

CDP



Research Update -- April 23, 2020

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April Is the Month of the Military Child

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April is the Month of the Military Child

<https://psychotherapy.psychiatryonline.org/doi/abs/10.1176/appi.psychotherapy.20190034>

Examination of the Interpersonal Model With Adolescent Military Dependents at High Risk for Adult Obesity.

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The American Journal of Psychotherapy

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<https://doi.org/10.1176/appi.psychotherapy.20190034>

Objective:

Adolescent military dependents may be at higher risk for psychosocial stressors and disordered eating compared with civilian youths, but the mechanisms underlying these risks are unclear. Interpersonal theory proposes that difficult relationships lead to negative affect, thereby promoting emotional eating, which has been linked to and predictive of disordered eating. The interpersonal model may have particular relevance for understanding disordered eating among adolescent military dependents, given the unique stressors related to their parents' careers. This study aimed to examine the premise of the interpersonal model (that negative emotions mediate the association between multiple aspects of social functioning and emotional eating) among a cohort of adolescent military dependents.

Methods:

Military dependents (N=136; 56% female, mean±SD age=14±2 years, body mass index adjusted for age and sex [BMI_z]=2.0±0.4) at risk for adult obesity and binge eating disorder, as indicated by reported loss-of-control eating and/or anxiety symptoms, were assessed prior to participation in a study of excess weight-gain prevention.

Bootstrapped mediation analyses were conducted to examine depressive symptoms as a potential mediator of the relationship between social functioning and emotional eating.

Analyses were adjusted for age, sex, race-ethnicity, BMIz, and presence of reported loss-of-control eating and anxiety.

Results:

Depressive symptoms were a significant mediator of the relationship between multiple domains of social functioning, including loneliness, social adjustment related to family and friends, attachment to father and peers, and emotional eating ($p < 0.05$).

Conclusions:

The interpersonal model may contribute to our understanding of excess weight gain and binge eating disorder among adolescent military dependents. Prospective data are needed to determine the utility of interpersonal theory in predicting treatment response and outcomes among this population.

<https://link.springer.com/article/10.1007/s10566-020-09544-7>

Examining Impacts of Cumulative Risk on Military-Connected Youth and the Role of Family in Coping.

Kaeppler, C., Lucier-Greer, M.

Child Youth Care Forum

Published 18 March 2020

<https://doi.org/10.1007/s10566-020-09544-7>

Background

Youth in military families are confronted with stressors that are normative (e.g., racial or ethnic minority status, non-married family structure, social isolation) and context-specific in relation to a parent's military career (e.g., parental deployment, school transitions, parent rank, dual military parents, living outside of the continental United States, living 30+ min from a military base). This study applied a stress process and cumulative risk lens to examine the impact of cumulative risk on military-connected youth outcomes accounting for contextual factors such as gender, age, and family.

Objective

First, this study examined the relationship between cumulative risk and two outcomes, self-efficacy and depressive symptomology. Then, gender differences, developmental

considerations, and the role of family were examined to determine whether any of these factors buffered or exacerbated the relationship between risk and adverse outcomes.

Methods

Data were collected from military-connected youth (N = 1036) between the ages of 11 and 18. Multiple regression and moderation analyses were conducted.

Results

Higher levels of cumulative risk were associated with lower levels of self-efficacy and higher levels of depressive symptomology. Few differences were found based on gender or age; however, a trend in which older youth reported higher levels of depressive symptomology than younger youth in the context of risk emerged. Turning to family as a coping resource buffered the effects of risk on self-efficacy, but this finding did not exist for depressive symptomology.

Conclusion

Youth who are able to turn to their family when they are overwhelmed by stressors are more likely to experience a protective or buffering effect, especially with regard to self-efficacy.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/nuf.12449>

Tell Me A Story: Promoting resiliency in military children with a bibliotherapy intervention.

Katherine Marie Conover PhD, RN

Nursing Forum

First published: 06 April 2020

<https://doi.org/10.1111/nuf.12449>

Purpose

Research demonstrates the complex effect of the military lifestyle on children of military members. Problem behaviors can manifest in military children as young as 6 years old (eg, physical violence). Some military children have better outcomes (ie, resiliency). These differences in outcomes are not fully understood; literature agrees that parent's interaction with their children predicts resiliency. Nurses can utilize resiliency interventions to improve the health and wellbeing of families. Tell Me A Story (TMAS), a

bibliotherapy intervention, role models for parents reading with their children, using story as a platform to deal with issues in a safe way. The purpose of this pilot study was to determine if child resiliency increased and problem behavior decreased with TMAS participation.

Design and Methods

A community-based study examined the impact of TMAS intervention on parent's perceptions of their school-aged children's behavior. Participants were active-duty military parents, recruited on or near seven military installations in the continental United States.

Results

Child problem behavior showed a change from baseline, with sex and parental deployment factoring for improved or worsening behavior among children. Total and internalizing problem behavior scores increased after intervention if a parent was deployed. Girls experienced increased resiliency scores after TMAS intervention while boys experienced decreased scores.

Practice Implications

Overall, TMAS intervention is beneficial for behavior and resiliency for some children and provides research for future programming offered by nurses for military families.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22478>

Validation of Abbreviated Four- and Eight-Item Versions of the PTSD Checklist for DSM-5 in a Traumatically Injured Sample.

Geier, T.J., Hunt, J.C., Hanson, J.L., Heyrman, K., Larsen, S.E., Brasel, K.J. and deRoon-Cassini, T.A.

Journal of Traumatic Stress

First published: 11 April 2020

<https://doi.org/10.1002/jts.22478>

Rates of posttraumatic stress disorder (PTSD) are three times higher in traumatically injured populations than the general population, yet limited brief, valid measures for assessing PTSD symptom severity exist. The PTSD Checklist for DSM-5 (PCL-5) is a

valid, efficient measure of symptom severity, but its completion is time consuming. Subsequently, abbreviated four- and eight-item versions were developed using the Mini-International Neuropsychiatric Interview–7 PTSD module and validated in Veteran samples. This study aimed to validate these abbreviated versions using the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), the gold standard for PTSD diagnosis, in a traumatically injured civilian population. Participants were 251 traumatically injured adults (Mage = 42.52 years; 69.3% male; 50.2% Caucasian) recruited from a Level 1 trauma center inpatient unit; 32.3% and 17.9% of participants experienced a motor vehicle crash or gunshot wound, respectively. The CAPS-5 and PCL-5 were administered approximately 6.5 months postinjury. We examined whether compared to the full PCL-5, the abbreviated versions would adequately differentiate between participants with and without a CAPS-5 PTSD diagnosis. The abbreviated versions were highly correlated with the total scale and showed good-to-excellent internal consistency. The diagnostic utility of the abbreviated measures was comparable to that of the total scale regarding sensitivity, suggesting they may be useful as abbreviated screening tools; however, the total scale functioned better regarding specificity. The abbreviated versions of the PCL-5 may be useful screening instruments in the long-term care of traumatic injury survivors and may be more likely to be implemented across routine clinical and research contexts.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22507>

Development of a Tool to Predict Risk of Behavioral Health Evacuation From Combat.

Thornquist, M.H., Leonard, J.E., Fraine, M.C., Loftis, C.W. and Davison, J.W.

Journal of Traumatic Stress

First published: 11 April 2020

<https://doi.org/10.1002/jts.22507>

In the present study, we examined administrative data on 667,437 deployments of at least 30 days duration to Iraq and Afghanistan from 2011 through the end of 2016 to determine risk factors for evacuation from the combat zone for behavioral health reasons. Demographic data, military-specific data, responses on predeployment mental health assessments, and presence of previous treatment for psychiatric conditions were entered into a logistic regression based on expert determination, distinguishing the 2,133 behavioral health evacuations from those deployments that either did not end in

evacuation or included evacuations for reasons other than behavioral health. The model, derived from a random half of the sample (training set), was verified on the other half (validation set). Predictor variables used in the model were calendar year; gender; age; rank; marital status; parental status; number of prior war zone deployments; branch of service; screens for symptoms of posttraumatic stress disorder, depression, and hazardous alcohol use on the predeployment mental health assessment; and prior substance- and non-substance-related behavioral health diagnoses. Odds ratios (range: 1.05–3.85) for selected variables that contributed to the model were used to assign risk scores in the Behavioral Health Evacuation Risk Tool, which can aid predicting which service members are more likely to be evacuated from combat for behavioral health reasons, thus indicating where resources can be allocated for behavioral health referrals and war zone care.

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2763799>

Advice for Clinicians on How to Treat Comorbid Anxiety and Depression.

Spijker J, Muntingh A, Batelaan N.

JAMA Psychiatry

Published online April 15, 2020

<https://www.doi.org/10.1001/jamapsychiatry.2020.0601>

Depressive and anxiety disorders frequently co-occur. It is widely known that the outcome of comorbid anxiety and depressive disorder together is more negative than each single counterpart. Clinically, comorbidity is associated with greater severity of symptoms, with an increased risk of suicide, a more reduced quality of life, and a more limited level of functioning.¹ Although it can be questioned whether it is best to view depression and anxiety as a single condition or distinct conditions, current clinical practice is to diagnose both disorders separately and refer to comorbidity. However, a clear-cut optimal treatment strategy for comorbid anxiety and depression is lacking. Should we treat the disorders sequentially (treating one and subsequently the other) or parallel (treating both disorders simultaneously)? Should we start a single treatment focusing on both disorders (integrated treatment) or a transdiagnostic treatment focusing on underlying mechanisms present in both anxiety and depressive disorders?

<https://www.sciencedirect.com/science/article/abs/pii/S0165178119324394>

Differences in methods of suicide among veterans experiencing housing instability, 2013–2016.

John R. Blosnich, Lindsey L. Monteith, Ryan Holliday, Lisa A. Brenner, Ann Elizabeth Montgomery

Psychiatry Research
Volume 288, June 2020
<https://doi.org/10.1016/j.psychres.2020.112947>

Highlights

- Suicide and housing instability are overrepresented in military veteran populations.
- Methods of suicide deaths among veterans differ based on housing stability.
- Understanding methods of suicide can inform prevention and intervention efforts.

Abstract

Although housing instability moderates suicide risk among military veterans, it is unknown whether suicide methods differ between stably and unstably housed veterans. The Veterans Health Administration screened 5,849,870 veterans for housing instability between October 1, 2012 and September 30, 2016. Death data were from the National Death Index. Unstably housed veterans had greater hazards of suicide mortality by jumping from a height (aHR = 3.07, 95%CI = 1.20–7.98) and unspecified means (aHR = 2.80, 95%CI = 1.63–4.80) than stably housed veterans. Translating these findings into optimal suicide prevention programming tailored to unstably housed veterans is essential.

<https://www.sciencedirect.com/science/article/abs/pii/S016517811932520X>

DSM-5 PTSD symptom clusters and suicidal ideation in veterans.

Lily A. Brown, Shirley Chen, Kevin Narine, Ateka A. Contractor, David Oslin

Highlights

- Associations among PTSD symptom clusters and suicidal ideation (SI) were explored.
- Negative alterations in cognitions and mood (NACM) most strongly correlated with SI.
- NACM most strongly correlated with SI in veterans with probable PTSD.
- Each NACM symptom was significantly correlated with SI.

Abstract

Posttraumatic stress disorder (PTSD) is associated with significantly greater risk for suicidal ideation (SI). In civilians, the negative alterations in cognitions and mood (NACM) and alterations in arousal and reactivity (AAR) clusters are most strongly associated with SI. This study sought to examine the association between PTSD symptom clusters and SI in a large sample of veterans. Veterans ($n = 1,789$) completed the PTSD Checklist for DSM-5 and the Patient Health Questionnaire (PHQ) during primary care visits. Wald chi-square tests of parameter constraints were computed to test hypothesized relations between PTSD factors and the PHQ-9 suicidal ideation item. Each of the PTSD symptom clusters were significantly associated with SI. The NACM cluster was more strongly associated with SI than AAR and marginally more strongly associated with SI than the avoidance symptom clusters. In a restricted sample of only veterans with PTSD, NACM remained more strongly associated with SI than avoidance. Each of the NACM symptoms were significantly associated with SI. Changes in cognitions and mood were most strongly associated with SI in this large sample of veterans. These findings suggest that directly targeting the NACM symptom cluster may be an important goal for suicide prevention efforts among veterans with PTSD.

<https://journals.sagepub.com/doi/abs/10.1177/1534650120915781>

Improving Social Support for a Veteran With PTSD Using a Manualized Acceptance and Commitment Therapy Approach.

Kelly, M. M., Reilly, E. D., Ahern, M., & Fukuda, S.

Clinical Case Studies

First Published April 12, 2020

<https://doi.org/10.1177/1534650120915781>

Posttraumatic stress disorder (PTSD) often negatively impacts social functioning, which can lead to increased risk of morbidity and mortality. Although current evidence-based and exposure-specific treatments can improve PTSD symptoms, they rarely target the interpersonal difficulties that impact quality of life. This case study describes the use of a manualized treatment for a veteran who continues to experience poor social functioning even after previous exposure-based treatment for PTSD. This treatment, ACT to Improve Social Support for Veterans with PTSD (ACT-SS), explicitly targeted the veteran's maladaptive patterns of interpersonal difficulties, feelings of detachment from others, irritability, and avoidance of social situations. Following treatment, the veteran reported significant improvements in social relationships, quality of life, and depressive symptoms, even though he still met the clinical threshold for PTSD. This case study provides preliminary evidence for the efficacy of a psychosocial intervention that directly targets social functioning issues for veterans with PTSD, and the importance of incorporating social goals and exercises into treatment.

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depressive symptoms, even though he still met the clinical threshold for PTSD. This case study provides preliminary evidence for the efficacy of a psychosocial intervention that directly targets social functioning issues for veterans with PTSD, and the importance of incorporating social goals and exercises into treatment.

<https://www.sciencedirect.com/science/article/abs/pii/S135917891930028X>

Suicide as a clinical feature of chronic traumatic encephalopathy: What is the evidence?

Chris Burley

Aggression and Violent Behavior

Available online 13 April 2020

<https://doi.org/10.1016/j.avb.2020.101417>

Since Omalu et al. published the first case study of Chronic Traumatic Encephalopathy (CTE) in a retired National Football League (NFL) player, both the scientific and lay communities' interest in CTE has increased at an extraordinary rate (Omalu et al., 2005). Increasing concern about negative outcomes associated with repetitive brain trauma, specifically in collision sport athletes and military veterans, has prompted widespread media coverage of the topic. Although the widespread media attention provides assistance in spreading awareness of possible negative outcomes, the benefits of media coverage can be outweighed by the media's conclusions which are not supported by the scientific data. A review of the current research regarding CTE and suicide indicates that there is little evidence to suggest a causal relationship between the two.

<https://www.sciencedirect.com/science/article/abs/pii/S1364661320300553>

Sleep Loss and the Socio-Emotional Brain.

Eti Ben Simon, Raphael Vallat, Christopher M. Barnes, Matthew P. Walker

Trends in Cognitive Sciences
Published: April 13, 2020
<https://doi.org/10.1016/j.tics.2020.02.003>

Highlights

- Sleep loss amplifies basic emotional reactivity, increasing negative mood states (e.g., anxiety, depression, suicidality), yet impairing the accurate recognition and outward expression of emotions.
- Inadequate sleep further impacts higher-order, complex socio-emotional functioning, decreasing prosocial behaviors, increasing social withdrawal, triggering marital and workplace conflict, and enfeebling leadership skills.
- The emotional dysfunction experienced by sleep-deprived individuals, such as loneliness or lack of work motivation, can be 'transmitted' to well-rested others who come in contact with an under-slept individual, reflecting viral contagion.
- The underlying neural mechanisms include a loss of top-down prefrontal regulation of amygdala, aberrant cortical processing in the salience network, including insula and cingulate cortex, and sympathovagal changes in the body.

Abstract

Are you feeling emotionally fragile, moody, unpredictable, even ungenerous to those around you? Here, we review how and why these phenomena can occur as a result of insufficient sleep. Sleep loss disrupts a broad spectrum of affective processes, from basic emotional operations (e.g., recognition, responsivity, expression), through to high-order, complex socio-emotional functioning (e.g., loneliness, helping behavior, abusive behavior, and charisma). Translational insights further emerge regarding the pervasive link between sleep disturbance and psychiatric conditions, including anxiety, depression, and suicidality. More generally, such findings raise concerns regarding society's mental (ill)health and the prevalence of insufficient and disrupted sleep.

<https://www.sciencedirect.com/science/article/abs/pii/S016517811932520X>

DSM-5 PTSD symptom clusters and suicidal ideation in veterans.

Lily A. Brown, Shirley Chen, Kevin Narine, Ateka A. Contractor, David Oslin

Psychiatry Research
Volume 288, June 2020
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Highlights

- Associations among PTSD symptom clusters and suicidal ideation (SI) were explored.
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Posttraumatic stress disorder (PTSD) is associated with significantly greater risk for suicidal ideation (SI). In civilians, the negative alterations in cognitions and mood (NACM) and alterations in arousal and reactivity (AAR) clusters are most strongly associated with SI. This study sought to examine the association between PTSD symptom clusters and SI in a large sample of veterans. Veterans ($n = 1,789$) completed the PTSD Checklist for DSM-5 and the Patient Health Questionnaire (PHQ) during primary care visits. Wald chi-square tests of parameter constraints were computed to test hypothesized relations between PTSD factors and the PHQ-9 suicidal ideation item. Each of the PTSD symptom clusters were significantly associated with SI. The NACM cluster was more strongly associated with SI than AAR and marginally more strongly associated with SI than the avoidance symptom clusters. In a restricted sample of only veterans with PTSD, NACM remained more strongly associated with SI than avoidance. Each of the NACM symptoms were significantly associated with SI. Changes in cognitions and mood were most strongly associated with SI in this large sample of veterans. These findings suggest that directly targeting the NACM symptom cluster may be an important goal for suicide prevention efforts among veterans with PTSD.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22509>

The Impact of Posttraumatic Stress Disorder and Moral Injury on Women Veterans' Perinatal Outcomes Following Separation From Military Service.

Nillni, Y.I., Shayani, D.R., Finley, E., Copeland, L.A., Perkins, D.F. and Vogt, D.S.

Journal of Traumatic Stress

First published: 15 April 2020

<https://doi.org/10.1002/jts.22509>

Posttraumatic stress disorder (PTSD) has been found to lead to several adverse perinatal outcomes in the general population. Preliminary research has found that women veterans with PTSD have an increased prevalence of preterm birth, gestational diabetes, and preeclampsia. Less research has examined the role of moral injury (MI) in perinatal outcomes. This longitudinal survey study examined the impact of PTSD symptoms and MI on prospectively assessed adverse perinatal outcomes among women who became pregnant in the first 3 years after separating from U.S. military service (N = 318). The Moral Injury Events Scale was used to assess the degree to which individuals experienced distress related to transgressions of deeply held moral beliefs, and the Primary Care PTSD Screen for DSM-5 (PC-PTSD) was used to assess PTSD symptoms. Perinatal outcomes included experiencing an adverse pregnancy outcome (e.g., preterm birth, gestational diabetes), postpartum depression and/or anxiety, and perceived difficult pregnancy. Although both PTSD symptoms, adjusted odds ratio (aOR) = 1.16, 95% CI [1.00, 1.35]; and MI, aOR = 1.27, 95% CI [1.06, 1.41], emerged as significant predictors of adverse pregnancy outcomes, only PTSD symptoms were a significant predictor of postpartum depression and/or anxiety, aOR = 1.43, 95% CI [1.22, 1.68], and perception of a difficult pregnancy, $\beta = .31$, when controlling for lifetime trauma exposure, age, socioeconomic status, and ethnic/racial minority status. The results indicate that both PTSD symptoms and MI are associated with adverse perinatal outcomes, supporting the potential need to screen for both PTSD and MI during the perinatal period.

<https://www.sciencedirect.com/science/article/abs/pii/S0306460320301076>

Lower levels of bodily pain increase risk for non-medical use of prescription drugs among current US reserve soldiers.

Bonnie M. Vest, Rachel A. Hoopsick, D. Lynn Homish, Gregory G. Homish

Addictive Behaviors

Volume 108, September 2020

<https://doi.org/10.1016/j.addbeh.2020.106443>

Highlights

- Pain is associated with non-medical use of prescription drugs among reserve soldiers over time.
- Pain is an important risk factor, even if it is not significantly interfering with individuals' work.

- Addressing pain, even at lower levels, is important for prevention of misuse.

Abstract

Background

Military populations have a higher prevalence of pain compared to their civilian counterparts and are also at increased risk for substance use. The link between clinically significant pain and substance use has been established, but it is unclear if lower levels of pain relate to risk. The goal of this inquiry was to determine if level of bodily pain was associated with increased risk of current substance use over time among a community sample of U.S. Army Reserve/National Guard (USAR/NG) soldiers.

Methods

Data were drawn from an ongoing study of USAR/NG soldiers. We used generalized estimating equations to examine the longitudinal impact of baseline bodily pain level (modeled in standard deviations from the mean pain score) on current drug use (illicit and non-medical use of prescription drugs [NMUPD]) among soldiers ($n = 387$) over two-years. Final models controlled for baseline post-traumatic stress disorder (PTSD), anxiety, and depression symptomatology, history of deployment (yes/no), years of military service, and substance use norms.

Results

Bodily pain was longitudinally associated with increased odds of current NMUPD (AOR: 1.49, $p < .05$), but not with the current use of illicit drugs (AOR: 1.18, $p > .05$), controlling for symptoms of PTSD, anxiety, depression, deployment, years of service, and substance use norms.

Conclusions

Overall, our findings indicate that bodily pain is longitudinally associated with NMUPD among male soldiers, but not with illicit drugs. Significantly, our results stem from a non-clinical sample of soldiers with overall lower levels of pain. This indicates that pain may be important, even at lower levels, and underscores the importance of early non-pharmacologic interventions for pain.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/da.23016>

Self-injurious thoughts and behaviors that differentiate soldiers who attempt suicide from those with recent suicide ideation.

James A. Naifeh, Matthew K. Nock, Catherine L. Dempsey, Matthew W. Georg, Danielle Bartolanzo, Tsz Hin Hinz Ng, Pablo A. Aliaga, Hieu M. Dinh, Carol S. Fullerton, Holly B. Herberman, Mash Tzu-Cheg Kao, Nancy A. Sampson, Gary H. Wynn, Alan M. Zaslavsky, Murray B. Stein, Ronald C. Kessler, & Robert J. Ursano

Depression & Anxiety

First published: 14 April 2020

<https://doi.org/10.1002/da.23016>

Background

Risk for suicide attempt (SA) versus suicide ideation (SI) is clinically important and difficult to differentiate. We examined whether a history of self-injurious thoughts and behaviors (SITBs) differentiates soldiers with a recent SA from nonattempting soldiers with current/recent SI.

Methods

Using a unique case-control design, we administered the same questionnaire (assessing the history of SITBs and psychosocial variables) to representative U.S. Army soldiers recently hospitalized for SA ($n = 132$) and soldiers from the same Army installations who reported 30-day SI but did not make an attempt ($n = 125$). Logistic regression analyses examined whether SITBs differentiated attempters and ideators after controlling for previously identified covariates.

Results

In separate models that weighted for systematic nonresponse and controlled for gender, education, posttraumatic stress disorder, and intermittent explosive disorder, SA was positively and significantly associated with the history of suicide plan and/or intention to act (odds ratio [OR] = 12.1 [95% confidence interval {CI} = 3.6–40.4]), difficulty controlling suicidal thoughts during the worst week of ideation (OR = 3.5 [95% CI = 1.1–11.3]), and nonsuicidal self-injury (NSSI) (OR = 4.9 [95% CI = 1.3–18.0]). Area under the curve was 0.87 in a full model that combined these SITBs and covariates. The top ventile based on predicted risk had a sensitivity of 24.7%, specificity of 99.8%, and positive predictive value of 97.5%.

Conclusions

History of suicide plan/intention, difficult to control ideation, and NSSI differentiate soldiers with recent SA from those with current/recent SI independent of sociodemographic characteristics and mental disorders. Longitudinal research is needed to determine whether these factors are prospectively associated with the short-term transition from SI to SA.

<https://www.sciencedirect.com/science/article/abs/pii/S0165032719332173>

Suicidal Risks in 12 DSM-5 Psychiatric Disorders.

R.J.Baldessarini, L.Tondo

Journal of Affective Disorders
Volume 271, 15 June 2020, Pages 66-73
<https://doi.org/10.1016/j.jad.2020.03.083>

Highlights

- Psychiatric disorders differed markedly in risk of suicidal behaviors.
- Suicide rate ranked: substance abuse > bipolar disorders > psychotic disorders > major depression.
- Women had more ideation and attempts; men, more violent suicidal behavior and deaths.

Abstract

Objective:

As modern studies evaluating suicidal behaviors in large samples of major psychiatric disorder patients are rare, we compared suicidal risks associated with a variety of psychiatric diagnoses.

Methods:

We quantified rates of intake suicidal ideation and lifetime attempts, suicides, and violent acts (attempts + suicides) in 6050 adult patients in a European psychiatric center, diagnosed with 12 prevalent, DSM-5 psychiatric disorders.

Results:

Ideation ranged from 53.9% of subjects with bipolar disorder (BD) with mixed features, to 8.70% in anxiety disorders. Subjects making at least one suicide attempt were most prevalent in BD with mixed or psychotic features. Suicide rates ranked: substance abuse > BD with psychotic features > psychotic disorders ≥ BD-I > major depressive disorder (MDD). Suicidal intensity (acts/100 PEY) was highest with BD, psychotic disorders, and MDD; lethality (lower attempt/suicide ratio) was greatest with substance abuse, psychotic disorders, and BD with psychotic features. Rates of suicidal acts in BD vs. MDD were similarly high among ever-hospitalized subjects but much lower in never-

hospitalized MDD subjects. Women had higher overall risks of ideation and attempts, but violent acts and suicide were more likely among men, whereas SMR for suicide was greater among women, presumably reflecting very low risks among women in the regional general population.

Conclusions:

Suicidal risks were particularly high in BD with psychotic or mixed features as well as with substance abuse and in severe MDD with hospitalization.

<https://www.ncbi.nlm.nih.gov/pubmed/31318248>

Psychol Trauma. 2020 May;12(4):413-421. doi: 10.1037/tra0000493. Epub 2019 Jul 18

Factor structure of deployment experiences and relations to mental health disorders among treatment-seeking Canadian armed forces personnel and veterans.

King L, Ketcheson F, St Cyr K1, Marlborough M, Richardson JD

OBJECTIVE:

Among a sample of 341 treatment-seeking veterans and currently serving Canadian Forces members, our objectives were to identify factors of deployment experiences and determine whether they were related to the severity of posttraumatic stress disorder (PTSD) symptom clusters and depressive, anxiety, and alcohol use symptom severity.

METHOD:

Participants completed questionnaires during intake to an outpatient mental health clinic. Factor analysis was used to determine factors of deployment experiences and which mental health conditions were associated with the factors.

RESULTS:

Exploratory factor analysis grouped experiences into 3 factors: (a) combat, (b) exposure to injury or death, and (c) potential moral injury and atrocity. Potential moral injury and atrocity was significantly associated with all outcomes except for alcohol use disorder, and combat was significantly associated with the arousal PTSD symptom cluster and depressive symptom severity.

CONCLUSIONS:

Our study demonstrates the association between combat experiences and PTSD symptom, depression, and anxiety severity. Clinically, it stresses the importance of evaluating specific traumatic events to improve treatment outcomes. (PsychoInfo Database Record (c) 2020 APA, all rights reserved).

<https://www.ncbi.nlm.nih.gov/pubmed/31246049>

Psychol Trauma. 2020 May;12(4):364-372. doi: 10.1037/tra0000481. Epub 2019 Jun 27

PTSD and alcohol misuse: Examining the mediating role of fear of self-compassion among military veterans.

Forkus SR, Breines JG, Weiss NH

INTRODUCTION:

The co-occurrence of posttraumatic stress disorder (PTSD) and alcohol misuse presents a significant clinical concern among military veterans. Fear of self-compassion, the active resistance to thinking and behaving compassionately toward oneself, may be an important consideration that underlies this relation.

OBJECTIVE:

The current investigation examined whether self-compassion and fear of self-compassion, separately, mediated the association between PTSD symptoms and alcohol misuse among a sample of military veterans.

METHOD:

Data were collected from 203 military veterans (M age = 35.08 years, 77.70% male, 72.2% White) who responded to an online survey.

RESULTS:

The findings indicated that both self-compassion and fear of self-compassion significantly explained the association between PTSD symptoms and alcohol misuse. Furthermore, fear of self-compassion explained this relation after adjusting for levels of self-compassion.

CONCLUSIONS:

These results suggest that both self-compassion and a fear of self-compassion may be important considerations in the PTSD-alcohol misuse relation; future work should extend these findings in longitudinal and intervention frameworks. (PsycInfo Database Record (c) 2020 APA, all rights reserved).

<https://www.ncbi.nlm.nih.gov/pubmed/31318247>

Psychol Trauma. 2020 May;12(4):405-412. doi: 10.1037/tra0000484. Epub 2019 Jul 18

Predicting treatment dropout among veterans receiving prolonged exposure therapy.

Eftekhari A, Crowley JJ, Mackintosh MA, Rosen CS

OBJECTIVE:

To examine whether dropout from prolonged exposure (PE) therapy can be predicted from demographic and outcomes data that would typically be available to clinicians.

METHODS:

Dropout was examined in 2,606 patients treated by clinicians in the U.S. Veterans Health Administration PE Training Program. PE typically consists of 8-15 sessions, with 8 sessions being considered a minimum therapeutic dose for most patients. Logistic regression was used to assess the impact of demographics, depression, trauma history, and PE target trauma on risk for dropout. Growth mixture modeling was used to study how posttraumatic stress disorder symptom patterns during the first 5 treatment encounters predicted dropout.

RESULTS:

In total, 782 patients (30.0%) completed fewer than 8 sessions of PE. Younger veterans were more likely to drop out of PE; odds ratio (OR) per year of age = 0.97, $p < .01$. Controlling for other factors, veterans who focused on childhood trauma were less likely to drop out than those focusing on combat trauma (OR = 0.51, $p < .05$). Dropout was unrelated to symptom course or symptom worsening between sessions. Nevertheless, clinicians attributed dropout to distress or avoidance in 45% of the patients who dropped out, citing other factors in 37% of dropout cases.

CONCLUSIONS:

Treatment dropout was predicted by age but not by initial symptom severity or symptom course early in treatment. Symptom exacerbation was rare and did not increase risk of dropout. Nonetheless, clinicians often attributed dropout to patients not tolerating PE. (PsychoInfo Database Record (c) 2020 APA, all rights reserved).

<https://www.cambridge.org/core/services/aop-cambridge-core/content/view/FFD3CA27D3669494A91F78DC68CCE2FA/S003329172000121Xa.pdf/div-class-title-mental-health-characteristics-associated-with-dysfunctional-coronavirus-anxiety-div.pdf>

Mental Health Characteristics associated with Dysfunctional Coronavirus Anxiety.

Sherman A. Lee, Mary C. Jobe, and Amanda A. Mathis

Psychological Medicine (accepted manuscript)

<https://doi.org/10.1017/S003329172000121X>

As of April 2, 2020, over one million people have been infected with a novel viral pneumonia (COVID-19) that emerged from Wuhan, China late December of 2019 (Johns Hopkins University, 2020). For most people, life has radically changed for the worse, as unprecedented rates of job loss, isolation, and COVID-19 related deaths and infections continue to soar. Although health professionals acknowledge the rising fear and anxiety of their patients and others around them, very little is known about those who are debilitated by their fear-based reactions to this infectious disease outbreak. There have been reports in China of elevated levels of depression, post-traumatic stress, anxiety, and insomnia among healthcare workers (Lai et al., 2020; Xiang et al., 2020) and their patients infected with COVID-19 (Bo et al., 2020), but the extent to which these psychological conditions are attributable to coronavirus anxiety has not been determined.

<https://www.tandfonline.com/doi/pdf/10.1080/07481187.2020.1748481>

Coronavirus anxiety scale: A brief mental health screener for COVID-19 related anxiety.

Sherman A. Lee

Death Studies

<https://doi.org/10.1080/07481187.2020.1748481>

Mental health concerns of people impacted by the coronavirus pandemic have not been adequately addressed. The objective of this study was to develop and evaluate the properties of the Coronavirus Anxiety Scale (CAS), which is a brief mental health screener to identify probable cases of dysfunctional anxiety associated with the COVID-19 crisis. This 5-item scale, which was based on 775 adults with anxiety over the coronavirus, demonstrated solid reliability and validity. Elevated CAS scores were found to be associated with coronavirus diagnosis, impairment, alcohol/drug coping, negative religious coping, extreme hopelessness, suicidal ideation, as well as attitudes toward President Trump and Chinese products. The CAS discriminates well between persons with and without dysfunctional anxiety using an optimized cut score of 9 (90% sensitivity and 85% specificity). These results support the CAS as an efficient and valid tool for clinical research and practice.

<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-020-02550-y>

Post traumatic stress symptom variation associated with sleep characteristics.

Quinn M. Biggs, Robert J. Ursano, Jing Wang, Gary H. Wynn, Russell B. Carr & Carol S. Fullerton

BMC Psychiatry

20, 174 (2020)

<https://doi.org/10.1186/s12888-020-02550-y>

Background

Post traumatic stress disorder (PTSD) and sleep problems are highly related. The relationship between nighttime sleep characteristics and next day post traumatic stress symptoms (PTSS) is not well known. This study examined the relationship between the previous night's sleep duration, number of awakenings, sleep quality, trouble falling asleep, and difficulty staying asleep and PTSS the following day.

Methods

Using an ecological momentary assessment methodology, individuals with probable

PTSD (N = 61) reported their nighttime sleep characteristics daily and PTSS four times per day for 15 days. Univariate and multivariate linear mixed models were used to examine the previous night's (within-subjects) and person's mean (between-subjects) associations between sleep characteristics and PTSS.

Results

The previous night's sleep duration ($p < .001$), sleep quality ($p < .001$), trouble falling asleep ($p < .001$), and difficulty staying asleep ($p < .001$) significantly predicted the next day's PTSS. When examined in a multivariate model including all characteristics simultaneously, previous night's sleep duration ($p = .024$), trouble falling asleep ($p = .019$), and difficulty staying asleep ($p < .001$) continued to predict PTSS, but sleep quality ($p = .667$) did not. When considering a person's mean, trouble falling asleep ($p = .006$) and difficulty staying asleep ($p = .001$) predicted PTSS, but only difficulty staying asleep ($p = .018$) predicted PTSS in a multivariate model.

Conclusions

Among individuals with PTSD, the previous night's sleep duration, trouble falling asleep, and difficulty staying asleep predict next day PTSD symptoms. Interventions that facilitate falling and staying asleep and increase time slept may be important for treating PTSD.

<https://www.tandfonline.com/doi/abs/10.1080/13854046.2020.1749935>

Long-term negative emotional outcomes of warzone TBI.

Jennifer J. Vasterling, Mihaela Aslan, Susan P. Proctor, John Ko, Xenia Levayah & John Concato

The Clinical Neuropsychologist

Published online: 17 Apr 2020

<https://doi.org/10.1080/13854046.2020.1749935>

Objective:

Many veterans of the Iraq and Afghanistan Wars have experienced traumatic brain injury (TBI). Although prior work has examined associations between TBI and development of psychiatric syndromes, less is known about associations between TBI and component emotions constituting these syndromes, especially in the long term. The

purpose of this study was to examine the long-term emotional consequences of deployment-related TBI.

Methods:

As part of VA Cooperative Studies Program #566, we assessed a sample of $n = 456$ US Army soldiers prior to an index deployment to Iraq, and again an average of 8.3 years (SD = 2.4 years) after their deployment for a long-term follow-up assessment. In this report, we used adjusted regression analyses to examine the relationship of deployment TBI to depression, anxiety, and stress symptom severity measured at the long-term follow-up assessment. A structured interview was used to determine TBI history; the Depression, Anxiety, and Stress Scale, 21-item version (DASS-21) was used to determine emotional status at the follow-up evaluation.

Results:

Warzone TBI events, particularly when greater than mild in severity, were independently associated with depression, anxiety, and stress severity at long-term follow-up, even after taking into account variance attributable to pre-deployment emotional distress and war-zone stress. Post-hoc analyses did not detect independent associations of either number of events or injury mechanism with outcomes.

Conclusions:

These findings highlight the potentially enduring and multi-faceted emotional effects of deployment TBI, underscoring the need for early assessment of negative affectivity in warzone veterans reporting TBI.

<https://www.sciencedirect.com/science/article/abs/pii/S0163725820300796>

Cannabinoids as therapeutics for PTSD.

Brenda Sbarski, Irit Akirav

Pharmacology & Therapeutics

Available online 18 April 2020

<https://doi.org/10.1016/j.pharmthera.2020.107551>

Post-traumatic stress disorder (PTSD) is a complex disorder that involves dysregulation of multiple neurobiological systems. The traumatic stressor plays a causal role in producing psychological dysfunction and the pattern of findings suggests that the

hypothalamic–pituitary–adrenal (HPA) axis, which is instrumental for stress adaptation, is critically dysfunctional in PTSD.

Given the lack of understanding of the basic mechanisms and underlying pathways that cause the disorder and its heterogeneity, PTSD poses challenges for treatment. Targeting the endocannabinoid (ECB) system to treat mental disorders, and PTSD in particular, has been the focus of research and interest in recent years. The ECB system modulates multiple functions, and drugs enhancing ECB signaling have shown promise as potential therapeutic agents in stress effects and other psychiatric and medical conditions.

In this review, we focus on the interaction between the ECB-HPA systems in animal models for PTSD and in patients with PTSD. We summarize evidence supporting the use of cannabinoids in preventing and treating PTSD in preclinical and clinical studies. As the HPA system plays a key role in the mediation of the stress response and the pathophysiology of PTSD, we describe preclinical studies suggesting that enhancing ECB signaling is consistent with decreasing PTSD symptoms and dysfunction of the HPA axis.

Overall, we suggest that a pharmacological treatment targeted at one system (e.g., HPA) may not be very effective because of the heterogeneity of the disorder. There are abnormalities across different neurotransmitter systems in the pathophysiology of PTSD and none of these systems function uniformly among all patients with PTSD. Hence, conceptually, enhancing ECB signaling may be a more effective avenue for pharmacological treatment.

Links of Interest

Looking Beyond the Curve: Mental Health in a COVID-19 Military

<https://blog.usni.org/posts/2020/04/20/looking-beyond-the-curve-mental-health-in-a-covid-19-military>

Going Virtual: Conducting High Quality Suicide Safety Planning Remotely

<https://pdhealth.mil/news/blog/going-virtual-conducting-high-quality-suicide-safety-planning-remotely>

Stay Home, Stay Engaged: Adapting Safety Plans to a Socially Distanced Society
<https://www.pdhealth.mil/news/blog/stay-home-stay-engaged-adapting-safety-plans-socially-distanced-society>

Alleviating Panic Symptoms When Wearing Protective Equipment: Lessons from the Military Frontlines
<https://www.pdhealth.mil/news/blog/alleviating-panic-symptoms-when-wearing-protective-equipment-lessons-military-frontlines>

Mobile app may offer hope in times of distress
<https://health.mil/News/Articles/2020/04/16/Mobile-app-may-offer-hope-in-times-of-distress>

Army promises big investment in child care over the next five years
<https://www.militarytimes.com/news/pentagon-congress/2020/04/17/army-promises-big-investment-in-child-care-over-the-next-five-years/>

Understanding Impacts of Stalking in Service Members: Tips for Providers
<https://www.pdhealth.mil/news/blog/understanding-impacts-stalking-service-members-tips-providers>

mHealth Counseling Can Help Veterans Cope With Stress While at Work
<https://mhealthintelligence.com/news/mhealth-counseling-can-help-veterans-cope-with-stress-while-at-work>

Chaplains virtually bolster resiliency in the midst of COVID-19
<https://health.mil/News/Articles/2020/04/20/Chaplains-virtually-bolster-resiliency-in-the-midst-of-COVID-19>

Resource of the Week: [Center for Deployment Psychology Training Calendar](#)

Although in-person training has been suspended due to the COVID-19 pandemic, CDP is currently offering a good selection of webinar-based training courses, which are proving quite popular because so many people are now working at home. Many of these webinars are free; the rest are low cost. CE credits are available.

 Webinar	Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP) Online Training for Fort Wainwright, AK, 11-12 May 2020	MAY 11	Webinar	Details >
 Webinar	Online Cognitive Behavioral Therapy for Depression (CBT-D) via Zoom, 12-13 May 2020	MAY 12	Webinar	Details >
 Webinar	CDP Presents: Suddenly Telehealth - How to Implement EBP's Virtually with Fidelity and Effectiveness Online via Zoom, 14 May 2020	MAY 14	Webinar	Details >
 Webinar	Prolonged Exposure Therapy for PTSD (PE) Online Training for Fort Bragg, NC, 19-20 May 2020	MAY 19	Webinar	Details >
 Webinar	Online Cognitive Behavioral Therapy for Insomnia (CBT-I) Training via Second Life, 26-27 May 2020	MAY 26	Webinar	Details >
 Webinar	Assessing Military Clients for Trauma and Post-Traumatic Stress Disorder via Zoom, 4 June 2020	JUN 4	Webinar	Details >
 Webinar	Military and Veteran Couples: Elements of the Assessment Process Online via Zoom, 5 June 2020	JUN 5	Webinar	Details >

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