medical readiness.

<https://journals.sagepub.com/doi/abs/10.1177/0886260519900937>

Traumatic Childhood Experiences and Posttraumatic Stress Disorder Among Veterans in Substance Use Disorder Treatment.

Young, L. B., Timko, C., Pulido, R. D., Tyler, K. A., Beaumont, C., & Grant, K. M.

Journal of Interpersonal Violence

Article first published online: January 26, 2020

<https://doi.org/10.1177/0886260519900937>

Posttraumatic stress disorder (PTSD) dramatically increases the risk of both substance use disorder (SUD) and suicide in veterans. Military-related trauma, however, may not be the only or most significant trauma experienced by veterans. Trauma exposure is high among those joining the military. This study sought to identify the prevalence of five types of childhood trauma (emotional, physical, and sexual abuse and emotional and physical neglect) and three adult trauma symptom clusters (intrusive thoughts, avoidance, and hyperarousal) among veterans seeking SUD treatment and to clarify the associations between types of trauma and specific symptom clusters. Veterans at three Veterans Affairs (VA) SUD treatment facilities in the Midwest completed surveys at treatment entry ($n_1 = 195$) and at 6-month follow-up ($n_2 = 138$). Measures included the Childhood Trauma Questionnaire-Short Form and the PTSD Checklist, either a military or a civilian version, depending on whether the most traumatic event occurred in or out of the military. The prevalence of childhood trauma was high, ranging from 40.5% experiencing physical abuse down to 22.8% experiencing sexual abuse. At baseline, 60.2% of the military trauma group met criteria for PTSD, compared with 33.9% of the civilian trauma group, a significant difference, $\chi^2(1, N = 195) = 14.46, p < .01$. Childhood emotional and physical abuse were moderately associated with intrusion and hyperarousal in the military trauma group, but in the civilian trauma group a broader spectrum of childhood traumas were associated with a broader array of symptom clusters, including avoidance. At follow-up, symptoms improved and were less associated with childhood trauma. These findings illuminate the persistence of effects of childhood trauma and recommend more targeted PTSD treatments.

Links of Interest

New Study Links TBI, Mental Health Disorders

<https://www.ausa.org/news/new-study-links-tbi-mental-health-disorders>

More Than 3 Dozen Military Hospitals to Stop Treating Retirees, Families, Memo Shows

<https://www.military.com/daily-news/2020/02/07/more-3-dozen-military-hospitals-stop-treating-retirees-families-memo-shows.html>

When My Husband Came Home From War, I Needed a Moment

<https://www.theatlantic.com/ideas/archive/2020/02/what-its-like-when-your-husband-returns-from-war/606217/>

Signs of white supremacy, extremism up again in poll of active-duty troops

<https://www.militarytimes.com/news/pentagon-congress/2020/02/06/signs-of-white-supremacy-extremism-up-again-in-poll-of-active-duty-troops/>

Is the military doing enough to look for signs of white nationalism in the ranks?

<https://www.militarytimes.com/news/pentagon-congress/2020/02/11/is-the-military-doing-enough-to-look-for-signs-of-white-nationalism-in-the-ranks/>

Marine Corps Suicide Rate Declines, Navy Rate Rises in 2019

<https://news.usni.org/2020/02/06/marine-corps-suicide-rate-declines-navy-rate-rises-in-2019>

The Readiness Threat Right Before Our Eyes

<https://www.usni.org/magazines/proceedings/2020/february/readiness-threat-right-our-eyes>

The military is growing, but some services are getting smaller

<https://www.militarytimes.com/news/your-military/2020/02/10/the-military-is-growing-but-some-services-are-getting-smaller/>

Governor signs off on how Wisconsin National Guard handles sexual misconduct complaints

<https://www.airforcetimes.com/news/your-air-force/2020/02/11/governor-signs-off-on-how-wisconsin-national-guard-handles-sexual-misconduct-complaints/>

Op-ed: Why a drug that fueled the Nazi war machine now plagues America
<https://www.navytimes.com/news/your-navy/2020/02/10/op-ed-why-a-drug-that-fueled-the-nazi-war-machine-now-plagues-america/>

Resource of the Week: [U.S. Military Rank Insignia](#)






From the U.S Department of Defense:

Military rank is more than just who salutes whom. Military rank is a badge of leadership. Responsibility for personnel, equipment and mission grows with each advancement.

Do not confuse rank with paygrades, such as E-1, W-2 and O-5. Paygrades are administrative classifications used primarily to standardize compensation across the military services. The "E" in E-1 stands for "enlisted" while the "1" indicates the paygrade for that position. The other pay categories are "W" for warrant officers and "O" for commissioned officers. Some enlisted paygrades have two ranks.

The Army, for example, has the ranks of corporal and specialist at the paygrade of E-4. A corporal is expected to fill a leadership role and has a higher rank than a specialist, even though both receive E-4 pay. In the Marine Corps, a master gunnery sergeant and a sergeant major are both E-9s, but the sergeant major has the higher rank.



ENLISTED INSIGNIA					
Enlisted Paygrade	 Army	 Marine Corps	 Navy	 Air Force	 Coast Guard
	<p>Service members in paygrades E-1 through E-3 are usually either in some kind of training status or on their initial assignment. The training includes the basic training phase where recruits are immersed in military culture and values and are taught the core skills required by their service component.</p> <p>Basic training is followed by a specialized or advanced training phase that provides recruits with a specific area of expertise or concentration. In the Army and Marine Corps, this area is called a military occupational specialty; in the Navy it is known as a rate; and in the Air Force it is simply called an Air Force specialty.</p>				

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