

CDP



Research Update -- June 18, 2020

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- Resource of the Week -- Comparing the Army's Suicide Rate to the General U.S. Population: Identifying Suitable Characteristics, Data Sources, and Analytic Approaches (RAND)

<https://aps.onlinelibrary.wiley.com/doi/full/10.1111/cp.12182>

Communication strategies used by women to influence male partners to seek professional help for mental health problems: A qualitative study.

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Clinical Psychologist

First published: 30 April 2019

<https://doi.org/10.1111/cp.12182>

Objective

Previous research suggests that female partners have a key role in encouraging men to seek help from a mental health professional. This study investigated the communication forms that female partners use to encourage their male partners to seek help for a mental health problem.

Methods

Fifteen women with experience of working with a partner to seek help, aged 28–71 years, participated in a semi-structured interview. The interviews were analysed using Thematic Analysis.

Results

The main themes indicated that the women initially undertook “Role Adaption/s” and changed their roles to reduce the stress on their male partners. They made “attempts to activate engagement” with their wellbeing through conversations about mental health and the benefits of help-seeking. Discussions began with “gentle” communications, such as hinting and sowing seeds, and escalated to more assertive communications which could be conceived of as “threats” and “emotional blackmail,” if the women were concerned their partners were not seeking help or were at risk of suicide. Finally, the couples entered “Attempted Resolution” where they had conversations around help-seeking, and/or their male partner considered suicide.

Conclusions

Female partners perceived themselves as having a key role in supporting men to seek

help from a professional and in maintaining their partner's safety and they adapted their communication strategies to implement this. Access to high-quality information and some amendments to general practitioner confidentiality would facilitate them in their role.

<https://aps.onlinelibrary.wiley.com/doi/abs/10.1111/cp.12209>

Evaluating the impact of simulation-based education on clinical psychology students' confidence and clinical competence.

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Clinical Psychologist

First published: 07 March 2020

<https://doi.org/10.1111/cp.12209>

Background

Within psychology, interest in simulation has grown, with publications on role-play and objective structured clinical examinations emerging. This study examines the impacts of simulation-based education on students' clinical competence and confidence when compared with traditional case-based education. The perceived alignment between simulation-based education and clinical practice is also considered.

Method

Twelve first-year clinical psychology students participated in this mixed methods study. Participants completed two objective structured clinical examinations, during which their clinical competence was rated using the Global Rating Scale and Cognitive Therapy Scale—Revised. Following the first examination, participants were randomly allocated to the simulation- or case-based education conditions, where they engaged with video simulations or written case study, respectively. Clinical competence was then assessed post-intervention, and consenting participants completed a follow-up focus group.

Results

Post-intervention, those in the simulation-based education condition rated their confidence in applying knowledge learnt to real-world settings higher than did those in the case-based education condition. The simulated-based education group also showed increased competence as rated on the Global Rating Scale and Cognitive Therapy

Scale—Revised; however, this improvement was not greater overall than that observed in the case-based education group. From a qualitative perspective, several themes emerged, including a “disconnect” between case-based materials and clinical practice and the importance of explicit instructions in guiding student learning.

Conclusions

From a student perspective, simulation-based education is preferred over case-based education as a clinical education approach. However, there is no clear evidence that simulation-based education enhances clinical skill performance over and above case-based education.

<https://jnslp.com/2020/04/09/it-takes-a-family-how-military-spousal-laws-and-policies-impact-national-security/>

It Takes a Family: How Military Spousal Laws and Policies Impact National Security.

Caitlin Dunham

Journal of National Security Law & Policy
Vol. 11, Iss. 1, (2020): 1-31

Military readiness is a key component to achieving the US Department of Defense’s mission of protecting the security of our country. Support for the troops is conveyed in advertisements and professional sports, and by politicians and citizens across the country. However, the role of the military spouse is not often thought of being crucial to military readiness. Yet, a military spouse can strongly impact readiness through service member retention.

A military spouse’s outlook regarding the military is closely linked with a current service member’s likelihood to stay in the military. The more positive the military spouse views his or her time as a part of a military family, the more likely the service member is to stay in the military. A military spouse is more likely to have positive views of the military if he or she is afforded sufficient educational and professional opportunities.

<https://www.nejm.org/doi/full/10.1056/NEJMsa1916744>

Handgun Ownership and Suicide in California.

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New England Journal of Medicine
2020; 382:v2220-2229
<https://doi.org/10.1056/NEJMsa1916744>

BACKGROUND

Research has consistently identified firearm availability as a risk factor for suicide. However, existing studies are relatively small in scale, estimates vary widely, and no study appears to have tracked risks from commencement of firearm ownership.

METHODS

We identified handgun acquisitions and deaths in a cohort of 26.3 million male and female residents of California, 21 years old or older, who had not previously acquired handguns. Cohort members were followed for up to 12 years 2 months (from October 18, 2004, to December 31, 2016). We used survival analysis to estimate the relationship between handgun ownership and both all-cause mortality and suicide (by firearm and by other methods) among men and women. The analysis allowed the baseline hazard to vary according to neighborhood and was adjusted for age, race and ethnic group, and ownership of long guns (i.e., rifles or shotguns).

RESULTS

A total of 676,425 cohort members acquired one or more handguns, and 1,457,981 died; 17,894 died by suicide, of which 6691 were suicides by firearm. Rates of suicide by any method were higher among handgun owners, with an adjusted hazard ratio of 3.34 for all male owners as compared with male nonowners (95% confidence interval [CI], 3.13 to 3.56) and 7.16 for female owners as compared with female nonowners (95% CI, 6.22 to 8.24). These rates were driven by much higher rates of suicide by firearm among both male and female handgun owners, with a hazard ratio of 7.82 for men (95% CI, 7.26 to 8.43) and 35.15 for women (95% CI, 29.56 to 41.79). Handgun owners did not have higher rates of suicide by other methods or higher all-cause mortality. The risk of suicide by firearm among handgun owners peaked immediately after the first acquisition, but 52% of all suicides by firearm among handgun owners occurred more than 1 year after acquisition.

CONCLUSIONS

Handgun ownership is associated with a greatly elevated and enduring risk of suicide by firearm. (Funded by the Fund for a Safer Future and others.)

<https://psycnet.apa.org/fulltext/2020-39749-003.pdf>

Telepsychotherapy During a Pandemic: A Traumatic Stress Perspective.

Craig S. Rosen, Lisa H. Glassman, Leslie A. Morland

Journal of Psychotherapy Integration
2020, Vol. 30, No. 2, 174–187
<http://dx.doi.org/10.1037/int0000221174>

The coronavirus disease 2019 outbreak poses unique challenges for psychotherapists and other mental health professionals. The widespread fear, helplessness, illness and death, economic hardship, and disruption of social support caused by the pandemic will create a global need for both supportive crisis counseling and formal mental health treatment. As physical distancing aimed at reducing contagion sharply limits in-person contact, psychotherapists have suddenly been forced to adopt new technologies and learn to provide telepsychotherapy. At this same time, psychotherapists must contend with their own stressors as part of the pandemic-exposed population. We integrate several different literatures to outline how telepsychotherapy can help psychotherapists address patient needs during this pandemic. We review epidemiological literature on the mental health impact of pandemics, crisis counseling approaches developed from prior disasters, and clinical research on telepsychotherapy treatment of posttraumatic stress disorder. Based on this research, we provide a roadmap for ways that clinicians can use telepsychotherapy technologies for 2 levels of intervention: (1) providing strengths-based preventive interventions to help people cope with distress during a period of disruption, life-threat, and loss, and (2) delivering effective treatments to people who develop chronic conditions in response to traumatic stress.

<https://psycnet.apa.org/fulltext/2020-39749-005.pdf>

Telepsychotherapy for Generalized Anxiety Disorder: Impact on the Working Alliance.

Watts, S., Marchand, A., Bouchard, S., Gosselin, P., Langlois, F., Belleville, G., & Dugas, M. J.

Journal of Psychotherapy Integration
2020; 30(2), 208-225
<http://dx.doi.org/10.1037/int0000223>

Telepsychotherapy represents a promising solution to problems pertaining to specialized mental health services accessibility, including when delivering psychotherapy to people who do not have access to care due to the COVID-19 pandemic. The quality of the working alliance established in such a therapeutic context remains often questioned. Moreover, no study has comparatively examined the evolution of the alliance over telepsychotherapy and conventional, face-to-face, psychotherapy. This study assesses the impact of cognitive-behavioral therapy administered via telepsychotherapy or face-to-face on the quality of the working alliance. One hundred and 15 participants suffering from generalized anxiety disorder (GAD) took part in this randomized controlled trial, 50 of whom were assigned to telepsychotherapy in videoconference and 65 of whom were assigned to conventional psychotherapy. Each client and their psychotherapist completed the Working Alliance Inventory every 2 sessions. In the current sample, telepsychotherapy did not interfere with the establishment of the working alliance over the course of the treatment for GAD. On the contrary, clients showed a stronger working alliance in telepsychotherapy delivered in videoconference than in conventional psychotherapy. Clients seemed to be more comfortable with telepsychotherapy than psychotherapists. The clinical implications of these findings are discussed.

<https://www.sciencedirect.com/science/article/abs/pii/S0882596320303122>

A two-front war: Exploring military families' battle with parental deployment.

Emily Mulholland, BSN; Dori Dahlberg, DNP, APRN, NP-C, CPN, CNE; Liz McDowell PhD, RN, CNE

Highlights

- Communication and quality time facilitate coping in military children
- Behavioral and emotional problems are common in children during parental deployment
- Maintaining family routines is helpful for children during deployment
- Military parents and spouses need self-care during deployment and reintegration
- Military families are resilient by strategizing plans and setting goals

Abstract

Purpose

The purpose of this study was to identify ways parents comfort their children to help them cope and adapt to the stresses of the deployment of a mother or father in military service, as well as the reintegration process of the parent returning home.

Design and methods

This qualitative study used a hermeneutic phenomenological approach to better understand the lived experiences of these families and strategies used to combat stressors of deployment and post-deployment. Using purposive and snowball sampling for recruitment, participants completed an online anonymous survey that consisted of demographic and open-ended questions. A study sample of 15 participants ($n = 15$) was selected based on inclusion and exclusion criteria. Using an interpretive framework for data analysis, six themes emerged from the survey.

Results

Six themes emerged from the data including the value of family communication, the importance of maintaining a routine, the occurrence of behavioral issues and emotional distress in children, the use of creative coping strategies, the need for parental self-care, and the resilience of the military families.

Conclusion

There are unique challenges for military families during and after deployment that can be mitigated with identified strategies.

Implications for practice

Incorporation of the study's findings into nursing practice will enhance patient education

and anticipatory guidance for military families with children experiencing or planning for a parental deployment.

<https://psycnet.apa.org/fulltext/2020-39749-011.pdf>

Pilot Trial of a Telepsychotherapy Parenting Skills Intervention for Veteran Families: Implications for Managing Parenting Stress During COVID-19.

James Riegler, L., Raj, S. P., Moscato, E. L., Narad, M. E., Kincaid, A., & Wade, S. L.

Journal of Psychotherapy Integration
2020; 30(2), 290-303
<http://dx.doi.org/10.1037/int0000220>

Changes in daily life created by the novel coronavirus (COVID-19) pandemic have resulted in a largely unprecedented situation for millions of families worldwide. Families are under considerable stress, and parents may experience greater psychological distress and disruptions in the parent–child relationship. Some parents may be particularly vulnerable to recent stressors, including those with preexisting psychological disorders and family dysfunction. In the United States, military veterans are one such at-risk population. Recent challenges may exacerbate preexisting conditions and heighten parenting stress, thereby negatively impacting child and family functioning. In this article, we share our experiences developing and piloting a telepsychotherapy parenting skills program for military veterans. The intervention, Online Parenting Pro-Tips (OPPT), combined web-based educational modules addressing child development and positive parenting with live coaching (via videoconferencing link) of parenting skills. Forty-one veterans with a child between the ages of 3 and 9 years enrolled in this trial and 22 completed the 6-session intervention. Veterans who completed the intervention experienced significant reductions in depression, parenting stress, and family dysfunction, with medium to large effect sizes (Cohen’s d ranged from .53 to .98). Veterans also reported significant improvements in their child’s behaviors. These findings have important implications pertaining to the feasibility and effectiveness of telepsychotherapy interventions to support at-risk families and promote positive parent–child interactions and family functioning during the COVID-19 crisis and beyond. At a practical level, OPPT and similar telepsychotherapy interventions for families could be modified to be delivered via smartphone to increase accessibility and cost-effectiveness for families worldwide.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22526>

Posttraumatic Stress Disorder and Justice Involvement Among Military Veterans: A Systematic Review and Meta-Analysis.

Taylor, E.N., Timko, C., Nash, A., Owens, M.D., Harris, A.H. and Finlay, A.K.

Journal of Traumatic Stress

First published: 09 June 2020

<https://doi.org/10.1002/jts.22526>

There is evidence of an association between posttraumatic stress disorder (PTSD) and criminal justice involvement among military veterans. For this study, we systematically reviewed the literature to examine the association between PTSD and criminal justice involvement among military veterans, assess the magnitude of this association, and identify strengths and limitations of the underlying evidence. Five databases were searched for a larger scoping review, and observational studies that assessed PTSD and criminal justice involvement were selected from the scoping review database (N = 191). Meta-analyses were conducted, pooling odds ratios (ORs) via restricted maximum likelihood random-effects models. The main outcomes were criminal justice involvement (i.e., documentation of arrest) and PTSD (i.e., PTSD assessment score indicating probable PTSD). Of 143 unique articles identified, 10 studies were eligible for the meta-analysis. Veterans with PTSD had higher odds of criminal justice involvement (OR = 1.61, 95% CI [1.16, 2.23], $p = .002$) and arrest for violent offenses (OR = 1.59, 95% CI [1.15, 2.19], $p = .002$) compared to veterans without PTSD. The odds ratio of criminal justice involvement among military veterans with PTSD assessed using the PTSD Checklist was 1.98, 95% CI [1.08, 3.63], $p = .014$. Considerable heterogeneity was identified, but no evidence of publication bias was found. Criminal justice involvement and PTSD are linked among military veterans, highlighting an important need for clinicians and healthcare systems working with this population to prioritize PTSD treatment to reduce veterans' new and recurring risk of criminal justice involvement.

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usaa110/5854795>

Mental Health Outcomes of Premature Discharge from United States Air Force Basic Military Training.

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Military Medicine

Published: 09 June 2020

<https://doi.org/10.1093/milmed/usaa110>

Introduction

Each year, a substantial proportion of trainees who enter the U.S. Air Force (USAF) Basic Military Training (BMT) are unable to complete training. Reentry to civilian life poses significant challenges, including finding employment, establishing a new career path, and paying for education. To our knowledge, no study has examined the association of discharge from USAF BMT and mental health symptoms. Utilizing a sample of 85 individuals discharged from USAF BMT for reasons other than mental health concerns, the present study aimed to: (1) characterize the severity of current depression and anxiety symptoms; (2) examine the relationship between the severity of current depression and anxiety symptoms and sociodemographic variables; and (3) determine whether or not a trainee agreed with the decision to be discharged from BMT is associated with differing severities of depression or anxiety symptoms.

Materials and Methods

Participants were individuals who were prematurely discharged from USAF BMT for reasons other than mental health issues. Premature discharge is defined as any trainee who was unable to complete BMT in the USAF and was subsequently sent home. Participants were recruited from online Facebook groups for individuals who were prematurely discharged from USAF BMT. Participants were administered a battery of self-report questionnaires through a web-based survey platform. A structured demographic overview was administered to all participants to assess for age, gender, reason for discharge, amount of time spent in BMT, amount of time spent in medical hold, and whether or not the trainee agreed with the decision to be discharged. The Patient Health Questionnaire-9 (PHQ-9) was used to assess current symptoms consistent with depression. The Generalized Anxiety Disorder-7 (GAD-7) was used to assess current symptoms consistent with anxiety. Descriptive statistics were used to assess overall depression and anxiety rates, and analyses of covariance (ANCOVAs) were used to analyze group differences. This study was approved by the Institutional Review Board (IRB) at Florida State University (FSU).

Results

In total, 85 participants (42.4% = female) were accounted for in these data. Regarding depression symptom severity, 58.8% of participants (n = 50) indicated moderate or higher levels of depression symptoms. Regarding anxiety symptoms, 45.9% of participants (n = 39) indicated moderate or higher levels of anxiety symptoms. There were no significant differences reported regarding depression or anxiety symptoms across gender, age, amount of time spent in BMT, and amount of time spent in medical hold. Significant differences were found between depression and anxiety symptoms and whether or not a trainee agreed with the decision to be discharged from the USAF, such that trainees who did not agree with this decision reported higher levels of depression and anxiety symptoms.

Conclusions

The findings of this study indicate that this population of trainees who were prematurely discharged from USAF BMT for reasons other than mental health concerns has high levels of depression and anxiety symptoms. Discharge from BMT may be associated with substantial distress when the individual disagrees with the reason for discharge. Enhanced procedures and continued research regarding their postdischarge well-being seem warranted.

<https://www.sciencedirect.com/science/article/abs/pii/S0306453020301682>

Neuroendocrine Biomarkers of Prolonged Exposure Treatment Response in Military-Related PTSD.

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Psychoneuroendocrinology

Available online 8 June 2020

<https://doi.org/10.1016/j.psyneuen.2020.104749>

Highlights

- Higher cortisol reactivity during script-driven imagery is associated more severe PTSD.
- Baseline allopregnanolone, pregnanolone and cortisol reactivity predict magnitude of PTSD reduction in treatment.

- Neuroendocrine biomarkers could be used to determine which patients are likely to respond to treatment.

Abstract

Posttraumatic stress disorder (PTSD) is associated with dysregulation of the neuroendocrine system, including cortisol, allopregnanolone, and pregnanolone. Preliminary evidence from animal models suggests that baseline levels of these biomarkers may predict response to PTSD treatment. We report the change in biomarkers over the course of PTSD treatment. Biomarkers were sampled from individuals participating in (1) a randomized controlled trial comparing a web-version of Prolonged Exposure (Web-PE) therapy to in-person Present-Centered Therapy (PCT) and (2) from individuals participating in a nonrandomized effectiveness study testing PE delivered in-person as part of an intensive outpatient PTSD program. We found that higher cortisol reactivity during script-driven imagery was associated with higher baseline PTSD severity and that baseline allopregnanolone, pregnanolone, and cortisol reactivity were associated with degree of symptom change over the course of intensive outpatient treatment. These findings demonstrate that peripherally assessed biomarkers are associated with PTSD severity and likelihood of successful treatment outcome of PE delivered daily over two weeks. These assessments could be used to determine which patients are likely to respond to treatment and which patients require augmentation to increase the likelihood of optimal response to PTSD treatment.

<https://pubmed.ncbi.nlm.nih.gov/32527513/>

Assessing the Postdeployment Quality of Treatment for Substance Use Disorders Among Army Enlisted Soldiers in the Military Health System.

Adams, R. S., Garnick, D. W., Harris, A., Merrick, E. L., Hofmann, K., Funk, W., Williams, T. V., & Larson, M. J.

Journal of substance abuse treatment
2020; 114, 108026
<https://doi.org/10.1016/j.jsat.2020.108026>

Little is known about the rates and predictors of substance use treatment received in the Military Health System among Army soldiers diagnosed with a postdeployment substance use disorder (SUD). We used data from the Substance Use and Psychological Injury Combat study to determine the proportion of active duty (n =

338,708) and National Guard/Reserve (n = 178,801) enlisted soldiers returning from an Afghanistan/Iraq deployment in fiscal years 2008 to 2011 who had an SUD diagnosis in the first 150 days postdeployment. Among soldiers diagnosed with an SUD, we examined the rates and predictors of substance use treatment initiation and engagement according to the Healthcare Effectiveness Data and Information Set criteria. In the first 150 days postdeployment 3.3% of active duty soldiers and 1.0% of National Guard/Reserve soldiers were diagnosed with an SUD. Active duty soldiers were more likely to initiate and engage in substance use treatment than National Guard/Reserve soldiers, yet overall, engagement rates were low (25.0% and 15.7%, respectively). Soldiers were more likely to engage in treatment if they received their index diagnosis in a specialty behavioral health setting. Efforts to improve substance use treatment in the Military Health System should include initiatives to more accurately identify soldiers with undiagnosed SUD. Suggestions to improve substance use treatment engagement in the Military Health System will be discussed.

<https://link.springer.com/article/10.1007/s40501-020-00222-y>

Treatment of Sleep Comorbidities in Posttraumatic Stress Disorder.

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Current Treatment Options in Psychiatry

Published 12 June 2020

<https://doi.org/10.1007/s40501-020-00222-y>

Purpose of the review

Sleep disturbances, insomnia and recurrent nightmares in particular, are among the most frequently endorsed symptoms of posttraumatic stress disorder (PTSD). The present review provides a summary of the prevalence estimates and methodological challenges presented by sleep disturbances in PTSD, highlights the recent evidence for empirically supported psychotherapeutic and pharmacological interventions for comorbid sleep disturbances implicated in PTSD, and provides a summary of recent findings on integrated and sequential treatment approaches to ameliorate comorbid sleep disturbances in PTSD.

Recent findings

Insomnia, recurrent nightmares, and other sleep disorders are commonly endorsed among individuals with PTSD; however, several methodological challenges contribute to

the varying prevalence estimates. Targeted sleep-focused therapeutic interventions can improve sleep symptoms and mitigate daytime PTSD symptoms. Recently, attention has focused on the role of integrated and sequential approaches, suggesting that comprehensively treating sleep disturbances in PTSD is likely to require novel treatment modalities.

Summary

Evidence is growing on the development, course, and treatment of comorbid sleep disturbances in PTSD. Further, interventions targeting sleep disturbances in PTSD show promise in reducing symptoms. However, longitudinal investigations and additional rigorous controlled trials with diverse populations are needed to identify key features associated with treatment response in order to alleviate symptoms.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22551>

Emotion Dysregulation Prospectively Predicts Posttraumatic Stress Disorder Symptom Severity 3 Months After Trauma Exposure.

Courtney N. Forbes, Matthew T. Tull, Daniel Rapport, Hong Xie, Brian Kaminski, Xin Wang

Journal of Traumatic Stress

First published: 11 June 2020

<https://doi.org/10.1002/jts.22551>

Despite growing evidence in support of emotion dysregulation as a risk factor for the development of posttraumatic stress disorder (PTSD) following trauma exposure, few studies have examined temporal relations between emotion dysregulation and the onset and/or worsening of PTSD symptoms over time. The aim of the present study was to extend research on temporal associations between emotion dysregulation and PTSD in a sample of individuals recruited from hospital emergency departments soon after a traumatic event. Adult participants (N = 85; 62.4% female) completed self-report measures of emotion dysregulation and PTSD symptoms within 2 weeks of experiencing a traumatic event. Symptoms of PTSD were assessed approximately 3 months posttrauma. The results of a hierarchical linear regression analysis demonstrated that the inclusion of emotion dysregulation accounted for a significant amount of unique variance, $\beta = .23$, $\Delta R^2 = .04$, $p = .042$, in 3-month PTSD symptom severity over and above other risk factors and baseline PTSD symptoms. No specific

facet of emotion dysregulation emerged as a significant predictor of 3-month PTSD symptoms when all facets were included on the same step of the model, $\beta_s = -.04-.33$, $p_s = .133-.954$. These results demonstrate that posttraumatic emotion dysregulation may predict PTSD symptoms 3 months after trauma exposure. These findings are consistent with a growing body of literature that speaks to the relevance of emotional processes to the onset and maintenance of PTSD following exposure to a traumatic event.

<https://academic.oup.com/sleep/advance-article/doi/10.1093/sleep/zsaa119/5856320>

Prevalence Rates and Correlates of Insomnia Disorder in Post-9/11 Veterans Enrolling in VA Healthcare.

Peter J Colvonen, Erin Almklov, Jessica C Tripp, Christi S Ulmer, James Pittman, Niloofar Afari

Sleep

Published: 12 June 2020

<https://doi.org/10.1093/sleep/zsaa119>

Study Objectives

Post-9/11 veterans are particularly vulnerable to insomnia disorder. Having accurate prevalence rates of insomnia disorder in this relatively young, diverse population, is vital to determine the resources needed to identify and treat insomnia disorder. However, there are no accurate prevalence rates for insomnia disorder in post-9/11 veterans enrolling in the VA Healthcare System (VHA). We present accurate prevalence of insomnia disorder, and correlates, in a large sample of post-9/11 veterans enrolling in a VHA.

Methods

This was an observational study of 5552 post-9/11 veterans newly enrolling for health care in a VHA. Data were collected using VA eScreening. Insomnia diagnosis was determined using a clinical cut-off score of ≥ 11 on the Insomnia Severity Index (ISI). Measures also included sociodemographic, service history, posttraumatic stress disorder (PTSD), depression, suicidal ideation, alcohol misuse, military sexual trauma (MST), traumatic brain injury (TBI), and pain intensity.

Results

57.2% of the sample population had insomnia disorder. Our sample was nationally representative for age, sex, ethnicity, branch of the military, and race. The sample also was at high-risk for a host of clinical disorders, including PTSD, TBI, and pain; all of which showed higher rates of insomnia disorder (93.3%, 77.7%, and 69.6% respectively).

Conclusions

The findings suggest alarmingly high rates of insomnia disorder in this population. Examining and treating insomnia disorder, especially in the context of co-occurring disorders (e.g., PTSD) will be a necessity in the future.

<https://academic.oup.com/sleep/advance-article/doi/10.1093/sleep/zsaa118/5856763>

Sleep Quality, Occupational Factors, and Psychomotor Vigilance Performance in U.S. Navy Sailors.

Panagiotis Matsangas, Nita Lewis Shattuck

Sleep

Published: 12 June 2020

<https://doi.org/10.1093/sleep/zsaa118>

Study Objectives

This field study a) assessed sleep quality of sailors on United States Navy (USN) ships while underway, b) investigated whether the Pittsburgh Sleep Quality Index (PSQI) scores were affected by occupational factors and sleep attributes, and c) assessed whether the PSQI could predict impaired psychomotor vigilance performance.

Methods

Longitudinal field assessment of fit-for-duty USN sailors performing their underway duties (N=944, 79.0% males, median age 26 years). Participants completed questionnaires, wore actigraphs, completed logs, and performed the wrist-worn 3-minute Psychomotor Vigilance Task (PVT).

Results

Sailors slept on average 6.60 ± 1.01 hours/day with 86.9% splitting their sleep into more than one episode/day. The median PSQI Global score was 8 (IQR=5); 80.4% of the

population were classified as “poor sleepers” with PSQI scores >5. PSQI scores were affected by sailor occupational group, rank, daily sleep duration, and number of sleep episodes/day. Sleep quality showed a U-shape association with daily sleep duration due to the confounding effect of split sleep. Sailors with PSQI scores >9 had 21.1% slower reaction times ($p < 0.001$) and 32.8% to 61.5% more lapses combined with false starts (all $p < 0.001$) than sailors with PSQI scores >9. Compared to males and officers, females and enlisted personnel had 86% and 23% higher risk, respectively, of having PSQI scores >9. Sailors in the PSQI >9 group had more pronounced split sleep.

Conclusions

Working on Navy ships is associated with elevated PSQI scores, a high incidence of poor sleep, and degraded psychomotor vigilance performance. The widely used PSQI score >5 criterion should be further validated in active-duty service member populations.

<https://www.jmir.org/2020/6/e17195/>

Therapeutic Alliance in Technology-Based Interventions for the Treatment of Depression: Systematic Review.

Wehmann E, Köhnen M, Härter M, Liebherz S

Journal of Medical Internet Research

2020; 22(6): e17195

<https://doi.org/10.2196/17195>

Background:

There is growing evidence that technology-based interventions (TBIs) are effective for the treatment of depression. As TBIs are gaining acceptance, a question arises whether good therapeutic alliance, considered a key aspect of psychotherapy, can be established without or with minimal face-to-face contact or rather changes if blended concepts are applied. While therapeutic alliance has been studied extensively in the context of face-to-face therapy, only few studies have reviewed evidence on alliance ratings in TBIs.

Objective:

The purpose of this study was to examine therapeutic alliance in technology-based psychological interventions for the treatment of depression.

Methods:

We searched Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, PsycINFO, PSYINDEX, CINAHL, clinical trial registers, and sources of grey literature for randomized controlled trials on TBIs in the treatment of adults with unipolar depression. All publications were selected according to prespecified criteria. Data were extracted by two independent reviewers.

Results:

A total of eight out of 98 studies (9.5%) included in the review on TBIs for depression considered therapeutic alliance as part of their evaluation. The available data covered eight different treatment conditions, including four stand-alone treatments (face-to-face psychotherapy, email, telephone, and internet program) and four combined treatments (face-to-face psychotherapy plus a smartphone app and an internet program combined with face-to-face psychotherapy, treatment as usual, or email/telephone). On average, patients rated the alliance positively across all groups. Importantly, no relevant group differences regarding therapeutic alliance sum scores were found in any of the studies. Five studies investigated the relationship between patients' alliance ratings and treatment outcome, revealing mixed results.

Conclusions:

Our results suggest that it is possible to establish a positive therapeutic alliance across a variety of different TBIs for depression, but this is based on a small number of studies. Future research needs to determine on what basis therapeutic alliance is formed in settings that do not allow for additional nonverbal cues, perhaps with adapted instruments to measure therapeutic alliance.

Trial Registration: PROSPERO International Prospective Register of Systematic Reviews CRD42016050413;

https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42016050413)

International Registered Report Identifier (IRRID): RR2-10.1136/bmjopen-2018-028042

<https://www.cambridge.org/core/journals/psychological-medicine/article/unit-cohesion-during-deployment-and-postdeployment-mental-health-is-cohesion-an-individual-or-unit-level-buffer-for-combatexposed-soldiers/397805871370C237724B94B5A75ED073>

Unit cohesion during deployment and post-deployment mental health: Is cohesion an individual- or unit-level buffer for combat-exposed soldier.

Campbell-Sills, L., Flynn, P., Choi, K., Ng, T., Aliaga, P., Broshek, C., . . . Bliese, P.

Psychological Medicine

Published online by Cambridge University Press: 10 June 2020

<https://doi.org/10.1017/S0033291720001786>

Background

Unit cohesion may protect service member mental health by mitigating effects of combat exposure; however, questions remain about the origins of potential stress-buffering effects. We examined buffering effects associated with two forms of unit cohesion (peer-oriented horizontal cohesion and subordinate-leader vertical cohesion) defined as either individual-level or aggregated unit-level variables.

Methods

Longitudinal survey data from US Army soldiers who deployed to Afghanistan in 2012 were analyzed using mixed-effects regression. Models evaluated individual- and unit-level interaction effects of combat exposure and cohesion during deployment on symptoms of post-traumatic stress disorder (PTSD), depression, and suicidal ideation reported at 3 months post-deployment (model n's = 6684 to 6826). Given the small effective sample size ($k = 89$), the significance of unit-level interactions was evaluated at a 90% confidence level.

Results

At the individual-level, buffering effects of horizontal cohesion were found for PTSD symptoms [$B = -0.11$, 95% CI (-0.18 to -0.04), $p < 0.01$] and depressive symptoms [$B = -0.06$, 95% CI (-0.10 to -0.01), $p < 0.05$]; while a buffering effect of vertical cohesion was observed for PTSD symptoms only [$B = -0.03$, 95% CI (-0.06 to -0.0001), $p < 0.05$]. At the unit-level, buffering effects of horizontal (but not vertical) cohesion were observed for PTSD symptoms [$B = -0.91$, 90% CI (-1.70 to -0.11), $p = 0.06$], depressive symptoms [$B = -0.83$, 90% CI (-1.24 to -0.41), $p < 0.01$], and suicidal ideation [$B = -0.32$, 90% CI (-0.62 to -0.01), $p = 0.08$].

Conclusions

Policies and interventions that enhance horizontal cohesion may protect combat-exposed units against post-deployment mental health problems. Efforts to support individual soldiers who report low levels of horizontal or vertical cohesion may also yield mental health benefits.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/cpp.2486>

Evaluating Narrative Exposure Therapy for Posttraumatic Stress Disorder and Depression Symptoms: A Meta-Analysis of the Evidence-base.

Shruti Raghuraman, Nathan Stuttard, Nigel Hunt

Clinical Psychology & Psychotherapy

First published: 11 June 2020

<https://doi.org/10.1002/cpp.2486>

Narrative Exposure Therapy (NET) is an intervention for trauma-spectrum disorders. Originally developed to treat refugee populations, NET has since been tested for efficacy across different settings. In this review, the NET evidence-base is examined through a retrieval, synthesis, and appraisal of randomised-controlled trials (RCTs) published since 2002. Two independent reviewers (SR & NS) searched online databases including EMBASE, PsycINFO, and PubMed. Twenty-four RCTs were selected for a meta-analysis of three outcomes: PTSD diagnosis and PTSD and depression symptoms. All outcomes were analysed at short-term (3 – 4 months), mid-term (6 – 7 months), and long-term (≥ 12 months) data points. A random-effects model was applied to yield standardized mean differences (SMDs) and odds ratios (OR) as indicators of NET treatment effect. Subgroup analyses for type of trauma and type of control groups were conducted to examine potential heterogeneity. For the NET group, moderate effect sizes for PTSD symptom severity were observed at mid- and long-term, and at mid-term for depression symptom severity. The number of PTSD diagnoses decreased significantly in the short-term for the NET condition, but this was not sustained at the long-term. Caution must be exercised when interpreting these results due to high heterogeneity estimates and low quality of evidence across trials. Potential small-study effects further complicate the interpretation of the findings. Recommendations are made for augmenting statistical significance research with qualitative analysis of NET efficacy to better inform clinical practice.

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

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

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

Journal of Traumatic Stress

First published: 15 April 2020

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

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

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22506>

Experiences of Sexual Harassment, Stalking, and Sexual Assault During Military Service Among LGBT and Non-LGBT Service Members.

Schuyler, A.C., Klemmer, C., Mamey, M.R., Schragger, S.M., Goldbach, J.T., Holloway, I.W. and Castro, C.A.

Sexual victimization, including sexual harassment and assault, remains a persistent problem in the U.S. military. Service members identifying as lesbian, gay, bisexual, or transgender (LGBT) may face enhanced risk, but existing research is limited. We examined experiences of sexual harassment, stalking, and sexual assault victimization during service in a sample of LGBT and non-LGBT active duty service members. Service members who identified as LGBT (n = 227 LGB, n = 56 transgender) or non-LGBT (n = 276) were recruited using respondent-driven sampling for an online survey. Logistic regression models examined the correlates of sexual and stalking victimization. Victimization was common among LGBT service members, including sexual harassment (80.7% LGB, 83.9% transgender), stalking (38.6% LGB, 30.4% transgender), and sexual assault (25.7% LGB, 30.4% transgender). In multivariable models, LGB identity remained a significant predictor of sexual harassment, OR = 4.14, 95% CI [2.21, 7.78]; stalking, OR = 1.98, 95% CI [1.27, 3.11]; and assault, OR = 2.07, 95% CI [1.25, 3.41]. A significant interaction between LGB identity and sex at birth, OR = 0.34, 95% CI [0.13, 0.88], suggests an elevated sexual harassment risk among male, but not female, LGB service members. Transgender identity predicted sexual harassment and assault at the bivariate level only. These findings suggest that LGBT service members remain at an elevated risk of sexual and/or stalking victimization. As the military works toward more integration and acceptance of LGBT service members, insight into victimization experiences can inform tailored research and intervention approaches aimed at prevention and care for victims.

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

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

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

In the present study, we examined administrative data on 667,437 deployments of at least 30 days duration to Iraq and Afghanistan from 2011 through the end of 2016 to determine risk factors for evacuation from the combat zone for behavioral health reasons. Demographic data, military-specific data, responses on predeployment mental health assessments, and presence of previous treatment for psychiatric conditions were entered into a logistic regression based on expert determination, distinguishing the 2,133 behavioral health evacuations from those deployments that either did not end in evacuation or included evacuations for reasons other than behavioral health. The model, derived from a random half of the sample (training set), was verified on the other half (validation set). Predictor variables used in the model were calendar year; gender; age; rank; marital status; parental status; number of prior war zone deployments; branch of service; screens for symptoms of posttraumatic stress disorder, depression, and hazardous alcohol use on the predeployment mental health assessment; and prior substance- and non-substance-related behavioral health diagnoses. Odds ratios (range: 1.05–3.85) for selected variables that contributed to the model were used to assign risk scores in the Behavioral Health Evacuation Risk Tool, which can aid predicting which service members are more likely to be evacuated from combat for behavioral health reasons, thus indicating where resources can be allocated for behavioral health referrals and war zone care.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22475>

Parental Wartime Deployment and Socioemotional Adjustment in Early Childhood: The Critical Role of Military Parents' Perceived Threat During Deployment.

Hajal, N.J., Aralis, H.J., Kiff, C.J., Wasserman, M.M., Paley, B., Milburn, N.G., Mogil, C. and Lester, P.

Journal of Traumatic Stress

Volume 33, Issue 3; June 2020, Pages 307-317

<https://doi.org/10.1002/jts.22475>

Infants, toddlers, and preschool-aged children have unique developmental needs that render them vulnerable to challenges associated with parental military service. We used a sample of military-connected families with 3–6-year-old children (N = 104) to examine associations among children's socioemotional development and fathers' trauma-related deployment experiences, including perceived threat during deployment and exposure to

combat and the aftermath of battle. Of these potential stressors, only paternal perceived threat during deployment was significantly associated with measures of mother-reported child adjustment. Fathers' perceived threat during deployment was associated with child behavior problems even after accounting for demographic variables and current paternal symptoms of posttraumatic stress, depression, and anxiety, $\beta = .36$, $p = .007$. The association between fathers' perceived threat during deployment and child behavior problems was mediated by several family processes related to emotion socialization, including father-reported sensitive parenting, indirect effect (IE) $B = 0.106$, 95% CI [0.009, 0.236]; parent-child dysfunctional interaction, IE $B = 0.119$, 95% CI [0.014, 0.252]; and mother-reported family emotional responsiveness, IE $B = 0.119$, 95% CI [0.011, 0.258]. Implications for future research on the intergenerational transmission of traumatic stress as well as prevention and intervention efforts for military-connected families with young children are discussed.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22493>

Emotional Processing of Imaginal Exposures Predicts Symptom Improvement: Therapist Ratings Can Assess Trajectory in Prolonged Exposure for Posttraumatic Stress Disorder.

Cox, K.S., Wangelin, B.C., Keller, S.M., Lozano, B.E., Murphy, M.M., Maher, E.K., Cobb, A.R. and Tuerk, P.W.

Journal of Traumatic Stress

Volume 33, Issue 3; June 2020, Pages 338-344

<https://doi.org/10.1002/jts.22493>

Research on mechanisms of change in prolonged exposure therapy (PE), an evidence-based treatment for posttraumatic stress disorder (PTSD), is ongoing. Two putative mechanisms of change are engagement during imaginal exposure and trauma-related belief change. The PE Therapist Questionnaire (PETQ), a novel measure based on the emotional processing theory underlying PE, was developed as a practical tool for therapists to use to assess (a) patient engagement during imaginal exposures and (b) perspective shifts during postimaginal processing. Patients ($N = 151$) at a U.S. Veterans Affairs medical center PTSD specialty clinic completed self-report measures of PTSD and depression symptoms prior to sessions. Study therapists ($n = 17$) completed the PETQ postsession. Rational construction and psychometric analyses suggested a two-component solution for the PETQ: imaginal and processing. The imaginal factor did not

relate to PTSD and depression symptoms. The processing factor correlated with current and next-session PTSD and depression symptoms, with medium effect sizes, $r_s = -.41$ to $-.45$, $p_s < .001$. Controlling for current-session PTSD and depression, a higher level of processing predicted lower next-session PTSD severity, with a small effect size, $\beta = -.38$, $p < .04$. Postexposure emotional processing, which supports positive changes in maladaptive trauma-related beliefs and tolerance of emotional distress, predicted future symptom improvement, highlighting the importance of processing components in PE. Further, the use of therapist observations may offer ancillary methods less influenced by correlation of within-patient subjective ratings and concomitant risk of construct overlap in mechanisms research.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22503>

The Impact of Depression Severity on Treatment Outcomes Among Older Male Combat Veterans with Posttraumatic Stress Disorder.

Walter, K.H., Glassman, L.H., Wells, S.Y., Thorp, S.R. and Morland, L.A.

Journal of Traumatic Stress

Volume 33, Issue 3; June 2020, Pages 345-352

<https://doi.org/10.1002/jts.22503>

Posttraumatic stress disorder (PTSD) and depression are highly comorbid within the veteran population. Research studies have yielded divergent findings regarding the effect of depression on PTSD treatment outcomes. The present study investigated the influence of pretreatment depression severity on PTSD and depression symptom trajectories among 85 older (i.e., ≥ 60 years) male veterans with military-related PTSD who received either prolonged exposure or relaxation training as part of a randomized controlled trial. Participants were categorized as having no/mild depression ($n = 23$) or moderate/severe depression ($n = 62$). The PTSD Checklist (PCL-S) and Patient Health Questionnaire (PHQ-9) were completed at pretreatment, each of 12 therapy sessions, posttreatment, and 6-month follow-up, for a total of up to 15 data points per participant. Multilevel modeling (MLM) was used to evaluate the impact of pretreatment depression severity on piecewise symptom trajectories (i.e., active treatment and follow-up periods) over time and to determine whether treatment condition moderated the trajectories. The final MLM results showed significant main effects of depression severity on PCL-S scores, $B = 10.84$, $p = .043$ and PHQ-9 scores, $B = 7.09$, $p = .001$, over time. No significant interactions emerged for either the PCL-S or PHQ-9, indicating that although

older veterans with more severe depression endorsed higher PTSD and depression scores across time, the symptom trajectories were not moderated by depression severity, treatment condition, or their interaction

Links of Interest

In a Crisis, We Can Learn From Trauma Therapy

<https://www.nytimes.com/2020/06/15/health/resilience-trauma-emdr-treatment.html>

This Air Force couple wants to help other service members get time to grieve deceased children

<https://www.militarytimes.com/pay-benefits/2020/06/10/this-air-force-couple-wants-to-help-other-service-members-get-time-to-grieve-deceased-children/>

Bill Would Cover Doulas for Expectant Service Women, Dependents

<https://www.military.com/daily-news/2020/06/10/bill-would-cover-doulas-expectant-service-women-dependents.html>

First-Time Gun Owners at Risk for Suicide, Major Study Confirms

<https://www.nytimes.com/2020/06/03/health/suicide-guns-firearms.html>

LGBT service members are allowed to be out and proud, but a fear of repercussions persists

<https://www.militarytimes.com/news/your-military/2020/06/15/lgbt-service-members-are-allowed-to-be-out-and-proud-but-a-fear-of-repercussions-persists/>

Resource of the Week -- [Comparing the Army's Suicide Rate to the General U.S. Population: Identifying Suitable Characteristics, Data Sources, and Analytic Approaches](#)

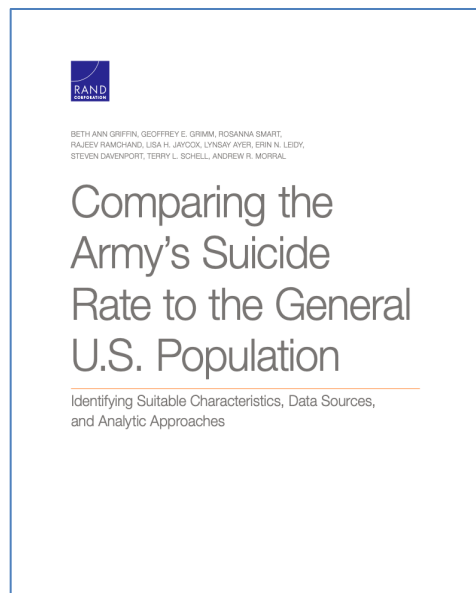
New, from the RAND Corporation:

Over the past 15 years, the suicide rate among members of the U.S. armed forces has doubled, with the greatest increase observed among soldiers in the Army. This increasing rate is paralleled by a smaller increase in the general U.S. population, observed across both genders, in virtually every age group and in

nearly every state. An empirical question exists: What is the extent or degree to which the suicide trend in the Army is unique to that service, relative to what is observed in the general U.S. population?

The Army has typically attempted to address this question by standardizing the general population to look like the Army on demographic characteristics. However, given the rise in suicide rates over the past decade, the Army wanted to better understand whether standardization based solely on age and gender is enough. Expanding the characteristics on which the general population is standardized to match the Army could be useful to gain a better understanding of the suicide trends in the Army. However, such a change also brings with it some challenges, including the lack of readily available data in the general U.S. population. In addition, even an expanded set of characteristics still results in having a large number of unmeasured factors that cannot be included in this type of analysis.

In this report, the authors explore how accounting for age, gender, race/ethnicity, time, marital status, and educational attainment affects suicide rate differences between soldiers and a comparable subset of the general U.S. population.



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