

CDP



Research Update -- May 28, 2020

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https://www.ptsd.va.gov/publications/rq_docs/V31N2.pdf

**PTSD Research Quarterly:
Behavioral Interventions for Comorbid PTSD and Substance Use Disorder**

Sonya B. Norman, PhD and Denise A. Hien, PhD, ABPP

National Center for PTSD
Volume 31/No. 2, 2020

The common clinical presentation of PTSD and co-morbid Substance Use Disorder (SUD) has been a perennial challenge to clinicians. This issue of the Research

Quarterly reviews the, mostly recent, literature on rigorous (psychotherapy and/or medication) clinical trials for PTSD + SUD. It also reviews the literature on whether the best outcomes come from concurrent or sequential treatment of co-occurring PTSD and SUD.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22544>

Cognitive Processing Therapy for Posttraumatic Stress Disorder via Telehealth: Practical Considerations During the COVID-19 Pandemic.

Moring, J.C., Dondanville, K.A., Fina, B.A., Hassija, C., Chard, K., Monson, C., LoSavio, S.T., Wells, S.Y., Morland, L.A., Kaysen, D., Galovski, T.E. and Resick, P.A.

Journal of Traumatic Stress

First published: 13 May 2020

<https://doi.org/10.1002/jts.22544>

The global outbreak of COVID-19 has required mental health providers to rapidly rethink and how they provide care. Cognitive processing therapy (CPT) is a trauma-focused, evidence-based treatment for posttraumatic stress disorder that is effective when delivered in-person or via telehealth. Given current limitations on the provision of in-person mental health treatment during the COVID-19 pandemic, this article presents guidelines and treatment considerations when implementing CPT via telehealth. Based on lessons learned from prior studies and clinical delivery of CPT via telehealth, recommendations are made with regard to overall strategies for adapting CPT to a telehealth format, including how to conduct routine assessments and ensure treatment fidelity.

<https://link.springer.com/article/10.1007%2Fs40501-020-00213-z>

Double Trouble: Treatment Considerations for Patients with Comorbid PTSD and Depression.

Valerie Rosen MD, Nicholas F. Ortiz MD & Charles B. Nemeroff MD, PhD

Current Treatment Options in Psychiatry

Published 18 May 2020

<https://doi.org/10.1007/s40501-020-00213-z>

Purpose of review

Posttraumatic stress disorder (PTSD) rarely occurs alone, with an approximate 80% syndromal comorbidity rate of which 50% is major depression. Evidence-based psychotherapy is the first-line treatment for PTSD and is very efficacious in some, but is directed toward PTSD symptomatology not depression, and many do not fully recover. This review presents the evidence for psychotherapy, pharmacotherapy, neurostimulation, and combinations of these modalities in treating PTSD with comorbid depression.

Recent findings

Modifications to evidence-based psychotherapy for PTSD and comorbid depression can be made to involve comorbid traumatic brain injury and early childhood adversity, and although effective, some studies show such adaptations may not be necessary. Burgeoning neuromodulation research holds promise for possible additions to the current first-line treatment and new core treatment options.

Summary

Cognitive processing therapy and prolonged exposure are the most cited effective treatments for PTSD; arguments for adding an antidepressant in cases of significant comorbid depression are supported by research. Treating PTSD first when comorbid with depression is supported by evidence that trauma-focused therapies reduce depressive symptoms whereas depression-focused treatments do not show the same for comorbid PTSD. Future directions for study will involve new sequencing and combinations of current treatment modalities in addition to exploration of other factors including biomarkers, resiliency, and risk factors to inform novel treatment options for this population.

<https://www.sciencedirect.com/science/article/pii/S0165178120300469>

Sequence matters: Combining Prolonged Exposure and EMDR therapy for PTSD.

Agnes Van Minnen, Eline M. Voorendonk, Linda Rozendaal, Ad de Jongh

Psychiatry Research

Volume 290, August 2020

<https://doi.org/10.1016/j.psychres.2020.113032>

Objective

Investigating the influence of the sequence in which two evidence-based trauma-focused treatments are offered to PTSD-patients.

Methods

PTSD-patients were treated using an intensive eight-day treatment program, combining Prolonged Exposure (PE) and EMDR therapy. Forty-four patients received a PE session in the morning and an EMDR session in the afternoon, while 62 patients received the reversed sequence (EMDR followed by PE). Outcome measures were PTSD symptom severity and subjective experiences.

Results

Patients who received PE first and EMDR second showed a significantly greater reduction in PTSD symptoms. Patients preferred this sequence and valued the treatment sessions as significantly more helpful compared to patients in the EMDR-first condition.

Conclusion

The results of this explorative study are supportive of the notion that PE and EMDR therapy can be successfully combined, and that sequence matters. First applying PE sessions before EMDR sessions resulted in better treatment outcome, and better subjective patient's evaluations in terms of treatment helpfulness and preference.

<https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2765244>

Sociodemographic Factors Associated With High Risk for Firearm Suicide Among US Adults.

Olfson M, Cosgrove CM, Wall MM, Blanco C.

JAMA Internal Medicine

May 12, 2020

<https://doi.org/10.1001/jamainternmed.2020.1334>

Although firearms are a highly lethal means of attempting suicide¹ and were used in 24 432 of 48 344 US suicide deaths (50.5%) in 2018, little is known about factors associated with firearm suicide risk. Much of the previous research describing firearm suicide compared suicide decedents using firearms with other methods.² Without

prospectively evaluating firearm suicide risk among living populations, however, these analyses did not yield firearm suicide rates and thus have limited utility for identifying high-risk groups. To increase our understanding of firearm suicide risk patterns, we compared firearm suicide risk across sociodemographic groups of US adults. Results might help inform tailoring firearm safety interventions to high-risk groups, such as the lethal means safety counseling widely available within Veterans Health Administration facilities.

<https://link.springer.com/article/10.1007/s13178-020-00445-x>

“You Don’t Want to Be a Candidate for Punishment”: a Qualitative Analysis of LGBT Service Member “Outness”.

Kathleen A. McNamara, Carrie L. Lucas, Jeremy T. Goldbach, Ian W. Holloway & Carl A. Castro

Sexuality Research and Social Policy

Published 20 May 2020

<https://doi.org/10.1007/s13178-020-00445-x>

Introduction

Policies regarding lesbian, gay, bisexual, and transgender (LGBT) military service members in the U.S. have changed dramatically over the last nine years. Cisgender LGB service members can now disclose their authentic identity without threat of discharge. Open transgender service was banned, then permitted, then banned again. Limited empirical evidence exists to assess the wellbeing of the estimated 74,000 LGBT service members who have served during these changes. This study seeks to address this gap by exploring the “coming out” experiences of LGBT service members following repeal of LGBT bans.

Methods

In-depth interviews were conducted with 37 active duty LGBT military members in the Army, Air Force, Navy, and Marines stationed on American military bases worldwide in 2016.

Results

Thematic analysis of these data found that half of participants feared that the military environment, at both the institutional and interpersonal level, is not yet LGBT inclusive.

However, most participants employed outness in the military as a means of presenting their authentic identity to others and paving the way for other LGBT service members to be “out.”

Conclusions

While repeal of LGBT bans provide a sense of institutional protection and improvement in quality of life among LGBT service members, barriers to disclosure remain. As the “first generation” serving after repeals, this population weighs perceived risks and benefits to disclosure as they determine what it looks like to be an openly LGBT military member.

Policy Implications

Results from the present analysis suggest retention of LGB-affirming regulations and re-implementation of transgender-inclusive policy.

https://journals.lww.com/ajpmr/Abstract/9000/Military_Sexual_Trauma_and_Chronic_Pain_in.97993.aspx

Military Sexual Trauma and Chronic Pain in Veterans.

American Journal of Physical Medicine & Rehabilitation

May 14, 2020

<https://doi.org/10.1097/PHM.0000000000001469>

Objective

Chronic pain rehabilitation warrants sensitivity to unique psychosocial factors, such as trauma history. In Veterans of the United States Armed Forces, military sexual trauma (MST) is a pervasive type of trauma associated with a host of physical and psychological sequelae. A growing literature suggests a relationship between history of MST and chronic pain. This study sought to clarify the relationship between MST and chronic pain among male and female Veterans and explore whether individual factors moderate this relationship.

Design

Baseline survey of 328 Veterans seeking care for chronic pain via behavioral pain treatments.

Results

MST was reported by 31.4% of the sample and uniquely predicted pain interference. A significant interaction was found between MST and age, such that younger Veterans with a history of MST reported greater pain interference than younger Veterans with no MST.

Conclusion

Findings provide further evidence that the experience of MST may intensify the overall burden of chronic pain and suggest that younger Veterans with MST appear to be most vulnerable to impaired pain rehabilitation. Unique study contributions include a robust sample of women and men with elevated rates of MST and examination of MST-age relationships concurrent with chronic pain.

<https://www.sciencedirect.com/science/article/abs/pii/S0165032719330526>

Understanding the Transition from Suicidal Desire to Planning and Preparation: Correlates of Suicide Risk within a Psychiatric Inpatient Sample of Ideators and Attempters.

Laura Marie, Erin K. Poindexter, Nicholas A. Fadoir, Phillip N. Smith

Journal of Affective Disorders

Available online 21 May 2020

<https://doi.org/10.1016/j.jad.2020.05.037>

Highlights

- Psychological pain and fearlessness about death are uniquely associated with suicidal desire and suicidal plans and preparations, controlling for hopelessness, trauma exposure, and alcohol use symptoms.
- Suicidal ideators do not significantly differ from suicide attempters on measures of psychological pain, hopelessness, fearlessness about death, trauma exposure, or alcohol use symptoms.
- Psychological pain and fearlessness about death may function as transitional factors, which in the presence of desire, will transform into intent to engage in suicidal behavior.
- Clinical interventions targeting suicidality should reduce psychological pain, increase safety, and reduce access to means.\

Abstract

Background:

There is a clear need to better understand the trajectory from suicidal ideation to enactment of lethal suicidal behavior. Identification of factors that promote desire and the transition to intent and behavior is critical for the advancement of theory, risk formulation, and prevention.

Method:

In this cross sectional study, correlates of suicide risk were examined at theoretically distinct points along the trajectory from suicidal thinking to behavior (i.e., desire, plans and preparations, suicide attempt) in a manner consistent with the Three-Step Theory and an ideation-to-action framework. The sample included 197 adult inpatients (60% male, 40% white) hospitalized due to ideation or a recent suicide attempt.

Results:

Psychological pain and fearlessness about death were associated with desire and plans and preparations for suicide. There were no significant differences in suicide risk correlates between ideators and attempters.

Limitations:

The primary limitations of the current study relate to the cross-sectional design and the nature of the sample, which do not allow for inference of causal relations, or generalizability to outpatient and community samples or to individuals who die by suicide.

Conclusions:

Psychological pain and fearlessness about death may function as transitional factors that are associated with the transition from desire to suicidal intent in psychiatric inpatients. Findings have important implications for clinical practice. Treatment interventions should reduce psychological pain, increase safety, and reduce access to means.

<https://www.sciencedirect.com/science/article/abs/pii/S0165032719323213>

Comorbid PTSD and Depression Diagnoses Mediate the Association of Military Sexual Trauma and Suicide and Intentional Self-Inflicted Injury in VHA-Enrolled Iraq/Afghanistan Veterans, 2004-2014.

Whitney S. Livingston, Jamison D. Fargo, Adi V. Gundlapalli, Emily Brignone, Rebecca K. Blais

Journal of Affective Disorders

Available online 23 May 2020

<https://doi.org/10.1016/j.jad.2020.05.024>

Highlights

- Suicide is one of the leading causes of preventable death among veterans.
- This study examined mediators of military sexual trauma and suicidal behavior.
- Mediators included PTSD, depression, and comorbid PTSD and depression diagnoses.
- Comorbid PTSD and depression diagnoses had the largest indirect effect.
- Treatments targeting comorbid PTSD and depression may reduce suicidal behaviors.

Abstract

Background

Exposure to military sexual trauma (MST) in veterans is associated with suicidal ideation. Previous research suggests there are mechanisms of this association, including posttraumatic stress disorder (PTSD) and depression. Research has yet to examine whether comorbid PTSD and depression mediate the association of MST and suicide and intentional self-inflicted injury, and whether this comorbidity confers a greater risk for suicide relative to PTSD-only and depression-only. The current study addressed this gap in our knowledge.

Methods

Screening results identifying MST exposure, PTSD and depression diagnoses, suicide and intentional self-inflicted injury, and demographic covariates in 435,690 Iraq/Afghanistan veterans were extracted from Veterans Health Administration (VHA) medical records. Veterans were included if they attended VHA from 2004-2014. Mediation was tested with path analyses.

Results

Suicide and intentional self-inflicted injury was observed in 16,149 (3.71%) veterans. The indirect effect of suicide and intentional self-inflicted injury, given a positive screen for MST, was highest among veterans with comorbid PTSD and depression diagnoses (indirect effect=3.18%, 95% confidence interval [CI] [3.01%, 3.32%]), with smaller probabilities observed for both PTSD-only (indirect effect=-0.18%, 95% CI [-0.20%, -0.14%]) and depression-only (indirect effect=0.56%, 95% CI [0.51%, 0.62%]; $p < .05$).

Limitations

Data were limited to VHA-enrolled Iraq/Afghanistan veterans.

Conclusions

To reduce suicide risk among veterans with a history of MST, treatments may be most effective if they target comorbid PTSD and depression. Future research should examine the mechanisms through which comorbid PTSD and depression result in heightened risk for suicide and intentional self-inflicted injury.

<https://www.liebertpub.com/doi/abs/10.1089/trgh.2019.0044>

A Descriptive Study of Transgender Active Duty Service Members in the U.S. Military.

Natasha A. Schvey, David A. Klein, Arielle T. Pearlman, and **David S. Riggs**

Transgender Health

Online Ahead of Print: May 19, 2020

<http://doi.org/10.1089/trgh.2019.0044>

Purpose:

Department of Defense policy prohibits, with limited exceptions, transgender individuals from serving in their affirmed gender in the U.S. Military, citing potential impact on unit cohesion and military readiness. To date, however, little is known about the sociodemographic profile and health of transgender military personnel.

Methods:

U.S. Military personnel who self-identified as transgender completed anonymous online measures of demographics and military service. Participants also completed measures of health, mood, eating pathology, and risk behaviors.

Results:

One hundred ninety-five service members (mean age: 28.9±7.2 years, 48.7% transmale, 70.3% non-Hispanic White, 7.83±5.9 years in service) completed the survey. The majority of respondents first identified as transgender before military accession. Most had disclosed their gender identity to their command and providers, and had undertaken steps toward gender affirmation. The sample as a whole reported above

average physical health, with mood symptoms within normal ranges and few reported risk behaviors. Analyses of covariance indicated that transmales reported significantly better mental health and psychosocial functioning compared with transfemales.

Conclusion:

In light of current policy that precludes, with limited exceptions, transgender individuals from serving in the U.S. Military in their affirmed gender, the current study provides an initial sociodemographic profile of this understudied population and indicates that transgender service members report above average physical health and few risk behaviors. Preliminary analyses indicated that transfemales in the military may be at higher risk for mental health concerns, compared with transmales. Additional research is needed to elucidate risk and protective factors among transgender service members.

<https://pubmed.ncbi.nlm.nih.gov/32437210/>

J Ment Health

2020 May 21;1-10. doi: 10.1080/09638237.2020.1766666. Online ahead of print.

Combat Exposure and Co-Occurring Mental Health Problems in UK Armed Forces Personnel.

Zoe Chui, Nicola T Fear, Neil Greenberg , Norman Jones , Edgar Jones, Laura Goodwin

PMID: 32437210 DOI: 10.1080/09638237.2020.1766666

Abstract

Background:

Mental disorders and alcohol misuse are often comorbid, and this comorbidity is more common in those who develop mental disorders following exposure to traumatic events.

Aims:

To investigate the relationship between combat exposure and operational role (support versus combat) with mental disorders and associated comorbidity in a UK military cohort.

Methods:

4896 participants from a UK military cohort reported their operational role and frequency

of exposure to combat events during deployment. Outcome measures included self-reported post-traumatic stress disorder, common mental disorder and alcohol misuse.

Results:

Personnel reporting higher levels of combat exposure were more likely to meet criteria for two or more co-occurring mental disorders (odds ratio [OR] 3.90, 95% confidence interval [CI] 2.73-5.58). While having a combat role increased the risk of developing co-occurring disorders compared to having a support role (OR 1.67, 95% CI 1.26-2.23), this effect diminished following adjustment for variables including combat exposure (OR 0.89, 95% CI 0.62-1.27).

Conclusions:

Combat exposure may play a greater role in the development of comorbid mental disorders than operational role, i.e. job title. Clinicians treating military personnel should be alert to the increased risk of comorbid mental disorders and alcohol misuse among those with a history of combat exposure.

<https://www.sciencedirect.com/science/article/abs/pii/S0165032719323043>

Depression prevention in digital cognitive behavioral therapy for insomnia: Is rumination a mediator?

Philip Cheng, David A Kalmbach, Andrea Cuamatzi Castelan, Nimalan Murugan, Christopher L Drake

Journal of Affective Disorders

Volume 273, 1 August 2020, Pages 434-441

<https://doi.org/10.1016/j.jad.2020.03.184>

Highlights

- Digital CBT for Insomnia (dCBT-I) improves rumination.
- Improvements in rumination mediate depression prevention following dCBT-I.
- Augmenting dCBT-I to better target rumination may increase treatment effects.

Abstract

Background

There has been growing support for digital Cognitive Behavioral Therapy (dCBT-I) as a

scalable intervention that both reduces insomnia and prevents depression. However, the mechanisms by which dCBT-I reduces and prevents depression is less clear.

Methods

This was a randomized controlled trial with two parallel arms: dCBT-I (N=358), or online sleep education as the control condition (N=300). Outcome variables were measured at pre-treatment, post-treatment, and one-year follow-up, and included the Insomnia Severity Index (ISI), the Quick Inventory of Depressive Symptomatology (QIDS-SR16), and the Perseverative Thinking Questionnaire (PTQ). The analyses tested change in PTQ scores as a mediator for post-treatment insomnia, post-treatment depression, and incident depression at one-year follow-up.

Results

Reductions in rumination (PTQ) were significantly larger in the dCBT-I condition compared to control. Results also showed that reductions in rumination significantly mediated the improvement in post-treatment insomnia severity (proportional effect = 11%) and post-treatment depression severity (proportional effect = 19%) associated with the dCBT-I condition. Finally, reductions in rumination also significantly mediated the prevention of clinically significant depression via dCBT-I (proportional effect = 42%).

Limitations

Depression was measured with a validated self-report instrument instead of clinical interviews. Durability of results beyond one-year follow-up should also be tested in future research.

Conclusions

Results provide evidence that rumination is an important mechanism in how dCBT-I reduces and prevents depression.

<https://link.springer.com/article/10.1007%2Fs10862-020-09816-5>

Factor Mixture Modeling of the Insomnia Severity Index among Psychology Clinic Outpatients.

Nicole A. Short, Nicholas P. Allan, Kevin Saulnier, Thomas J. Preston, Thomas E. Joiner & Norman B. Schmidt

Journal of Psychopathology and Behavioral Assessment
Published 23 May 2020
<https://doi.org/10.1007/s10862-020-09816-5>

Insomnia symptoms are common among individuals with psychiatric disorders, and associated with increased symptom severity. However, the Insomnia Severity Index (ISI) has rarely been psychometrically evaluated in a psychiatric sample. Furthermore, the latent structure of the ISI has not been evaluated using factor mixture modeling, which improves upon prior analytic techniques by integrating factor structure and including exogenous variables. Thus, the current study used factor mixture modeling to test the latent structure of the ISI among two samples of psychology clinic outpatients (Ns = 366 and 331). The ISI was best represented with a three-class structure representing “no or minimal,” “moderate,” and “severe” insomnia symptoms, with significantly escalating symptoms of depression, anxiety, and posttraumatic stress across these classes. Clinical cut-scores for the “severe” class were also derived using receiver operating curve analyses. Implications for theoretical conceptualization of insomnia among those with psychiatric disorders and clinical implications are discussed.

<https://link.springer.com/article/10.1007%2Fs40501-020-00214-y>

Non-Trauma-Focused Psychotherapies for the Treatment of PTSD: a Descriptive Review.

M. Tracie Shea PhD, Janice L. Krupnick PhD, Bradley E. Belsher PhD & Paula P. Schnurr PhD

Current Treatment Options in Psychiatry
Published 20 May 2020
<https://doi.org/10.1007/s40501-020-00214-y>

Purpose of review

Posttraumatic stress disorder (PTSD) is a serious disorder with high rates of chronicity and significant functional impairment. There is strong research support for several psychotherapies that focus on trauma, and these are recommended as first-line treatments. However, many patients are reluctant or unwilling to engage in treatments that focus on trauma, and some desire treatment for other pressing issues. As such, there is a need for effective alternative treatment options. The purpose of this review is

to describe existing non-trauma-focused psychotherapies and summarize the available evidence for these treatments.

Recent findings

A large number of studies have examined the efficacy of non-trauma-focused therapies. Present-centered therapy (PCT), interpersonal psychotherapy (IPT), and several cognitive-behavioral approaches that focus on skills training and/or cognitive restructuring, and to a lesser extent, acceptance and commitment therapy (ACT) have empirical support from comparisons with wait-list or minimal attention controls and/or comparisons with trauma-focused therapies. Additional promising non-trauma-focused approaches with less evidence include mindfulness and meditation approaches and Skills Training for Affective and Interpersonal Regulation (STAIR).

Summary

Although the evidence for trauma-focused therapy for PTSD remains the strongest, there is evidence supporting the use of these non-trauma-focused therapies for PTSD.

<https://www.tandfonline.com/doi/abs/10.1080/09638237.2020.1766000>

Cognitive biases in military personnel with and without PTSD: a systematic review.

Karishma Vyas, Dominic Murphy & Neil Greenberg

Journal of Mental Health

Published online: 21 May 2020

<https://doi.org/10.1080/09638237.2020.1766000>

Background:

Some cognitive biases, such as excessive attention to threat, are associated with PTSD. However, they may be adaptive for military personnel; attending to threat may improve safety for deployed personnel.

Aims:

The extent to which military personnel with vs. without PTSD differ with respect to specific cognitive biases is currently unclear. This systematic review aimed to address this question.

Methods:

PRISMA guidelines were followed. Articles were identified using a comprehensive literature search; 21 studies (with 1977 participants) were reviewed.

Results:

All studies were of “moderate” or “strong” quality. Military personnel with vs. without PTSD used overgeneralised language when describing autobiographical memories and demonstrated impaired performance on a modified Stroop task. Studies using dot-probe paradigms conceptualised attentional response as a dynamic process, fluctuating between bias towards and away from threat; military personnel with vs. without PTSD demonstrated greater fluctuation. Studies using visual search tasks concluded that attentional bias in PTSD involves interference (difficulty disengaging from threat) rather than facilitation (enhanced threat detection). Finally, personnel with vs. without PTSD demonstrated interpretation bias, completing ambiguous sentences with negative rather than neutral endings.

Conclusion:

The implications for military populations and recommendations for further research and clinical practice are considered.

Prospero registration:

PROSPERO 2018 CRD42018092235.

<https://www.sciencedirect.com/science/article/abs/pii/S016503271933438X>

Cognitive Processing Therapy for Veterans with Posttraumatic Stress Disorder: What is the Median Effective Dose?

Nicholas Holder, Brian Shiner, Yongmei Li, Erin Madden, ... Shira Maguen

Journal of Affective Disorders

Volume 273, 1 August 2020, Pages 425-433

<https://doi.org/10.1016/j.jad.2020.04.030>

Highlights

- The median effective dose (MED) of cognitive processing therapy was 8 sessions.

- The MED of individual cognitive processing therapy was 3 sessions fewer than group.
- MED can inform providers and patients about treatment course.

Abstract

Objective

Cognitive Processing Therapy (CPT) has been disseminated in the Veterans Health Administration (VHA) to treat posttraumatic stress disorder (PTSD). Identifying the median effective dose (MED) of CPT, the number of sessions at which the probability of experiencing clinically meaningful improvement (CMI) is 50%, can assist with treatment.

Method

From a cohort of Iraq and Afghanistan war veterans who received PTSD psychotherapy in VHA between 2001-2017, veterans who received CPT with available PTSD symptom outcomes (PTSD Checklist; PCL) were identified using natural language processing (n=26,189). Cox proportional hazards regression was used to examine how number of CPT sessions, together with covariates, influenced CMI (10-point PCL reduction). Kaplan-Meier curves were plotted to determine MED.

Results

At eight sessions, there was a 50% probability of experiencing CMI. The Cox proportional hazard regression indicated a greater likelihood of CMI in fewer sessions for veterans who received individual-only CPT versus any group CPT (HR:1.31, 95%CI:1.23-1.39). Kaplan-Meier curves indicated a 50% probability of experiencing CMI at seven sessions for veterans who received individual-only CPT versus ten sessions for veterans receiving any group CPT.

Limitations

PCL data was not available for all veterans who received CPT or at each potential assessment point. Not all veterans continued in CPT until CMI was observed.

Conclusions

The MED of CPT was eight sessions. Fewer sessions were needed to reach MED for veterans who received individual versus group CPT. These results may help those who treat, research, and are recovering from PTSD through accurately anchoring treatment expectations and providing a marker of initial treatment response.

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

Volume 273, 1 August 2020, Pages 350-357

<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.

<https://guilfordjournals.com/doi/abs/10.1521/jscp.2020.39.3.214>

Unit Cohesion and Social Support as Protective Factors Against Suicide Risk and Depression Among National Guard Service Members.

Kelsi F. Rugo, Feea R. Leifker, Malisa M. Drake-Brooks, Michael B. Snell, Craig J. Bryan, Annabelle O. Bryan

Journal of Social and Clinical Psychology
Vol. 39, No. 3, pp. 214-228
<https://doi.org/10.1521/jscp.2020.39.3.214>

Introduction:

Suicide and depression continue to be pervasive problems across military populations, including within the National Guard. Existing literature highlights the protective effects of social support and unit cohesion for both suicide risk and depression, yet to our knowledge, these associations have never been confirmed in National Guard populations. Thus, the aim of this study was to investigate the impacts of social support resources (i.e., general social support and unit cohesion) on depression and suicide risk among a large sample (n = 877) of National Guard service members.

Methods:

Multilevel modeling was used to examine the impact of social support resources on depression and suicide ideation at both the individual and unit level.

Results:

Results indicated that higher levels of perceived social support were associated with lower levels of depression and suicide ideation at both the individual and unit levels. Additionally, higher levels of perceived unit cohesion significantly predicted lower levels of depression and suicide ideation at the individual, but not unit level.

Discussion:

Limitations include self-report measurement and cross-sectional nature of the data. These findings hold implications for improvement of operational climate within military units and reduction of suicide risk and depressive symptoms among National Guard service members.

<https://www.sciencedirect.com/science/article/abs/pii/S1389945720300927>

Social timing influences sleep quality in patients with sleep disorders.

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Highlights

- As in the general population, PSQI reports sleep quality on workdays in patients with sleep disorders.
- Sleep-disorders patients sleep better on work-free days than during the workweek.
- The contribution of the respective PSQI-components is disorder specific.
- The difference in sleep quality on work-vs free days associates with social jetlag.
- Diagnostics and treatments of sleep disorders need to address social influences on sleep.

Abstract

Objectives

We aimed to compare three variants of the Pittsburgh Sleep Quality Index (PSQI usual, work- and work-free days: PSQI_u, PSQI_w, PSQI_f) and to assess whether chronotype (MSFsc)/social jetlag (S_{JL}) are associated with sleep quality in patients with sleep disorders (SD).

Methods

In sum, 431 SD patients and 338 subjects from the general population (GP) were included. Participants filled in three variants of the PSQI and the Munich ChronoType Questionnaire (MCTQ). We used Generalized Estimating Equations (GEE) to investigate effects of group (GP, SD), PSQI (usual, work or free) and their interaction (group*PSQI) on scores. To investigate associations between MSFsc/SJL and the difference between PSQI_w and PSQI_f (PSQI_{diff}) in patients with SD we used linear regressions (N = 352). We used Sobel to test whether there was a mediation effect of SJL on the association between MSFsc and PSQI_{diff}.

Results

PSQI scores differed between groups ($p < 0.001$). Post-hoc analysis revealed a significant difference between PSQI_u vs. PSQI_f and PSQI_w vs. PSQI_f with PSQI_f presenting lower scores, while PSQI_u vs. PSQI_w did not differ in any group. In line with previous findings, SJL was associated to PSQI_{diff} in SD patients.

Conclusions

PSQI_u mainly represents sleep quality on workdays also in SD patients. Being a late chronotype seems to be associated with higher differences in sleep quality on work-vs. free days mostly when it coincides with societal time constraints. Since sleep quality is poorer on workdays even in SD patients, we suggest that treatment strategies should address social aspects affecting sleep, including ways of minimizing SJL.

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