

CDP



Research Update -- June 10, 2021

What's Here:

- Understanding the role of sleep on suicidal ideation in active-duty service members: Implications for clinical practice.
- Improving Educational Outcomes for First-Year and First-Generation Veteran Students: An Exploratory Study of a Persistent Outreach Approach in a Veteran-Student Support Program.
- How often do community-based mental health providers educate and initiate PTSD treatment following training? Answering the question of reach.
- Effectiveness of internet-based cognitive behavioral therapy for suicide: a systematic review and meta-analysis of RCTs.
- Psychopharmacological treatment is not associated with reduced suicide ideation and reattempts in an observational follow-up study of suicide attempters.
- Resilience to Traumatic Stress in U.S. Military Veterans: Application of a Novel Classification Approach in a Nationally Representative Sample.
- Mindfulness-Based Relapse Prevention for the Treatment of Gambling Disorder among U.S. Military Veterans: Case Series and Feasibility.
- Early Age of Alcohol Initiation and Its Association with Suicidal Behaviors.
- Mobile applications may be the future of veteran mental health support but do veterans know yet? A survey of app knowledge and use.
- The prevalence rate of smoking among Veterans: A forgotten epidemic.

- Prevalence of substance use and substance-related disorders among US Veterans Health Administration patients.
- Reductions in Guilt Cognitions Following Prolonged Exposure and/or Sertraline Predict Subsequent Improvements in PTSD and Depression.
- Investigation of Therapist Effects on Patient Engagement in Evidence-Based Psychotherapies for Posttraumatic Stress Disorder in the Veterans Health Administration.
- Sleep and self-control: A systematic review and meta-analysis.
- Testing adaptations of cognitive-behavioral conjoint therapy for PTSD: A randomized controlled pilot study with veterans.
- Parental suicide attempt and subsequent risk of pre-enlistment suicide attempt among male and female new soldiers in the U.S. Army.
- The Protective Role of Reasons for Living on Suicidal Cognitions for Military Affiliated Individuals with a Positive PTSD Screen in Primary Care Settings.
- Patient-centered behavioral services for women veterans with mental health conditions.
- Daily variation in sleep characteristics in individuals with and without post traumatic stress disorder.
- “We have no magic bullet”: diagnostic ideals in veterans’ mild traumatic brain injury evaluations.
- Sexual Health Difficulties Among Service Women: The Influence of Posttraumatic Stress Disorder.
- Links of Interest
- Resource of the Week: Sexual Assault of Sexual Minorities in the U.S. Military (RAND)

<https://doi.org/10.1037/pri0000146>

Understanding the role of sleep on suicidal ideation in active-duty service members: Implications for clinical practice.

Paxton Willing, M. M., Pickett, T. C., Tate, L. L., Sours Rhodes, C., Riggs, D. S., & DeGraba, T. J.

Practice Innovations

Advance online publication

Suicide is a significant public health concern, particularly within the U.S. military. Sleep difficulties are hypothesized to elevate risk, yet this association is not well understood. Presently, there is some support for a positive association between subjective reports of sleep disturbances and suicidal ideation (SI); however, research regarding the relation of SI and objective measures of sleep is sparse. The present study aimed to examine the association of subjective and objective measures of sleep on SI in a sample of active-duty service members and provide recommendations to changes in clinical care. Data were obtained from the National Intrepid Center of Excellence's clinical database. Patients (N = 1,550) were predominantly male, Navy/Coast Guard, and enlisted rank, with a mean age of 38 years. Patients underwent a sleep study and completed a battery of measures as part of standard clinical care. SI was coded as a binary variable, and odds ratios were calculated using logistic regression. Of the 14 objective sleep indices examined, REM latency and time in sleep stage N2 were related to SI. Subjective reports, including sleep quality, sleepiness, bad dreams, and traumatic bad dreams and nightmares, were all significantly associated with increased odds of SI. Notably, subjective reports of sleep were the only measures with meaningful odds ratios, with traumatic bad dreams producing the greatest odds ratios. The present findings suggest subjective reports of sleep disturbance are important when evaluating SI in active-duty service members and may represent an important point of intervention for patients experiencing SI. (PsychoInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1080/07377363.2021.1908773>

Improving Educational Outcomes for First-Year and First-Generation Veteran Students: An Exploratory Study of a Persistent Outreach Approach in a Veteran-Student Support Program.

Cassandra Barragan, Lyla Ryckman & Wayne Doyle (LTC (US Army, Ret.))

The Journal of Continuing Higher Education

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Effective veteran-student programs that include advising help to bridge military culture with campus culture. These programs assist with military-to-campus transitions and achieving veteran-student academic success. Persistent outreach is an advising strategy that includes proactive and intentional engagement that anticipates student concerns. The records of 448 veteran-students eligible for the Veteran Student Support Services (VSSS) program using persistent outreach between fall 2017 and winter 2018 were reviewed. This study answered the research questions: Which factors are significant predictors of students in the VSSS program? Do GPA, grants, and loans received differ for students in the VSSS program? Do GPA, grants, and loans received differ for first-generation status? and Do VSSS status and first-generation status interact in the effect on GPA, grants, and loans received? Comparisons were made between students who were (n = 103) and were not (n = 345) in the VSSS program. Binary logistic regression analysis revealed that race/ethnicity, first-generation, gender, grants, and GPA were predictors of VSSS participation. Our analysis found significant main effects for participation in VSSS and for first-generation status and the interaction of those two factors with GPA, loans, and grants. Because the VSSS provides support services, it indirectly addresses the stress of transition from “soldier to student” that leads to poor outcomes for veteran students.

<https://doi.org/10.1177/26334895211011771>

How often do community-based mental health providers educate and initiate PTSD treatment following training? Answering the question of reach.

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Implementation Research and Practice
First Published May 31, 2021

Background:

Posttraumatic stress disorder (PTSD) is a significant problem. Clinical practice guidelines recommend evidence-based treatments (EBTs) including cognitive processing therapy (CPT) and prolonged exposure (PE) as first-line treatments. Training in EBTs for PTSD has often been limited to large-scale systems (e.g., U.S. Department of Veterans Affairs). Research has shown that veteran-serving community-based mental health providers have low rates of training and supervision in EBTs for PTSD, suggesting that training initiatives for these community providers are critical to

increase accessibility. This study aimed to examine the reach of education about EBTs for PTSD and the initiation of EBT for PTSD treatment among veteran-serving community-based providers participating in a large-scale training initiative.

Methods:

Participants (N = 280) were community-based, licensed mental health providers who received training in CPT (67%) or PE (33%). Provider attitudes toward EBTs were measured with the Perceived Characteristics of Intervention Scale. Reach was calculated from provider self-reported follow-up survey data, including caseload total number of patients with PTSD, number of patients provided education on EBTs for PTSD, and patient initiation of EBT for PTSD. Reach was calculated for both education and EBT initiation.

Results:

Providers reported positive attitudes toward CPT and PE. Rates of education reach for EBTs for PTSD ranged from 30% to 76%, and rates of EBTs for PTSD initiation ranged from 11% to 35% over the 5-month follow-up period. CPT providers had higher rates of education and initiation earlier in the follow-up period, although differences in initiation rates diminished after 3 months posttraining.

Conclusion:

Overall, this study examined how large-scale, training programs can be used to increase the education reach and initiation reach of EBTs for PTSD among veteran-serving community-based providers. Future work should examine how best to augment these training programs to reduce the gap between education and implementation of EBTs for PTSD.

Plain Language Summary

Posttraumatic stress disorder (PTSD) is a significant problem among veterans. Although there are effective treatments for PTSD, mental health providers in community settings rarely have access to training in these treatments. Training programs are designed to offer providers the necessary training and support to deliver the most effective therapies to their clients. In evaluating these programs, it is important to determine whether they increase the likelihood that providers will deliver the interventions in which they were trained. Valuable outcomes include the percentage of patients who were educated on the specific intervention and who began to receive it. The (STRONG STAR) Training stron Initiative is a large-scale, community-based program that specializes in training providers in two leading PTSD therapies: cognitive processing therapy and prolonged exposure. Participants received a 2-day workshop, online resources, and weekly consultation calls to aid in the delivery of the intervention in which they were trained.

Consequently, a large number of clients on provider caseloads are now aware of these PTSD treatments, and many have chosen to receive them. It is clear that the components within the (STRONG STAR) Training Initiative increase providers' competency in delivering therapies that have been widely studied. Therefore, more community members with PTSD will have access to gold-standard care. More funding should be devoted toward competency-based training programs to increase the number of people who receive education about and who engage in delivering effective therapies. This approach will ensure high-quality care and increased quality of life for those seeking treatment from community providers.

<https://doi.org/10.1080/13548506.2021.1930073>

Effectiveness of internet-based cognitive behavioral therapy for suicide: a systematic review and meta-analysis of RCTs.

Ting Yu, Deying Hu, Fen Teng, Jing Mao, Ke Xu, Yanhong Han, Yilan Liu & Minge Wu

Psychology, Health & Medicine

Published online: 02 Jun 2021

Suicidal individuals rarely seek help and receive professional psychological intervention on their initiative. Internet-based cognitive behavioral therapy(iCBT) can increase availability and reduce stigma compared to face-to-face interventions for suicide.However, conclusions about the effectiveness of iCBT on suicide are controversial. The review aimed to determine the effectiveness of iCBT on reducing suicidal ideation (primary outcomes) and other outcomes related to suicide like suicide attempts(secondary outcomes). PubMed, the Cochrane Library, EMBASEwere searched up to March 2020 for RCTs of iCBT which aimed to reduce suicide.The potential bias was assessed by the Cochrane risk of bias tool. Data analyses wereperformed by RevMan5.3.Four studies meeting the eligibility criteria were included which reported data on a total of 1225 participants. We found iCBT was associated with reducing an individual's suicidal ideation, and first indications suggest that the treatment effect might be even more pronounced in the short term and in adults.Additionally, there was insufficient evidence to prove its effectiveness in reducing suicide attempts and suicide death.Overall, iCBT can overcome the disadvantages of traditional interventions and show promise on suicidal ideation. While ensuring safety and ethics, further studies are warranted, focusing on suicide specific behavior like suicide attempts.

<https://doi.org/10.1016/j.jpsychires.2021.05.068>

Psychopharmacological treatment is not associated with reduced suicide ideation and reattempts in an observational follow-up study of suicide attempters.

Konrad Michel, Anja Gysin-Maillart, Sigrid Breit, Sebastian Walther, Anastasia Pavlidou

Journal of Psychiatric Research
Available online 31 May 2021

Highlights

- This observational study of TAU of study participants who had recently attempted suicide, continuous use of psychotropic medication, including antidepressants and lithium, over 12 months or more was not associated with a reduction of suicidal ideation or suicide reattempts.
- Participants on psychotropic medication had higher depression scores. The severity of psychiatric pathology may be a confounding factor for the effect of medication on suicidal behavior.
- A brief psychological therapy added to long-term psychotropic medication reduced the number of suicide reattempts.

Abstract

Background

Disorders of mental health are major risk factors for suicidal behavior and require adequate treatment. However, the effect of psychotropic medication on suicidal behavior is unclear.

Methods

The 120 participants in a randomized clinical trial of a brief therapy for suicide attempters (Attempted Suicide Short Intervention Program, ASSIP) reported on repeated suicide attempts, suicidal ideation, depression, and medication in the treatment as usual (TAU), at baseline, 6, 12, 18, and 24 months follow-up. The RCT had no influence on medication prescribed. Drugs prescribed were categorized as any psychotropic, antidepressants plus lithium, and antipsychotics. To assess the effect of long-term medication we identified participants with periods of continuous use of

psychotropics and antidepressants plus lithium over twelve months or more, and medication-free participants for the same drug categories during the same time period.

Results

Reattempts and suicide ideation decreased in all drug categories. When comparing participants on medication fulfilling the definition of long-term use with participants without medication, reattempts and suicidal ideation were higher in the psychotropics and the antidepressants/lithium groups. These drug categories were associated with higher depression scores in comparison to no-medication. The survival analysis revealed a higher risk of reattempts in the long-term antidepressants/lithium group in comparison to no-medication. Treatment with the brief psychological therapy ASSIP, added to medication, was associated with a lower risk of reattempts.

Limitations

The study relied on the patients' reports on treatment as usual in a randomized controlled clinical trial. Blood levels of the psychotropic compounds were not assessed.

Conclusions

In this observational study of the TAU condition in a clinical trial of a brief psychological therapy for patients who had recently attempted suicide, psychotropic drug use over twelve months or more was not associated with reduced suicide ideation and reattempts. Depression scores suggest that patients on psychotropic medication had more psychiatric pathology. This may be a confounding factor for the effect of medication on suicidal behavior.

<https://doi.org/10.1016/j.jpsychires.2021.06.004>

Resilience to Traumatic Stress in U.S. Military Veterans: Application of a Novel Classification Approach in a Nationally Representative Sample.

Cassie Overstreet, Jason C. DeViva, Ananda Amstadter, Elissa McCarthy, ... Robert H. Pietrzak

Journal of Psychiatric Research
Available online 7 June 2021

Resilience has been of particular interest to researchers and clinicians focused on response to trauma. In the current study, we employed a novel, discrepancy-based

psychiatric resilience (DBPR) analytic approach to operationalizing resilience and examined its relation to potentially protective psychosocial factors in a nationally representative sample of U.S. veterans (N = 2,704). Cumulative lifetime trauma burden, severity of PTSD symptoms, and protective factors such as personality characteristics (e.g., conscientiousness), protective psychosocial characteristics (e.g., purpose in life), and social connectedness (e.g., secure attachment style) were assessed. PTSD Checklist (PCL) scores were regressed onto cumulative trauma burden for the entire sample and a predicted PCL score was generated for each veteran. Resilience was operationalized as a lower actual relative to predicted PCL score. Results of a relative importance analysis revealed that somatic symptoms (22.5% relative variance explained [RVE]), emotional stability (22.4% RVE), and a secure attachment style (14.1%) explained the majority of the variance in resilience scores. These results demonstrate the utility of a DBPR approach to operationalizing resilience in U.S. military veterans. They also identify potentially modifiable psychosocial factors that may be bolstered in prevention and treatment efforts designed to mitigate the negative effects of trauma and promote resilience in this population.

<https://doi.org/10.1177/15346501211020122>

Mindfulness-Based Relapse Prevention for the Treatment of Gambling Disorder among U.S. Military Veterans: Case Series and Feasibility.

Shirk, S. D., Muquit, L. S., Deckro, J., Sweeney, P. J., & Kraus, S. W.

Clinical Case Studies

First Published May 30, 2021

Gambling disorder (GD) occurs at higher rates in U.S. veterans than civilians. The present case series describes the application of a manualized mindfulness treatment used with U.S. veterans seeking outpatient treatment for GD at a Department of Veterans Affairs hospital. Mindfulness-Based Relapse Prevention (MBRP) was developed to treat substance use disorders, but its core principles can be readily applied to the treatment of behavioral addictions. However, there has been little empirical evidence demonstrating its successful application for GD, and none demonstrating its successful implementation with U.S. veterans. Three veterans receiving treatment for GD participated in a 9-session adapted MBRP protocol. Following completion of treatment, the veterans reported less frequent engagement in their gambling behavior, fewer cravings, and less intense craving. The veterans also

experienced increased self-efficacy in managing urges, less impulsivity and emotion dysregulation, and improved functioning. Preliminary results provide support for a larger treatment trial for veterans seeking treatment for GD.

<https://doi.org/10.1080/10826084.2021.1922452>

Early Age of Alcohol Initiation and Its Association with Suicidal Behaviors.

Manik Ahuja, Manul Awasthi, Kathie Records & Rabindra Raj Lamichhane

Substance Use and Misuse

Published online: 31 May 2021

Objective

The relationship between alcohol use and suicidal behaviors is well-accepted, but less is known about the contribution of its early initiation. This study was designed to test the association of early alcohol initiation versus later initiation with suicidal ideation and attempt in an ethnically diverse sample.

Methods

The Collaborative Psychiatric Epidemiology Surveys (CPES), 2001-2003 (n = 20,013), database was used. A total of 13,867 participants were selected included 56.9% females and 43.1% males. Race and ethnicity were reported as 28.8% non-Hispanic White, 39.1% Black, 20.3% Latino, and 11.9% Asian. Logistic regression analyses tested the associations between early (≤ 14 years) and later (> 15) age alcohol initiation with suicide ideation and attempts. Alcohol initiation was indexed by self-report of the first time that any alcohol product was consumed. Potential confounders were controlled.

Results

Early alcohol initiation was associated with higher odds (AOR = 3.64, 95% CI [2.51, 5.28]) of suicide ideation as compared with adults who had initiated \geq age 15 (AOR = 2.11, 95% CI [1.46, 3.04]). Early age initiation was also associated with higher odds (AOR = 3.81, 95% CI [2.02, 7.18]) of lifetime suicide attempt versus later age initiators (AOR = 2.03, 95% CI [1.08, 3.79]). Significant differences were found between early and later age of initiation. Conclusion: Early age of alcohol initiation has profoundly increased odds of suicide ideation or attempt. It is critical that effective prevention

programs for children and their caregivers be implemented to prevent or delay alcohol initiation and lessen the risk for future suicidal behaviors.

<https://doi.org/10.1037/ser0000562>

Mobile applications may be the future of veteran mental health support but do veterans know yet? A survey of app knowledge and use.

Reger, G. M., Harned, M., Stevens, E. S., Porter, S., Nguyen, J., & Norr, A. M.

Psychological Services
Advance online publication

Given the substantial investment in the development of mental health mobile applications (apps), information about penetration in the patient populations of interest is critical. This study describes the proportion of veterans who are knowledgeable of and utilize the Department of Veteran Affairs (VA) and Department of Defense (DoD) mental health apps. A cross-sectional survey of 140 veterans was conducted in primary care and outpatient mental health clinics at a large VA facility. Ninety-one percent of veterans (n = 127) reported smartphone ownership. Of these, 42.5% and 20.4% had heard of and used at least one of the 22 VA/DoD mental health apps, respectively. When veterans were asked to pick the individual VA/DoD apps they had previously used from a list, the proportion of participants who reported prior use ranged from 0% (Moving Forward) to 6.5% (Mindfulness Coach). Treatment for psychiatric problems relevant to the apps did not predict veteran knowledge/use of the VA/DoD apps. Rates of app use remained low among veterans reporting symptoms/diagnoses apps were designed to address (e.g., 7.5% of veterans who reported posttraumatic stress disorder (PTSD) had used PTSD Coach). The most common barrier to app use (endorsed by 65.7% of participants) was awareness of the apps. Expansion of existing VA/DoD efforts to educate patients and providers treating relevant conditions is indicated. Evaluation of evidence-based mobile health support specialists in clinical settings may also be indicated. This study provides critical information to guide future dissemination efforts and to help evaluate the impact of investments to date. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.3138/jmvfh-2020-0038>

The prevalence rate of smoking among Veterans: A forgotten epidemic.

Mshigeni, Salome K., Moore, Champagne, and Arkadie, Nicole L.

Journal of Military, Veteran and Family Health

Published Online: May 28, 2021

Abstract

The purpose of this study was to learn more about the smoking habits of U.S. Veterans compared with the rest of the population and to find the best ways to help Veterans quit smoking. This study found that Veterans tend to smoke more than the general population and that some groups of Veterans smoke more than others. When helping Veterans to quit smoking, health care providers should use approaches that are based on evidence, such as cognitive behavioral therapy, cognitive processing therapy, mindfulness-based stress reduction, and biofeedback in addition to the traditional 3A cessation model (ask, advise, refer).

Introduction:

The prevalence of smoking is documented in the general population; however, few studies have explored the prevalence of smoking among U.S. Veterans. Smoking is a risk factor for many chronic diseases, increasing the risk of heart disease, cancer, and other illnesses. Three out of 10 U.S. Veterans use tobacco, a much higher rate than non-Veterans across all age groups. This study describes the significant health burden of cigarette smoking among U.S. Veterans.

Methods:

This study used secondary data from the 2017 California Health Interview Survey to estimate the prevalence of smoking among Veterans and non-Veterans. Descriptive statistics and Pearson's chi-square cross-tabulation tests were conducted to identify differences between Veterans and the general population.

Results:

A significant relationship between smokers who consumed 100 or more cigarettes in their lifetime and Veteran status was found, meaning a greater proportion of smokers were Veterans.

Discussion:

Although the prevalence of smoking among California residents has declined in recent

years, public health professionals have opportunities to further intervene using evidence-based practices to assist the Veteran population with smoking cessation. This study proposed four evidence-based clinical practice models, cognitive behavioral therapy, cognitive processing, mindfulness-based stress reduction, and biofeedback, to treat nicotine dependence in conjunction with the traditional 3A cessation model — ask, advise, and refer. It is also recommended that Veterans seek individual or group therapy services that utilize cognitive behavioral therapy to promote smoking cessation. Clinicians have a responsibility to address smoking with Veterans, assist them in quitting, and provide them with referrals to smoking cessation programs that work best for this population.

<https://doi.org/10.1016/j.drugalcdep.2021.108791>

Prevalence of substance use and substance-related disorders among US Veterans Health Administration patients.

KJ Hoggatt, AHS Harris, DL Washington, EC Williams

Drug and Alcohol Dependence
Volume 225, 1 August 2021

Highlights

- Substance use and substance use disorder are more common among VA patients than previously reported.
- Prevalence was highest among young patients and those unemployed or not working for wages.
- Cannabis use was common, even among older adults.

Abstract

Background

Substance use and related disorders are common among US Veterans, but the population burden of has never been directly assessed among Veterans Health Administration (VA) patients. We surveyed VA patients to measure substance use and related disorders in the largest US integrated healthcare system.

Methods

We surveyed N = 6000 outpatients from 30 geographically-representative VA healthcare systems. We assessed substance use (lifetime, past 12-month, daily in past 3 months)

and past 12-month disorders following DSM-5 criteria and estimated the association with Veteran characteristics (age, gender, race/ethnicity, socioeconomic status, VA utilization).

Results

Alcohol was the most commonly-reported substance (24% used past 12 months, 11% daily in past 3 months, 10% met criteria for alcohol use disorder), followed by cannabis (42% lifetime use, 12% use in past 12 months, 5% daily use in past 3 months, 3% met criteria for cannabis use disorder). Overall, 5% met criteria for non-alcohol drug use disorder (13% for substance use disorder (SUD)). SUD prevalence was highest for young Veterans and those who were unemployed or otherwise not employed for wages. Past 12-month cannabis use was common, even among older adults (65–74 years: 10%; 75 and older: 2%).

Conclusions

Prevalence data are important inputs into decisions around population health monitoring, treatment capacity, and quality measurement strategies. Substance use and SUD are more prevalent than previously reported, and VA may need to screen for non-alcohol drugs to identify patients who need care. More tailored assessment may be needed for cannabis use, high-prevalence subgroups, and older adults.

<https://doi.org/10.1016/j.jbtep.2021.101666>

Reductions in Guilt Cognitions Following Prolonged Exposure and/or Sertraline Predict Subsequent Improvements in PTSD and Depression.

Carolyn B. Allard, Sonya B. Norman, Elizabeth Straus, H. Myra Kim, ... Sheila A.M. Rauch

Journal of Behavior Therapy and Experimental Psychiatry
Available online 1 June 2021

Highlights

- Prolonged Exposure Therapy and sertraline equally effective for PTSD.
- Trauma-related guilt decreases equally after psychotherapy and psychopharmacology.
- Guilt reduction predicts subsequent PTSD and depression reduction.

Abstract

Background and Objectives

Reduction of trauma related negative cognitions, such as guilt, is thought to be a mechanism of change within PTSD treatments like prolonged exposure (PE). Research suggests PE can directly address guilt cognitions. However, whether pharmacotherapies for PTSD can remain unclear.

Methods

Data from a randomized controlled trial of PE plus placebo (PE+PLB), sertraline plus enhanced medication management (SERT+EMM), and their combination (PE+SERT) in 195 Veterans from recent wars was analyzed.

Results

The unadjusted means and mixed-effects model showed guilt decreased significantly over the follow-up time as expected; however, contrary to our hypothesis, PE conditions were not associated with greater reductions in guilt than the SERT+EMM condition. As hypothesized, week 12 reduction in guilt predicted post-treatment (weeks 24 to 52) reduction in PTSD and depression, but not impairments in function.

Limitations

Generalizability of findings is limited by the sample being comprised of combat Veterans who were predominantly male, not on SSRI at study entry, willing to be randomized to therapy or medication, and reporting low levels of guilt. To reduce differences in provider attention, SERT+EMM was administered over 30 minutes to include psychoeducation and active listening; it is unknown if this contributed to effects on guilt.

Conclusions

PE+PLB, SERT+EMM, and PE+SERT were equally associated with reduction in trauma related guilt. Reducing trauma related guilt may be a pathway to reducing PTSD and posttraumatic depression symptoms. Further study is needed to determine how best to treat trauma related guilt and to understand the mechanisms by which guilt improves across different treatments for PTSD.

<https://doi.org/10.1002/jts.22679>

Investigation of Therapist Effects on Patient Engagement in Evidence-Based Psychotherapies for Posttraumatic Stress Disorder in the Veterans Health Administration.

Sayer, N.A., Wiltsey-Stirman, S., Rosen, C.S., Bernardy, N.C., Spont, M.R., Kehle-Forbes, S.M., Eftekhari, A., Chard, K.M. and Nelson, D.B.

Journal of Traumatic Stress
First published: 28 May 2021

The present study examined whether certain Veterans Health Administration (VHA) therapists have more success than others in keeping patients engaged in evidence-based psychotherapies for posttraumatic stress disorder (PTSD). Our objective was to use multilevel modeling to quantify the variability between therapists in two indicators of patient engagement: early dropout (i.e., < 3 sessions) and adequate dose (i.e., ≥ 8 sessions). The phenomenon of systematic variability between therapists in patients' treatment experience and outcomes is referred to as "therapist effects." The sample included the 2,709 therapists who provided individual cognitive processing therapy (CPT) or prolonged exposure (PE) to 18,461 veterans with PTSD across 140 facilities in 2017. Data were extracted from administrative databases. For CPT, therapist effects accounted for 10.9% of the variance in early dropout and 8.9% of the variance in adequate dose. For PE, therapist effects accounted for 6.0% and 8.8% of the variance in early dropout and adequate dose, respectively. Facility only accounted for an additional 1.1%–3.1% of the variance in early dropout and adequate dose. For CPT, patients' odds of receiving an adequate dose almost doubled, $OR = 1.41/0.72 = 1.96$, if they were seen by a therapist in the highest compared with the lowest retention decile. For PE, the odds of a patient receiving an adequate dose were 84% higher, $OR = 1.38/0.75 = 1.84$, when treated by a therapist in the highest compared with the lowest retention decile. Therapist skills and work environment may contribute to variability across therapists in early dropout and adequate dose.

<https://doi.org/10.1016/j.smr.2021.101514>

Sleep and self-control: A systematic review and meta-analysis.

Cristiano L. Guarana, Ji Woon Ryu, Ernest H. O'Boyle, Jaewook Lee, Christopher M. Barnes

Sleep Medicine Reviews
Available online 5 June 2021

Controlling impulses and overcoming temptations (i.e., self-control) are key aspects of living a productive life. There is a growing yet disperse literature indicating that sleep is an important predictor of self-control. The goal of this meta-analysis is to empirically integrate the findings from multiple literatures, and investigate whether sleep quality, and sleep duration predict self-control. To provide a thorough understanding of the proposed relationships, this meta-analysis also investigated potential differences between the level of analysis (between-individual vs. within-individual), research design (experiment vs. correlation; and cross-sectional vs. time-lagged), and types of measure (subjective vs. objective for sleep and self-control). A systematic review was conducted through ABI/Inform (including PsycInfo), ERIC, ProQuest Dissertation & Theses, PubMed, and Psychology Database using keywords related to self-control and sleep. Sixty-one independent studies met the inclusion criteria. The results, in general, suggest that sleep quality (between-individual 0.26, CI 0.21; 0.31; and within-individual 0.35, CI 0.24; 0.45), and sleep duration (between-individual 0.14, CI 0.07; 0.21; and within-individual 0.20, CI 0.09; 0.31) are all related to self-control. Given the impact of self-control on how individuals live productive lives, a future research agenda should include a deeper investigation in the causal process (potentially via prefrontal cortex activity) linking sleep and self-control, and an examination of the moderators (individual and contextual variables) that could impact the relationship between sleep and self-control.

<https://doi.org/10.1037/cfp0000148>

Testing adaptations of cognitive-behavioral conjoint therapy for PTSD: A randomized controlled pilot study with veterans.

Davis, L. W., Luedtke, B. L., Monson, C., Siegel, A., Daggy, J. K., Yang, Z., Bair, M. J., Brustuen, B., & Ertl, M.

Couple and Family Psychology: Research and Practice
2021; 10(2), 71–86

Iraq and Afghanistan Veterans with posttraumatic stress disorder (PTSD) have well-documented relationship problems and many wish to include their intimate partners in treatment. This pilot study randomly assigned 46 couples (Veterans with clinician-administered PTSD scale confirmed PTSD diagnosis and their intimate partners) to one of two groups. The treatment group received a modified mindfulness-based version of cognitive-behavioral conjoint therapy for PTSD (CBCT; Monson & Fredman, 2012) that included all three phases of the mindfulness-based cognitive behavioral conjoint therapy

(MB-CBCT). The control group received a modified version of CBCT that included communication skills training from Phases 1 and 2 of CBCT (CBCT-CS) without PTSD-specific content. Modified CBCT Phases 1 and 2 content was delivered to both groups during weekend retreats in multicouple group sessions. The postretreat protocol for MB-CBCT included nine individual couple sessions: a transition session following the retreat, and CBCT Phase 3. For CBCT-CS, two additional monthly multicouple group sessions reviewed communication skills. No statistically significant pre- to posttreatment differences were detected for primary outcomes between groups: Clinician-Administered PTSD Scale for Veterans (mean change difference, -1.4 , 95% CI $[-16.0$ to $13.2]$); Dyadic Adjustment Scale for Veterans (mean change difference, -1.0 , 95% CI $[-13.2$ to $11.2]$); and Dyadic Adjustment Scale for Partners (mean change difference, -0.4 , 95% CI $[-8.9$ to $8.1]$). However, within group pre- to posttreatment effect sizes were medium to large for both MB-CBCT and CBCT-CS on all three primary outcomes. Findings suggest that Veterans returning from recent conflicts and their partners may benefit from both modifications of CBCT. (Psycho Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1111/sltb.12772>

Parental suicide attempt and subsequent risk of pre-enlistment suicide attempt among male and female new soldiers in the U.S. Army.

Wang, J., Naifeh, J.A., Mash, H.B.H., Morganstein, J.C., Fullerton, C.S., Cozza, S.J., Stein, M.B. and Ursano, R.J.

Suicide and Life-Threatening Behavior

First published: 01 June 2021

Objective

Suicide and suicide attempts among U.S. Army soldiers are a significant concern for public health. This study examined the association of parental suicide attempt prior to age 13 of the soldier with subsequent risk of pre-enlistment suicide attempt.

Method

We conducted secondary analyses of survey data from new soldiers who participated in the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) (N = 38,396). A series of logistic regression analyses were conducted.

Results

Of all new soldiers, 1.4% reported that they attempted suicide between age 13 and entering the Army, and 2.3% reported a parental suicide attempt prior to age 13. Parental suicide attempt was associated with increased odds of subsequent suicide attempt; however, this association was moderated by gender and was significant only among male soldiers. The association between parental suicide attempt and pre-enlistment suicide attempt among male soldiers was still significant after controlling for socio-demographic characteristics, soldier/parental psychopathology, and childhood adversities.

Conclusions

These results highlight parental suicide attempt as a unique pre-enlistment risk factor for suicide attempt, especially among male new soldiers. Further studies are needed to separate the genetic and environmental contributions to intra-familial risk for suicidal behavior.

<https://doi.org/10.1016/j.jad.2021.05.074>

The Protective Role of Reasons for Living on Suicidal Cognitions for Military Affiliated Individuals with a Positive PTSD Screen in Primary Care Settings.

David C. Rozek, Jennifer N. Crawford, Stefanie T. LoSavio, Ursula S. Myers, ... Craig J. Bryan

Journal of Affective Disorders
Available online 4 June 2021

Background:

Identifying and enhancing protective beliefs is essential in reducing suicide risk among military-affiliated individuals. The goal of this study was to examine if specific reasons for living impact the relationship between PTSD and suicidal cognitions among military-affiliated individuals in primary care settings.

Methods:

Participants included 2,685 U.S. military personnel and their adult beneficiaries recruited from primary care clinics. Participants completed the Primary Care Posttraumatic Stress Disorder Screen, Suicide Cognitions Scale, and Brief Reasons for Living Inventory.

Results:

Responsibility to family and survival and coping beliefs—were related to suicidal cognitions with higher levels associated with less suicidal cognitions and a weaker relationship between PTSD and suicidal cognitions. By contrast, fear of suicide and fear of social disapproval were associated with more suicidal cognitions, and the link between positive PTSD screen and suicidal cognitions was stronger for individuals with higher levels of fear of social disapproval. Moral objection did not predict suicidal cognitions and did not moderate the relationship between PTSD and suicidal cognitions.

Limitations:

The limitations of the study include that measures were done in primary care and brief screeners were often used. Additionally, the study is cross-sectional in nature, whereas some of the symptoms and outcome variables likely fluctuate over time.

Conclusions:

Findings suggest not all reasons for living are not equally influential and, among military-affiliated individuals with a positive PTSD screen, bolstering reasons for living related to responsibility to family and survival and coping skills could be particularly impactful in reducing suicide cognitions.

<https://doi.org/10.1093/tbm/ibab057>

Patient-centered behavioral services for women veterans with mental health conditions.

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Translational Behavioral Medicine

Published: 03 June 2021

The Veterans Health Administration (VHA) is undergoing a transformational shift from disease-focused care to a Whole Health model that emphasizes physical, mental, emotional, and spiritual health and well-being. As this shift is occurring, women veterans using VHA services face challenges navigating a system that has historically served a primarily male demographic, without consistent consensus on which services require specialization by gender. A quality improvement project was conducted to solicit

feedback on VHA behavioral and wellness programs from women veterans enrolled in VHA mental healthcare services. A multi-disciplinary work group of clinical researchers and healthcare providers developed a needs assessment survey to assess patient needs and preferences for behavioral health services. A convenience sample of female veterans using VHA mental healthcare services within a comprehensive Women's Health Clinic were invited to complete this anonymous survey. 107 women Veterans 18–65+ years old (65.3% African American; 5.9% LatinX; 54.2% aged under 55) completed the survey. Over 50% of patients endorsed relationships, physical activity, sleep/nightmares, pain management, anger, or spiritual/moral pain as top wellness priorities. Programatic preferences included location (located at the main VA Hospital) and gender composition (female only group formats). Schedule conflicts were the most frequently cited barriers. Results from this quality improvement project highlight considerations for tailoring the content and delivery of behavioral services for women veterans with mental health conditions.

<https://doi.org/10.1186/s12888-021-03282-3>

Daily variation in sleep characteristics in individuals with and without post traumatic stress disorder.

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BMC Psychiatry

Published 05 June 2021

Background

Sleep disturbances are common in individuals with post traumatic stress disorder (PTSD). However, little is known about how daily variation in sleep characteristics is related to PTSD. This study examined the night-to-night and weekday versus weekend variation in sleep duration, sleep quality, trouble falling asleep, and difficulty staying asleep in individuals with and without PTSD.

Methods

Participants (N = 157; 80 with PTSD, 77 without PTSD) completed daily self-reports of their nighttime sleep characteristics for 15 consecutive days. Linear mixed models were used to examine the associations between the 7 days of the week and weekday versus weekend variation in sleep characteristics and PTSD.

Results

Individuals with PTSD reported shorter sleep duration, lower sleep quality, more trouble falling asleep, and more difficulty staying asleep than individuals without PTSD. The pattern of change across the week and between weekdays and weekends was different between those with and without PTSD for sleep quality and trouble falling asleep. Among those with PTSD, sleep duration, sleep quality, and trouble falling asleep differed across the 7 days of the week and showed differences between weekdays and weekends. For those without PTSD, only sleep duration differed across the 7 days of the week and showed differences between weekdays and weekends. Neither group showed 7 days of the week nor weekday versus weekend differences in difficulty staying asleep.

Conclusions

On average those with PTSD had shorter sleep duration, poorer sleep quality, and greater trouble falling and staying asleep. In particular, the day of week variation in sleep quality and trouble falling asleep specifically distinguishes those with PTSD from those without PTSD. Our findings suggest that clinical care might be improved by assessments of sleep patterns and disturbances across at least a week, including weekdays and weekends. Future studies should explore the mechanisms related to the patterns of sleep disturbance among those with PTSD.

<https://doi.org/10.1016/j.pec.2021.06.002>

“We have no magic bullet”: diagnostic ideals in veterans’ mild traumatic brain injury evaluations.

Anna Zogas

Patient Education and Counseling

Available online 5 June 2021

Highlights

- Military veterans’ histories of concussion are evaluated with a clinical interview.
- Doctors emphasize multifactorial etiology and symptom-based treatments.
- Veterans may expect a diagnosis to directly link symptoms to a medical condition.
- Patients’ expectations are shaped by cultural ideals about diagnosis.

- Contrasting diagnostic ideals with clinical realities may improve communication.

Abstract

Objective

To understand military veterans' and healthcare providers' experiences identifying veterans' personal histories of combat-related mild traumatic brain injury (mTBI) months or years after the injury.

Methods

Patients and clinical staff of Veterans Health Administration (VA) Polytrauma/TBI clinic participated in a seven-month ethnographic study, which combined direct observation and interviews with veterans (n = 12) and VA clinicians (n = 11). Data were analyzed thematically.

Results

Veterans and staff have different understandings of the value of neuroimaging in care for patients with post-acute mTBI, and different understandings of the role of diagnostic certainty in clinical care. Veterans sought to understand the relationship between their past head injuries and their current symptoms. Clinicians educated veterans that their symptoms could be caused by multiple factors and embraced ambiguity as part of treating this patient population.

Conclusions

Patient-provider communication may be enhanced by conversations about common norms of diagnosis and why evaluating mTBI histories departs from these norms.

Practice Implications:

Clinicians should anticipate that patients may expect a diagnostic process that entails neuroimaging and resolves their uncertainty. In the case of post-acute mTBI, patients would likely benefit from education about the diagnostic process, itself.

<https://doi.org/10.1016/j.jad.2021.05.089>

Sexual Health Difficulties Among Service Women: The Influence of Posttraumatic Stress Disorder.

Claire A. Kolaja, Ashley C. Schuyler, Richard F. Armenta, Jean A. Orman, ... Cynthia LeardMann

Highlights

- Sexual health of service women found to be negatively impacted by recent combat deployment and sexual assault.
- PTSD mediated the associations of recent combat deployment and sexual assault with sexual health difficulties.
- Some military factors (i.e., service branch, component, paygrade) were associated with sexual health difficulties among service women.
- Findings indicate that effective treatment of PTSD may mitigate sexual health issues and more comprehensive treatment options for sexual health problems should be available for service women.

Abstract

Background

Sexual health among service women remains understudied, yet is related to health and quality of life. This study examined if the associations between recent combat and sexual assault with sexual health difficulties were mediated by mental disorders and identified factors associated with sexual health difficulties among service women.

Methods

Data from two time points (2013 and 2016) of the Millennium Cohort Study, a large military cohort, were used. The outcome was self-reported sexual health difficulties. Mediation analyses examined probable posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) as intermediate variables between recent combat and sexual assault with the sexual health difficulties. Multivariable logistic regression modeling was used to examine the association of demographic, military, historical mental health, life stressors, and physical health factors with sexual health difficulties.

Results

Of the 6,524 service women, 13.5% endorsed experiencing sexual health difficulties. Recent combat and sexual assault were significantly associated with sexual health difficulties. Probable PTSD mediated the associations of recent combat and sexual assault with sexual health difficulties; probable MDD did not mediate these relationships. Other significant factors associated with sexual health difficulties included enlisted rank, historical mental disorders, childhood trauma, and disabling injury.

Limitations

Use of self-reported data, outcome not assessed using a standardized measure and future studies may benefit from examining other mediators.

Conclusion

Our findings that combat and sexual assault may have negative effects on service women's sexual health suggest that treatment options and insurance coverage for sexual health problems should be expanded.

Links of Interest

LGB troops are much more likely to be sexually assaulted than their heterosexual peers: study

<https://www.militarytimes.com/news/your-military/2021/06/02/lgb-troops-are-much-more-likely-to-be-sexually-assaulted-than-their-heterosexual-peers-study/>

Air Force couple, both sexual assault victims, say disparity in treatment shows gender discrimination

https://www.stripes.com/Branches/Air_Force/2021-06-02/AF-GENDER-1623541.html

'Nyah kept us afloat': These military children show grit and compassion amidst pain and challenge

<https://www.militarytimes.com/off-duty/military-culture/2021/06/03/nyah-kept-us-afloat-these-military-children-show-grit-and-compassion-amidst-pain-and-challenge/>

Navy Veteran: "I never wanted to talk about what happened."

<https://blogs.va.gov/VAntage/89441/navy-veteran-never-wanted-talk-happened/>

'Go for Broke' postage stamps honor Japanese-American soldiers of WWII

https://www.stripes.com/Theaters/Asia_Pacific/2021-06-03/'Go-for-Broke'-postage-stamps-honor-Japanese-American-soldiers-of-WWII-1633428.html

Viewpoint: Promoting Trust and Morale by Changing How the Word Provider Is Used

<https://jamanetwork.com/journals/jama/fullarticle/2780641>

Viewpoint: Transforming Mental Health Care Delivery Through Implementation Science and Behavioral Economics

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2780654>

Navy spells out new transgender policies

<https://www.navytimes.com/news/your-navy/2021/06/07/navy-spells-out-new-transgender-policies/>

Resource of the Week: [Sexual Assault of Sexual Minorities in the U.S. Military](#)

New, from the RAND Corporation:

Much of the focus of research on sexual assault in the military has been on the risk faced by women. However, in civilian populations, individuals who identify as lesbian, gay, and bisexual (LGB) are known to be at especially high risk for sexual assault.

In this report, RAND researchers examine evidence from the 2016 and 2018 Workplace and Gender Relations Survey of Active Duty Members (WGRA) survey to estimate the proportion of military sexual assaults that are against LGB service members and others who do not describe themselves as identifying as heterosexual. They find that assaults on the minority of service members who do not describe themselves as heterosexual constitute almost half of the military's sexual assault numbers. The authors discuss sexual assault risks for these individuals and recommend modifying prevention programs to better address a large and previously unquantified proportion of all military sexual assaults.

Key Findings

- Service members who identify as LGB or who do not indicate that they identify as heterosexual represented only 12 percent of the active component population in 2018, but accounted for approximately 43 percent of all sexually assaulted service members in that year.
- The 91 percent of men who identify as heterosexual only accounted for 52 percent of all men who were sexually assaulted over a one-year period; the remaining 9 percent of men who did not indicate a heterosexual orientation accounted for 48 percent of all men who were sexually assaulted.
- The 77 percent of women who identify as heterosexual only accounted for 60 percent of all women who were sexually assaulted over a one-year period, while the remaining 23 percent of women who did not indicate a heterosexual orientation accounted for 40 percent of all women who were sexually assaulted.

Recommendations

- The Department of Defense could task the Office of People Analytics to perform detailed analyses of WGRA data to better understand circumstances and motivations around sexual assault of LGB service members.
- For development of effective prevention strategies, information about sexual assaults of sexual minorities could be incorporated into sexual assault prevention materials.



Research Report

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Sexual Assault of Sexual Minorities in the U.S. Military

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