

# CDP



## Research Update -- May 21, 2020

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- Ability of the United States Air Force Family Needs Screener to Predict Child Maltreatment: A Prospective Study.
- Childhood determinants of past-year anxiety and depression in recently transitioned military personnel.
- Use of Health Services Among Post-9/11 Veterans With Mental Health Conditions Within 90 Days of Separation From the Military.
- Links of Interest
- Resource of the Week: Research on Interpersonal Victimization in the Military: Annotated Bibliography (Center for Victim Research)

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22480>

## **Posttraumatic Stress Disorder is a Stronger Predictor of Long-Term Neurobehavioral Outcomes Than Traumatic Brain Injury Severity.**

Lange, R.T., French, L.M., Lippa, S.M., Bailie, J.M. and Brickell, T.A.

Journal of Traumatic Stress

First published: 07 May 2020

<https://doi.org/10.1002/jts.22480>

Concurrent posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI) is common in military populations. The purpose of this study was to examine long-term neurobehavioral outcomes in service members and veterans (SMVs) with versus without PTSD symptoms following TBI of all severities. Participants were 536 SMVs prospectively enrolled from three military medical treatment facilities who were recruited into three experimental groups: TBI, injured controls (IC), and noninjured controls (NIC). Participants completed the PTSD Checklist, Neurobehavioral Symptom Inventory, and the TBI–Quality of Life (TBI-QOL) and were divided into six subgroups based on the three experimental categories, two PTSD categories (i.e., present vs. absent), and two broad TBI severity categories (unMTBI, which included uncomplicated mild TBI; and smcTBI, which included severe TBI, moderate TBI, and complicated mild TBI): (a) NIC/PTSD-absent, (b) IC/PTSD-absent, (c) unMTBI/PTSD-absent, (d) unMTBI/PTSD-present, (e) smcTBI/PTSD-absent, and (f) smcTBI/PTSD-present. There were significant main effects across the six groups for all TBI-QOL measures,  $ps < .001$ . Select pairwise comparisons revealed significantly lower scores,  $p < .001$ , on all TBI-QOL measures in the PTSD-present groups when compared to the PTSD-absent groups within the same TBI severity classification,  $ds = 0.90–2.11$ . In contrast, when controlling for PTSD, there were no significant differences among the TBI severity groups for any TBI-QOL measures. These results provide support for the strong influence of PTSD but not TBI severity on neurobehavioral outcomes following TBI. Concurrent PTSD and TBI of all severities should be considered a risk factor for poor long-term neurobehavioral outcomes that require ongoing monitoring.

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<https://journals.sagepub.com/doi/abs/10.1177/0886260520916273>

## **Do You Believe Your Partner is Capable of Killing You? An Examination of Female IPV Survivors' Perceptions of Fatality Risk Indicators.**

Johnson, L., Cusano, J. L., Nikolova, K., Steiner, J. J., & Postmus, J. L.

Journal of Interpersonal Violence

First Published May 9, 2020

<https://doi.org/10.1177/0886260520916273>

Advocates in the field of intimate partner violence (IPV) have started to more actively engage survivors around their own perceptions of their lethality risk, as well as assist them in developing strategies for reducing and managing risk related to reassault and intimate partner homicide (IPH). Although research has examined the risk factors most associated with risk and utilized this information in the development and validation of risk assessment tools to be used with survivors, less is known about which indicators survivors most associate with lethality risk. This study aims to fill this gap by examining which risk indicators IPV survivors associate with fatality risk. Classification and regression tree analyses were used to differentiate between women who believed their partners were capable of killing them and those who did not. Data on a sample of 213 survivors of IPV used in this analysis were collected as part of a larger study in which a risk assessment instrument was piloted across four counties within New Jersey in 2016. More than three fourths of participants believed that their abuser was capable of killing them. Although the majority of survivors in the study felt as though their abusers were capable of killing them, there was variation in how survivors prioritized risk indicators. Factors associated with fatality risk included: (a) prior homicide threats; (b) whether the abusers had control over survivors' daily activities; (c) abusers' access to a gun; and (d) abusers' drug use. Findings suggest that IPV survivors need targeted intervention strategies around IPH, particularly those at higher perceived risk levels given the presence of risk indicators and their perceptions of lethality threat.

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<https://onlinelibrary.wiley.com/doi/full/10.1002/jts.22530>

### **A Meta-Analytic Review of the Association Between Alienation Appraisals and Posttraumatic Stress Disorder Symptoms in Trauma-Exposed Adults.**

McIlveen, R., Curran, D., Mitchell, R., DePrince, A., O'Donnell, K. and Hanna, D.

Journal of Traumatic Stress

First published: 08 May 2020

<https://doi.org/10.1002/jts.22530>

Ehlers and Clark's (2000) cognitive model of posttraumatic stress disorder (PTSD) highlights the importance of negative appraisals in maintaining posttraumatic stress. Recent research suggests that alienation appraisals, defined as feeling disconnected from the self and others, mediate the association between traumatic experiences and subsequent PTSD symptoms. To our knowledge, no systematic review has yet explored the relation between alienation appraisals and PTSD symptoms in trauma-exposed adults, despite the important clinical implications posed by this association. A systematic search of the SCOPUS, Web of Science, PsycInfo, MEDLINE, CINAHL Plus, and PILOTS databases resulted in 470 studies, nine of which met full inclusion criteria. Studies were quality-assessed for risk of bias using the Quality Assessment Tool for Studies with Diverse Designs (QATSDD) quality assessment tool. A random-effects meta-analysis for the association between alienation appraisals and PTSD symptoms showed a large total effect size,  $r = .57$ , 95% CI [.46, .66],  $z = 8.41$ ,  $p < .001$ . This large effect suggests that as alienation appraisals increase, PTSD symptoms increase. Although a strong positive association was found between alienation and PTSD symptoms, the mechanism of this association remains unclear. Limitations of the research included significant heterogeneity across studies and the fact that data were correlational. Future research to explore why alienation appraisals are significant in posttraumatic stress may further help to inform therapeutic approaches to targeting alienation appraisals in trauma survivors. Recommendations are made for the clinical assessment of alienation appraisals when exploring the impact of the traumatic experience on the survivor.

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<https://www.sciencedirect.com/science/article/abs/pii/S0165032719329982>

**Anxiety predicts dyadic sleep characteristics in couples experiencing insomnia but not in couples without sleep disorders.**

Elizabeth M Walters, Andrew JK Phillips, Kellie Hamill, Peter J Norton, Sean PA Drummond

Journal of Affective Disorders  
Volume 273, 1 August 2020, Pages 122-130  
<https://doi.org/10.1016/j.jad.2020.04.031>

## Highlights

- Insomnia Patients with anxiety symptoms frequently wake immediately after bedpartner
- No relationship was observed between depression symptoms and dyadic sleep variables
- Bedpartner sleep should be considered in Patients with anxiety and sleep complaints

## Abstract

### Background

Anxiety and depression are commonly comorbid with sleep problems. Despite growing acknowledgement that bedpartners are important determinants of sleep quality, few studies have explored mental health as a risk factor for disrupted sleep of the bedpartner. We examined whether anxiety or depression symptoms predicted an individual's sleep or their bedpartner's sleep, in couples where one partner experienced insomnia and in couples without sleep disorders.

### Methods

Fifty-two bed-sharing couples where one individual had insomnia ("Patient"), and 55 non-sleep-disordered couples completed the Beck Anxiety Inventory, Patient Health Questionnaire-9, and Insomnia Severity Index (ISI). Sleep was monitored for seven nights. Actor-Partner Interdependence Models assessed whether anxiety or depression symptoms predicted individual or dyadic sleep (wake transmission).

### Results

Greater anxiety symptoms predicted increased vulnerability to being woken by their bedpartner, as well as increased frequency of waking their bedpartner up during the night in Patients with insomnia, but not in non-sleep-disordered couples. Neither anxiety nor depression symptoms predicted an individual's or their bedpartner's sleep efficiency in either subsample. However, ISI was positively predicted by own anxiety and depression symptoms for Patients with insomnia and in non-sleep-disordered couples.

### Limitations

The non-sleep-disordered subsample experienced only mild symptoms of anxiety and depression, potentially reducing predictive power.

### Conclusions

Anxiety may help reveal social determinants of sleep in couples experiencing insomnia. These data underscore the importance of considering sleep, the bedpartner, and affective symptoms in mental health and sleep assessments.

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<https://onlinelibrary.wiley.com/doi/abs/10.1111/jsr.13073>

**The prevalence of excessive sleepiness is higher in shift workers than in patients with obstructive sleep apnea.**

Reis, C, Staats, R, Pellegrino, P, Alvarenga, TA, Bárbara, C, Paiva, T.

Journal of Sleep Research

First published: 12 May 2020

<https://doi.org/10.1111/jsr.13073>

Excessive daytime sleepiness (EDS) is a common feature among shift workers as well as in obstructive sleep apnea (OSA) patients. There are several important accidents related to sleep disturbances causing EDS. The aim of this study was to evaluate EDS in a group of shift workers (regular rotating) from civil aviation and to compare them with OSA patients (n = 300) and with a group of regular workers (RW) (n = 140). Our sample was composed of 730 working-age individuals (aged 18–67 years). The regular rotating shift workers (SW) sample was composed of 290 aeronautical mechanics. EDS was evaluated with the Epworth Sleepiness Scale (ESS) and defined as a score  $\geq 11$ . The prevalence value obtained for the EDS of RW was 37.1%, for SW it was 60.7% and for OSA patients it was 40.7%. A logistic regression model for EDS in a subsample composed of men and matched for age and BMI, controlling for self-reported sleep duration, showed an increased risk of EDS for SW (OR = 3.91,  $p = .001$ ), with the RW group as reference. OSA patients did not differ from RW on EDS levels. This study emphasizes the presence of EDS in a shift work group of civil aviation professionals, which exceeded the EDS level of a positive control group of OSA patients. Sleep hygiene education for companies' workers and management is important and mitigation strategies should be implemented to reduce excessive sleepiness among workers.

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<https://www.sciencedirect.com/science/article/pii/S2590142720300057>

**The relationship between nightmares, depression and suicide.**

Anna Karin Hedström, Rino Bellocco, Ola Hössjer, Weimin Ye, ... Torbjörn Åkerstedt

Sleep Medicine: X

Available online 28 April 2020

<https://doi.org/10.1016/j.sleepx.2020.100016>

## Highlights

- No association observed between nightmares and suicide among non-depressed subjects.
- Suicide incidence was similar among depressed subjects with and without nightmares.
- Mediation analysis revealed no significant effects of nightmares on suicide incidence.
- The incidence of depression was higher among nightmare sufferers.
- Nightmares may reflect pre-existing depression.

## Abstract

### Objective

Previous studies investigating the association between nightmares and suicide have yielded different results. We aimed to investigate whether nightmares, directly or indirectly, influence the incidence of suicide.

### Methods

We used a prospective cohort study, based on 40,902 participants with a mean follow-up duration of 19.0 years. Cox proportional hazards models with attained age as time-scale were fitted to estimate hazard ratios (HR) of suicide with 95% confidence intervals (CI) as a function of the presence or absence of depression and nightmares. Mediation analysis was used to assess to what extent the relationship between nightmares and the incidence rate of suicide could be mediated by depression.

### Results

No association was observed between nightmares and the incidence of suicide among participants without depression. Compared with non-depressed participants without nightmares, the incidence of suicide among participants with a diagnosis of depression was similar among those with and without nightmares (HR 12.3, 95% CI 5.55-27.2 versus HR 13.2, 95% CI 7.25-24.1). The mediation analysis revealed no significant effects of nightmares on suicide incidence. However, the incidence of depression during follow-up was higher among those who suffered from nightmares than among those who did not ( $p < 0.001$ ).

### Conclusions

Our findings indicate that nightmares have no influence on the incidence rate of suicide



but may reflect pre-existing depression. This is supported by a recent discovery of a strong genetic correlation of nightmares with depressive disorders, with no evidence that nightmares would predispose to psychiatric illness or psychological problems. Interventions targeting both depression and nightmares, when these conditions co-occur, may provide additional therapeutic benefit.

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<https://www.sciencedirect.com/science/article/abs/pii/S016503271932631X>

## **Suicidal Ideation, Suicide Attempt, and Non-Suicidal Self-Injury among Female Veterans: Prevalence, Timing, and Onset.**

Lindsey L. Monteith, Ryan Holliday, Christin Miller, Alexandra L. Schneider, ... Jeri E. Forster

Journal of Affective Disorders

Available online 12 May 2020

<https://doi.org/10.1016/j.jad.2020.04.017>

### Highlights

- Surveyed 439 female veterans on suicidal ideation (SI) and suicide attempt (SA)
- Lifetime prevalence: SI (47.9%), SA (17.7%) and non-suicidal self-injury (13.2%)
- SI and SA were more prevalent after, rather than preceding, military service
- Initial onset was more likely pre- (vs post-) military service for all SDV types
- Current (vs never) VHA users more commonly reported lifetime SI

### Abstract

#### BACKGROUND

Suicide rates among female veterans have continued to increase, particularly among those not using Veterans Health Administration (VHA) care. Nonetheless, suicide research has rarely focused on female veterans, particularly non-VHA users. The present study examined the prevalence and onset of suicidal ideation (SI), suicide attempt (SA), and non-suicidal self-injury (NSSI) in relation to military service among female veterans. Additionally, current, past, and never VHA users were compared in regard to SI, SA, and NSSI prevalence.

#### METHODS

Female veterans (n=439) participated in a national, cross-sectional survey.

## RESULTS

Lifetime prevalence of SI (47.9%), SA (17.7%), and NSSI (13.2%) were high. Participants were more likely to report experiencing SI and SA following separation, compared to preceding (SI, SA) or during (SI only) military service, controlling for time at risk. However, onset was more likely to occur prior to military service, compared to after separation, for SI, SA, and NSSI. In age-adjusted analyses, current and past users of VHA care were more likely to report experiencing lifetime SI, compared to those who never used VHA care. However, when adjusting for service era, past and never VHA users did not significantly differ.

## LIMITATIONS

Cross-sectional design, retrospective recall, and convenience sample.

## CONCLUSIONS

For female veterans, onset of SI, SA, and NSSI appears to most commonly occur before military service. However, SI and SA prevalence are highest following separation, suggesting a period warranting additional support and intervention. Results underscore the need for continued suicide surveillance, prevention, and intervention efforts for female veterans, especially current VHA users.

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<https://www.sciencedirect.com/science/article/abs/pii/S1087079220300824>

### **Cannabinoid therapies in the management of sleep disorders: a systematic review of preclinical and clinical studies.**

Anastasia S. Suraev, Nathaniel S. Marshall, Ryan Vandrey, Danielle McCartney, ...  
Camilla M. Hoyos

Sleep Medicine Reviews

Available online 16 May 2020

<https://doi.org/10.1016/j.smr.2020.101339>

Cannabinoids, including the two main phytocannabinoids  $\Delta$ 9-tetrahydrocannabinol (THC) and cannabidiol (CBD), are being increasingly utilised as pharmacological interventions for sleep disorders. THC and CBD are known to interact with the endocannabinoid and other neurochemical systems to influence anxiety, mood, autonomic function, and circadian sleep/wake cycle. However, their therapeutic efficacy and safety as treatments for sleep disorders are unclear. The current systematic review

assessed the available evidence base using PubMed, Scopus, Web of Science, Embase, CINAHL and PsycInfo databases. A total of 14 preclinical studies and 12 clinical studies met inclusion criteria. Results indicated that there is insufficient evidence to support routine clinical use of cannabinoid therapies for the treatment of any sleep disorder given the lack of published research and the moderate-to-high risk of bias identified within the majority of preclinical and clinical studies completed to-date. Promising preliminary evidence provide the rationale for future randomised controlled trials of cannabinoid therapies in individuals with sleep apnea, insomnia, post-traumatic stress disorder-related nightmares, restless legs syndrome, rapid eye movement sleep behaviour disorder, and narcolepsy. There is a clear need for further investigations on the safety and efficacy of cannabinoid therapies for treating sleep disorders using larger, rigorously controlled, longer-term trials.

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<https://onlinelibrary.wiley.com/doi/abs/10.1111/jsr.13069>

### **Risk factors of excessive daytime sleepiness in a prospective population-based cohort.**

Berger, M, Hirotsu, C, Haba-Rubio, J, et al.

Journal of Sleep Research

First published: 15 May 2020

<https://doi.org/10.1111/jsr.13069>

Although excessive daytime sleepiness is commonly evaluated in clinical and research settings using the Epworth Sleepiness Scale, few studies have assessed the factors associated with its incidence in the general population. We prospectively investigated the predictors of incident and persistent excessive daytime sleepiness in 2,751 subjects (46.1% men, mean age  $56.0 \pm 9.8$  years) from the CoLaus-PsyCoLaus population-based cohort (Lausanne, Switzerland) over 5 years. Participants completed the Epworth Sleepiness Scale and the Pittsburgh Sleep Quality Index, and underwent a full clinical evaluation at baseline and 5 years afterwards. Ambulatory polysomnography was performed at baseline in a sub-sample of 1,404 subjects. Among the 2,438 subjects without excessive daytime sleepiness (Epworth Sleepiness Scale  $\leq 10$ ) at baseline, the 5-year incidence of excessive daytime sleepiness was 5.1% ( $n = 124$ ). Multivariate logistic regression revealed that male sex, depressive symptoms, reported poor sleep quality and moderate to severe obstructive sleep apnea were independent predictors of incident excessive daytime sleepiness, while older age, moderate coffee consumption,

periodic leg movement during sleep and hypertension were independent protective factors. Stratified analysis according to sex and age showed some distinctive associations. Among the 313 patients with excessive daytime sleepiness at baseline, 137 (43.8%) had persistent excessive daytime sleepiness 5 years later. Our findings provide new insights into the predictors of incident excessive daytime sleepiness, but interventional studies are needed to understand the impact of treating these risk factors on the incidence of excessive daytime sleepiness.

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<https://journals.sagepub.com/doi/abs/10.1177/0886260520920865>

### **Moral Injury and Suicide Ideation Among Israeli Combat Veterans: The Contribution of Self-Forgiveness and Perceived Social Support.**

Yossi Levi-Belz, Neta Dichter, Gadi Zerach

Journal of Interpersonal Violence

First Published May 15, 2020

<https://doi.org/10.1177/0886260520920865>

Modern warfare within a civilian setting may expose combatants to severe moral challenges. Whereas most of these challenges are handled effectively, some potentially morally injurious events (PMIEs) may have deleterious psychological, spiritual, and interpersonal effects among them, which may increase the risk for suicide ideation and behaviors (SIB). In this study, we aimed to examine the protective role of self-forgiveness and perceived social support on the relationship between exposure to PMIEs and SIB among combat veterans. A sample of 191 Israeli combat veterans completed validated self-report questionnaires in a cross-sectional design study, tapping moral injury, SIB, perceived social support, and self-forgiveness. Veterans with a history of SIB revealed higher levels of exposure to PMIEs and lower levels of self-forgiveness and perceived social support than veterans with no SIB history. Moreover, beyond the contributions of the PMIE dimensions, significant contributions of self-forgiveness and perceived social support to current suicide ideation (SI) were found. Importantly, the moderating model indicated that higher social support moderated the link between PMIEs and current SI. Based on the current findings, it can be suggested that self-forgiveness and perceived social support are important contributors to lower SI levels among veterans with PMIEs. It can be further suggested that interpersonal support may help veterans develop a sense of belongingness and bonding, which is a plausible basis for diminishing the risk of SI following PMIE exposure.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.22959>

## **A qualitative analysis of meaning-making and mental health among OIF/OEF veterans.**

Emily M. Keller, Gina P. Owens, Marjorie Perkins, Lauren A. Hamrick

Journal of Clinical Psychology

First published: 11 May 2020

<https://doi.org/10.1002/jclp.22959>

### Objective

After combat, veterans may experience mental health symptomology and attempt to make meaning from their experiences. The present study qualitatively examined the mental health effects of deployment and meaning-making among Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF) veterans.

### Method

OIF/OEF veterans who were exposed to combat (N = 14) participated in semi-structured interviews to assess how their perspectives had changed post-deployment. Most participants (86%) were male, with a mean age of 30.

### Results

Veterans described issues post-combat that caused psychological distress or promoted distancing from others. Veterans also discussed factors that could promote or hinder meaning-making, including perceptions of growth, changed global beliefs, and disillusionment. Finally, veterans described psychological reactions to death, which could be related to moral injury.

### Conclusion

Mental health concerns, meaning-making, and consideration of mortality appear to characterize veterans' experiences post-deployment. These constructs may be important for clinicians to consider when working with OIF/OEF veterans.

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<https://pubmed.ncbi.nlm.nih.gov/32406726/>

Health Psychology

2020 May 14 - Online ahead of print

## **Low Back Pain, Mental Health Symptoms, and Quality of Life Among Injured Service Members.**

Jessica R Watrous, Cameron T McCabe, Gretchen Jones, Shawn Farrokhi, Brittney Mazzone, Mary C Clouser, Michael R Galarneau

PMID: 32406726 DOI: 10.1037/hea0000850

### Objective:

Pain is a significant public health issue that may be particularly problematic among injured service members who are at high risk of chronic physical and mental health conditions. The goals of this study were to describe the prevalence and types of low back pain (acute vs. recurrent) among service members injured while on combat deployments, and to examine the differences in posttraumatic stress disorder (PTSD) and depression prevalence and severity, as well as quality of life, for individuals with low back pain compared with those without.

### Method:

Baseline assessment data from a subset of participants (n = 4,397) in the Wounded Warrior Recovery Project, a large, longitudinal examination of patient-reported outcomes, were used in conjunction with Department of Defense medical records data.

### Results:

Almost half of participants had acute or recurrent low back pain diagnoses, and the majority of individuals had no diagnosis of low back pain prior to their deployment-related injury. Individuals with low back pain, particularly recurrent, screened positive for PTSD and depression at higher rates, reported more severe symptoms of these disorders, and demonstrated poorer quality of life than those without.

### Conclusions:

Low back pain was a prevalent issue among service members with deployment-related injury and was associated with worsened mental health outcomes and quality of life. Health care providers and researchers in multiple disciplines should consider the complex relationships between pain and mental health in order to further optimize treatment and outcomes. (PsycInfo Database Record (c) 2020 APA, all rights reserved).

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<https://link.springer.com/article/10.1007/s10072-020-04458-7>

## **Post-Traumatic Stress Disorder After Traumatic Brain Injury—A Systematic Review and Meta-Analysis.**

Afrim Iljazi, Håkan Ashina, Haidar Muhsen Al-Khazali, Richard B. Lipton, Messoud Ashina, Henrik W. Schytz & Sait Ashina

Neurological Sciences

15 May 2020

<https://doi.org/10.1007/s10072-020-04458-7>

### Objective

To estimate the relative frequency and relative risk of post-traumatic stress disorder (PTSD) attributed to traumatic brain injury (TBI).

### Data Sources

PubMed and Embase were searched from database inception until January 26, 2019.

### Study Selection

Two independent investigators screened titles, abstracts, and full texts. We selected studies that included subjects presenting with TBI, and where the number of subjects with TBI and PTSD could be extrapolated. There were no restrictions on study design.

### Data Extraction and Synthesis

Data were extracted by two independent investigators and results were pooled using random-effects meta-analysis.

### Results

In civilian populations, relative frequency of PTSD following TBI was 12.2% after 3 months (CI-95 (7.6 to 16.8%) I<sup>2</sup> = 83.1%), 16.3% after 6 months (CI-95 (10.2 to 22.4%), I<sup>2</sup> = 88.4%), 18.6% after 12 months (CI-95 (10.2 to 26.9%), I<sup>2</sup> = 91.5%), and 11.0% after 24 months (CI-95 (0.0 to 25.8%), I<sup>2</sup> = 92.0%). Relative risk was 1.67 after 3 months (CI-95 (1.17 to 2.38), P = 0.011, I<sup>2</sup> = 49%), 1.36 after 6 months (CI-95 (0.81 to 2.30), P = 0.189, I<sup>2</sup> = 34%), and 1.70 after 12 months (CI-95 (1.16–2.50), P = 0.014, I<sup>2</sup> = 89%). In military populations, the relative frequency of associated PTSD was 48.2%

(CI-95 (44.3 to 52.1%), I2 = 100%) with a relative risk of 2.33 (CI-95 (2.00 to 2.72), P < 0.0001, I2 = 99.9%).

#### Conclusions and Relevance

TBI is a risk factor for PTSD in clinic-based civilian populations. There are insufficient data to assess the relative frequency or relative risk of PTSD in moderate to severe TBI. Due to significant between-study heterogeneity, the findings of our study should be interpreted with caution.

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<https://journals.sagepub.com/doi/abs/10.1177/1527154420923749>

### **Readiness of Non-Veteran Health Administration Advanced Practice Registered Nurses to Care for Those Who Have Served: A Multimethod Descriptive Study.**

Maiocco, G., Vance, B., & Dichiacchio, T.

Policy, Politics, & Nursing Practice

First Published May 14, 2020

<https://doi.org/10.1177/1527154420923749>

Federal, state, and educational policy, as well as public and professional initiatives, should influence how care is delivered to veterans from non-Veteran Health Administration (VHA) advanced practice registered nurses (APRNs) located in civilian health care facilities. Due to the MISSION Act, more veterans are receiving care outside the VHA, but little is known about the readiness of APRNs to address the needs of this population. This mixed-methods study describes the perceptions of 340 non-VHA APRNs concerning practice, clinical needs, and challenges they face while delivering care to veterans. Survey results show only 8% of APRNs consistently asked about military service; less than 1% asked if the patient has a family member with military history; and only 25% applied research by inquiring into military history when patients presented with conditions like chronic pain, interpersonal violence, or insomnia. Technology use via mobile application was minimally reported (<1%). "Missing in Action," the overarching theme from qualitative data, included three subthemes: (a) absence facilitated collaboration with VHA, (b) concerns regarding personal competency in the care of the military person, and (c) lack of recognition of the significance of the need to know about military status. Practice implications proffered include implementation of mandatory inquiry into military service and enactment of APRN veteran-centric nursing competencies. Education actions involve updating



graduate nursing programs to include veteran health content and increased policy awareness. Future research should encompass replication of this study in specific APRN roles and consist of ongoing evaluation of veteran care by the civilian sector as the MISSION Act is implemented.

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<https://www.sciencedirect.com/science/article/abs/pii/S0306453020301335>

## **Cortisol awakening response in PTSD treatment: Predictor or mechanism of change.**

Sheila A.M. Rauch, Anthony King, H. Myra Kim, Corey Powell, ... Israel Liberzon

Psychoneuroendocrinology

Volume 118, August 2020

<https://doi.org/10.1016/j.psyneuen.2020.104714>

### Highlights

- Male combat veterans with PTSD showed lower cortisol awakening response than combat controls at baseline.
- Higher PTSD severity was also related to lower cortisol awakening response.
- When controlling for PTSD severity, higher baseline cortisol awakening response was related to attenuated reduction in PTSD over treatment.

### Abstract

PTSD is associated with abnormalities in hypothalamic-pituitary-adrenal (HPA) axis activity. This includes enhanced HPA axis negative feedback, attenuated cortisol awakening response, and attenuated cortisol response to personal trauma script. Whether HPA axis function predicts treatment response or treatment related symptom reduction in PTSD remains unclear. In addition, the relative effects of different treatment modalities (i.e., medication and psychotherapy) on HPA axis is unclear. To address this gap in knowledge, the PROGrESS study examined cortisol awakening response across treatment in Veterans with chronic PTSD randomized to receive Prolonged Exposure + Placebo (PE + PLB), Sertraline + PE (SERT + PE) or Sertraline + Enhanced Medication Management (SERT + EMM). Salivary cortisol awakening response (CAR) was assessed at baseline, mid-treatment (week 6 and 12), post-treatment (week 24) and follow-up (week 36 and 52). Among males at baseline, combat veterans with PTSD showed lower CAR Area Under the Curve Increase (AUC<sub>i</sub>; M = 3.15, SD = 9.57) than Combat controls (M = 7.63, SD = 9.07; p = .02), demonstrating combat veterans with

PTSD have a less responsive system than combat controls. Higher PTSD severity was also related to lower CAR AUCi ( $r = -0.52$ ,  $p = .03$ ). When controlling for PTSD severity, higher baseline CAR AUCi was related to attenuated reduction in PTSD and lower likelihood of high treatment response over treatment ( $z = -2.06$ ,  $p = .04$ ).

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<https://www.sciencedirect.com/science/article/abs/pii/S0376871620302064>

### **Links Between Suicidal Intent, Polysubstance Use, and Medical Treatment after Non-fatal Opioid Overdose.**

Rachel E. Gicquelais, Mary Jannausch, Amy S.B. Bohnert, Laura Thomas, ... Anne C. Fernandez

Drug and Alcohol Dependence

Available online 16 May 2020

<https://doi.org/10.1016/j.drugalcdep.2020.108041>

#### Highlights

- Surveyed 274 people receiving addiction treatment about most recent opioid overdose.
- 7% said they wanted to die and 44% didn't care about the risks during last overdose.
- Active/passive intent at OD associated with recent suicide/self-harm thoughts.
- Active suicidal intent associated with hospitalization following opioid overdose.
- Overdose prevention should routinely assess and address suicide risk.

#### Abstract

##### Background

Suicidal thinking during non-fatal overdose may elevate risk for future completed suicide or intentional overdose. Long-term outcomes following an intentional non-fatal overdose may be improved through specific intervention and prevention responses beyond those designed for unintentional overdoses, yet little research has assessed suicidal intent during overdoses or defined characteristics that differentiate these events from unintentional overdoses.

##### Methods

Patients with a history of opioid overdose ( $n = 274$ ) receiving residential addiction treatment in the Midwestern United States completed self-report surveys to classify their

most recent opioid overdose as unintentional, actively suicidal (“wanted to die”), or passively suicidal (didn’t care about the risks). We characterized correlates of intent using descriptive statistics and prevalence ratios. We also examined how intent related to thoughts of self-harm at the time of addiction treatment.

## Results

Of opioid overdoses, 51% involved suicidal intent (44% passive and 7% active). Active suicidal intent was positively associated with hospitalization. Active/passive intent (vs. no intent, aPR: 2.2, 95% CI: 1.4-3.5) and use of  $\geq 5$  substances (vs. 1 substance, aPR: 3.6, 95% CI: 1.2-10.6) at the last opioid overdose were associated with having thoughts of self-harm or suicide in the two weeks before survey completion in adjusted models. Participants who reported active/passive intent more commonly used cocaine or crack (27%) with opioids during their last overdose relative to unintentional overdoses (16%).

## Conclusions

Over half of opioid overdoses among individuals in addiction treatment involved some degree of suicidal thinking. Identifying patients most at risk will facilitate better targeting of suicide prevention and monitoring services.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.22960>

## **The association between anger experiences and expression and veteran suicidal thoughts in intimate couple relationships.**

Chelsey R. Wilks PhD, Chandra E. Khalifian PhD, Shirley M. Glynn PhD, Leslie A. Morland PhD

Journal of Clinical Psychology

First published: 14 May 2020

<https://doi.org/10.1002/jclp.22960>

## Objective

Anger has been identified as a risk factor for suicide in veterans with posttraumatic stress disorder (PTSD), theoretically because it erodes social support networks. In romantic relationships, the transactional properties of anger on suicidal ideation (SI) have not been explored.

## Methods

Veterans (n = 138) and their significant others (S-Os; total N = 276) completed assessments on anger and SI as part of a baseline assessment in a treatment outcome study for veterans with PTSD and their S-Os. Actor Partner Interdependence Moderation Model (APIMoM) with Multilevel Modeling (MLM) was conducted.

## Results

Veteran and S-Os verbal and anger expression were associated with veteran's SI, while S-Os' physical anger expression was associated with veteran's SI. S-Os' feeling angry was associated with veteran's SI. Veteran angry temperament was associated with veteran SI.

## Discussion

Anger should be considered an assessment and treatment target in veterans with PTSD with SI and their S-Os.

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<https://jmvfh.utpjournals.press/doi/pdf/10.3138/jmvfh-2018-0040>

## **Adapting group interpersonal psychotherapy (IPT-G) for treating depression among military spouses at Naval Medical Center Portsmouth (NMCP): Formative qualitative phase.**

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Journal of Military, Veteran and Family Health

6(1) 2020

<https://doi.org/10.3138/jmvfh-2018-0040>

## Introduction:

Operation Enduring Freedom (OEF) in Afghanistan and Operation Iraqi Freedom (OIF) in Iraq have resulted in the deployment of nearly 2,000,000 troops, of which nearly 60% were married, and nearly half had dependent children. While great attention is being paid to the mental health of returning Veterans, we cannot neglect the mental health of this substantial population of military family members. Studies have found that spouses exhibit similar rates of mental health problems as soldiers returning from combat. Whereas rates of anxiety have been shown to drop significantly post-deployment,

depression in military spouses appears to persist following deployment. Although a number of psychosocial interventions tailored to military families have been developed, to the knowledge of the authors, no evidence-based interventions have been adapted to specifically target clinical depression in military spouses.

#### Methods:

This case study is part of a larger pilot study that sought to adapt, test, and evaluate Group Interpersonal Therapy (IPT-G), an evidence-based treatment for depression, for depressed military spouses. A formative qualitative assessment is crucial to the intervention's long-term effectiveness, dissemination, and sustainability. This study aimed to understand military spouses' unique mental health needs and their experience with mental health services. Three focus groups were conducted – two groups of military spouses and a group of mental health care providers – and transcripts were generated using verbatim note-taking. Five independent coders then coded the transcripts for themes that emerged as most salient using an inductive thematic analysis approach.

#### Results:

The results identified were clustered under three main themes: (1) psychosocial stressors for depressed military spouses; (2) barriers to mental health care for military spouses; and (3) proposed services.

#### Discussion:

When implementing an intervention for a specific population, optimization of its fit to the needs, priorities, and help-seeking patterns of the population should take place to ensure that it is meaningful, ecologically valid, and sensitive to context and culture. Our analysis showed that the military culture presents unique psychosocial stressors, barriers, demands, and needs to mental health provision that should be accounted for in the adaptation of evidence-based mental health intervention. The interpersonal nature of many of the challenges faced by military spouses lend themselves readily to the problem areas that are treatment targets of IPT, therefore increasing the patients' potential for engagement and sense of compatibility with the treatment.

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<https://www.tandfonline.com/doi/abs/10.1080/21635781.2020.1765910>

**Ability of the United States Air Force Family Needs Screener to Predict Child Maltreatment: A Prospective Study.**

Randy J. McCarthy, Joel S. Milner, Margaret H. Walker, Leasley K. Besetsny & Mark A. Oliver

Military Behavioral Health

Published online: 13 May 2020

<https://doi.org/10.1080/21635781.2020.1765910>

In the current study, we examined the extent to which the United States Air Force Family Needs Screener (FNS)—a scale that purportedly measures risk for child maltreatment—predicted future child maltreatment in a group of 87,982 mothers. Mothers' FNS total scores predicted future child maltreatment overall (i.e., any type of maltreatment) and for individual types of child maltreatment (i.e., child physical abuse, child emotional abuse, and child neglect). Further, results did not vary across Air Force installations. Beyond the standard dichotomous FNS classifications (Low-Needs and High-Needs), the finding that as individual FNS total scores increased so did the likelihood of future child maltreatment suggests that mothers with the highest FNS scores—even among those deemed high needs—may warrant special attention.

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<https://www.sciencedirect.com/science/article/abs/pii/S0165032719326643>

### **Childhood determinants of past-year anxiety and depression in recently transitioned military personnel.**

Rebecca Syed Sheriff, Miranda Van Hooff, Gin S. Malhi, Blair Grace, Alexander McFarlane

Journal of Affective Disorders

Available online 13 May 2020

<https://doi.org/10.1016/j.jad.2020.04.053>

#### Highlights

- Anxiety and depression are important predictors of health and functioning
- Anxiety was prevalent in those transitioning from regular military service
- Anxiety was associated with childhood factors (anxiety and interpersonal trauma)
- Childhood anxiety fully mediated the pathway between childhood trauma and anxiety
- Depression was not as prevalent and was not associated with childhood factors

## ABSTRACT

### Background

Anxiety and depression may hamper a smooth transition from military to civilian life and may be important predictors of longer-term health and functioning. However, it is as yet unclear to what extent they are determined by childhood factors in a recently transitioned population.

### Methods

We utilised logistic regression and Generalised Structural Equation Modelling to analyse associations of ICD-10 past-year anxiety and depression with childhood trauma and disorder in a recently transitioned population using detailed interview data from the ADF (Australian Defence Force) Transition and Wellbeing Research Programme.

### Results

Past-year anxiety (including PTSD) was prevalent (36.4%, 95% CI, 31.9-41.1) and associated with childhood anxiety (but not other types of childhood disorder), childhood interpersonal trauma (but not other childhood trauma) and adult-onset trauma. Childhood anxiety had a direct and significant association with past-year anxiety. The pathway between childhood interpersonal trauma and past-year anxiety was fully mediated by childhood anxiety. Past-year depression was less prevalent (11.3%, 95% CI, 8.7-14.5) and had no association with childhood disorder or trauma variables.

### Limitations

The main predictor variables utilized in this analysis were childhood experiences recalled from adulthood, thus rendering the responses vulnerable to autobiographical bias.

### Conclusions

Past-year anxiety was highly prevalent in the period of transition and had strong associations with childhood and military factors, suggesting predictability and potentially preventability.

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<https://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201900326>

**Use of Health Services Among Post-9/11 Veterans With Mental Health Conditions Within 90 Days of Separation From the Military.**

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Psychiatric Services

Published Online: 12 May 2020

<https://doi.org/10.1176/appi.ps.201900326>

#### Objective:

The Veterans Metrics Initiative is a longitudinal survey study examining the military-to-civilian transition of a cohort of new post-9/11 veterans. This study identified the programs and services used by new post-9/11 veterans who screened positive for mental health problems (N=3,295) and factors that predicted use.

#### Methods:

The population of veterans who separated from active duty service in the 90 days prior to August–November 2016 (N=48,965) was identified and invited to participate in the study. This study reports results from the first wave of data collected.

#### Results:

Complete data were provided by 9,566 veterans. Of these, 34% (N=3,295) screened positive for one or more probable mental health problems. A substantial majority of these veterans also reported having a general medical problem. Results revealed that veterans from junior enlisted ranks were significantly less likely than those from higher ranks to use programs and services. Use of programs and services by male and female veterans was similar. Several racial-ethnic differences also emerged. There was some evidence that veterans may underrecognize their own mental health problems. Veterans who were exposed to combat, had a medical discharge, or reported an ongoing general medical condition were all significantly more likely to report using U.S. Department of Veterans Affairs (VA) health care services.

#### Conclusions

These findings suggest that veterans, particularly those from the junior enlisted ranks—who are most at risk for poor transitions—should be encouraged to use programs and services provided by both the VA and non-VA health care alternatives.

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## Links of Interest

This former Air Force colonel survived two suicide attempts. He wants you to know life doesn't have to hurt so much

<https://taskandpurpose.com/analysis/air-force-suicide-prevention-robert-swanson>

VA kicks off online campaign emphasizing mental health support

<https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5445>

'I Can't Turn My Brain Off': PTSD and Burnout Threaten Medical Workers

<https://www.nytimes.com/2020/05/16/health/coronavirus-ptsd-medical-workers.html>

In China, covid-19 has focused attention on mental health

<https://www.economist.com/china/2020/05/16/in-china-covid-19-has-focused-attention-on-mental-health>

inTransition: Supporting Brigs and Correctional Facilities

<https://www.pdhealth.mil/news/blog/intransition-supporting-brigs-and-correctional-facilities>

Thousands defer plans to leave the military during crisis

<https://www.militarytimes.com/news/your-military/2020/05/18/thousands-defer-plans-to-leave-the-military-during-crisis/>

Why are so few military families seeking COVID-related financial help from these relief societies?

<https://www.militarytimes.com/pay-benefits/2020/05/18/why-are-so-few-military-families-seeking-covid-related-financial-help-from-these-relief-societies/>

VA Asks Public for Donations to Help Homeless Veterans Through Pandemic

<https://www.military.com/daily-news/2020/05/18/va-asks-public-donations-help-homeless-veterans-through-pandemic.html>

Women Nearly 30% More Likely to Leave the Military Than Men, New Report Finds

<https://www.military.com/daily-news/2020/05/19/women-nearly-30-more-likely-leave-military-men-new-report-finds.html>

Thousands defer plans to leave the military during crisis

<https://www.militarytimes.com/news/your-military/2020/05/18/thousands-defer-plans-to-leave-the-military-during-crisis/>

Women veterans advocates worry coronavirus crisis will overshadow other needed fixes  
<https://www.militarytimes.com/news/pentagon-congress/2020/05/19/women-veterans-advocates-worry-coronavirus-crisis-will-overshadow-other-needed-fixes/>

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**Resource of the Week: [Research on Interpersonal Victimization in the Military: Annotated Bibliography](#)**

The Center for Victim Research Library provides access to research about people who experience interpersonal violence, including survivors in the military.

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Searches were conducted in English in the CVR Library collection and limited to articles published during 2018 and 2020. Topics include military sexual trauma, intimate partner violence, and elder abuse experienced by military personnel, and secondary post-traumatic stress experienced by deployed clinicians. Articles are organized by topics (prevalence, consequences and coping, and the military context – challenges and strengths) and then by author's last name.

ANNOTATED BIBLIOGRAPHY

## Research on Interpersonal Victimization in the Military



*The Center for Victim Research (CVR) Library's annotated bibliographies collect and summarize research about difficult-to-search topics in victim research.*

The [Center for Victim Research Library](#) provides access to research about people who experience interpersonal violence, including survivors in the military. Below is a selection of articles published during 2018 and 2020 related to military sexual trauma, intimate partner violence, and elder abuse experienced by military personnel, and secondary post-traumatic stress experienced by deployed clinicians. Articles are organized by topics (prevalence, consequences and coping, and the military context - challenges and strengths) and then by author's last name. To read the full-text of the following articles, login to [VictimResearch.org](http://VictimResearch.org).

About the [Center for Victim Research](#):

## OUR APPROACH

The Center for Victim Research is designed to serve as a one-stop shop for victim service providers and researchers to connect and share knowledge to increase (1) access to victim research and data and (2) the utility of research and data collection to crime victim services nationwide. We use the following strategies to improve the response to victims:

Promoting the collection and use of victim data.

Increasing access to research evidence on victim policies, programs, and practices.

Supporting the translation and dissemination of victim research as useable information.

Improving opportunities for researchers and practitioners to work together.

## OUR PARTNERS

CVR is a joint effort by three organizations: the Justice Research and Statistics Association; the National Center for Victims of Crime; and the Urban Institute.

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