Research Update -- October 29, 2020

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- Links of Interest
- Resource of the Week: Defining High-Quality Care for Posttraumatic Stress Disorder and Mild Traumatic Brain Injury - Proposed Definition and Next Steps for the Veteran Wellness Alliance (RAND)

The Ending Self-Stigma for Posttraumatic Stress Disorder (ESS-P) Program: Results of a Pilot Randomized Trial.

Drapalski, A.L., Aakre, J., Brown, C.H., Romero, E. and Lucksted, A.

Experiences of and concerns about encountering stigma are common among veterans with posttraumatic stress disorder (PTSD). One common and serious consequence is self-stigma, which is when an individual comes to believe that common negative stereotypes and assumptions about PTSD are true of oneself. The current study was a pilot randomized trial that evaluated the feasibility, acceptability, and preliminary outcomes of the Ending Self-Stigma for PTSD (ESS-P) program, a nine-session group intervention that aims to assist veterans with PTSD learn tools and strategies to address stigma and self-stigma. Veterans (N = 57) with a diagnosis of PTSD who were receiving treatment in U.S. Veterans Health Administration outpatient mental health programs were recruited. Participants were randomized to either ESS-P or minimally enhanced treatment as usual and assessed at baseline and after treatment on clinical symptoms, self-stigma, self-efficacy, recovery, and sense of belonging. Information on mental health treatment utilization for the 3 months before and after group treatment was also collected. Compared to controls, there was a significant decrease in self-stigma, d = −0.77, and symptoms of depression, d = −0.76, along with significant increases in general and social self-efficacy, ds = 0.73 and 0.60, respectively, and psychological experience of belonging, d = 0.46, among ESS-P participants. There were no differences regarding recovery status or changes in treatment utilization. The results of the pilot study suggest that participation in ESS-P may help reduce self-stigma and improve self-efficacy and a sense of belonging in veterans with PTSD.

Exposure-Based Writing Therapies for Subthreshold and Clinical Posttraumatic Stress Disorder: A Systematic Review and Meta-Analysis.

Dawson, R.L., Calear, A.L., McCallum, S.M., McKenna, S., Nixon, R.D.V. and O'Kearney, R.

We undertook a systematic review to assess the efficacy of exposure-based writing therapies (WTs) for trauma-exposed adults with subthreshold or clinical levels of posttraumatic stress disorder. Four databases (PsycINFO, Medline, Wiley Online, PILOTS) were searched for randomized controlled trials (RCTs) of exposure-based WTs. A total of 13 RCTs that reported on results from 17 WT versus control comparisons were included. The primary outcomes were posttraumatic stress symptom severity at posttreatment and/or clinical response. An overall unclear or high risk of bias was identified in 84.6% of studies. In comparison to both waitlist k = 3, Hedges' g = −0.97, 95% CI [-1.20, -0.73], and placebo writing conditions, k = 9, Hedges' g = −0.48, 95% CI [-0.87, -0.08], WTs were more beneficial to participants. There was no evidence of a difference between WTs that were longer in duration compared to other psychotherapy, k = 2; pooled OR = 1.42; 95% CI [0.83, 2.43]. These findings indicate that exposure-based WTs are effective when compared to waitlist and placebo writing control conditions. The evidence needs to be considered in the context of the modest number of studies conducted to date, the high methodological heterogeneity between the studies, and the high or unclear risk of bias across many studies. Further research is needed to increase the evidence base regarding the efficacy of WTs for posttraumatic stress. Future research should also measure the mediators and predictors of outcomes to further develop protocols and understand which variants of WTs work for different populations or individuals.

Treatment of comorbid sleep disorders and posttraumatic stress disorder in active duty military: Design and methodology of a randomized clinical trial.

Daniel J. Taylor, Kristi E. Pruiksma, Jim Mintz, Danica C. Slavish, ... Patricia A. Resick

Many individuals with posttraumatic stress disorder (PTSD) also suffer from insomnia and nightmares, which may be symptoms of PTSD or constitute partially independent comorbid disorders. Sleep disturbances are resistant to current treatments for PTSD, and those suffering from PTSD, insomnia, and nightmares have worse PTSD treatment outcomes. In addition, insomnia and nightmares are risk factors for depression, substance abuse, anxiety, and suicide. Cognitive-Behavioral Therapy for Insomnia and Nightmares (CBT-I&N) and Cognitive Processing Therapy (CPT) for PTSD are first line treatments of these conditions. CPT does not typically address insomnia or nightmares, and CBT-I&N does not typically address other symptoms of PTSD. There are limited scientific data on how best to provide these therapies to individuals suffering with all three disorders. This project aims to inform the most effective way to treat individuals suffering from PTSD, insomnia, and nightmares, potentially changing the standard of care. U.S. military personnel and recently discharged Veterans who served in support of combat operations following 9/11 aged 18–65 with PTSD, insomnia, and nightmares (N = 222) will be randomly assigned to one of the following 18-session individual treatment conditions delivered over 12-weeks: (1) 6 sessions of CBT-I&N followed by 12 sessions of CPT; (2) 12 sessions of CPT followed by 6 sessions of CBT-I&N; or (3) 12 sessions of CPT followed by an additional 6 sessions of CPT. All participants will be assessed at baseline, during treatment, and at 1-week, 1-month, 3-months, and 6-months posttreatment. The primary outcome will be PTSD symptom severity.

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https://journals.lww.com/jorthotrauma/Abstract/9000/Pain,_Depression,_and_PTSD_Following_Major.98155.aspx

Pain, Depression, and PTSD Following Major Extremity Trauma Among United States Military Serving in Iraq and Afghanistan: Results from the METALS Study.

Castillo, Renan C.; Carlini, Anthony R.; Doukas, William C.; Hayda, Roman A.; Frisch, H. Michael; Andersen, Romney C.; D'Alleyrand, Jean-Claude; Mazurek, Michael T.; Ficke, James R.; Keeling, John J.; Pasquina, Paul F.; Wain, Harold J.; MacKenzie, Ellen J.

Objectives:
Assess the burden and co-occurrence of pain, depression, and posttraumatic stress disorder (PTSD) among service members who sustained a major limb injury, and examine whether these conditions are associated with functional outcomes.

Design:
A retrospective cohort study.

Setting:
Four U.S. military treatment facilities: Walter Reed Army Medical Center, National Naval Medical Center, Brooke Army Medical Center, and Naval Medical Center San Diego.

Patients/Participants:
429 United States service members who sustained a major limb injury while serving in Afghanistan or Iraq met eligibility criteria upon review of their medical records.

Intervention:
Not applicable.

Main Outcome Measurements:
Outcomes assessed were: function using the Short Musculoskeletal Functional Assessment (SMFA); PTSD using the PTSD Checklist (PCL) and Diagnostic and Statistical Manual (DSM) criteria; pain using the Chronic Pain Grade (CPG) Scale.

Results:
METALS patients without pain, depression, or PTSD, were, on average, about one Minimally Clinically Important Difference (MCID) from age and gender adjusted population norms. In contrast, patients with low levels of pain and no depression or PTSD were, on average, one to two MCID from population norms. METALS patients with either greater levels of pain, and who experience PTSD, depression, or both, were four to six MCIDs from population norms. Regression analyses adjusting for injury type (upper or lower limb, salvage or amputation, unilateral or bilateral), age, time to interview, military rank, presence of a major upper limb injury, social support, presence of mild traumatic brain injury (TBI)/concussion, and combat experiences showed that

higher levels of pain, depression, and PTSD were associated with lower one-year functional outcomes.

Conclusions:
Major limb trauma sustained in the military results in significant long-term pain and PTSD. Overall, the results are consistent with the hypothesis that pain, depression, and PTSD are associated with disability in this population.

Level of Evidence:
Prognostic Level IV. See Instructions for Authors for a complete description of levels of evidence.

The Impact of Hazardous Drinking Among Active Duty Military With Posttraumatic Stress Disorder: Does Cognitive Processing Therapy Format Matter?

Straud, C.L., Dondanville, K.A., Hale, W.J., Wachen, J.S., Mintz, J., Litz, B.T., Roache, J.D., Yarvis, J.S., Young-McCaughan, S., Peterson, A.L., Resick, P.A. for the Strong Star Consortium

This study was a secondary data analysis of clinical trial data collected from 268 active duty U.S. military service members seeking cognitive processing therapy (CPT) for posttraumatic stress disorder (PTSD) at Fort Hood, Texas, related to combat operations following September 11, 2001. Our primary aim was to evaluate changes in PTSD symptom severity and alcohol misuse as a function of baseline hazardous drinking and treatment format (i.e., group or individual). At baseline and posttreatment, PTSD was assessed using the PTSD Symptom Scale–Interview Version and PTSD Checklist for DSM-5. Hazardous drinking was categorically defined as an Alcohol Use Disorder Identification Test total score of 8 or higher. Employing intent-to-treat, mixed-effects regression analysis, all groups reported reduced PTSD symptom severity, Hedges' gs = −0.33 to −1.01, except, unexpectedly, nonhazardous drinkers who were randomized to group CPT, Hedges' g = −0.12. Hazardous drinkers who were randomized to individual therapy had larger reductions in PTSD symptoms than nonhazardous drinkers who

were randomized to group CPT, Hedges' g = −0.25. Hazardous drinkers also reported significant reductions in alcohol misuse, regardless of treatment format, Hedges' gs = −0.78 to −0.86. This study builds upon an emerging literature suggesting that individuals with PTSD and co-occurring alcohol use disorder can engage successfully in CPT, which appears to be an appropriate treatment for these individuals whether it is delivered individually or in a group format. However, as a portion of participants remained classified as hazardous drinkers at posttreatment, some individuals may benefit from integrated treatment.

Determining the Median Effective Dose of Prolonged Exposure Therapy for Veterans with Posttraumatic Stress Disorder.

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

Highlights
- The median effective dose of prolonged exposure therapy (PE) was 4 sessions.
- Demographics and comorbidities had a small effect on median effective dose.
- Session four may be an optimal session to evaluate response to PE.

Abstract
Prolonged exposure therapy (PE) is an effective treatment for posttraumatic stress disorder (PTSD). Identifying metrics of treatment response can guide treatment delivery. The median effective dose represents the number of sessions at which there is a 50% probability of clinically meaningful improvement (i.e., 10-point reduction in PTSD checklist). The goal of the current study was to investigate the median effective dose of PE. We identified a cohort of Iraq and Afghanistan war veterans who received psychotherapy for PTSD in the Veterans Health Administration between 2001-2017. From this cohort, 10,234 veterans who received PE (as identified using natural language processing) and had >2 PTSD symptom measures were included in analyses. To determine how the number of PE sessions and covariates affected clinically meaningful improvement, we utilized a Cox proportional hazards regression, followed by Kaplan-Meier curves to determine the median effective dose. The median effective dose

of PE was four sessions. Although some covariates were found to be statistically significant predictors of clinically meaningful improvement (e.g., age, gender, PTSD medications, and depressive disorder comorbidity), these effects were small. Clinicians and patients should consider evaluating treatment response after four sessions to determine preliminary effectiveness of PE.

PTSD improvement and substance use disorder treatment utilization in veterans: Evidence from medical record data.

Joanne Salas, Sonya B. Norman, Peter W. Tuerk, Carissa van den Berk-Clark, ... Jeffrey F. Scherrer

Highlights
- Large improvements in PTSD associated with SUD treatment seeking.
- Large improvements in PTSD not associated with amount of SUD treatment.
- PTSD improvement, regardless of treatment type, may improve SUD.

Abstract
Background
Clinical trials reveal posttraumatic stress disorder (PTSD) improvement leads to decreased substance use among patients with comorbid substance use disorder (SUD). Using administrative medical record data, we determined whether clinically meaningful PTSD Checklist (PCL) (≥20 points) score decreases were positively associated with SUD treatment utilization.

Methods
We used a retrospective cohort of Veterans Health Affairs (VHA) medical record data (2008–2015). PTSD Checklist (PCL) scores were used to categorize patients into those with a clinically meaningful PTSD improvement (≥20 point decrease) or not (<20 point decrease or increase). PTSD and SUD were measured by ICD-9 codes. Propensity score weighting controlled for confounding in logistic and negative binomial models that

estimated the association between clinically meaningful PTSD improvement and use of SUD treatment and number of SUD clinic visits.

Results
The 699 eligible patients were, on average, 40.4 (±13.2) years old, 66.2% white and 33.1% were married. After controlling for confounding, there was a 56% increased odds of any SUD treatment utilization among those with a PCL decrease ≥20 vs < 20 (OR = 1.56; 95%CI = 1.04−2.33) but there was no association with number of SUD treatment visits.

Conclusions
Clinically meaningful reductions in PTSD symptoms were associated with any SUD treatment utilization but not amount of utilization. Improvement in PTSD symptoms, independent of the treatment modality, may enable SUD treatment seeking.

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https://www.sciencedirect.com/science/article/abs/pii/S0887618520301389

Comorbid posttraumatic stress disorder and major depressive disorder: The usefulness of a sequential treatment approach within a randomised design.

Samantha Angelakis, Nathan Weber, Reginald D.V. Nixon

Highlights
- Depression (MDD) is a common comorbidity in posttraumatic stress disorder (PTSD).
- Targeting both MDD and PTSD might improve treatment outcomes.
- All treatment groups showed improvement in PTSD and depression.
- There was a suggestion it might be more effective to treat PTSD before depression.
- The findings justify further investigation of a sequential treatment approach.

Abstract
Cognitive Processing Therapy (CPT) and Behavioural Activation Therapy (BA) were used to treat individuals with comorbid posttraumatic stress disorder (PTSD) and major

depressive disorder (MDD). Fifty-two individuals (48 women, 4 men) were randomized to CPT alone (n = 18), CPT then BA for MDD (n = 17), or BA then CPT (n = 17). Presenting trauma was primarily interpersonal (87 %). Participants were assessed at pre-, posttreatment, and 6-month follow-up. PTSD and MDD symptoms were the main outcome of interest; trauma cognitions, rumination, and emotional numbing were secondary outcomes. All groups showed sizeable reductions in PTSD and depression (effect sizes at follow-up ranging between 1.02–2.54). A pattern of findings indicated CPT/BA showed better outcomes in terms of larger effect sizes and loss of diagnoses relative to CPT alone and BA/CPT. At follow-up greater numbers of the CPT/BA group were estimated to have achieved good end-state for remission of both PTSD and depression (49 %, CI95 [.26, .73]) relative to CPT alone (18 %, CI95 [.03, .38]) and BA/CPT (11 %, CI95 [.01, .29]). Although tempered by the modest sample size, the findings suggest that individuals with comorbid PTSD and MDD may benefit from having PTSD targeted first before remaining MDD symptoms are addressed.

Examination of the Factor Structure and Correlates of the Perceived Military Healthcare Stressors Scale.

Hale, W.J., Moore, B.A., Straud, C.L., Baker, M.T. and Peterson, A.L.

The current study evaluated the factor structure, reliability estimates, correlates, and predictive utility of the Perceived Military Healthcare Stressor Scale (PMHSS) in a sample of active duty military medical personnel (N = 1,131) deployed to Joint Base Balad in Iraq. The sample was composed of an approximately even split of male (51.2%) and female (48.8%) participants who ranged in age from 18 to 60 years. The PMHSS is a 21-item measure that was designed to assess the impact of specific medical stressors that military healthcare providers may encounter while deployed. An exploratory factor analysis of the PMHSS revealed the presence of two distinct factors: trainable and futility stressors. Confirmatory factor analysis showed that a bifactor model best represented the data, with all items loading higher on the general factor relative to their specific subscale factors. Evidence of partial scalar invariance by gender was found. The PMHSS was significantly correlated with several convergent measures,

including assessments of posttraumatic stress disorder (PTSD), depression severity, distress due to both combat exposure and general deployment-related concerns, and positive affect, rs = .30–.59. PMHSS scores were more strongly correlated with PTSD and depression in women than in men, and they provided incremental validity in predicting convergent measures over and above other related constructs. Healthcare–specific stressors are an understudied area, and this study provides new insights into how deployment-related caregiving stress may impact deployed military medical personnel independently of the impact of combat experiences.

Factors Affecting Adoption of Coordinated Anxiety Learning and Management (CALM) in Veterans' Affairs Community-Based Outpatient Clinics.

Ecker, A.H., Abraham, T.H., Martin, L.A., Marchant-Miros, K. and Cucciare, M.A.

Purpose
Many US military veterans experience anxiety, depression, and trauma-related disorders. A major goal of the Veterans Health Administration (VHA) has been to increase access to evidence-based psychotherapies (EBPs) such as cognitive-behavioral therapy to address veterans' substantial health burden. However, despite widespread implementation of EBPs throughout the VHA, smaller clinics that often serve rural veterans face barriers to delivering these interventions. The Veterans Affairs Coordinated Anxiety Learning and Management (VA CALM) program aims to empower providers in rural areas with varying levels of training and experience in delivering EBPs to provide high-quality cognitive-behavioral therapy for anxiety, depression, and trauma-related disorders. The goal of this study was to better understand, through qualitative interviews, VHA community-based outpatient clinic providers' perspectives on implementing VA CALM.

Methods
Qualitative interviews with providers (N = 22) were conducted to understand implementation of VA CALM. Template analysis was used to organize and summarize responses.

Findings
Providers noted several facilitators for implementing VA CALM in rural community clinics, including its perceived effectiveness, broad applicability, and structure. Barriers to implementation included scheduling problems and patient-related barriers.

Conclusions
Incorporating providers' perspectives on factors that affect implementing cognitive-behavioral therapy in this setting may inform future efforts to disseminate-implement EBPs in smaller, more remote VHA clinics.

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https://link.springer.com/article/10.1007/s41347-020-00166-3

Adding Insult to Injury: Mitigating the Impact of COVID-19 on Mental Health Treatment of PTSD.

Greg M. Reger & Barbara O. Rothbaum

Journal of Technology in Behavioral Science
Published 11 September 2020
https://doi.org/10.1007/s41347-020-00166-3

Tremendous progress has been made in the dissemination of recommended, first-line psychotherapies for PTSD among military service members and veterans (Karlin and Cross 2014). However, recent public health infection prevention interventions for COVID-19 require widespread adoption of social distancing to slow the spread of the virus. These interventions risk negative impacts on the mental health treatment of posttraumatic stress disorder (PTSD). Technology has an important role to play in supporting outcomes during this era, particularly should fears of a "2nd wave" of COVID-19 infection come to pass.

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https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22587

Service Dogs for Veterans and Military Members With Posttraumatic Stress Disorder: Replication With the PTSD Checklist for DSM-5.

Clare L. Jensen, Kerri E. Rodriguez, Marguerite E. O'Haire

Psychiatric service dogs are an emerging complementary intervention for veterans and military members with posttraumatic stress disorder (PTSD). Recent cross-sectional studies have documented significant, clinically relevant effects regarding service dogs and PTSD symptom severity. However, these studies were conducted using the PTSD Checklist (PCL) for the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). The present study aimed to replicate and advance these findings using the latest version of the PCL for the fifth edition of the DSM (PCL-5). Participants included 186 military members and veterans who had received a PTSD service dog (n = 112) or who were on the waitlist to receive one in the future (n = 74). A cross-sectional design was used to investigate the association between having a service dog and PCL-5 total and symptom cluster scores. After controlling for demographic variables, there was a significant association between having a service dog and lower PTSD symptom severity both in total, $B = -14.52$, $p < .001$, $d = -0.96$, and with regard to each symptom cluster, $ps < .001$, $ds = -0.78$ to -0.94. The results replicated existing findings using the largest sample size to date and the most recent version of the PCL. These findings provide additional preliminary evidence for the efficacy of service dogs as a complementary intervention for military members and veterans with PTSD and add to a growing body of foundational research serving to rationalize investment in the further clinical evaluation of this emerging practice.

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https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22598

Posttraumatic Stress Disorder and Suicidal Ideation: The Moderating Effect of Posttraumatic Cognitions.

Whiteman, S.E., Witte, T.K., Cero, I., Kramer, L.B. and Weathers, F.W.

Although individuals with posttraumatic stress disorder (PTSD) are at an increased risk for suicidal ideation (SI), it is unclear what factors might influence this association. Investigators have hypothesized that posttraumatic cognitions (PTCs), such as self-blame (SB) or negative cognitions about the self (NCAS) or world (NCAW), would play a role, but this has not been investigated empirically. Accordingly, we evaluated a model in which the association between PTSD symptoms and SI was moderated by PTCs in a sample of trauma-exposed undergraduate students (N = 410). To identify the specific source of this hypothesized moderation effect, we ran the moderation model separately for PTSD total severity, PTSD total severity without the cognition-related items, and each of four DSM PTSD symptom clusters in combination with each of three types of PTCs (i.e., NCAS, NCAW, SB), accounting for quadratic effects. The results revealed that NCAW moderated the positive association between all six of the PTSD variables and SI, $f2s < .01$ to .04. Analyses of simple slopes generally revealed strong positive associations between PTSD symptoms with SI at high levels of NCAW, no associations at moderate levels, and negative associations at low levels. We also found one statistically significant quadratic effect when examining avoidance and NCAW. In contrast, neither NCAS nor SB emerged as a significant moderator in any of our regression models. These findings highlight the importance of addressing PTCs—particularly NCAW—in trauma survivors.

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https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22610

Exclusion of Suicidal Participants From Randomized Controlled Trials for Posttraumatic Stress Disorder: A Meta-Analysis.

Brooks, E., Spokas, M. and Goldschmidt, D.

There has been a lack of consensus regarding whether to include or exclude participants with suicidal ideation (SI) from posttraumatic stress disorder (PTSD) psychotherapy clinical trials and, until recently, how best to report adverse events related to suicide risk. Without consistent reporting or evaluation of SI as an outcome, clinical practice guidelines are limited in their ability to recommend interventions for this common co-occurrence. In the present meta-analysis, we compared randomized controlled trials (RCTs) of PTSD psychotherapies, based on their suicide exclusion

criteria. The databases PILOTS, PsycINFO, and PubMed were searched for RCTs of psychotherapy that lasted more than 4 weeks and included adults who met the diagnostic criteria for PTSD. Included studies (N = 48) were coded by two independent reviewers. A random-effects model was used to calculate the pooled effect sizes for trials that excluded (n = 31) and did not exclude SI (n = 17). A test statistic for the significance of effect revealed that the difference between these two groups' effect sizes was not significant, z = 0.96, p = .341. This suggests that the effects observed in clinical trials are not significantly impacted by SI-related exclusion criteria.

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https://psycnet.apa.org/record/2020-78675-001

Veterans' experiences with and perspectives on insomnia treatment: A qualitative study.

Bramoweth, A. D., Rodriguez, K. L., Klima, G. J., Appelt, C. J., & Chinman, M. J.

Qualitative interviews were conducted with veterans to understand their experiences and perceptions about insomnia and its treatment, with a focus on cognitive–behavioral therapy for insomnia (CBT-I) and brief behavioral treatment for insomnia (BBTI). There is a lack of knowledge about veterans' understanding of this prevalent disorder, yet their experiences and perceptions can influence treatment delivery and treatment outcomes. The Department of Veterans Affairs (VA) can improve insomnia care by considering and responding to this valuable information from veteran stakeholders. Twenty veterans with an insomnia diagnosis or complaint were interviewed about their experiences with insomnia, its treatment, and their preferences for care. Transcripts from the audio-recorded interviews were independently analyzed by 2 coders using content analysis, and discrepancies were resolved through negotiated consensus. The 20 veterans were mostly male (85%), older (60.4 years ± 9.0), and white (60%). Experiences with insomnia and perspectives regarding treatment focused on (a) insomnia symptoms, (b) comorbid symptoms, (c) seeking treatment, (d) intervention experiences, (e) intervention preferences and expectations, and (f) patient attributes. Barriers to care included a lack of knowledge about treatment and a lack of options that fit veterans' preference for delivery. These results provide insight into veterans' experiences with and perspectives on insomnia treatment that is crucial to the support, development, and

implementation of interventions. A focus on increasing knowledge of, and expectations for, insomnia treatments as well as offering multiple delivery options has the potential to improve utilization and access to quality insomnia care. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Does Psychosocial Functioning Improve With Prolonged Exposure in Veterans With PTSD?: Exploring Traditional and Home-Based Telehealth Delivery Methods.

Kristina Reich, PhD, PMHNP-BC; Lynne S. Nemeth, PhD, RN, FAAN; Martina Mueller, PhD; Lisa Marie Sternke, PhD, RN; Ron Acierno, PhD

The current study explored whether prolonged exposure (PE), delivered in person or via home-based telehealth, had a therapeutic effect on psychosocial functioning in combat Veterans with posttraumatic stress disorder (PTSD). The effects of home-based telehealth on these metrics were also evaluated. In addition, we examined whether race, type of war conflict, and service-connected disability rating moderated the effect of PE on psychosocial functioning and whether PTSD, anxiety, and/or depression mediated the effect of PE on psychosocial functioning. We did not find moderating or mediating effects in our study. Improvements in PTSD, depression, and anxiety were associated with improvements in psychosocial functioning. We did not identify statistically significant differences in scores representing change in overall and each domain of psychosocial functioning between groups. Within-group analysis indicated psychosocial functioning improved in both groups but was mostly not statistically significant. However, some clinically relevant improvement may have occurred.

Using Machine Learning to Predict Suicide Attempts in Military Personnel.

David C. Rozek, William C. Andres, Noelle B. Smith, Feea R. Leifker, ... M. David Rudd

Highlights
- Previous models used to predict suicide have very low sensitivity.
- Current study used machine learning approach to predict suicide attempts using a clinical trial dataset.
- Worst-point suicidal ideation, history of multiple suicide attempts, treatment group, suicidogenic cognitions, and male sex were found, in combination, correctly classified 30.8% of patients who attempted suicide during the two-year follow-up period.
- This sensitivity is higher than most suicide prediction models.

Abstract
Identifying predictors of suicide attempts is critical in intervention and prevention efforts, yet finding predictors has proven difficult due to the low base rate and underpowered statistical approaches. The objective of the current study was to use machine learning to examine predictors of suicidal behaviors among high-risk suicidal Soldiers who received outpatient mental health services in a randomized controlled trial of Brief Cognitive Behavioral Therapy for Suicide Prevention (BCBT) compared to treatment as usual (TAU). Self-report measures of clinical and demographic variables, administered prior to the start of outpatient treatment to 152 participants with recent suicidal thoughts and/or behaviors were analyzed using machine learning software to identify the best combination of variables for predicting suicide attempts during or after treatment. Worst-point suicidal ideation, history of multiple suicide attempts, treatment group (i.e., BCBT or TAU), suicidogenic cognitions, and male sex were found, in combination, correctly classified 30.8% of patients who attempted suicide during the two-year follow-up period. This combination has higher sensitivity than many models that have previously been used to predict suicidal behavior. Overall, this study provides a combination of variables that can be assessed clinical to help identify high-risk suicidal individuals.

Effect of the Wingman-Connect Upstream Suicide Prevention Program for Air Force Personnel in Training: A Cluster Randomized Clinical Trial.

Wyman PA, Pisani AR, Brown CH, et al.

Key Points
Question
Does group training to build cohesion, shared purpose, and healthy coping for classes of new US Air Force Airmen reduce suicidal thoughts, depression symptoms, and occupational problems?

Findings
In this cluster randomized clinical trial of 1485 personnel in 215 training classes, the Wingman-Connect program reduced suicidal ideation, depression symptoms, and occupational problems at 1 month by fostering cohesive, healthy classes. Reduced depression symptoms were maintained through 6 months, and the odds of having elevated depression symptoms were lower (odds ratio, 0.80) at either follow-up point.

Meaning
Wingman-Connect is the first universal prevention program to reduce suicidal ideation and depression in a general Air Force population.

Abstract
Importance
Suicide has been a leading manner of death for US Air Force personnel in recent years. Universal prevention programs that reduce suicidal thoughts and behaviors in military populations have not been identified.

Objectives
To determine whether the Wingman-Connect program for Airmen-in-training reduces suicidal ideation, depression, and occupational problems compared with a stress management program and to test the underlying network health model positing that cohesive, healthy units are protective against suicidal ideation.

Design, Setting, and Participants
This cluster randomized clinical trial was conducted from October 2017 to October 2019 and compared classes of personnel followed up for 6 months. The setting was a US Air Force technical training school, with participants studied to their first base assignment, whether US or international. Participants in 216 classes were randomized, with an 84% retention rate. Data analysis was performed from November 2019 to May 2020.

Interventions
The Wingman-Connect program used group skill building for cohesion, shared purpose, and managing career and personal stressors (3 blocks of 2 hours each). Stress management training covered cognitive and behavioral strategies (2 hours). Both conditions had a 1-hour booster session, plus text messages.

Main Outcomes and Measures
The primary outcomes were scores on the suicidal ideation and depression scales of the Computerized Adaptive Test for Mental Health and self-reports of military occupational impairment. Class network protective factors hypothesized to mediate the effect of Wingman-Connect were assessed with 4 measures: cohesion assessed perceptions that classmates cooperate, work well together, and support each other; morale was measured with a single item used in other studies with military samples; healthy class norms assessed perceptions of behaviors supported by classmates; and bonds to classmates were assessed by asking each participant to name classmates whom they respect and would choose to spend time with.

Results
A total of 215 classes including 1485 individuals (1222 men [82.3%]; mean [SD] age, 20.9 [3.1] years) participated; 748 individuals were enrolled in the Wingman-Connect program and 737 individuals were enrolled in the stress management program. At 1 month, the Wingman-Connect group reported lower suicidal ideation severity (effect size [ES], −0.23; 95% CI, −0.39 to −0.09; P = .001) and depression symptoms (ES, −0.24; 95% CI, −0.41 to −0.08; P = .002) and fewer occupational problems (ES, −0.14; 95% CI, −0.31 to −0.02; P = .02). At 6 months, the Wingman-Connect group reported lower depression symptoms (ES, −0.16; 95% CI, −0.34 to −0.02; P = .03), whereas the difference in suicidal ideation severity was not significant (ES, −0.13; 95% CI, −0.29 to 0.01; P = .06). The number needed to treat to produce 1 fewer participant with elevated depression at either follow-up point was 21. The benefits of the training on occupational problems did not extend past 1 month. The Wingman-Connect program strengthened cohesive, healthy class units, which helped reduce suicidal ideation severity (estimate, −0.035; 95% CI, −0.07 to −0.01; P = .02) and depression symptom scores (estimate, −0.039; 95% CI, −0.07 to −0.01; P = .02) at 1 month.

Conclusions and Relevance
Wingman-Connect is the first universal prevention program to reduce suicidal ideation and depression symptoms in a general Air Force population. Group training that builds cohesive, healthy military units is promising for upstream suicide prevention and may be essential for ecological validity. Extension of the program to the operational Air Force is recommended for maintaining continuity and testing the prevention impact on suicidal behavior.

Trial Registration ClinicalTrials.gov Identifier: NCT04067401

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https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2771933

Assessment of Rates of Suicide Risk Screening and Prevalence of Positive Screening Results Among US Veterans After Implementation of the Veterans Affairs Suicide Risk Identification Strategy.

Bahraini N, Brenner LA, Barry C, et al.

JAMA Network Open
Published: October 21, 2020
https://www.doi.org/10.1001/jamanetworkopen.2020.22531

Key Points
Question
Are population-level suicide risk screening and evaluation feasible in Veterans Health Administration medical settings and do they identify patients at risk for suicide?

Findings
In this cross-sectional study of more than 4 million US veterans screened in ambulatory care and emergency department settings during fiscal year 2019, the prevalence of suicidal ideation was 3.5%. Acuity of suicide risk was greater among patients screened in the emergency department than in ambulatory care.

Meaning
Population-based suicide risk screening and evaluation in Veterans Health Administration medical settings may facilitate identification of risk among those who may not be receiving mental health treatment.

Abstract

Importance

In 2018, the Veterans Health Administration (VHA) implemented the Veterans Affairs (VA) Suicide Risk Identification Strategy to improve the identification and management of suicide risk among veterans receiving VHA care.

Objectives

To examine the prevalence of positive suicide screening results among veterans in ambulatory care and emergency departments (EDs) or urgent care clinics (UCCs) and to compare acuity of suicide risk among patients screened in these settings.

Design, Setting, and Participants

This cross-sectional study used data from the VA's Corporate Data Warehouse (CDW) to assess veterans with at least 1 ambulatory care visit (n = 4 101 685) or ED or UCC visit (n = 1 044 056) at 140 VHA medical centers from October 1, 2018, through September 30, 2019.

Exposures

Standardized suicide risk screening and evaluation tools.

Main Outcomes and Measures

One-year rate of suicide risk screening and evaluation, prevalence of positive primary and secondary suicide risk screening results, and levels of acute and chronic risk based on the VHA's Comprehensive Suicide Risk Evaluation.

Results

A total of 4 101 685 veterans in ambulatory care settings (mean [SD] age, 62.3 [16.4] years; 3 771 379 [91.9%] male; 2 996 974 [73.1%] White) and 1 044 056 veterans in ED or UCC settings (mean [SD] age, 59.2 [16.2] years; 932 319 [89.3%] male; 688 559 [66.0%] White) received the primary suicide screening. The prevalence of positive suicide screening results was 3.5% for primary screening and 0.4% for secondary screening in ambulatory care and 3.6% for primary screening and 2.1% in secondary screening for ED and UCC settings. Compared with veterans screened in ambulatory care, those screened in the ED or UCC were more likely to endorse suicidal ideation with intent (odds ratio [OR], 4.55; 95% CI, 4.37-4.74; P < .001), specific plan (OR, 3.16; 95% CI, 3.04-3.29; P < .001), and recent suicidal behavior (OR, 1.95; 95% CI, 1.87-2.03; P < .001) during secondary screening. Among the patients who received a Comprehensive Suicide Risk Evaluation, those in ED or UCC settings were more likely

than those in ambulatory care settings to be at high acute risk (34.1% vs 8.5%; P < .001).

Conclusions and Relevance

In this cross-sectional study, population-based suicide risk screening and evaluation in VHA ambulatory care and ED or UCC settings may help identify risk among patients who may not be receiving mental health treatment. Higher acuity of risk among veterans in ED or UCC settings compared with those in ambulatory care settings highlights the importance of scaling up implementation of brief evidence-based interventions in the ED or UCC to reduce suicidal behavior.

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https://pubmed.ncbi.nlm.nih.gov/31535941/

Post-9/11 Service Era Veterans: Intimate Partner Violence and Substance Use.

Roberto Cancio

Using structural equation modeling, this study considers variations of intimate partner violence (IPV) among military families from the point of the perpetrator to test previously established empirical models on military subgroups in order to observe the impact of demographic factors on the type of IPV most prevalent among Post-9/11 military families from the National Longitudinal Study of Adolescent to Adult Health (1994-2008): Waves I and IV in-home interviews (N = 499). Study findings indicate that the perpetration of physical and sexual IPV varies across race/ethnicity perpetrator profiles. Models for substance use and IPV patterns were not similar across military cohorts and or racial/ethnic groups.

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https://pubmed.ncbi.nlm.nih.gov/32074360/

Assessing the Well-being of Sexual Minority Soldiers at a Military Academic Institution.

Introduction:
The goal of the present study was to characterize behavioral health rates, behavioral health care utilization, loneliness, and perceived prejudice and support among sexual minority soldiers.

Materials and methods:
Cross-sectional survey data were obtained from 640 active-duty U.S. soldiers enrolled in an academic training institute who provided information on their sexual orientation. Survey topics included demographics, behavioral health, behavioral health care utilization, and mitigating factors (eg, perceived prejudice, perceived support, and loneliness). Chi-square analyses were utilized to determine any differences between groups for behavioral health rates and behavioral health care utilization. Robust regression was used for analysis of self-reported loneliness.

Results:
A higher proportion of lesbian, gay, bisexual (LGB) soldiers than heterosexual soldiers screened positive for anxiety, post-traumatic stress disorder, and suicidality. No between-group differences in behavioral health care utilization were found; however, a higher proportion of LGB soldiers sought help from military family life counselors. No between-group differences for loneliness were found. Finally, perceived prejudice was higher for LGB soldiers and perceived support was lower.

Conclusion:
Organizational barriers, such as perceived prejudice and lack of support, appear to still exist for sexual minority soldiers. Increasing organizational support and implementing training and education for health care providers in order to better support the LGB soldier community may mitigate these barriers.

The Effect of PTSD Symptom Change on Suicidal Ideation in a Combined Military and Civilian Sample Engaged in Cognitive Processing Therapy.

Clara M. Johnson, Samantha C. Holmes, Michael K. Suvak, Jiyoung Song, ... Candice M. Monson

Highlights:
- Suicidal ideation (SI) decreased during Cognitive Processing Therapy (CPT)
- Posttraumatic stress disorder (PTSD) symptoms predicted SI in the next CPT session.
- SI did not predict PTSD symptoms in the next CPT session.
- Gender and military status did not affect the relationship between PTSD and SI.

Abstract
In light of the well-established relationship between posttraumatic stress disorder (PTSD) and suicidal ideation (SI), there has been a push for treatments that simultaneously improve symptoms of PTSD and decrease SI. Using data from a randomized controlled hybrid implementation-effectiveness trial, the current study investigated the effectiveness of Cognitive Processing Therapy (CPT; Resick, Monson, & Chard, 2016) on PTSD and SI. The patient sample (N = 188) was diverse in military and veteran status, gender, and comorbidity, and 73% of the sample endorsed SI at one or more points during CPT. Participants demonstrated significant improvement in SI over the course of CPT. Multilevel growth curve modeling revealed a significant association between PTSD symptom change and change in SI. Results from cross-lagged multilevel regressions indicated that PTSD symptoms predicted SI in the next session, yet SI in a given session did not predict PTSD symptoms in the next session. Potentially relevant clinical factors (i.e., military status, gender, depression diagnosis, baseline SI, study consultation condition) were not associated with the relationship between PTSD symptoms and SI. These results add to the burgeoning literature suggesting that evidence-based treatments for PTSD, like CPT, reduce suicidality in a range of individuals with PTSD, and that this reduction is predicted by improvements in PTSD symptoms.

Links of Interest

Providing innovative quality PTSD care
Battle Creek VA's PTSD virtual Intensive Outpatient Program
https://www.blogs.va.gov/VAntage/79894/providing-innovative-quality-ptsd-care/

Psych Hub Veteran Mental Health Resources
https://www.blogs.va.gov/VAntage/79968/psych-hub-veteran-mental-health-resources/

Virus shutdowns took a grim toll on amputee veterans who died by suicide, families say
https://www.washingtonpost.com/national-security/2020/10/21/coronavirus-veteran-suicide/

New Law Extends VA Mental Health Counseling to More Guard and Reserve Members
https://www.military.com/daily-news/2020/10/23/new-law-extends-va-mental-health-counseling-more-guard-and-reserve-members.html

You Are Not Alone: Navigating Mental Health
https://militaryreach.auburn.edu/FamilyStoryDetails?resourceid=e278944e-4eb7-478b-bb3e-06cb951c1adc

Equipping Helping Professionals With Evidence-based Solutions Geared Towards Better Serving Military Families
https://militaryreach.auburn.edu/FeaturedNewsStoryDetails?resourceid=0af974ac-ba1d-4585-a2e0-f57df9ba2493


Resource of the Week: Defining High-Quality Care for Posttraumatic Stress Disorder and Mild Traumatic Brain Injury - Proposed Definition and Next Steps for the Veteran Wellness Alliance

New, from the RAND Corporation:

> Posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI) — sometimes referred to as "invisible wounds" — can have significant negative effects on veterans' mental and physical health, yet many veterans have difficulty accessing high-quality care for these conditions. The Veteran Wellness Alliance, an initiative of the George W. Bush Institute, is a coalition of veteran peer

network and clinical provider organizations that aims to improve access to high-quality care for post-9/11 veterans, specifically those with PTSD and TBI. Although the Veteran Wellness Alliance and other veteran-serving organizations have a common goal to improve access to high-quality care for invisible wounds, there has been no shared definition of *high-quality care* to guide these improvement efforts. RAND researchers conducted a literature review and interviews with Veteran Wellness Alliance partner organizations to identify standards for high-quality care, develop an initial definition, and make recommendations for implementing, refining, and disseminating the definition and its associated metrics.

Establishing a clear standard for high-quality care will help the Veteran Wellness Alliance offer meaningful guidance to its clinical partners and peer networks and will guide the broader veteran-serving community in providing the highest level of support for post-9/11 veterans who are living with the effects of these conditions.
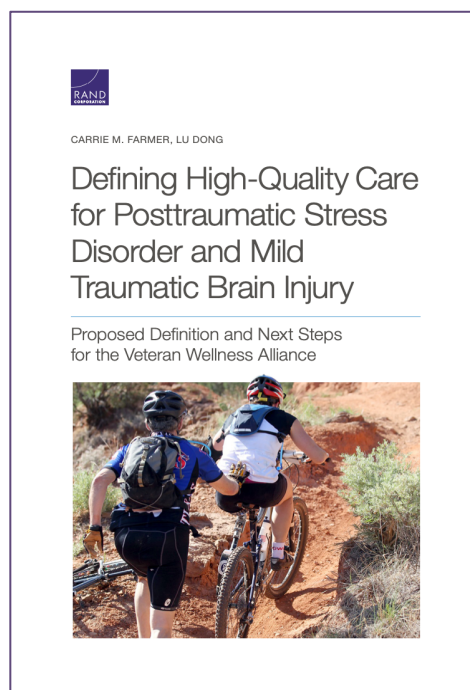
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