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Uniformed Services University

Research Update -- June 25, 2020

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https://onlinelibrary.wiley.com/doi/full/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
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The global outbreak of COVID-19 has required mental health providers to rapidly rethink and adapt 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.

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Assessing Triggers of Posttrauma Nightmares.

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Journal of Traumatic Stress
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Posttrauma nightmares are recurring nightmares that begin after a traumatic experience and can occur as often as multiple times per week, often in a seemingly random pattern. Although these nightmares are prevalent in trauma survivors, little is known about the mechanisms underlying their sporadic occurrence. The present study aimed to investigate predictors of posttrauma nightmares. The sample included 146 observations nested within 27 female college students who reported frequent nightmares related to sexual trauma. Participants were recruited from an undergraduate student subject pool (n = 71) or were clinical referrals (n = 75). Participants completed an initial assessment battery and six consecutive days of pre- and postsleep diaries, which included measures of potential posttrauma nightmare triggers and measures intended to assess sleep quality and posttrauma nightmare occurrence. Descriptive statistics, mean comparisons, and multilevel modeling were used to examine the data. The results showed that both presleep cognitive arousal, γ10 SLij = 0.58, p = .006, z (1, N = 146) = −2.61; and sleep latency (SL), γ20 PCAij = 0.76, p < .001, z (1, N = 146) = −2.69, predicted posttrauma nightmare occurrence. Further investigation suggested that presleep cognitive arousal moderated the relation between SL and posttrauma nightmare occurrence, γ30 PCA x SLij = 0.67, p = .048 z (1, N = 146) = 1.98. The

present results are the first to show that the co-occurrence of presleep arousal and delayed sleep onset latency may influence posttrauma nightmare occurrence, suggesting that the time immediately before sleep is crucial to the production of the posttrauma nightmares.

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Minority Participation in Randomized Controlled Trials for Prolonged Exposure Therapy: A Systematic Review of the Literature.

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Journal of Traumatic Stress
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Per the most recent census, non-Latinx White individuals comprise the majority of the U.S. population (76.6%); Latinx individuals make up 18.3% of the total U.S. population, followed by African Americans (13.4%) and Asians (5.9%). Given the high prevalence rates of posttraumatic stress disorder (PTSD) observed across many ethnoracial minority groups in the United States, the fact that PTSD presentation may vary across culture, and the National Institute of Health's mandates for the inclusion of women and minorities in clinical outcome research, the aim of the present systematic review was to examine minority inclusion in clinical outcome research for PTSD. Our review focused exclusively on one empirically supported treatment: prolonged exposure therapy (PE); we identified 38 studies that met the inclusion criteria. Apart from African Americans, who were overrepresented in 21 studies (inclusion rate range: 13.5%–73.9%), ethnoracial minority inclusion in RCTs examining PE was low. More specifically, across included studies that reported ethnoracial minority data, 58.9% of participants were White, 31.1% were African American, 4.9% were Latinx, 0.6% were Asian American or Pacific Islander, and 4.7% reported race as “other.” Inclusion rates for ethnoracial minorities appeared to increase across time, and recruitment strategies did not appear to be associated with increased ethnoracial minority participation in RCTs for PE.

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Comparing Exposure- and Coping Skills–Based Treatments on Trauma-Related Guilt in Veterans with Co-Occurring Alcohol Use and Posttraumatic Stress Disorders.

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Journal of Traumatic Stress
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Posttraumatic stress disorder (PTSD) and substance use disorders (SUD) commonly co-occur, and this comorbidity (PTSD–SUD) is associated with more severe symptoms and functional impairment than either disorder alone. Growing evidence indicates that trauma-related guilt, typically concerning negative appraisals of one's actions or inaction during a traumatic event, is associated with PTSD, depression, suicidality, and, possibly, substance use. The present study examined whether integrated treatment for PTSD–SUD was effective in reducing trauma-related guilt as measured by the Trauma-Related Guilt Inventory. Data were drawn from a randomized clinical trial comparing the effectiveness of two integrated therapies on treatment outcomes in a sample of U.S. veterans (N = 119) with comorbid PTSD and SUD. Participants were randomized to receive either Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE; n = 63) or Seeking Safety (SS; n = 56). The results indicated that global guilt decreased over time for the whole sample. However, there was a significant Treatment × Time interaction, such that participants in the COPE condition reported lower rates of global guilt, d = 0.940, over time compared to those in the SS condition, d = .498. To our knowledge, this was the first study to examine the effects of integrated PTSD–SUD treatment on trauma-related guilt. The findings highlight that exposure-based, trauma-focused treatment for comorbid PTSD–SUD can be more effective in decreasing trauma-related guilt, with potentially longer-lasting effects, than non–exposure-based treatment, adding evidence that patients with PTSD–SUD should be offered such treatment.

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Social Support Moderates the Association Between Posttraumatic Stress Disorder Treatment Duration and Treatment Outcomes in Telemedicine-Based Treatment Among Rural Veterans.

Sarah B. Campbell, Christopher Erbes, Kathleen Grubbs, John Fortney

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For patients participating in trauma-focused psychotherapies for posttraumatic stress disorder (PTSD), such as cognitive processing therapy (CPT), pretreatment characteristics may moderate treatment effectiveness. For instance, preexisting supportive relationships may encourage skill utilization or provide contrasts to maladaptive cognitive biases highlighted in trauma-focused treatments for PTSD. Such pretreatment characteristics are important to study in rural individuals, who may experience barriers to initiating and completing treatment. The aim of this study was to examine whether pretreatment social support, measured using the Medical Outcomes Study Social Support Survey, would moderate the association between CPT duration (i.e., number of sessions attended) and change in PTSD symptoms, using data from a pragmatic randomized controlled trial of a telemedicine-based collaborative care intervention for rural veterans (N = 225). Social support moderated the association between CPT duration and PTSD symptom change, B = −0.016, SE = −.006; 95% CI [−0.028, −0.005], such that increased duration was associated with more PTSD symptom change only at average or higher levels of support. This effect was found for overall and emotional support but not tangible support. Additionally, on average, among participants who attended eight or more CPT sessions, only those at or above 1 standard deviation above the mean social support score demonstrated a reliable change in PTSD symptoms. The results indicate that the link between CPT treatment duration and treatment outcomes may be stronger for veterans with higher levels of pretreatment social support.

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The Impact of Treatment Description Format on Patient Preferences for Posttraumatic Stress Disorder Treatment.

Juliette M. Harik, Kathleen M. Grubbs, Jessica L. Hamblen

Journal of Traumatic Stress
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The present study examined how the format in which treatment information is presented impacts individuals' preferences for posttraumatic stress disorder (PTSD) treatments. Adults who screened positive for PTSD (N = 301) were randomized into groups to learn about five first-line treatments; participants either read sequential text descriptions or reviewed a comparison chart that presented side-by-side information. Participants rated treatment acceptability, rank ordered treatments from most to least preferred, and indicated their confidence in this ranking. Compared with participants in the text group, those in the chart group assigned more favorable acceptability ratings to prolonged exposure therapy (PE) and more moderate ratings to medications. Cognitive processing therapy was the most common first-choice treatment (43.6%). Forced-choice treatment rankings were similar across conditions, although participants in the chart group ranked PE more favorably than those in the text group, odds ratio (OR) = 0.54, 95% CI [0.35, 0.82], p = .004. Confidence in treatment rankings did not differ across conditions. The results suggest that perceptions of treatment acceptability can be influenced by the format in which treatment information is presented. In settings where the goal is to increase treatment acceptability, side-by-side formats may offer an advantage over sequential descriptions of each treatment.

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

Emmeline N. Taylor, Christine Timko, Amia Nash, Mandy D. Owens, Alex H.S. Harris, Andrea K. Finlay

Journal of Traumatic Stress
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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 (OR s) 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.

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"Will you treat me? I'm suicidal!" The effect of patient gender, suicidal severity, and therapist characteristics on the therapist's likelihood to treat a hypothetical suicidal patient.

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Clinical Psychology & Psychotherapy
First published: 28 January 2020
https://doi.org/10.1002/cpp.2426

Abstract
The purpose of our study was to broaden the understanding regarding mental health professionals' willingness to treat and likeliness to refer suicidal patients to other

professionals. More specifically, our aim was to examine the effect of the patient's gender and suicidal severity, as well as the mental health professionals' personal and professional characteristics, on the willingness to treat and likeliness to refer. A total of 331 mental health professionals were randomly exposed to one of four case descriptions of a hypothetical patient in a crisis. The cases shared a common background story; however, they differed in terms of the patient's gender and suicidal condition (high vs. low). The exposure was followed by questionnaires aimed to reflect the subject's evaluation of the patient's suicidal severity, the subject's sense of competence and responsibility, willingness to treat or likeliness to refer, emotional contagion, and depression. The results indicate a lower willingness to treat and higher likelihood to refer suicidal patients compared with depressed patients. In addition, subjects exposed to the high suicidality cases showed a greater willingness to treat and refer female patients compared with male patients. A sense of competence was found as the strongest predictor of mental health professionals' willingness to treat and likelihood to refer, and emotional contagion was found as a predictor of likelihood to refer. It is important that mental health professionals be aware of the low tendency to treat suicidal patients especially if they are male. Further research should explore suitable training programmes and their application in the mental health curriculum.

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https://psychiatryonline.org/doi/pdf/10.1176/appi.ajp-rj.2020.150409

The Advantages of Behavioral Health Care in the United States Army.

J. Jun Oh, D.O., Hannah Russin, M.D., Aaron Wolfgang, M.D.

The American Journal of Psychiatry Residents' Journal
June 2020

This article explores the unique advantages of behavioral health care in the United States Army from a biopsychosocial perspective. Numerous initiatives emphasize prevention through ongoing screening and maintenance of physical and behavioral health. Access to care is improved because there are no out-of-pocket costs, a high resource commitment to behavioral health services, and fewer insurance limitations. Continuity of care is established worldwide through a universal electronic health record. Providers face minimal utilization management pressures and can prescribe occupational interventions that are unavailable in civilian practice. The distinguishing features of Army behavioral health care may provide a framework for analogous initiatives in civilian health systems.

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https://www.sciencedirect.com/science/article/pii/S0306460320306420

Alcohol Misuse and Separation from Military Service: A Dyadic Perspective.

Ben Porter, Lindsey M. Rodriguez, Kelly A. Woodall, Jacqueline C. Pflieger, Valerie A. Stander

Addictive Behaviors
Available online 15 June 2020
https://doi.org/10.1016/j.addbeh.2020.106512

Highlights

- Prevalence of alcohol misuse was high among military families.
- Service member's own alcohol problems were associated with leaving military service.
- Service women reporting heavy weekly drinking were at risk of leaving military service.

Abstract

Objective

Alcohol misuse is a prevalent problem among military service members and their spouses. Service member alcohol misuse may contribute to poor job performance, legal infractions, and failure to meet physical standards. Spousal alcohol misuse may indicate problems with military life. However, limited information is available about how alcohol misuse in military families affects occupational outcomes, specifically military attrition.

Method

The current study examined 7,965 opposite sex married couples from the Millennium Cohort Family Study with one military and one civilian/veteran partner. Both partners reported on three measures of alcohol misuse (binge drinking, alcohol problems, and heavy weekly drinking). The associations between each partner's measures of alcohol misuse and subsequent military separation were evaluated using logistic regression. Sex, concordance of alcohol misuse, mental health, and service branch were explored as moderators.

Results

In fully adjusted models, service member alcohol problems were directly related to

military separation. Additionally, service member heavy weekly drinking was strongly associated with military separation among female service members but not male service members. Service member and spouse binge drinking interacted such that when only one partner reported binge drinking military separation was less likely, but both partners' binge drinking conveyed a marginally increased risk of military separation.

Conclusions
Prevalence of alcohol misuse was high among military families. Service member alcohol misuse was more strongly related to military separation than spouse alcohol misuse. Additionally, heavy weekly drinking among female service members may be an indicator of a significant issue that merits interventions aimed at retaining these service members.

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https://www.sciencedirect.com/science/article/abs/pii/S0165178120305576

PTSD and Obesity in U.S. Military Veterans: Prevalence, Health Burden, and Suicidality.

Elina A. Stefanovics, Marc N. Potenza, Robert H. Pietrzak

Psychiatry Research
Available online 18 June 2020
https://doi.org/10.1016/j.psychres.2020.113242

Highlights
- 5.8% of U.S. veterans have co-occurring PTSD and obesity
- Veterans with PTSD and obesity have elevated health burden and suicide risk
- Results underscore the importance of integrated prevention and treatment approaches

Abstract
Post-traumatic stress disorder (PTSD) and obesity are prevalent among U.S. military veterans, though less is known about the mental and physical health burden and suicidality of co-occurring PTSD and obesity in this population. A nationally representative sample of the U.S. veterans was used to assess PTSD and obesity prevalence, co-occurrence and relationships with mental and physical health measures. A total of 16.4% of veterans screened positive for current PTSD, 32.7% for obesity, and 5.8% for co-occurring PTSD and obesity. Relative to obesity-only veterans, veterans

with co-occurring PTSD and obesity had elevated likelihoods of mental and physical health concerns (most notably major depressive and generalized anxiety disorders), suicidality, and migraine headaches, and higher body mass indices. Relative to veterans with PTSD alone, individuals with comorbid PTSD and obesity had elevated likelihoods of suicidal ideation, nicotine dependence, mental health treatment, migraine headaches, diabetes, hypertension, and insomnia. A significant minority of U.S. veterans has co-occurring PTSD and obesity, which is associated with substantial mental and physical health burden, including elevated suicidality. Results underscore the importance of integrative assessment, monitoring, and treatment approaches for PTSD and obesity in this population.

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https://www.sciencedirect.com/science/article/abs/pii/S221503662030136X

Sleep disturbance and psychiatric disorders.

Daniel Freeman, Bryony Sheaves, Felicity Waite, Allison G Harvey, Paul J Harrison

The Lancet Psychiatry
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Signs of mental ill health that cut across psychiatric diagnostic categories at high rates are typically viewed as non-specific occurrences, downgraded in importance and disregarded. However, problems not associated with particular diagnoses should be expected if there is shared causation across mental health conditions. If dynamic networks of interacting symptoms are the reality of mental health presentations, then particularly disruptive and highly connected problems should be especially common. The non-specific occurrence might be highly consequential. One non-specific occurrence that is often overlooked is patients' chronic difficulty in getting good sleep. In this Review, we consider whether disrupted sleep might be a contributory causal factor in the occurrence of major types of mental health disorders. It is argued that insomnia and other mental health conditions not only share common causes but also show a bidirectional relationship, with typically the strongest pathway being disrupted sleep as a causal factor in the occurrence of other psychiatric problems. Treating insomnia lessens other mental health problems. Intervening on sleep at an early stage might be a preventive strategy for the onset of clinical disorders. Our recommendations are that insomnia is assessed routinely in the occurrence of mental health disorders; that sleep disturbance is treated in services as a problem in its own right, yet also recognised as a

pathway to reduce other mental health difficulties; and that access to evidence-based treatment for sleep difficulties is expanded in mental health services.

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https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2767408

Association of Suicide Prevention Interventions With Subsequent Suicide Attempts, Linkage to Follow-up Care, and Depression Symptoms for Acute Care Settings; A Systematic Review and Meta-analysis.

Stephanie K. Doupnik, MD, MSHP; Brittany Rudd, PhD; Timothy Schmutte, PhD; et al.

JAMA Psychiatry
Published online June 17, 2020
https://doi.org/10.1001/jamapsychiatry.2020.1586

Key Points
Question
Are brief interventions delivered in a single encounter to individuals at risk of suicide effective at improving patient outcomes?

Findings
In this systematic review and meta-analysis of 14 studies, brief acute care suicide prevention interventions were associated with reduced subsequent suicide attempts and increased chances of linkage to follow-up care. Most interventions included multiple components; the most common components were care coordination, safety planning, brief follow-up contacts, and brief therapeutic interventions.

Meaning
The evidence supports incorporating brief suicide prevention interventions into routine acute care practice.

Abstract
Importance
To prevent suicide deaths, acute care settings need tools to ensure individuals at risk of suicide access mental health care and remain safe until they do so.

Objective
To examine the association of brief acute care suicide prevention interventions with

patients' subsequent suicide attempts, linkage to follow-up care, and depression symptoms at follow-up.

Data Sources
Ovid MEDLINE, Scopus, CINAHL, PsychINFO, Embase, and references of included studies using concepts of suicide, prevention, and clinical trial to identify relevant articles published January 2000 to May 2019.

Study Selection
Studies describing clinical trials of single-encounter suicide prevention interventions were included. Two reviewers independently reviewed all articles to determine eligibility for study inclusion.

Data Extraction and Synthesis
Two reviewers independently abstracted data according to PRISMA guidelines and assessed studies' risk of bias using the Cochrane Risk of Bias tool. Data were pooled for each outcome using random-effects models. Small study effects including publication bias were assessed using Peter and Egger regression tests.

Main Outcomes and Measures
Three primary outcomes were examined: subsequent suicide attempts, linkage to follow-up care, and depression symptoms at follow-up. Suicide attempts and linkage to follow-up care were measured using validated patient self-report measures and medical record review; odds ratios and Hedges g standardized mean differences were pooled to estimate effect sizes. Depression symptoms were measured 2 to 3 months after the encounter using validated self-report measures, and pooled Hedges g standardized mean differences were used to estimate effect sizes.

Results
A total of 14 studies, representing outcomes for 4270 patients, were included. Pooled-effect estimates showed that brief suicide prevention interventions were associated with reduced subsequent suicide attempts (pooled odds ratio, 0.69; 95% CI, 0.53-0.89), increased linkage to follow-up (pooled odds ratio, 3.04; 95% CI, 1.79-5.17) but were not associated with reduced depression symptoms (Hedges g = 0.28 [95% CI, −0.02 to 0.59).

Conclusions and Relevance
In this meta-analysis, breif suicide prevention interventions were associated with reduced subsequent suicide attempts. Suicide prevention interventions delivered in a

single in-person encounter may be effective at reducing subsequent suicide attempts and ensuring that patients engage in follow-up mental health care.

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https://link.springer.com/article/10.1007/s00127-020-01899-5

Resilience to mental health problems and the role of deployment status among U.S. Army Reserve and National Guard Soldiers.

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Social Psychiatry and Psychiatric Epidemiology
Published: 18 June 2020
https://doi.org/10.1007/s00127-020-01899-5

Purpose
Research suggests that interpersonal and intrapersonal resiliency factors protect against poor post-deployment mental health outcomes among Reserve/Guard soldiers who have been deployed. There is increasing awareness that never-deployed soldiers are also at risk. The purpose of this study was to examine the relationships between resiliency factors and a range of mental health outcomes among a sample of United States Army Reserve and National Guard (USAR/NG) soldiers who have and have not experienced deployment.

Methods
A subset of data was drawn from Operation: SAFETY (N = 360), an ongoing study examining the health and well-being of USAR/NG soldiers. We used a multivariate path analysis approach to examine the simultaneous effects of unit support, marital satisfaction, and psychological hardiness on the following mental health outcomes, concurrently: anger, anxiety, depression, and posttraumatic stress disorder (PTSD) symptomatology. We also examined interaction effects between resiliency factors and deployment status on mental health outcomes.

Results
Greater unit support (ps < 0.01), marital satisfaction (ps < 0.001), and psychological hardiness (ps < 0.001) were associated with less anger, anxiety, depression, and PTSD symptomatology. Psychological hardiness had significant interactions with deployment status on anxiety, depression, and PTSD, such that the protective effects of

psychological hardiness were even stronger among never-deployed soldiers than previously deployed soldiers.

Conclusion
Resiliency factors can be targeted for intervention to prevent poor mental health outcomes among USAR/NG soldiers, regardless of deployment status. Further, psychological hardiness may be an even more important protective factor among soldiers who have never been deployed.

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https://link.springer.com/article/10.1007/s11606-020-05660-1

Do Collaborative Care Managers and Technology Enhance Primary Care Satisfaction with Care from Embedded Mental Health Providers?

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Journal of General Internal Medicine
Published: 17 June 2020
https://doi.org/10.1007/s11606-020-05660-1

Background
To improve mental health care access, the Veterans Health Administration (VA) implemented Primary Care-Mental Health Integration (PC-MHI) in clinics nationally. Primary care clinical leader satisfaction can inform model implementation and may be facilitated by collaborative care managers and technology supporting cross-specialty collaboration.

Objective
(1) To determine primary care clinical leaders' overall satisfaction with care from embedded mental health providers for a range of conditions and (2) to examine the association between overall satisfaction and two program features (care managers, technology).

Design
Cross-sectional organizational survey in one VA region (Southern California, Arizona, and New Mexico), 2018.

Participants
Sixty-nine physicians or other designated clinical leaders in each VA primary care clinic (94% response rate).

Main Measures
We assessed primary care clinical leader satisfaction with embedded mental health care on four groups of conditions: target, non-target mental health, behavioral health, suicide risk management. They additionally responded about the availability of mental health care managers and the sufficiency of information technology (telemental health, e-consult, instant messaging). We examined relationships between satisfaction and the two program features using $\chi 2$ tests and multivariable regressions.

Key Results
Most primary care clinical leaders were “very satisfied” with care for targeted anxiety (71%) and depression (69%), but not for other common conditions (37% alcohol misuse, 19% pain). Care manager availability was significantly associated with “very satisfied” responses for depression ($p = .02$) and anxiety care by embedded mental health providers ($p = .02$). Highly rated sufficiency of communication technology (only 19%) was associated with “very satisfied” responses to suicide risk management ($p = .002$).

Conclusions
Care from embedded mental health providers for depression and anxiety was highly satisfactory, which may guide improvement among less satisfactory conditions (alcohol misuse, pain). Observed associations between overall satisfaction and collaborative care features may inform clinics on how to optimize staffing and technology based on priority conditions.

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https://www.sciencedirect.com/science/article/abs/pii/S0887618520300761

Examining the DSM-5 latent structures of posttraumatic stress disorder in a national sample of student veterans.

Malisa M. Drake-Brooks, Kent D. Hinkson, Philip Osteen, Craig J. Bryan

Journal of Anxiety Disorders
Available online 18 June 2020
https://doi.org/10.1016/j.janxdis.2020.102262

Highlights

- Student veterans as a population are different than students or veterans alone.
- 1-factor comparison model is missing from most factor analysis studies.
- Multi-factor models did not show significant improvement over a 4-factor model.
- In the multi-factor comparative analyses, no significant improvement was found.

Abstract
To date, no studies have examined the latent structures of posttraumatic stress disorder (PTSD) within a sample of student veterans. To examine these constructs in a student veteran sample (n = 297), confirmatory factor analysis (CFA) was conducted on six different models of PTSD, including a one-factor model, based on the 20 symptoms found in the DSM-5; PTSD was assessed using the PCL-5. Global fit statistics suggest that fit across all models, including the 1-factor model, were good [RMSEAs(0.054−0.056); CFIs(0.928−0.940); SRMRs(0.043−0.045)], and the AIC was lowest for the seven-factor hybrid model. Statistical tests and fit guidelines for nested models suggest there is no quantitative advantage of a five, six, or seven-factor model over the existing DSM-5 four-factor model. Given the high percentage of student veterans that screened positive with a probable PTSD diagnosis (53 %) in this study compared to non-student veterans (11–20 %) and the general student population (11–15 %) found in other studies, further research is needed to assess the clinical utility of these symptoms and model structures.

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https://www.cambridge.org/core/journals/psychological-medicine/article/cannabis-use-and-posttraumatic-stress-disorder-prospective-evidence-from-a-longitudinal-study-of-veterans/D5690C8E361C8F0197C31D94F33ED806

Cannabis use and posttraumatic stress disorder: prospective evidence from a longitudinal study of veterans.

Metrik, J., Stevens, A., Gunn, R., Borsari, B., & Jackson, K.

Psychological Medicine
Published online by Cambridge University Press: 17 June 2020
https://doi.org/10.1017/S003329172000197X

Background
Posttraumatic stress disorder (PTSD) is the most highly co-occurring psychiatric disorder among veterans with cannabis use disorder (CUD). Despite some evidence that cannabis use prospectively exacerbates the course of PTSD, which in turn increases the risk for CUD, the causal nature of the relationship between cannabis and psychiatric comorbidity is debated. The longitudinal relationship between PTSD diagnosis and traumatic intrusion symptoms with cannabis use and CUD was examined using cross-lagged panel model (CLPM) analysis.

Methods
Prospective data from a longitudinal observational study of 361 veterans deployed post-9/11/2001 included PTSD and CUD diagnoses, cannabis use, and PTSD-related traumatic intrusion symptoms from the Inventory of Depression and Anxiety Symptoms.

Results
A random intercept CLPM analysis that leveraged three waves (baseline, 6 months and 12 months) of cannabis use and PTSD-related intrusion symptoms to account for between-person differences found that baseline cannabis use was significantly positively associated with 6-month intrusion symptoms; the converse association was significant but reduced in magnitude (baseline use to 6-month intrusions: β = 0.46, 95% CI 0.155–0.765; baseline intrusions to 6-month use: β = 0.22, 95% CI −0.003 to 0.444). Results from the two-wave CLPM reveal a significant effect from baseline PTSD to 12-month CUD (β = 0.15, 95% CI 0.028–0.272) but not from baseline CUD to 12-month PTSD (β = 0.12, 95% CI −0.022 to 0.262).

Conclusions
Strong prospective associations capturing within-person changes suggest that cannabis use is linked with greater severity of trauma-related intrusion symptoms over time. A strong person-level directional association between PTSD and CUD was evident. Findings have significant clinical implications for the long-term effects of cannabis use among individuals with PTSD.

Links of Interest

New Pentagon team is going to take on racial justice in the military
https://www.militarytimes.com/news/your-military/2020/06/18/new-pentagon-team-is-going-to-take-on-racial-justice-in-the-military/

Commentary: Impact of Prior Military Service on Our Medical Practice as Residents in Psychiatry
https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp-rj.2020.150414

Commentary: Supporting military children with the services they need, but lost in the pandemic
https://www.militarytimes.com/opinion/commentary/2020/06/18/supporting-military-children-with-the-services-they-need-but-lost-in-the-pandemic/

House Legislators Push for More Detail in DOD Suicide Reporting
https://www.airforcemag.com/house-legislators-push-for-more-detail-in-dod-suicide-reporting/

Military families lose about $5,000 out of pocket for each PCS move, survey finds
https://www.militarytimes.com/pay-benefits/2020/06/23/military-families-lose-about-5000-out-of-pocket-for-each-pcs-move-survey-finds/

Zoom Fatigue: What You Can Do About It
https://telehealth.org/blog/zoom-fatigue-what-it-is-what-you-can-do/

PTSD Awareness Month 2020: Overview of Evidence-based Practice
https://www.pdhealth.mil/news/blog/ptsd-awareness-month-2020-overview-evidence-based-practice

MHS mental health experts shed light on PTSD
https://health.mil/News/Articles/2020/06/22/MHS-mental-health-experts-shed-light-on-PTSD

Resource of the Week: VA Utilization Profile FY 2017

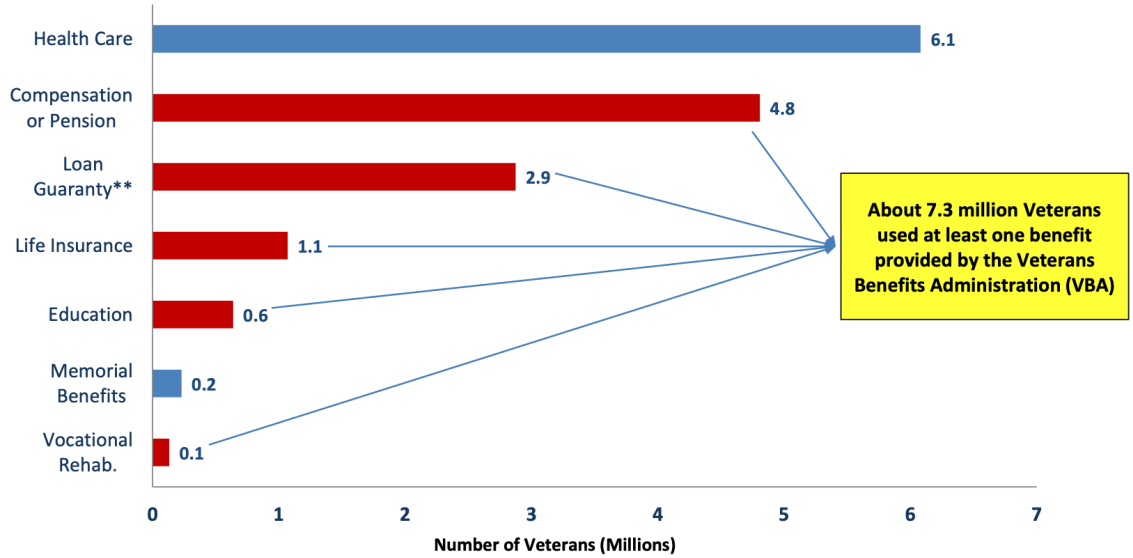
> The National Center for Veterans Analysis and Statistics (NCVAS) conducted a study on Veterans who have used at least one of 22 benefits or services provided by the VA during Fiscal Years 2008 through 2017. The analysis included a comparison by various characteristics to Veterans who did not use any VA benefits. Veterans who used at least one benefit or service are termed ‘users’ and Veterans who did not are termed ‘non-users’.

Key questions addressed in this study are:

- How many Veterans used VA benefits? How many did not?
- Which programs do Veterans use most?
- What are the demographic and socio-economic characteristics of VA users and how do they differ from non-users? We examined the following characteristics:
  - Gender
  - Age
  - Period of Service
  - Race/Ethnicity
- Compensation & Health Care
  - How many Veterans receive disability Compensation and/or use VA Health Care?
  - How many disabled Veterans do not use VA Health Care?
  - Is the number of disabled Veterans not using VA Health Care going up or down?

Approximately 9.8 million Veterans used at least one VA benefit or service in FY 2017.
45% of all VA users received benefits or services from multiple programs.*

VA Benefits Utilization by Program - Veterans only: FY 2017



** The numbers from the chart do not sum to the total number of VA users. Veterans who used multiple programs are counted in each individual program, but only once in the overall total.*

*** Contains Veterans who received Special Housing Allowance or Special Adaptive Housing benefits.*

Source: U.S. Veterans Eligibility Trends and Statistics, 2017
Prepared by the National Center for Veterans Analysis and Statistics

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