

CDP



Research Update -- April 30, 2020

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- Ketamine Administration During Hospitalization Is Not Associated With Posttraumatic Stress Disorder Outcomes in Military Combat Casualties: A Matched Cohort Study.
- Suicide Risk Assessment and Prevention: Challenges and Opportunities.
- Validation of a Secondary Screener for Suicide Risk: Results from the Emergency Department Safety Assessment and Follow-up Evaluation (ED-SAFE)
- Links of Interest
- Resource of the Week: 2018 Department of Defense Suicide Event Report (DoDSER) Annual Report

<https://www.sciencedirect.com/science/article/abs/pii/S0005789420300605>

Emotional Awareness in Daily Life: Exploring its Potential Role in Repetitive Thinking and Healthy Coping.

Nathaniel S. Eckland, Howard Berenbaum

Behavior Therapy

Available online 22 April 2020

<https://doi.org/10.1016/j.beth.2020.04.010>

Highlights

- People tended to worry less on those days when their emotional clarity was higher
- Daily emotional awareness was associated with daily active coping and reflection
- The results highlight the potential value of targeting emotional clarity in therapy

Abstract

Cross-sectional research has found that emotional awareness, which is composed of one's emotional clarity and attention to emotions, is associated with psychopathology, emotion regulation, and coping. Not surprisingly then, emotional awareness is often a target of cognitive and behavioral therapies. However, little is known about what emotional awareness is related to in daily life, which would inform how and for whom emotional awareness training should be conducted in therapeutic settings. The goal of the current studies was to examine associations between facets of emotional awareness and repetitive thinking (i.e., rumination, worry, and reflection), emotion regulation, and coping in daily life. We conducted two 7-day daily diary studies (n = 172 in Study 1; n = 211 in Study 2) measuring daily experiences of repetitive negative thinking, emotion regulation efforts, and coping. Multilevel models showed that trait levels of emotional clarity were negatively associated, at the between person-level, with daily levels of repetitive negative thinking and positively associated with active coping. Additionally, daily levels of emotional clarity were associated, at the within-person level, with worrying and active coping, whereas daily levels of attention to emotions were associated, at the within-person level, with reflection. Theoretical and clinical implications for emotional awareness, particularly emotional clarity, are discussed.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22456>

Barriers and Facilitators to Help-Seeking for Individuals With Posttraumatic Stress Disorder: A Systematic Review.

Jennifer R. Smith, Aklile Workneh, Sanni Yaya

Journal of Traumatic Stress

First published: 07 November 2019

<https://doi.org/10.1002/jts.22456>

Posttraumatic stress disorder (PTSD) brings with it diagnostic symptoms that can be debilitating and persist for years. Left untreated, PTSD can have far-reaching and damaging consequences for the individual, families, communities, and society at large. Although early detection and intervention are recognized as key to the effective treatment of PTSD, many individuals who suffer from PTSD do not seek essential health services. The aim of the present study was to identify the barriers and facilitators to help-seeking for individuals with PTSD, based on existing literature. A systematic review, modeled on the Joanna Briggs Institute methodology for systematic reviews, examined studies cited in PsycINFO, Medline, Embase, CINAHL, and PILOTS published from January 1980 to January 2019. Eligible studies measured barriers and facilitators to help-seeking for adults with PTSD. Two reviewers independently screened citations, and double data extraction was exercised. Of 2,391 potentially relevant citations, 21 studies, published between 1989 and 2018 and based in six countries, were included. Seventeen studies focused on military as a target population. We identified 10 principal barrier and facilitator themes: trauma-related; treatment; therapist or provider; knowledge; access; health care system; sociocultural environment; values, beliefs, and priorities; past experiences; and medical care needs and illness burden. In identifying prominent barriers and facilitators to help-seeking for individuals with PTSD, this review highlights opportunities to inform policies and programs that promote PTSD knowledge and recognition, reduce public and personal stigma, improve access and quality of care, and encourage support for patients and families living with PTSD.

<https://www.sciencedirect.com/science/article/abs/pii/S1389945720301787>

Sleep loss is related to unstable stationary balance in U.S. Army Soldiers in an operationally-relevant context.

Janna Mantua, Alexxa Bessey, Bradley Ritland, Jacob Naylor, ... Walter J. Sowden

Sleep Medicine

Available online 23 April 2020

<https://doi.org/10.1016/j.sleep.2020.04.011>

Highlights

- Sleep loss has been shown to negatively impact balance in a laboratory setting.
- We found sleep loss was associated with poorer balance in soldiers in a operationally-relevant military setting.
- Poor balance is a risk factor for increased injury, meaning these soldiers are at a higher risk for injury during operations.

Abstract

Sleep loss negatively impacts stationary balance in a laboratory setting, but few studies have examined this link in a naturalistic environment. We tested this relationship in U.S. Army soldiers that often undergo mission-driven sleep loss and who conduct high-risk operations on precarious terrain. Stationary balance was tested before and after a mission night. After mission-driven sleep loss, in more difficult conditions (but not easy conditions) balance was more unstable and more variable than a rested baseline condition. Furthermore, habitual sleep quality prior to sleep loss predicted the balance decrement after sleep loss. Therefore, mission-driven sleep loss may negatively impact soldier balance, but better sleep prior to the mission may mitigate these negative effects.

<https://link.springer.com/article/10.1007/s12144-020-00732-1>

Self-compassion and cognitive flexibility in trauma-exposed individuals with and without PTSD.

Daneshvar, S., Basharpour, S. & Shafiei, M.

Current Psychology

Published: 10 April 2020

<https://doi.org/10.1007/s12144-020-00732-1>

Considering the importance of cognitive processes in controlling behavior and emotion, and also individuals' different reactions toward traumatic events; the current study was

carried out to compare self-compassion and cognitive flexibility in trauma-exposed individuals with and without post-traumatic stress disorder. In this cross-sectional study, subjects were recruited among individuals exposed to at least one traumatic event in Gilan-Gharb city (Iran). Through the available sampling method, the numbers of 400 people were selected, and after exerting inclusion and exclusion criterions, 252 individuals concluded the final sample of the study. Subjects were divided into two groups of with and without post-traumatic stress disorder based on clinical interview and the cut-off scores higher than 103 in the Civilian Mississippi Post-Traumatic Stress Disorder scale; Then responded to the demographic questionnaire, Self-Compassion Scale and Cognitive Abilities Questionnaire individually. Collected data were analyzed using descriptive statistics and the Multivariate Analysis of Variance test. Results revealed that the mean scores of the group with post-traumatic stress disorder were significantly lower than the group without post-traumatic stress disorder in variables of Cognitive Flexibility, Self-Compassion, and components of self-compassion including Self-Kindness, Common Humanity, and Mindfulness; the mean scores of the group with post-traumatic stress disorder were significantly higher than the group without post-traumatic stress disorder in components of self-compassion including Self-judgment, Isolation, and Over-Identification. Findings of the present study suggest that self-compassionate attitude toward shortcomings and failures of self, and cognitive flexibility is lower in people suffering from post-traumatic stress disorder than those trauma-exposed individuals without post-traumatic stress disorder.

<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.ingentaconnect.com/content/tpp/jgbv/pre-prints/content-jgbvd1900025>

Intimate partner violence within Australian Defence Force families: an exploratory study.

Pollard, Rebecca; Ferguson, Claire

Journal of Gender-Based Violence

Appeared or available online: April 16, 2020

<https://doi.org/10.1332/239868020X15850130841880>

International studies indicate a growing problem of intimate partner violence within military families. Despite this, there has been little research into intimate partner

violence perpetrated by Australian Defence Force personnel or veterans. A thematic analysis of secondary data was conducted to explore the organisational and social drivers that influence intimate partner violence occurrences by Australian Defence Force personnel, and how the Australian Defence Force enforces its zero-tolerance policy on domestic violence perpetration. Results revealed that the Australian Defence Force and Department of Veteran Affairs made no statements regarding intimate partner violence as a problem for military personnel, despite this study indicating that this population are at a greater risk of perpetration. The Australian Defence Force attributed intimate partner violence causation to 'abnormal' individuals or situations. This ignores the culture of hypermasculinity and emphasis on operational effectiveness that was enforced during Australian Defence Force training, and that emerged as a continuous theme throughout the results.

Key messages

- There is currently no research into intimate partner violence perpetrated by Australian Defence Force personnel.
- Instances of intimate partner violence are occurring within Australian Defence Force families; however, they are not acknowledged by the Australian Defence Force or Department of Veteran Affairs.
- Intimate partner violence perpetration by Australian Defence Force personnel is predominantly attributed to problems within an individual rather than cultural or structural factors.
- Australian Defence Force members are reluctant to use Australian Defence Force support services due to a perceived threat of medical downgrade or discharge from Australian Defence Force service.

<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.

<https://www.sciencedirect.com/science/article/abs/pii/S0165032720303190>

Predictors of relapse in high lethality suicide attempters: a six-month prospective study.

Andrea Aguglia, Paola Solano, Valentina Maria Parisi, Pietro Asaro, ... Gianluca Serafini

Journal of Affective Disorders

Available online 18 April 2020

<https://doi.org/10.1016/j.jad.2020.04.006>

Highlights

- Thirty percent of high-lethality suicide attempts had relapsed at day 180 while only 10% of low-lethality suicide attempts did in that time-frame.
- Significant associations between high lethality suicide attempts, lifetime suicide attempts, and number of suicide attempts in the study time-frame and suicide re-attempts.
- The longer photoperiod (Spring/Summer) was significantly associated with suicide re-attempts as well as being admitted into the psychiatric ward in June/July and suicide re-attempt within six months.

Abstract

Background:

This study is aimed to investigate the association between clinical, metabolic, inflammatory and environmental (photoperiod defined as daily sunlight exposure) parameters and suicide re-attempts after the index suicide attempt. Possible predictors of suicide reattempts were also explored.

Methods:

Overall, 432 subjects with suicide attempts, of which 79 relapsed within the following six months were included in this prospective study. We adopted Joiner's definition of suicide lethality, as "the acquired ability to enact lethal self-injury". The Cox regression was used to test the association between the mentioned variables and Kaplan-Meier plots showed the trend of suicide re-attempts..

Results:

30.8% individuals committed a high-lethality suicide attempt. Cox regression confirmed the association between lifetime suicide attempts and number of suicide attempts in the study time-frame and suicide-reattempts. The longer photoperiod (Spring/Summer) was associated with suicide re-attempts, particularly patients with admission in June/July for the index event. Total cholesterol (TC), low-density lipo-protein cholesterol and c-reactive protein serum levels were significantly associated with suicide re-attempts but Cox regression confirmed only the association between higher TC serum levels and suicide re-attempt.

Limitations:

Patients' seasonal environment, psychological factors, presence of acute life-events fostering the suicidal crisis and detailed medical history have been not investigated. Findings were derived by from single psychiatric unit.

Conclusions:

Lifetime suicide attempts, higher number of previous suicide attempts, lower total cholesterol levels, and suicide attempt during longer photoperiod were significant predictors of suicide re-attempts. Further studies are needed in order to better characterize single- vs. multiple suicide attempter's profiles.

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0231647>

Understanding ambivalence in help-seeking for suicidal people with comorbid depression and alcohol misuse.

Milena Heinsch, Dara Sampson, Valerie Huens, Tonelle Handley, Tanya Hanstock, Keith Harris, Frances Kay-Lambkin

PLOS ONE

Published: April 17, 2020

<https://doi.org/10.1371/journal.pone.0231647>

Help-seeking prior to a suicide attempt is poorly understood. Participants were recruited from a previous research trial who reported a history of suicidal behaviours upon follow-up. Qualitative interviews were conducted with six adults to understand their lived experience of a suicide attempt and the issues affecting help-seeking prior to that attempt. Participants described being aware of personal and professional supports available; however, were ambivalent about accessing them for multiple reasons. This paper employs an ecological systems framework to better understand the complex and multi-layered interpersonal, societal and cultural challenges to help-seeking that people with suicidal ideation can experience.

<https://psycnet.apa.org/record/2020-25116-001>

Subdoctoral practitioners in psychology: Implications for master's-level psychologists.

Thompson, M. F.

Practice Innovations

Advance online publication

<https://doi.org/10.1037/pri0000117>

The need for greater access to mental health care continues to rise in the United States, with estimates that the demand for mental health care providers will exceed supply by 2025. Demand for master's-level psychologists will likely increase, as 17 states currently allow for licensure of psychologists at the master's level and the American Psychological Association has recently undertaken the task of developing accreditation standards for such graduate programs. To integrate such authorized subdoctoral psychology practitioners into the current mental health care system, existing models such as the collaborative care or service extender model could prove useful as a way to multiply the available services of doctoral-level psychologists. This article reviews some current roles of subdoctoral practitioners in mental health care and provides models to navigate this change in the mental health landscape. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

<https://onlinelibrary.wiley.com/doi/abs/10.1111/cpsp.12339>

Exploring DBT skills training as a treatment avenue for generalized anxiety disorder.

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Clinical Psychology Science and Practice

First published: 21 April 2020

<https://doi.org/10.1111/cpsp.12339>

A noteworthy number of treatment seekers with generalized anxiety disorder (GAD) do not achieve high end-state functioning following cognitive-behavioral therapy. Dialectical behavioral therapy (DBT) skills training may be an effective alternative treatment for GAD, especially for those with complex comorbidities and elevated emotion dysregulation. This article reviews the advantages of DBT skills training for GAD, including the emphasis on emotion dysregulation, inclusion of acceptance-based strategies, and the dialectical approach. The theoretical support for DBT skills is reviewed, and treatments for GAD involving DBT skills are critically evaluated to assess the potential for DBT skills training for GAD. Further, this article conjectures on clinical presentations of GAD that would benefit from DBT skills training.

<https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2764306>

Mood Homeostasis, Low Mood, and History of Depression in 2 Large Population Samples.

Taquet M, Quidbach J, Gross JJ, Saunders KEA, Goodwin GM

JAMA Psychiatry

Published online April 22, 2020

<https://doi.org/10.1001/jamapsychiatry.2020.0588>

Key Points

Question

Is impaired mood homeostasis (ie, failure to stabilize mood via mood-modifying activities) associated with low mood and a history of depression?

Findings

In 2 case-control studies including a total of 58 328 participants from low-, middle-, and high-income countries, mood homeostasis was lower in participants with low mood and those with a history of depression. Dynamic simulations showed that impaired mood homeostasis may lead to increased incidence and longer duration of depressive episodes.

Meaning

Mood homeostasis may be a new target for the development of novel treatments and the optimization of existing ones such as activity scheduling.

Abstract

Importance

Existing therapeutic options are insufficient to tackle the disease burden of depression, and new treatments are sorely needed. Defining new psychotherapeutic targets is challenging given the paucity of coherent mechanistic explanations for depression.

Objective

To assess whether mood homeostasis (ie, the stabilization of one's mood by engaging in mood-modifying activities) is a possible new therapeutic target by testing the

hypothesis that people with low (vs high) mean mood and people with (vs without) a history of depression have impaired mood homeostasis.

Design, Setting, and Participants

The quantitative association between mood and daily activities was computed in 2 large case-control studies based on the 58sec data set (collected from December 1, 2012, to May 31, 2014, and analyzed from April 1 to 30, 2019), and the World Health Organization Study on Global Aging and Adult Health (WHO SAGE) data set (collected from January 1, 2007, to December 31, 2010, and analyzed from June 1 to 30, 2019). The 58sec data set consists of self-enrolled participants from high-income countries. The WHO SAGE data set consists of nationally representative participants in low- and middle-income countries recruited via cluster sampling.

Main Outcomes and Measures

The main outcome (defined before data analysis) was the difference in mood homeostasis between people with high vs low mean mood (58sec data) and between people with vs without a history of depression (WHO SAGE data).

Results

A total of 28 212 participants from the 58sec data set (65.8% female; mean [SD] age, 28.1 [9.0] years) and 30 116 from the WHO SAGE data set (57.0% female; mean [SD] age, 57.8 [14.7] years) were included, for an overall study population of 58 328 participants. Mood homeostasis was significantly lower in people with low (vs high) mean mood (0.63 [95% CI, 0.45 to 0.79] vs 0.96 [95% CI, 0.96 to 0.98]; $P < .001$) and in people with (vs without) a history of depression (0.03 [95% CI, -0.26 to 0.24] vs 0.68 [95% CI, 0.55 to 0.75]; $P < .001$). In dynamic simulations, lower mood homeostasis led to more depressive episodes (11.8% vs 3.8% yearly risk; $P < .001$) that lasted longer (4.19 vs 2.90 weeks; $P = .006$).

Conclusions and Relevance

In this study, mood homeostasis appeared to have been impaired in people with low mood and in those with a history of depression. Mood homeostasis may therefore provide new insights to guide the development of treatments for depression.

<https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2764307>

Trends in the Incidence and Lethality of Suicidal Acts in the United States, 2006 to 2015.

Wang J, Sumner SA, Simon TR, et al.

JAMA Psychiatry

Published online April 22, 2020

<https://www.doi.org/10.1001/jamapsychiatry.2020.0596>

Key Points

Question

Are increases in suicide rates associated with more suicidal acts, suicidal acts becoming more lethal, or a combination of both?

Findings

In this cross-sectional study based on national representative data of 1 222 419 suicidal acts, increased suicide rates were associated with an increase in both incidence rates and lethality of suicidal acts from 2006 to 2015. In subgroup analyses, incidence of suicidal acts increased among female persons, adolescents, and older adults aged 65 to 74 years, whereas suicidal acts became more lethal among both sexes and persons aged 20 to 64 years.

Meaning

These findings on population-level epidemiologic patterns may advance the understanding of suicide trends to guide prevention efforts.

Abstract

Importance

Understanding changes in the incidence rates and lethality of suicidal acts may explain increasing suicide rates.

Objective

To examine trends in the incidence rates and lethality of suicidal acts from 2006 to 2015 among persons aged 10 to 74 years.

Design, Setting, and Participants

This cross-sectional study was conducted from May 2, 2018, to January 30, 2019. Medically treated nonfatal suicide attempts were identified from the 2006 to 2015 Nationwide Inpatient Sample and Nationwide Emergency Department Sample databases. Suicides were identified from the 2006 to 2015 mortality files of the National Vital Statistics System.

Main Outcomes and Measures

The incidence rate of suicidal acts was calculated by dividing the number of total suicidal acts by the US population. Lethality was measured through the case fatality rates (CFRs) of suicidal acts by dividing the number of suicides by the total number of suicidal acts.

Results

A total of 1 222 419 (unweighted) suicidal acts, which included both suicides and nonfatal suicide attempts, were identified from 2006 to 2015. Overall, the incidence rates of total suicidal acts increased 10% from 2006 to 2015 (annual percentage change [APC], 0.8%; 95% CI, 0.3%-1.3%), and the CFRs of suicidal acts increased 13% during the 2006 to 2015 period (APC, 2.3%; 95% CI, 1.3%-3.3%). In subgroup analyses, incidence rates increased by 1.1% (95% CI, 0.6%-1.6%) per year for female individuals during the 2006 to 2015 period but remained stable for male individuals. The CFRs increased for both sexes (APC, 5.0% [95% CI, 3.1%-6.9%] since 2010 for female individuals; 1.6% [95% CI, 0.6%-2.5%] since 2009 for male individuals). Incidence rates increased among adolescents from 2011 to 2015 and among older adults aged 65 to 74 years throughout the 2006 to 2015 period. Conversely, the CFRs increased since 2009 among persons aged 20 to 44 years (APC, 3.7%; 95% CI, 2.5%-5.0%) and since 2012 for those aged 45 to 64 years (APC, 2.7%; 95% CI, 0.0%-5.4%). Persons aged 20 to 44 years and 45 to 64 years experienced increases in suicidal acts by more lethal means, whereas adolescents and older adults aged 65 to 74 years showed increased incidence by all means.

Conclusions and Relevance

This study found increased suicidal acts among female persons, adolescents, and older adults aged 65 to 74 years, implying the need to address emerging or exacerbating suicide risk factors for these populations. The findings on the increased lethality particularly among persons aged 20 to 64 years highlighted the need to reduce access to materials that could be used as lethal means among persons at risk of suicide. These findings on population-level epidemiologic patterns can be used to guide the development of comprehensive suicide prevention strategies.

<https://www.sciencedirect.com/science/article/abs/pii/S1049386720300177>

Perceived Stress Mediates the Association between Deployment Sexual Trauma and Nicotine Dependence in Women Veterans.

Georgina M. Gross, Richard Colon, Lori A. Bastian, Rani Hoff

Women's Health Issues

Available online 19 April 2020

<https://doi.org/10.1016/j.whi.2020.03.001>

Background

Rates of smoking and related health consequences are higher for women veterans as compared with their civilian counterparts, and trauma is a known risk factor associated with smoking. Military sexual trauma is prevalent among women veterans and associated with deleterious health outcomes, including tobacco use. However, research has not examined variables that may explain this association. The purpose of the present study was to examine the association between deployment sexual trauma (DST; military sexual trauma that occurs during deployment) and nicotine dependence, and whether perceived stress is a potential explanatory variable (i.e., mediator) in this relationship.

Methods

Cross-sectional associations and Hayes mediation models were examined using baseline interview data from the Survey of Experiences of Returning Veterans sample (352 recently returned women veterans).

Results

DST was associated with postdeployment nicotine dependence and greater perceived stress. Further, perceived stress was a significant mediator between DST and binary nicotine dependence (indirect effect [standard error] of DST on nicotine dependence through perceived stress, 0.04 [0.01]; 95% confidence interval, 0.01–0.07; odds ratio, 1.04; $p < .01$) when controlling for education.

Conclusions

Findings suggest that perceived stress may be a clinical target for decreasing nicotine dependence among women veterans who have experienced DST.

<https://www.sciencedirect.com/science/article/abs/pii/S1049386720300220>

Women Veterans' Perspectives on How to Make Veterans Affairs Healthcare Settings More Welcoming to Women.

Jessica L. Moreau, Karen E. Dyer, Alison B. Hamilton, Rachel E. Golden, ... Ruth Klap

Women's Health Issues

Available online 25 April 2020

<https://doi.org/10.1016/j.whi.2020.03.004>

Purpose

Women veterans are a rapidly increasing subset of the Veterans Affairs (VA) patient population but remain a numerical minority. Men veteran-dominated health care settings pose unique considerations for providing care to women veterans in a comfortable and welcoming environment. We analyzed patient suggestions on how to make the VA more welcoming to women.

Methods

We surveyed a convenience sample of women veteran patients who visited 1 of 26 VA locations in August and September of 2017. Women veterans were invited to complete brief anonymous questionnaires that included questions about harassment experiences and feeling welcome at the VA, and an open-ended question about suggestions to make the VA more welcoming to women. We analyzed data from the open-ended question using the constant comparison method.

Results

Among respondents (N = 1,303), 85% felt welcome at the VA. Overall, 29% answered the open-ended prompt for a total of 490 distinct responses: 260 comments and 230 suggestions. Comments included praise for the VA (67%) and stories about feeling uncomfortable or harassed in the VA (26%). Suggestions included those related to VA staff (31%), the environment of care (18%), additional resources for women veterans (18%), clinical services for women veterans (15%), changing men veterans' behavior toward women veterans at the VA (5%), and making the treatment of women and men the same (5%).

Conclusions

Although most women veterans felt welcome in the VA, patient-centered suggestions offer opportunities for making the VA more welcoming to women. Soliciting patient suggestions and increasing awareness of how feeling welcome is experienced by patients are first steps to health care settings becoming more inclusive.

<https://www.sciencedirect.com/science/article/abs/pii/S0033318220301134>

A social blow: the role of interpersonal relationships in mild traumatic brain injury (mTBI).

Sarah M. Bannon, Jonathan Greenberg, Jami Goldson, Daniel O'Leary, Ana-Maria Vranceanu

Psychosomatics

Available online 18 April 2020

<https://doi.org/10.1016/j.psych.2020.04.003>

Background

Mild traumatic brain injury (mTBI; concussion) is a common and costly public health concern that exhibits diverse patterns of recovery, making ascertainment of prognosis difficult. Interpersonal factors are critical determinants of health and linked to both adjustment to injury and illness and may critically impact mTBI outcomes. However, their potential role remains largely unexplored at present

Objectives

To provide a framework for incorporating interpersonal factors into the study and treatment of mTBI.

Methods

We provide a narrative summary of the existing literature on adjustment to mTBI and present an overview of interpersonal biopsychosocial frameworks for adjustment to injury and illness.

Results

We discuss ways of applying interpersonal framework models to the study of mTBI. Additionally, we identified several factors or themes shared across frameworks that mTBI researchers and clinicians can integrate into their work. Finally, we discuss gaps in the literature and suggest directions for future research.

Conclusion

Adding an interpersonal framework to established biopsychosocial models in mTBI would allow for novel opportunities for prediction of symptom course and for the development of novel interventions.

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30171-1/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30171-1/fulltext)

Suicide risk and prevention during the COVID-19 pandemic.

David Gunnell, Louis Appleby, Ella Arensman, Keith Hawton, Ann John, Nav Kapur, Murad Khan, Rory C O'Connor, Jane Pirkis and the COVID-19 Suicide Prevention Research Collaboration

The Lancet Psychiatry

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The mental health effects of the coronavirus disease 2019 (COVID-19) pandemic might be profound¹ and there are suggestions that suicide rates will rise, although this is not inevitable. Suicide is likely to become a more pressing concern as the pandemic spreads and has longer-term effects on the general population, the economy, and vulnerable groups. Preventing suicide therefore needs urgent consideration. The response must capitalise on, but extend beyond, general mental health policies and practices.

There is some evidence that deaths by suicide increased in the USA during the 1918–19 influenza pandemic² and among older people in Hong Kong during the 2003 severe acute respiratory syndrome (SARS) epidemic.³ The current context is different and evolving. A wide-ranging interdisciplinary response that recognises how the pandemic might heighten risk and applies knowledge about effective suicide prevention approaches is key. Selective, indicated, and universal interventions are required.

<https://annals.org/aim/fullarticle/2765237>

Coronavirus Disease 2019 (COVID-19) and Firearms in the United States: Will an Epidemic of Suicide Follow?

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Annals of Internal Medicine

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<https://doi.org/10.7326/M20-1678>

Since February 2020, as U.S. public health efforts have focused on containing the spread of coronavirus disease 2019 (COVID-19), gun sales in the country have skyrocketed. In March, more than 2.5 million firearms were sold, including 1.5 million handguns (1). In the best of times, increased gun ownership is associated with a heightened risk for firearm-related suicide (2). These are not the best of times. The United States faces an unprecedented combination of a public health and economic disaster. The physical distancing necessary to curb transmission of severe acute respiratory syndrome coronavirus 2 has disrupted social networks. Many people live in isolation, and the mental health of the population will likely suffer. Combined, these forces create a climate with the potential to increase firearm-related suicides.

<https://www.sciencedirect.com/science/article/abs/pii/S0191886920302361>

Grit, humor, and suicidal behavior: Results from a comparative study of adults in the United States and United Kingdom.

Andrea R. Kaniuka, Nicolas Oakey-Frost, Emma H. Moscardini, Raymond P. Tucker, ... Robert J. Cramer

Personality and Individual Differences
Volume 163, 1 September 2020
<https://doi.org/10.1016/j.paid.2020.110047>

Suicidal thoughts and behaviors (STBs) in both the United States (U.S.) and United Kingdom (U.K.) are on the rise. Identification of individual-level protective factors can better inform prevention and intervention efforts. However, the protective role of humor and grit are not yet fully understood. The current study (1) identified the potential protective associations of humor subscale (affiliative, self-enhancing, self-defeating, and aggressive) and grit on STBs among adults, and (2) explored the moderating role of country (U.S. or U.K.) on the relation between humor and grit with STBs. Participants (N = 832) completed self-report measures administered online: Humor Styles Questionnaire, Grit Scale, and Suicidal Behaviors Questionnaire-Revised. Moderation analyses were conducted using bootstrapping techniques. Aggressive humor was related to greater STBs, while grit was related to fewer STBs. Further, cross-cultural variation in humor styles and STBs were observed. Self-enhancing and self-defeating humor were significantly negatively related to STBs among participants from the U.K., but not the U.S. Therapeutically promoting self-enhancing and self-defeating humor as

positive coping mechanisms may be beneficial for treating STBs among individuals in the U.K. Reducing aggressive humor may also have utility for suicide prevention.

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2764234>

Prevalence of Cannabis Withdrawal Symptoms Among People With Regular or Dependent Use of Cannabinoids: A Systematic Review and Meta-analysis.

Bahji A, Stephenson C, Tyo R, Hawken ER, Seitz DP.

JAMA Network Open

2020; 3(4):e202370

<https://doi.org/10.1001/jamanetworkopen.2020.2370>

Key Points

Questions

What is the prevalence of cannabis withdrawal syndrome among individuals with regular or dependent use of cannabis, and which factors are associated with cannabis withdrawal syndrome?

Findings

In this meta-analysis of observational studies including 23 518 participants, the prevalence of cannabis withdrawal syndrome was found to be 47%. Factors that were associated with higher cannabis withdrawal syndrome were clinical settings (particularly inpatient and outpatient vs population settings), concurrent tobacco or other substance use, and daily cannabis use.

Meaning

Cannabis withdrawal syndrome appears to be common among regular users of cannabis, particularly those in outpatient and inpatient settings and individuals with substance use disorders; clinicians should be aware of the high prevalence of cannabis withdrawal syndrome to counsel patients and support individuals who are reducing their use of cannabis.

Abstract

Importance

Cannabis withdrawal syndrome (CWS)—a diagnostic indicator of cannabis use disorder—commonly occurs on cessation of heavy and prolonged cannabis use. To

date, the prevalence of CWS syndrome has not been well described, nor have the factors potentially associated with CWS.

Objectives

To estimate the prevalence of CWS among individuals with regular or dependent use of cannabinoids and identify factors associated with CWS.

Data Sources

A search of literature from database inception to June 19, 2019, was performed using MEDLINE, Embase, PsycINFO, Web of Science, the Cumulative Index to Nursing and Allied Health Literature, ProQuest, Allied and Complementary Medicine, and Psychiatry online, supplemented by manual searches of reference lists of included articles.

Study Selection

Articles were included if they (1) were published in English, (2) reported on individuals with regular use of cannabinoids or cannabis use disorder as a primary study group, (3) reported on the prevalence of CWS or CWS symptoms using a validated instrument, (4) reported the prevalence of CWS, and (5) used an observational study design (eg, cohort or cross-sectional).

Data Extraction and Synthesis

All abstracts, full-text articles, and other sources were reviewed, with data extracted in duplicate. Cannabis withdrawal syndrome prevalence was estimated using a random-effects meta-analysis model, alongside stratification and meta-regression to characterize heterogeneity.

Main Outcomes and Measures

Cannabis withdrawal syndrome prevalence was reported as a percentage with 95% CIs.

Results

Of 3848 unique abstracts, 86 were selected for full-text review, and 47 studies, representing 23 518 participants, met all inclusion criteria. Of 23 518 participants included in the analysis, 16 839 were white (72%) and 14 387 were men (69%); median (SD) age was 29.9 (9.0) years. The overall pooled prevalence of CWS was 47% (6469 of 23 518) (95% CI, 41%-52%), with significant heterogeneity between estimates ($I^2 = 99.2\%$). When stratified by source, the prevalence of CWS was 17% (95% CI, 13%-21%) in population-based samples, 54% in outpatient samples (95% CI, 48%-59%), and 87% in inpatient samples (95% CI, 79%-94%), which were significantly different ($P < .001$). Concurrent cannabis ($\beta = 0.005$, $P < .001$), tobacco ($\beta = 0.002$,

P = .02), and other substance use disorders ($\beta = 0.003$, P = .05) were associated with a higher CWS prevalence, as was daily cannabis use ($\beta = 0.004$, P < .001).

Conclusions and Relevance

These findings suggest that cannabis withdrawal syndrome appears to be prevalent among regular users of cannabis. Clinicians should be aware of the prevalence of CWS in order to counsel patients and support individuals who are reducing their use of cannabis.

<https://www.ncbi.nlm.nih.gov/pubmed/32339323>

J Trauma Stress. 2020 Apr 27. doi: 10.1002/jts.22501. [Epub ahead of print]

The Impact of Common Psychiatric and Behavioral Comorbidities on Functional Disability Across Time and Individuals in Post-9/11 Veterans.

Fortenbaugh FC, Fonda JR, Fortier CB, Amick MM, Milberg WP, McGlinchey RE

Returning veterans often face multiple concurrent psychiatric and behavioral conditions that negatively impact reintegration into civilian life and are associated with functional disability. Understanding how conditions interact to negatively impact functioning is an important step toward developing holistic treatment approaches optimized for this population. This study utilized a cross-sectional and prospective longitudinal cohort design, applying regression algorithms to understand the relative contribution of common clinical issues to functional disability in U.S. veterans who served after the September 11, 2001 (9/11), terror attacks. Community-dwelling post-9/11 veterans (N = 397) completed detailed assessments, including common clinical condition diagnoses, combat experience, and demographics, which were used to predict functional disability (World Health Organization Disability Assessment Schedule); 205 participants were reassessed approximately 1-2 years after enrollment. Regression analyses showed a strong association between the predictor variables and functional disability, $f^2 = 1.488$. Validation analyses showed a high prediction ability of functional disability to independent samples, $r = .719$, and across time in the same individuals, $r = .780$. The strongest predictors included current posttraumatic stress disorder, depressive disorder, sleep disturbance, and pain diagnoses. These results demonstrate the importance of considering multiple common co-occurring conditions when assessing functional disability in post-9/11 veterans and suggest that certain syndromes contribute the most unique information to predicting functional disability with high confidence. As most U.S.

veterans utilize private healthcare systems, these results have clinical utility for both Veterans Affairs and civilian healthcare practitioners in assessing and monitoring functional disability in post-9/11 veterans over time.

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<https://www.ncbi.nlm.nih.gov/pubmed/31335405>

Anesth Analg. 2020 Feb;130(2):402-408. doi: 10.1213/ANE.0000000000004327

Ketamine Administration During Hospitalization Is Not Associated With Posttraumatic Stress Disorder Outcomes in Military Combat Casualties: A Matched Cohort Study.

Highland KB, Soumoff AA, Spinks EA, Kemezis PA, Buckenmaier CC 3rd

BACKGROUND:

Ketamine is routinely used within the context of combat casualty care. Despite early concerns that ketamine administration may be associated with elevated risk of posttraumatic stress disorder (PTSD), more recent evidence suggests no relationship. Because PTSD occurs with regular frequency in Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) Service Members (SMs) and combat-related injuries are associated with higher likelihood of PTSD, it is important to investigate the relationship between ketamine exposure during inpatient medical and surgical care and PTSD symptoms in OIF/OEF SMs.

METHODS:

Medical record data from OIF/OEF SMs medically evacuated from combat (N = 1158) included demographic characteristics, injury severity, body areas injured, and PTSD Checklist (PCL) scores. The primary analysis assessed the association between ketamine versus nonketamine exposure on positive PTSD screen (logistic regression) and PCL scores (linear regression) after using 1:1 propensity score matching to adjust for available potential confounding variables. Because there were 2 primary outcomes, the binary positive PTSD screen (yes/no) and continuous PCL score, the significance level was set at $P \leq .025$. In sensitivity analyses, propensity scores were used to match ketamine to nonketamine records in a 1:4 ratio, as well as to conduct inverse probability treatment weighting (IPTW). Regressions examining the relationship between ketamine exposure and outcomes were repeated for unconditional, 1:4 matching, and IPTW models.

RESULTS:

In the sample, 107 received ketamine and 1051 did not. In the logistic regression, the probability of a positive PTSD screen was not significantly different between ketamine versus nonketamine patients (odds ratio [OR] = 1.28; 95% confidence interval [CI], 0.48-3.47; $P = .62$). In the linear regression, PCL scores were not significantly different between ketamine versus nonketamine patients (mean difference = 1.98 [95% CI, -0.99 to 4.96]; $P = .19$). The results were consistent in the unconditional, 1:4 matching, and IPTW models.

CONCLUSIONS:

No differences in PTSD screening risk or symptom levels between ketamine exposed and nonexposed were found. Given the small sample size, wide CIs of the effects, and additional confounds inherent to retrospective studies, future studies are needed to examine the complex relationships between ketamine and psychological symptoms.

<https://focus.psychiatryonline.org/doi/abs/10.1176/appi.focus.20200011>

Suicide Risk Assessment and Prevention: Challenges and Opportunities.

Eileen P. Ryan, D.O., and Maria A. Oquendo, M.D., Ph.D.

Focus

Published Online: 24 Apr 2020

<https://doi.org/10.1176/appi.focus.20200011>

Despite increased access to mental health care for the previously uninsured and expanding evidence-based treatments for mood, anxiety, psychotic, and substance use disorders, suicide is on the rise in the United States. Since 1999, the age-adjusted suicide rate in the United States has increased 33%, from 10.5 per 100,000 standard population to 14.0. As of yet, there are no clinically available biomarkers, laboratory tests, or imaging to assist in diagnosis or the identification of the suicidal individual. Suicide risk assessment remains a high-stakes component of the psychiatric evaluation and can lead to overly restrictive management in the name of prevention or to inadequate intervention because of poor appreciation of the severity of risk. This article focuses primarily on suicide risk assessment and management as a critical first step to prevention, given the fact that more research is needed to identify precision treatments and effective suicide prevention strategies. Suicide risk assessment provides the clinical

psychiatrist with an opportunity for therapeutic engagement with the ultimate goals of relieving suffering and preventing suicide.

<https://www.sciencedirect.com/science/article/abs/pii/S1553725020300684>

Validation of a Secondary Screener for Suicide Risk: Results from the Emergency Department Safety Assessment and Follow-up Evaluation (ED-SAFE).

Edwin D. Boudreaux, Celine Larkin, Carlos A. Camargo, Ivan W. Miller

The Joint Commission Journal on Quality and Patient Safety

Available online 25 April 2020

<https://doi.org/10.1016/j.jcjq.2020.03.008>

Background

Validated secondary screeners are needed to stratify suicide risk among those with nonnegligible risk. This study tested the predictive utility of the Emergency Department Safety Assessment and Follow-up Evaluation (ED-SAFE) Secondary Screener (ESS), one of the screeners listed by The Joint Commission's Patient Safety Goal 15 resources as a potential secondary screener for acute care settings.

Methods

The researchers performed secondary analyses of data collected for the ED-SAFE study. Data were collected during an emergency department (ED) visit for 1,376 patients who endorsed active suicide ideation or a suicide attempt in the past week. Participants were followed for 12 months using telephone-based assessments, review of health care records, and National Death Index query. The study examined the predictive validity of the individual items, total score, and a scoring algorithm using the total score and critical items. Bivariable analyses, multivariable logistic regression, and test operating characteristics were calculated.

Results

Of the 1,376 patients enrolled, most were positive for at least one indicator. Four of the indicators were significantly associated with several outcomes. Based on score and critical items, the patients were trichotomized: The three strata were associated with significantly different rates of prospective suicidal behavior, with 52% of the high-risk group engaging in suicidal behavior within 12 months.

Conclusion

The ESS possesses adequate operating characteristics for triage purposes. The researchers recommend validation in new samples to confirm its operating characteristics and potentially reduce its length by removing the substance and agitation items, which offered little predictive utility in this study.

Links of Interest

A Quick Start Guide to Written Exposure Therapy: How Can I use it This Week?

<https://www.pdhealth.mil/news/blog/quick-start-guide-written-exposure-therapy-how-can-i-use-it-week>

During pandemic, military community seeks more mental health care than other Americans, survey finds

<https://www.stripes.com/news/veterans/during-pandemic-military-community-seeks-more-mental-health-care-than-other-americans-survey-finds-1.627137>

More than a quarter of military families have less than \$500 in emergency funds survey finds

<https://www.militarytimes.com/news/your-military/2020/04/24/more-than-a-quarter-of-military-families-have-less-than-500-in-emergency-funds-survey-finds/>

Alcohol sales at exchange stores surged by 50% in March, AAFES spokesman says

<https://www.stripes.com/news/us/alcohol-sales-at-exchange-stores-surged-by-50-in-march-aafes-spokesman-says-1.627085>

Here's what grieving military families can teach civilians dealing with coronavirus tragedy

<https://www.militarytimes.com/news/pentagon-congress/2020/04/23/heres-what-grieving-military-families-can-teach-civilians-dealing-with-coronavirus-tragedy/>

Studies tackle who joins the military and why, but their findings aren't what many assume

<https://www.militarytimes.com/news/your-military/2020/04/27/studies-tackle-who-joins-the-military-and-why-but-their-findings-arent-what-many-assume/>

Military chaplains pivot to serve soldiers in virus outbreak

<https://www.armytimes.com/news/your-army/2020/04/27/military-chaplains-pivot-to-serve-soldiers-in-virus-outbreak/>

Five Ways Behavioral Health Care Providers Can Promote Psychological Wellbeing During Covid-19

<https://www.pdhealth.mil/news/blog/five-ways-behavioral-health-care-providers-can-promote-psychological-wellbeing-during-covid-19>

Marine Corps Hit Hardest in 2018 Military Suicide Spike, New Report Shows

<https://www.military.com/daily-news/2020/04/27/marine-corps-hit-hardest-2018-military-suicide-spike-new-report-shows.html>

How the Air Force is using firearm cable locks to promote home safety, reduce self-harm

<https://www.airforcetimes.com/news/your-air-force/2020/04/28/how-the-air-force-is-using-firearm-cable-locks-to-promote-home-safety-reduce-self-harm/>

How Congress Can Help Prevent Veteran Suicides

https://www.realclearpolitics.com/articles/2020/04/28/how_congress_can_help_prevent_veteran_suicides.html

Veterans describe symptoms of PTSD (video)

<https://maketheconnection.net/stories/818>

Into the unknown: Military families struggle with Family Care Plans

<https://www.militarytimes.com/opinion/commentary/2020/04/23/into-the-unknown-military-families-struggle-with-family-care-plans/>

Resource of the Week: [2018 Department of Defense Suicide Event Report \(DoDSER\) Annual Report](#)

From the [Psychological Health Center of Excellence](#):

The 2018 Department of Defense Suicide Event Report (DoDSER) Annual Report was published today (4/27/20). For those who are not familiar with the DoDSER, the report details total numbers of reported suicide deaths and

attempts among U.S. service members during the calendar year and describes suicide mortality rates for the military components and services. In addition, the report presents data on variables ranging from rank and marital status to method of injury and communication of suicide intent for cases of suicide attempt and death.



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