

CDP



Research Update -- January 27, 2022

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- Anxiety and Depression Mediate the Relationship of Medication-Resistant PTSD to Quality of Life in Service Members.
- Characterization of Million Veteran Program (MVP) enrollees with Comprehensive Traumatic Brain Injury Evaluation (CTBIE) data: An analysis of neurobehavioral symptoms.
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- Resource of the Week – The Military Spouse Employment Dilemma: The Multi-Million Dollar Question That No One Is Asking... Until Now (National Military Spouse Network)

<https://doi.org/10.1001/jamanetworkopen.2021.36921>

Comparison of Prolonged Exposure vs Cognitive Processing Therapy for Treatment of Posttraumatic Stress Disorder Among US Veterans: A Randomized Clinical Trial.

Schnurr, P. P., Chard, K. M., Ruzek, J. I., Chow, B. K., Resick, P. A., Foa, E. B., Marx, B. P., Friedman, M. J., Bovin, M. J., Caudle, K. L., Castillo, D., Curry, K. T., Hollifield, M., Huang, G. D., Chee, C. L., Astin, M. C., Dickstein, B., Renner, K., Clancy, C. P., Collie, C., ... Shih, M.

JAMA Network Open
2022 Jan 4; 5(1): e2136921

Importance:

Posttraumatic stress disorder (PTSD) is a prevalent and serious mental health problem. Although there are effective psychotherapies for PTSD, there is little information about their comparative effectiveness.

Objective:

To compare the effectiveness of prolonged exposure (PE) vs cognitive processing therapy (CPT) for treating PTSD in veterans.

Design, setting, and participants:

This randomized clinical trial assessed the comparative effectiveness of PE vs CPT among veterans with military-related PTSD recruited from outpatient mental health clinics at 17 Department of Veterans Affairs medical centers across the US from October 31, 2014, to February 1, 2018, with follow-up through February 1, 2019. The primary outcome was assessed using centralized masking. Tested hypotheses were prespecified before trial initiation. Data were analyzed from October 5, 2020, to May 5, 2021.

Interventions:

Participants were randomized to 1 of 2 individual cognitive-behavioral therapies, PE or CPT, delivered according to a flexible protocol of 10 to 14 sessions.

Main outcomes and measures:

The primary outcome was change in PTSD symptom severity on the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) from before treatment to the mean after treatment across posttreatment and 3- and 6-month follow-ups. Secondary outcomes included other symptoms, functioning, and quality of life.

Results:

Analyses were based on all 916 randomized participants (730 [79.7%] men and 186 [20.3%] women; mean [range] age 45.2 [21-80] years), with 455 participants randomized to PE (mean CAPS-5 score at baseline, 39.9 [95% CI, 39.1-40.7] points) and 461 participants randomized to CPT (mean CAPS-5 score at baseline, 40.3 [95% CI, 39.5-41.1] points). PTSD severity on the CAPS-5 improved substantially in both PE (standardized mean difference [SMD], 0.99 [95% CI, 0.89-1.08]) and CPT (SMD, 0.71 [95% CI, 0.61-0.80]) groups from before to after treatment. Mean improvement was greater in PE than CPT (least square mean, 2.42 [95% CI, 0.53-4.31]; $P = .01$), but the difference was not clinically significant (SMD, 0.17). Results for self-reported PTSD symptoms were comparable with CAPS-5 findings. The PE group had higher odds of response (odds ratio [OR], 1.32 [95% CI, 1.00-1.65]; $P < .001$), loss of diagnosis (OR, 1.43 [95% CI, 1.12-1.74]; $P < .001$), and remission (OR, 1.62 [95% CI, 1.24-2.00]; $P < .001$) compared with the CPT group. Groups did not differ on other outcomes. Treatment dropout was higher in PE (254 participants [55.8%]) than in CPT (215 participants [46.6%]; $P < .01$). Three participants in the PE group and 1 participant in the CPT group were withdrawn from treatment, and 3 participants in each treatment dropped out owing to serious adverse events.

Conclusions and relevance:

This randomized clinical trial found that although PE was statistically more effective than CPT, the difference was not clinically significant, and improvements in PTSD were meaningful in both treatment groups. These findings highlight the importance of shared decision-making to help patients understand the evidence and select their preferred treatment.

Trial registration:

ClinicalTrials.gov Identifier: [NCT01928732](https://clinicaltrials.gov/ct2/show/study/NCT01928732).

<https://doi.org/10.1002/jts.22774>

Addressing co-occurring suicidal thoughts and behaviors and posttraumatic stress disorder in evidence-based psychotherapies for adults: A systematic review.

David C. Rozek, Shelby N. Baker, Kelsi F. Rugo, Victoria L. Steigerwald, Lauren M. Sippel, Ryan Holliday, Erika M. Roberge, Philip Held, Natalie Mota, Noelle B. Smith

Journal of Traumatic Stress

First published: 31 December 2021

Posttraumatic stress disorder (PTSD) is a well-established risk factor for suicidal thoughts and behaviors. Historically, guidelines for treating PTSD have recommended against the use of trauma-focused therapies for patients who are at high risk for suicide, likely due to concerns about potential suicide-related iatrogenesis, specifically the “triggering” of suicidal behaviors. This systematic review examined evidence of the impact of treatments specifically designed to treat PTSD or suicide on both PTSD- and suicide-related outcomes. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines were followed, and a total of 33 articles met the full inclusion criteria: 23 examining PTSD treatments, four examining suicide-focused treatments, and six examining combined treatments. PTSD and combined treatments reduced both PTSD- and suicide-related outcomes, with most studies focusing on cognitive processing therapy or prolonged exposure. Suicide-focused treatments (e.g., cognitive therapies for suicide prevention) also reduced suicide-related outcomes, but the findings were mixed for their impact on PTSD-related outcomes. Overall, PTSD treatments had the most support, primarily due to a larger number of studies examining their outcomes. This supports current clinical guidelines, which suggest utilizing PTSD treatments for individuals who have PTSD and are at risk for suicide. Suicide-focused and combined treatments also appeared to be promising formats, although additional research is needed. Future research should seek to compare the effectiveness of the approaches to the treatment of PTSD and suicidal thoughts and behaviors concurrently as well as to inform guidelines aimed at supporting decisions about the selection of an appropriate treatment approach.

<https://doi.org/10.1001/jamanetworkopen.2021.45697>

Association of Major Depressive Symptoms With Endorsement of COVID-19 Vaccine Misinformation Among US Adults.

Perlis, R. H., Ognyanova, K., Santillana, M., Lin, J., Druckman, J., Lazer, D., Green, J., Simonson, M., Baum, M. A., & Della Volpe, J.

JAMA Network Open
2022 Jan 4; 5(1): e2145697

Key Points

Question

Are major depressive symptoms associated with increased risk of believing common misinformation about COVID-19 vaccines among US adults?

Findings

In this survey study including 15 464 US adults, people with moderate or greater major depressive symptoms on an initial survey were more likely to endorse at least 1 of 4 false statements about COVID-19 vaccines on a subsequent survey, and those who endorsed these statements were half as likely to be vaccinated.

Meaning

These findings suggest another potential benefit of public health efforts to address depressive symptoms, namely reducing susceptibility to misinformation.

Abstract

Importance

Misinformation about COVID-19 vaccination may contribute substantially to vaccine hesitancy and resistance.

Objective

To determine if depressive symptoms are associated with greater likelihood of believing vaccine-related misinformation.

Design, Setting, and Participants This survey study analyzed responses from 2 waves of a 50-state nonprobability internet survey conducted between May and July 2021, in which depressive symptoms were measured using the Patient Health Questionnaire 9-item (PHQ-9). Survey respondents were aged 18 and older. Population-reweighted

multiple logistic regression was used to examine the association between moderate or greater depressive symptoms and endorsement of at least 1 item of vaccine misinformation, adjusted for sociodemographic features. The association between depressive symptoms in May and June, and new support for misinformation in the following wave was also examined.

Exposures

Depressive symptoms.

Main Outcomes and Measures

The main outcome was endorsing any of 4 common vaccine-related statements of misinformation.

Results

Among 15 464 survey respondents (9834 [63.6%] women and 5630 [36.4%] men; 722 Asian respondents [4.7%], 1494 Black respondents [9.7%], 1015 Hispanic respondents [6.6%], and 11 863 White respondents [76.7%]; mean [SD] age, 47.9 [17.5] years), 4164 respondents (26.9%) identified moderate or greater depressive symptoms on the PHQ-9, and 2964 respondents (19.2%) endorsed at least 1 vaccine-related statement of misinformation. Presence of depression was associated with increased likelihood of endorsing misinformation (crude odds ratio [OR], 2.33; 95% CI, 2.09-2.61; adjusted OR, 2.15; 95% CI, 1.91-2.43). Respondents endorsing at least 1 misinformation item were significantly less likely to be vaccinated (crude OR, 0.40; 95% CI, 0.36-0.45; adjusted OR, 0.45; 95% CI, 0.40-0.51) and more likely to report vaccine resistance (crude OR, 2.54; 95% CI, 2.21-2.91; adjusted OR, 2.68; 95% CI, 2.89-3.13). Among 2809 respondents who answered a subsequent survey in July, presence of depression in the first survey was associated with greater likelihood of endorsing more misinformation compared with the prior survey (crude OR, 1.98; 95% CI, 1.42-2.75; adjusted OR, 1.63; 95% CI, 1.14-2.33).

Conclusions and Relevance

This survey study found that individuals with moderate or greater depressive symptoms were more likely to endorse vaccine-related misinformation, cross-sectionally and at a subsequent survey wave. While this study design cannot address causation, the association between depression and spread and impact of misinformation merits further investigation.

<https://doi.org/10.1002/jts.22773>

A randomized clinical trial of prolonged exposure and applied relaxation for the treatment of Latinos with posttraumatic stress disorder.

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Journal of Traumatic Stress

First published: 31 December 2021

Robust evidence supports the use of prolonged exposure therapy (PE) as a first-line treatment for posttraumatic stress disorder (PTSD). However, Latinos have not benefitted equally from advancements in the treatment of PTSD and continue to face barriers to receiving care. There is consensus that it is necessary to support the expansion of high-quality culturally and linguistically appropriate treatment to address disparities experienced by racial and ethnic minorities in behavioral health care. The current study was a randomized controlled trial comparing a culturally adapted PE intervention with applied relaxation (AR) among Spanish-speaking Latinos with PTSD in Puerto Rico. Eligible participants (N = 98) were randomly assigned to PE (n = 49) or AR (n = 49). Both treatments included 12–15 weekly sessions each lasting 60–90 min. The primary outcome, clinician-rated PTSD symptom severity, was assessed using the Clinician-Administered PTSD Scale for DSM-5 at baseline, posttreatment, and 3-month follow-up. Secondary outcomes were assessed using the Patient Health Questionnaire and State–Trait Anxiety Inventory. Results showed a large within-group effect of treatment on PTSD symptoms, PE: $d = 1.29$, 95% CI [1.12, 2.05]; AR: $d = 1.38$, 95% CI [1.21, 2.19]. The between-group effect on PTSD symptoms was small, $d = -0.09$, 95% CI [-0.48, 0.31]. Participants in both treatment conditions reported significant decreases in PTSD symptoms from baseline to follow-up; additionally, significant within-group reductions in depression and anxiety symptoms were observed. These findings underscore the potential benefit of PE and AR for the treatment of Spanish-speaking Latinos with PTSD.

<https://doi.org/10.1002/jts.22771>

Research utility of a CAPS-IV and CAPS-5 hybrid interview: Posttraumatic stress symptom and diagnostic concordance in recent-era U.S. veterans.

Colleen E. Jackson, Alyssa Currao, Jennifer R. Fonda, Alexandra Kenna, William P. Milberg, Regina E. McGlinchey, Catherine B. Fortier

Journal of Traumatic Stress

First published: 31 December 2021

The Clinician-Administered PTSD Scale (CAPS) is used to measure posttraumatic stress symptoms (PTSS) and diagnose posttraumatic stress disorder (PTSD). However, its use, particularly in settings involving longitudinal assessment, has been complicated by changes in the diagnostic criteria between the fourth and fifth editions of the Diagnostic and Statistical Manual of Mental Disorders (i.e., DSM-IV and DSM-5, respectively). The current sample included trauma-exposed U.S. veterans who were deployed in support of military operations following the September 11, 2001, terrorist attacks (N = 371) and were enrolled in a longitudinal study focused on deployment-related stress and traumatic brain injury. A hybrid clinical interview using item wording from the CAPS for DSM-IV (CAPS-IV) with the addition of items unique to the CAPS for DSM-5 (CAPS-5) was used to assess both DSM-IV and DSM-5 PTSD diagnostic criteria, allowing for the calculation of separate total scores and diagnoses. Diagnostic agreement, sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), and interrater reliability between CAPS-IV and CAPS-5 were evaluated for the entire sample and stratified by gender. We found high diagnostic agreement (92.9%–95.4%), sensitivity (94.4%–98.2%), specificity (91.7%–92.8%), PPV (89.5%–93.0%), NPV (95.7%–98.1%), and interrater reliability, $\kappa = 0.86$ – 0.91 , for both men and women. The current study supports the use of a hybrid PTSD diagnostic interview assessing both DSM-IV and DSM-5 diagnostic criteria, particularly in situations such as longitudinal studies that may require a feasible method of incorporating changes in diagnostic criteria from the DSM-IV to the DSM-5.

<https://doi.org/10.1002/jts.22762>

Change in posttraumatic stress disorder–related thoughts during treatment: Do thoughts drive change when pills are involved?

Sheila A.M. Rauch, H. Myra Kim, Margaret R. Venners, Katherine E. Porter, Sonya B. Norman, Naomi M. Simon, Barbara O. Rothbaum, Peter W. Tuerk, Ronald E. Acierno, Eric Bui, Corey Powell, Erin R. Smith, Elizabeth Goetter, Lauren B. McSweeney

Posttraumatic negative thoughts about one's self and the world are related to posttraumatic stress disorder (PTSD) symptom severity and change in cognitive behavioral treatment (CBT), but little is known about this association when CBT is delivered with medication. The current study presents a planned comparison of changes in negative posttraumatic thoughts during (a) prolonged exposure (PE) plus pill placebo (PE+PLB), (b) sertraline plus enhanced medication management (SERT+EMM), and (c) PE plus sertraline (PE+SERT) as part of a randomized clinical trial in a sample of 176 veterans. Lagged regression modeling revealed that change in posttraumatic negative thoughts was associated with PTSD symptom change in the conditions in which participants received sertraline, $d_s = 0.14-0.25$, $p_s = 0.04-.001$). However, contrary to previous research, the models that started with symptom change were also statistically significant, $d = 0.23$, $p < .001$, for the lagged effect of symptoms on negative thoughts about self in the SERT+EMM condition, indicating a bidirectional association between such thoughts and PTSD symptoms. In the PE+PLB condition, no significant association between posttraumatic thoughts and PTSD symptoms emerged in either direction. These results suggest that the previously demonstrated role of change in posttraumatic thoughts leading to PTSD symptom reduction in PE may be altered when combined with pill administration, either active or placebo.

<https://doi.org/10.1016/j.smr.2022.101591>

Sleep disturbances during the COVID-19 pandemic: a systematic review, meta-analysis, and meta-regression.

Haitham A. Jahrami, Omar A. Alhaj, Ali M. Humood, Ahmad F. Alenezi, ... Michael V. Vitiello

Sleep Medicine Reviews

Available online 22 January 2022

This systematic review and meta-analysis evaluated the extent of sleep disturbances during the COVID-19 pandemic. Eleven databases and six preprint repositories were searched for the period from November 1, 2019, to July 15, 2021. The DerSimonian and Laird method was used to develop random-effect meta-analyses. Two hundred and fifty studies comprising 493,475 participants from 49 countries were included. During

COVID-19, the estimated global prevalence of sleep disturbances was 40.49% [37.56; 43.48%]. Bayesian meta-analysis revealed an odds of 0.68 [0.59; 0.77] which translates to a rate of approximately 41%. This provides reassurance that the estimated rate using classical meta-analysis is robust. Six major populations were identified; the estimated prevalence of sleep problem was 52.39% [41.69; 62.88%] among patients infected with COVID-19, 45.96% [36.90; 55.30%] among children and adolescents, 42.47% [37.95; 47.12%] among healthcare workers, 41.50% [32.98; 50.56%] among special populations with healthcare needs, 41.16% [28.76; 54.79%] among university students, and 36.73% [32.32; 41.38%] among the general population. Sleep disturbances were higher during lockdown compared to no lockdown, 42.49% versus 37.97%. Four in every ten individuals reported a sleep problem during the COVID-19 pandemic. Patients infected with the disease, children, and adolescents appeared to be the most affected groups.

<https://doi.org/10.1002/jts.22782>

Fluid vulnerability theory as a framework for understanding the association between posttraumatic stress disorder and suicide: A narrative review.

Kelsi F. Rugo-Cook, Patricia K. Kerig, Sheila E. Crowell, Craig J. Bryan

Journal of Traumatic Stress

First published: 08 December 2021

Suicide is a persistent issue in the United States and across the globe. A large body of published research shows that posttraumatic stress disorder (PTSD) increases the risk of suicidal ideation, suicidal behaviors, and death by suicide. However, the existing literature examining why that association might pertain is widely dispersed across disciplines (e.g., psychology, nursing) and lacks an integrative theoretical framework, making it difficult to conceptualize the current state of science in this area. Therefore, the primary aims of this narrative review were to (a) provide a comprehensive and interdisciplinary critique of the current state of knowledge regarding mechanisms that underlie the association between PTSD and suicide and (b) organize that knowledge according to a specified theoretical framework. The framework guiding this review is “fluid vulnerability theory,” a diathesis–stress model of suicide that emphasizes the dynamic nature of suicide risk across cognitive, emotional, behavioral, and physiological domains. A summary of the findings, including patterns that emerged, gaps that remain,

and recommendations for the advancement of science and practice in this area are addressed in this narrative review.

<https://doi.org/10.1111/sltb.12819>

Understanding the clinical characteristics of lesbian, gay, and bisexual military service members and adult beneficiaries within an inpatient psychiatric sample.

Thompson, M. F., Luk, J. W., LaCroix, J. M., Perera, K. U., Goldston, D. B., Weaver, J. J., Soumoff, A., & Ghahramanlou-Holloway, M.

Suicide and Life-Threatening Behavior

First published: 10 December 2021

Background

Limited knowledge exists regarding targets for suicide-focused care among high-risk United States (U.S.) civilian and military sexual minorities.

Purpose

This study aimed to understand the demographic and clinical characteristics of a suicidal sexual minority sample, psychiatrically hospitalized in military treatment facilities, to advance future targeted care for this vulnerable subgroup.

Methods

Secondary analysis of baseline data from a multisite psychotherapy randomized controlled trial was performed comparing those who self-identified as lesbian, gay, or bisexual (LGB; $n = 39$) to heterosexual participants ($n = 170$).

Results

LGB participants were more likely than heterosexual participants to be younger, female, never married, and enlisted rank. LGB participants reported significantly lower family support, higher perceived burdensomeness, lower acquired capability for suicide, and were twice as likely to report that they could not control their suicidal thoughts. LGB and heterosexual participants reported similar levels of other suicide risk indicators and similar lifetime suicidal ideation and attempt histories.

Conclusions

Compared to heterosexual participants, LGB participants reported increased risk

indicators for suicide yet similar lifetime suicidal ideation and attempt histories. Suicide prevention programs should address the unique needs of this vulnerable subgroup. Interventions targeting family support, perceived burdensomeness, and controllability of suicidal thoughts may be promising.

<https://doi.org/10.1002/jts.22786>

Imaginal exposure processing during Concurrent Treatment of PTSD and Substance Use Disorders using Prolonged Exposure (COPE) therapy: Examination of linguistic markers of cohesiveness.

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Journal of Traumatic Stress

First published: 03 January 2022

Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE) is an integrated, evidence-based treatment that results in significant reductions in posttraumatic stress disorder (PTSD) and substance use disorder (SUD) severity. Emotional processing theory suggests that successful prolonged exposure-based treatments should result in more cohesive trauma narratives due to better integration and organization of trauma memory into cognitive conceptualizations of fear. Therefore, we hypothesized that language used by patients would become more cohesive over time and increased language cohesion would be related to larger reductions in PTSD and SUD outcomes. Broadly, language cohesion refers to several linguistic devices that help establish and cohere meaning throughout spoken and written discourse (e.g., increased use of transition words like “and,” “then,” and “but”). This was the first known study to examine changes in language related to both PTSD and SUD severity during COPE treatment. The sample included 28 military veterans with current comorbid PTSD/SUD enrolled in a larger COPE study. A text analysis program, Coh-Metrix, was used to analyze language cohesiveness. No language cohesion variables significantly changed over time. Narrativity levels significantly moderated change in PTSD outcomes, $urn:x-wiley:08949867:media:jts22786:jts22786-math-0001= 0.11$. Adversative connectives significantly moderated change in SUD outcomes, $urn:x-wiley:08949867:media:jts22786:jts22786-math-0002= 0.26$. The findings illuminate potential processes underlying successful COPE treatment. Less use of language conveying a narrative and more use of contrast-indicative words (e.g., but, whereas) was associated with larger reductions in PTSD and SUD outcomes during treatment.

These results contribute to the extant literature on associations between trauma exposure, language, and emotional processing.

<https://doi.org/10.1001/jamanetworkopen.2021.26626>

Pre-enlistment Anger Attacks and Postenlistment Mental Disorders and Suicidality Among US Army Soldiers.

Smith, D. M., Meruelo, A., Campbell-Sills, L., Sun, X., Kessler, R. C., Ursano, R. J., Jain, S., Stein, M. B., & Army STARRS Team

JAMA Network Open
2021 Sep 1; 4(9): e2126626

Importance: Anger is linked to adverse outcomes in military populations; however, whether pre-enlistment anger attacks are associated with postenlistment mental disorders and suicidality is unknown.

Objective:

To explore the associations of pre-enlistment anger attacks with postenlistment mental health.

Design, setting, and participants:

In this observational cohort study, the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) New Soldier Study (NSS) surveyed soldiers entering basic training from April 2011 to November 2012, with a subsample recruited for wave 1 of the STARRS Longitudinal Study (STARRS-LS) (conducted September 2016 to April 2018). Participants were recruited from 3 US Army installations for the NSS survey. Those who were subsequently contacted for STARRS-LS completed the follow-up survey via web or telephone. Prospective analyses were based on a weighted NSS subsample included in wave 1 of STARRS-LS. Data were analyzed from May 22, 2020, to March 17, 2021.

Exposures:

History of anger attacks at baseline (NSS). Survey responses were used to classify new soldiers as having nonimpairing anger attacks (>2 attacks without interference in work or personal life), impairing anger attacks (>2 attacks with interference in work or personal life), or no significant history of anger attacks.

Main outcomes and measures:

Baseline analyses examined sociodemographic and clinical correlates of a history of anger attacks. Prospective logistic regression models estimated associations of baseline history of anger attacks with new onset and persistence of posttraumatic stress disorder, major depressive disorder (MDD), generalized anxiety disorder (GAD), panic disorder, mania/hypomania, substance use disorder, suicidal ideation, and suicide attempt at wave 1 of STARRS-LS.

Results:

Of the 38 507 baseline participants (83.0% male and 17.0% female; mean [SD] age, 20.97 [3.57] years), 6216 were selected for and completed wave 1 of the STARRS-LS. Baseline prevalence (SE) of nonimpairing and impairing anger attacks was 8.83% (0.16%) and 5.75% (0.15%), respectively. Prospective models showed that impairing anger attacks were associated with new onset of MDD (adjusted odds ratio [AOR], 1.98; 95% CI, 1.31-2.99), GAD (AOR, 2.39; 95% CI, 1.66-3.45), panic disorder (AOR, 2.02; 95% CI, 1.34-3.05), and suicidal ideation (AOR, 2.11; 95% CI, 1.45-3.07). When baseline psychiatric comorbidity was controlled for, impairing attacks remained associated with onset of GAD (AOR, 1.75; 95% CI, 1.19-2.58) and suicidal ideation (AOR, 1.62; 95% CI, 1.09-2.42). Anger attacks were not significantly associated with persistence of pre-enlistment mental disorders.

Conclusions and relevance:

The findings of this study suggest that a pre-enlistment history of impairing anger attacks may be associated with elevated risk of developing GAD, MDD, and suicidality after enlistment. Detection of impairing anger attacks could aid in assessing psychiatric risk in new soldiers.

<https://doi.org/10.1186/s12888-022-03699-4>

In-office, in-home, and telehealth cognitive processing therapy for posttraumatic stress disorder in veterans: a randomized clinical trial.

Peterson, A. L., Mintz, J., Moring, J. C., Straud, C. L., Young-McCaughan, S., McGeary, C. A., McGeary, D. D., Litz, B. T., Velligan, D. I., Macdonald, A., Mata-Galan, E., Holliday, S. L., Dillon, K. H., Roache, J. D., Bira, L. M., Nabity, P. S., Medellin, E. M., Hale, W. J., & Resick, P. A.

Background:

Trauma-focused psychotherapies for combat-related posttraumatic stress disorder (PTSD) in military veterans are efficacious, but there are many barriers to receiving treatment. The objective of this study was to determine if cognitive processing therapy (CPT) for PTSD among active duty military personnel and veterans would result in increased acceptability, fewer dropouts, and better outcomes when delivered In-Home or by Telehealth as compared to In-Office treatment.

Methods:

The trial used an equipoise-stratified randomization design in which participants (N = 120) could decline none or any 1 arm of the study and were then randomized equally to 1 of the remaining arms. Therapists delivered CPT in 12 sessions lasting 60-min each. Self-reported PTSD symptoms on the PTSD Checklist for DSM-5 (PCL-5) served as the primary outcome.

Results:

Over half of the participants (57%) declined 1 treatment arm. Telehealth was the most acceptable and least often refused delivery format (17%), followed by In-Office (29%), and In-Home (54%); these differences were significant ($p = 0.0008$). Significant reductions in PTSD symptoms occurred with all treatment formats ($p < .0001$). Improvement on the PCL-5 was about twice as large in the In-Home ($d = 2.1$) and Telehealth ($d = 2.0$) formats than In-Office ($d = 1.3$); those differences were statistically large and significant ($d = 0.8, 0.7$ and $p = 0.009, 0.014$, respectively). There were no significant differences between In-Home and Telehealth outcomes ($p = 0.77, d = -.08$). Dropout from treatment was numerically lowest when therapy was delivered In-Home (25%) compared to Telehealth (34%) and In-Office (43%), but these differences were not statistically significant.

Conclusions:

CPT delivered by telehealth is an efficient and effective treatment modality for PTSD, especially considering in-person restrictions resulting from COVID-19.

<https://doi.org/10.1093/arclin/acab028>

Forgetting to Remember: The Impact of Post-traumatic Stress Disorder on Prospective and Retrospective Memory Performance.

Korinek, D., Resch, Z. J., Soble, J. R., Aase, D. M., Schroth, C., & Phan, K. L.

Archives of Clinical Neuropsychology
2022 Jan 17; 37(1): 210-216

Objective:

We examined the impact of post-traumatic stress disorder (PTSD) on both prospective (PM) and retrospective (RM) memory performance among a cross-sectional veteran sample.

Method:

Data from tests of PM/RM memory and PTSD, anxiety, depression and sleep disturbance symptoms were examined among a prospectively recruited sample of 26 veterans with confirmed PTSD (PTSD+) and 26 well-matched, combat-exposed controls who did not meet criteria for PTSD (PTSD-).

Results:

Small-to-moderate negative correlations emerged between PTSD symptom severity, visuospatial RM and some aspects of PM; general anxiety correlated more strongly with memory. The PTSD+ group demonstrated significantly worse, but still average visuospatial RM; differences in PM were nonsignificant between groups. Regression analyses implicated generalized anxiety, but not other psychiatric symptomology, as significant contributors to all memory performances.

Conclusions:

Minimal memory differences were found between veterans with and without PTSD. PM/RM memory performance was better explained by generalized anxiety rather than PTSD-specific symptoms.

<https://doi.org/10.1037/ccp0000693>

Neurocognitive predictors of treatment outcomes in psychotherapy for comorbid PTSD and substance use disorders.

Scott, J. C., Lynch, K. G., Cenkner, D. P., Kehle-Forbes, S. M., Polusny, M. A., Gur, R. C., Chen, S., Foa, E. B., & Oslin, D. W.

Journal of Consulting and Clinical Psychology
2021; 89(11), 937–946

Objective:

Comorbidity between posttraumatic stress disorder (PTSD) and substance use disorders (SUD) is common, and both are associated with cognitive dysfunction. However, few studies examine the impact of cognitive deficits on treatment outcomes. Here, we leverage data from a randomized clinical trial of integrated versus phased psychotherapy for SUD and PTSD to examine the relation of cognitive functioning to treatment response.

Method:

One-hundred and thirteen veterans with co-occurring PTSD and SUD completed Penn Computerized Neurocognitive Battery tests assessing attention, executive control, memory, and spatial processing. Linear mixed-effects models examined interactions between cognitive functioning and time in predicting primary PTSD and SUD outcomes across both treatments.

Results:

Significant verbal immediate memory by time interactions were found for both PTSD symptoms ($p = .01$, $f^2 = 0.020$) and percent heavy drinking or drug use days ($p = .004$, $f^2 = 0.020$). There was a significant working memory by time interaction for percent heavy drinking or drug use days ($p = .007$, $f^2 = 0.016$). Participants with better verbal memory had greater reductions across time in PTSD symptoms and drinking/drug use, while those with better working memory had lesser reductions in their drinking/drug use across time.

Conclusions:

Individuals with lower verbal memory functioning had less robust PTSD and SUD symptom reductions in PTSD/SUD psychotherapy, with differences that were generally small in magnitude. Those with better working memory functioning had worse SUD outcomes. Together with prior literature, findings suggest that neurocognitive functioning may impact the effectiveness of PTSD and SUD treatment. (PsychoInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1037/tra0001190>

Longitudinal associations of PTSD and social support by support functions among returning veterans.

Perry, N. S., Goetz, D. B., & Shea, M. T.

Psychological Trauma: Theory, Research, Practice, and Policy
Advance online publication

Objective:

Research has shown a consistent, negative correlation between social support and PTSD severity among a variety of populations, including military servicemembers and veterans. However, longitudinal data has been mixed on the direction of this effect. One possible explanation for these contradictory findings is that the direction of the effect varies depending on the function of social support. The current study examined naturalistic longitudinal associations between functions of social support and PTSD symptoms among returning veterans.

Method:

238 military veterans who had deployed to Afghanistan or Iraq were recruited. Veterans were assessed at baseline, 6, 12, and 24-months postdeployment. Assessments included a self-report measure of perceived social support by support function and the Clinician Administered PTSD Scale to measure PTSD symptoms. Multilevel modeling was used to test longitudinal associations between PTSD symptoms and social support. Secondary analyses tested associations by PTSD symptom cluster.

Results:

Between-person PTSD symptom severity was associated with lower average social support of all functions of support and predicted decreases in tangible support over time. Between-person belonging support predicted decreases in PTSD symptom severity over time. No within-person effects were significant. Supplemental analyses suggested the DSM-IV-TR avoidance/numbing cluster of PTSD was most consistently associated with lower social support.

Conclusions:

The direction of associations between PTSD symptoms and support varied by function of support, suggesting nuanced associations between PTSD and perceived social support. Clinicians should assess and target social functioning during PTSD treatment.

Further research is needed to replicate findings in other populations and for other trauma types. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1080/21635781.2021.2015019>

Resilience to Suicidal Ideation among U.S. Military Veterans with Posttraumatic Stress: Results from the National Health and Resilience in Veterans Study.

Shaina A. Kumar, Christina L. Hein, David DiLillo & Robert H. Pietrzak

Veterans with combat exposure experience high rates of posttraumatic stress symptoms (PTSS) and associated suicidal ideation. The current study examined whether social support (i.e., social connectedness and social engagement) and protective psychological factors (i.e., resilience and altruism) moderated the relation between PTSS and suicidal ideation severity in a sample of 149 U.S. military combat veterans who served in the Vietnam War or Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND). Consistent with expectations, initial PTSS were positively associated with concurrent and three-year follow-up severity of suicidal ideation. Moderation analyses revealed the relation between initial PTSS and concurrent suicidal ideation severity was no longer significant at above average levels of social connectedness, social engagement, and psychological resilience. Further, the relation between initial PTSS and suicidal ideation severity three years later continued to be buffered by above average levels of social engagement. Results suggest social connectedness, psychological resilience, and social engagement help moderate initial severe thoughts of suicide linked to PTSS, while social engagement might be the strongest protective factor against severe suicidal ideation over time. Empirically-supported prevention and treatment efforts enhancing social engagement may help promote resilience to severe PTSS-related suicidal ideation among veterans from Vietnam and OEF/OIF/OND combat eras.

<https://doi.org/10.1016/j.jbtep.2021.101714>

Association between spatial working memory and Re-experiencing symptoms in PTSD.

AS Mathew, S Lotfi, KP Bennett, SE Larsen, C Dean, CL Larson, H Lee

Highlights

- There is a lack of research on the association between working memory and PTSD.
- We investigated this relationship after controlling for relevant PTSD covariates.
- Spatial working memory significantly correlates with PTSD re-experiencing symptoms.
- This data can help understand the nature of working memory deficits in PTSD.

Abstract

Background and objectives

Few studies have evaluated the link between working memory (WM) and post-traumatic stress disorder (PTSD). Further, it is unknown whether this relationship is accounted for by other relevant variables including negative affect, emotional dysregulation, or general non-WM-related cognitive control deficits, which are associated with PTSD. The purpose of this study was to determine the extent to which a computerized WM task could predict PTSD symptomology incrementally beyond the contribution of other relevant variables associated with PTSD.

Methods

Thirty veterans were eligible to complete emotional symptom questionnaires, a heart-rate variability measure, and computerized tasks (i.e., emotional Stroop and automated complex span tasks). A three-stage hierarchical regression was conducted with the PCL-5 total score and symptom clusters (i.e., re-experiencing, avoidance, hyperarousal, and negative cognition/mood) as the dependent variable.

Results

Results revealed that only the re-experiencing symptom cluster was significantly predicted by executive, verbal, and visuospatial WM tasks, which explained an additional 29.7% of the variance over and above other relevant variables. Most notably, the visuospatial task was the only WM task that significantly explained PCL-5 re-experiencing symptoms.

Limitations

This study was based on a small sample of veterans with PTSD and causality cannot be determined with this cross-sectional study.

Conclusions

Overall, the results suggest that deficits in visuospatial WM are significantly associated with PTSD re-experiencing symptoms after controlling for other relevant variables. Further research should evaluate whether an intervention to improve visuospatial WM capacity can be implemented to reduce re-experiencing symptoms.

<https://doi.org/10.1016/j.jpsychires.2021.12.018>

Evidence for excess familial clustering of Post Traumatic Stress Disorder in the US Veterans Genealogy resource.

LA Cannon-Albright, J Romesser, CC Teerlink, A Thomas, LJ Meyer

Journal of Psychiatric Research
Available online 11 December 2021

A genealogy of the United States has been record-linked to National Veteran's Health Administration (VHA) patient data to allow non-identifiable analysis of familial clustering. This genealogy, including over 70 million individuals linked to over 1 million VHA patients, is the largest such combined resource reported. Analysis of familial clustering among VHA patients diagnosed with Post Traumatic Stress Disorder (PTSD) allowed a test of the hypothesis of an inherited contribution to PTSD. PTSD is associated strongly with military service and extended familial clustering data have not previously been presented. PTSD-affected VHA patients with genealogy data were identified by presence of an ICD diagnosis code in the VHA medical record in at least 2 different years. The Genealogical Index of Familiality (GIF) method was used to compare the average relatedness of VHA patients diagnosed with PTSD with their expected average relatedness, estimated from randomly selected sets of matched linked VHA patient controls. Relative risks for PTSD were estimated in first-, second-, and third-degree relatives of PTSD patients who were also VHA patients, using sex and age-matched rates for PTSD estimated from all linked VHA patients. Significant excess pairwise relatedness, and significantly elevated risk for PTSD in first-, second-, and third-degree relatives was observed; multiple high-risk extended PTSD pedigrees were identified. The analysis provides evidence for excess familial clustering of PTSD and identified high-risk PTSD pedigrees. These results support an inherited contribution to PTSD predisposition and identify a powerful resource of high-risk PTSD pedigrees for predisposition gene identification.

<https://doi.org/10.1177/21676968211058517>

Exploring the Utility of the Emerging Adulthood Theory Among Military Members and Veterans with Risky Substance Use.

Clary KL, Lavi T, Smith DC, Saban J

Emerging Adulthood

First Published December 13, 2021

Emerging adult (EA; aged 18–29) military members experience major career, life, and developmental transitions. The conglomeration of these changes may influence or exacerbate anxiety or stress, produce challenges, and lead to negative coping mechanisms, such as substance use. This study sought to understand the utility of the five Emerging Adulthood Theory (EAT) dimensions among a sample of military members and veterans with risky substance use. To our knowledge, the applicability of EAT has not been explored with United States military populations. During 2019, we completed 24 semi-structured interviews. On average, participants were 24.9 years old, male, white, and in the United States Marine Corps. We asked about experiences transitioning into adulthood, military culture, and experiences of the five EAT dimensions. Three coders employed rigorous theory-driven thematic analysis procedures to piece together themes. We report EA military members' experiences with the EAT dimensions, focusing on nuances related to the influence of military culture.

<https://doi.org/10.1016/j.genhosppsy.2021.12.006>

Gender differences in veterans' use of the Veterans Crisis Line (VCL): Findings from VCL call data.

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Ian McCoy

General Hospital Psychiatry

Volume 74, January–February 2022, Pages 65-70

Objective

To compare characteristics of calls to the Veterans Crisis Line (VCL) by caller gender and identify potentially unique needs of women callers.

Method

Retrospective review of clinical data collected during VCL calls, comparing call characteristics between women and men veteran callers.

Results

The data included 116,029 calls by women veterans and 651,239 calls by men veterans between January 1, 2018-December 31, 2019. Timing (hour/day/season) of VCL calls was similar between women and men callers. We observed gender differences in reason for call, with the most salient differences in reasons related to interpersonal violence, including sexual trauma (e.g., military sexual trauma as reason for call – prevalence ratio (PR) for women vs. men = 9.13, 95% CI = 8.83, 9.46). Women callers were also more likely than men callers to screen positive for suicide risk (PR = 1.28, 95% CI = 1.26, 1.29), receive a higher suicide risk assessment rating (PR = 1.05, 95% CI = 1.02, 1.07), and be referred to a VA Suicide Prevention Coordinator for follow-up (PR = 1.09, 95% CI = 1.09, 1.11).

Conclusions

Analysis of VCL call data indicated both similarities and differences across genders in call characteristics, including interpersonal relationships and experiences of abuse and assault as particularly salient factors prompting women veterans' calls to VCL. This study also suggests the presence of increased suicide risk among women versus men veteran VCL callers.

<https://doi.org/10.1080/21635781.2021.2013350>

Service-Connected Disabilities and Suicide Attempts in Veterans: The Moderating Role of Mental Health Care Utilization.

Shane T. W. Kuhlman, Todd M. Bishop, Patrick Walsh & Wilfred R. Pigeon

Military Behavioral Health

Published online: 14 Dec 2021

United States veteran suicide rates have increased over the past two decades. Designations of service-connected disabilities (designations tied to injury during military service) are also increasing, especially those associated with mental health disorders. However, recent research around disability and suicide in veterans is mixed, and no research has been completed on the association between disability and mental health service utilization. The current study hoped to fill these gaps in the literature with a secondary data analysis of a sample of 36,048 Veterans Healthcare Administration (VHA) veterans. Mental health disorders and demographics were controlled for in a logistic regression model predicting suicide attempt status by the intersection of service-connected disability and mental health care utilization. Mental health service visits moderated the positive relationship between service-connected disability designations and suicide attempts; those who utilized services were less likely to attempt suicide, especially those at higher service-connected disability designations with mental health disorders. The results suggest individuals who have disability designations that also seek help are less likely to make a suicide attempt. The study was limited by scope of the sample (only VHA veterans with service connected disabilities). Results have implications for preventative interventions in the VHA/Veterans Benefits Administration.

<https://doi.org/10.1080/21635781.2021.2013352>

Anxiety and Depression Mediate the Relationship of Medication-Resistant PTSD to Quality of Life in Service Members.

Maegan M. Paxton Willing, Larissa L. Tate, Patricia T. Spangler, David M. Benedek & David S. Riggs

Military Behavioral Health

Published online: 14 Dec 2021

Posttraumatic stress disorder (PTSD) is a significant problem for military service members. For many, PTSD symptoms do not fully remit with available treatments; however, little is known about patients with medication-resistant PTSD. The present research sought to examine the complex relationship of PTSD to patients' quality of life (QoL) utilizing data previously collected as part of a larger randomized clinical trial of a pharmacological augmentation treatment for individuals with PTSD who did not respond to standard medication treatments. Comorbid psychological conditions, including anxiety and depression, may interfere with treatment response and are known to have debilitating consequences on QoL. Therefore, we sought to examine whether

anxiety and depression mediated the relationship of PTSD to QoL across multiple domains. Results indicated depression completely mediated the relation of PTSD to physical, psychological, and social QoL, while anxiety mediated relations to physical and social QoL. This study provides insight into the challenges of individuals who retain PTSD symptoms following treatment as well as the complex relationship of PTSD, co-occurring conditions, and QoL.

<https://doi.org/10.1016/j.jpsychires.2021.12.032>

Characterization of Million Veteran Program (MVP) enrollees with Comprehensive Traumatic Brain Injury Evaluation (CTBIE) data: An analysis of neurobehavioral symptoms.

Erin D. Ozturk, Catherine Chanfreau-Coffinier, McKenna S. Sakamoto, Lisa Delano-Wood, ... Victoria C. Merritt

Journal of Psychiatric Research
Volume 145, January 2022, Pages 230-242

The purpose of this study was to examine neurobehavioral symptom reporting in a large sample of military veterans (N = 12,144) who completed the Comprehensive Traumatic Brain Injury Evaluation (CTBIE) and enrolled in the VA's Million Veteran Program (MVP). The CTBIE is a clinician-administered interview that assesses for historical, deployment-related traumatic brain injury (TBI) and evaluates symptoms using the Neurobehavioral Symptom Inventory (NSI). Clinicians completing the CTBIE made clinical determinations about participants' (1) TBI diagnostic status (i.e., CTBIE+ or CTBIE-) and (2) current symptom etiology (i.e., Symptom Resolution, TBI, Behavioral Health, Comorbid TBI + Behavioral Health [Comorbid], or Other). We evaluated the association of TBI diagnostic status and symptom etiology group with neurobehavioral symptoms. Results showed a significant association between TBI diagnostic status and all NSI variables, with CTBIE+ veterans endorsing greater symptoms than CTBIE- veterans. There was also a significant association between symptom etiology group and all NSI variables; specifically, the Comorbid and Behavioral Health groups generally endorsed significantly greater symptoms compared to the other groups. Follow-up analyses showed that relative to the Symptom Resolution group, the Comorbid and Behavioral Health groups had increased odds of severe/very severe cognitive and affective symptoms, whereas the TBI and Other groups did not. Finally, presence of psychiatric symptoms, pain, post-traumatic amnesia, loss of consciousness, and blast

exposure significantly predicted Comorbid symptom etiology group membership. Findings from this large epidemiologic MVP study have relevant clinical implications and further highlight the importance of prioritizing integrated behavioral health interventions for this vulnerable population.

Links of Interest

The National Guard's sexual assault investigation office has limited power to get justice
<https://www.militarytimes.com/news/pentagon-congress/2022/01/19/the-national-guards-sexual-assault-investigation-office-has-limited-power-to-get-justice/>

What Can Congress, Pentagon Do to Help With Military Spouses' Unemployment?
<https://www.airforcemag.com/what-can-congress-pentagon-do-to-help-with-military-spouses-unemployment/>

Military spouse unemployment could change after pandemic
<https://www.militarytimes.com/pay-benefits/family-life/2022/01/23/military-spouse-unemployment-could-change-after-pandemic/>

Back from the Brink: One Marine's Recovery from Suicidal Thoughts
<https://health.mil/news/articles/2021/09/29/back-from-the-brink-one-marines-recovery-from-suicidal-thoughts>

Resource of the Week – [The Military Spouse Employment Dilemma: The Multi-Million Dollar Question That No One Is Asking... Until Now](#)

A new white paper from the National Military Spouse Network:

During the 1970s, societal changes and a shift from the draft to the all-volunteer force (AVF) began to change the demographic composition of the civilian and military workforce. In married-couple households with children, the percentage of households with two working parents has increased from 43.4% in 1975 to 59.8% in 2020.

With an all-volunteer force structure in place, DOD expanded its recruitment efforts to include women as well as recruit and retain married service members.

Today, 51.5% of the active-duty force is married. Approximately half of the nearly 700,000 active-duty military spouses are 30 years of age or younger. The all-volunteer force was not conceived with the working military spouse in mind, but their presence has significantly shifted the pain points of the current force.

The 2020 Blue Star Families Military Family Lifestyle Survey showed that 52% of active-duty spouses were concerned about spouse employment, their number one concern, active-duty service members also listed it as a top concern. Not surprisingly, 44% of active-duty family respondents indicated that a civilian spouse's employment challenges are the biggest stressor for their families.



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