

CDP



Research Update -- January 12, 2023

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- Resource of the Week – Psychedelics and Veterans' Mental Health: The Evolving Legal and Policy Landscape in the United States (RAND)

<https://doi.org/10.1016/j.jpsychires.2022.12.019>

Mental health of U.S. combat veterans by war era: Results from the National Health and Resilience in Veterans study.

Na, P. J., Schnurr, P. P., & Pietrzak, R. H.

Journal of Psychiatric Research
Volume 158, February 2023, Pages 36-40

Highlights

- First study to examine characteristics of US combat veterans by major war era.
- Different war era veterans have unique military and clinical characteristics.
- Iraq/Afghanistan veterans reported greatest trauma burden and combat severity.
- Iraq/Afghanistan veterans most likely to have adverse mental health outcomes.

Abstract

Combat exposure is associated with elevated risk for adverse psychiatric outcomes in military veterans. However, few studies have examined psychiatric characteristics of veterans who served in different war eras. We analyzed data from the 2019–2020 National Health and Resilience in Veterans Study, which surveyed a nationally representative sample of 1257 US combat veterans including World War II or Korean War veterans (n = 61, weighted 4.9%), Vietnam War veterans (n = 767, weighted 44.5%), Gulf War veterans (n = 168, weighted 14.5%), and Iraq/Afghanistan War veterans (n = 261, weighted 36.2%). Sociodemographic, military, and mental health factors were examined. Gulf and Iraq/Afghanistan War era veterans were comprised of younger veterans and included more women and racial/ethnic minorities relative to previous era veterans. Overall, Gulf and Iraq/Afghanistan War veterans endorsed greater trauma burden, and were more likely to screen positive for lifetime and current major depressive disorder and posttraumatic stress disorder (PTSD), as well as current suicidal ideation. Among all war era groups, Iraq/Afghanistan war veterans reported the greatest lifetime trauma and combat exposure severity, and were most likely to screen positive for lifetime PTSD (weighted 29.3%), current alcohol use disorder (weighted 17.2%), and current drug use disorder (weighted 12.4%). Specifically, more than 1-in-4 Iraq/Afghanistan War veterans (weighted 26.3%) reported current suicidal thoughts. Collectively, these findings provide war-era specific characterization of the psychiatric status of US combat veterans, which may help inform era-specific assessment, monitoring, and treatment of psychiatric disorders in the combat veteran population.

<https://doi.org/10.1016/j.beth.2022.12.002>

Targeting Perceived Burdensomeness to Reduce Suicide Risk.

Amy Lieberman, Anna R. Gai, Megan L. Rogers, David A. Jobes, ... Thomas E. Joiner

Behavior Therapy

Available online 23 December 2022

Highlights

- Perceived burdensomeness (PB) is a salient risk factors for suicide.
- PB is fluid in nature and may serve as a corrective target for intervention.
- Decreased PB may mediate decreases in baseline to follow-up suicidal ideation.

Abstract

Background

Perceived burdensomeness (PB), defined by an intractable perception of burdening others, often reflects a false mental calculation that one's death is worth more than one's life and has been supported as a significant risk factor for suicide. Because PB often reflects a distorted cognition, it may serve as a corrective and promising target for the intervention of suicide. More work on PB is needed in clinically-severe and in military populations.

Methods:

Sixty-nine (Study 1) and 181 (Study 2) military participants at high baseline suicide risk engaged in interventions targeting constructs relating to PB. Baseline and follow-up measures (at 1, 6, 12, 18, and 24 months) of suicidal ideation were administered, and various statistical approaches—including repeated-measures ANOVA, mediation analyses, and correlating standardized residuals—explored whether suicidal ideation decreased specifically by way of PB. In addition to utilizing a larger sample size, Study 2 included an active PB-intervention arm (N=181) and a control arm (N=121), who received robust care as usual.

Findings and conclusions:

In both studies, participants improved considerably regarding baseline to follow-up suicidal ideation. The results of Study 2 mirrored those of Study 1, corroborating a potential mediational role for PB in treatment-related improvements in suicidal ideation

in military participants. Effect sizes ranged from .07-.25. Interventions tailored at decreasing levels of perceived burdensomeness may be uniquely and significantly effective in reducing suicidal thoughts.

<https://doi.org/10.1016/j.addbeh.2022.107562>

Self-compassion buffers the internalized alcohol stigma and depression link in women sexual assault survivors who drink to cope.

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Addictive Behaviors

Volume 138, March 2023, 107562

Background

Depression is strongly implicated in drinking to cope and the development of alcohol use disorders (AUD) in women, particularly among women with a history of sexual assault victimization (SAV). Alcohol use in women is heavily stigmatized, and substance use stigma is associated with depression. This study examined the link between internalized alcohol stigma (AS) and depression and tested whether self-compassion buffered (i.e., moderated) this association in a sample of women with a history of SAV and unhealthy drinking to cope.

Method

Women sexual assault survivors (N = 288; 82 % White, 91.2 % Non-Hispanic, 20.2 % sexual minority) reporting unhealthy drinking (Alcohol Use Disorders Inventory Test-C \geq 4) and drinking to cope (Drinking Coping Motives Questionnaire-Revised \geq 2) completed online self-report surveys. Hierarchical regression analyses tested associations between internalized-AS and self-compassion with depression after controlling for covariates (age, income, education, AUD symptoms, and posttraumatic stress disorder) and then, whether self-compassion moderated the Internalized-AS and depression link.

Results

Internalized-AS accounted for 1.4 % of variance in depression ($p < .01$); self-compassion accounted for added variance when subsequently modeled (8.2 %, $p < .001$). Moderation analyses revealed self-compassion to buffer the internalized-AS and depression link. Among participants reporting high levels of self-compassion, there was no association between internalized-AS and depression ($p = .894$).

Discussion

While findings are modest, they align with the previously observed link between internalized-AS and depression and extend these findings to women with a history of SAV endorsing elevated coping motives and unhealthy drinking. Self-compassion may protect against this link, pending further research sampling greater diversity of participants and longitudinal and controlled designs.

<https://doi.org/10.1093/milmed/usac360>

Hyperbaric Oxygen Therapy for Veterans With Treatment-resistant PTSD: A Longitudinal Follow-up Study.

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Military Medicine

Published: 26 November 2022

Introduction

PTSD is common among veteran combatants. PTSD is characterized by brain changes, for which available treatments have shown limited effect. In a short-term study, we showed that hyperbaric oxygen therapy (HBOT) induced neuroplasticity and improved clinical symptoms of veterans with treatment-resistant PTSD. Here, we evaluated the long-term clinical symptoms of the participants of that study.

Materials and Methods

Veterans from our short-term study were recruited 1 or more years after completing HBOT. The Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) and self-reported questionnaires were administered at a single site visit. Changes in clinical scores between long-term, short-term, and pretreatment evaluations were analyzed.

Results

Of the 28 participants who received HBOT during or following the short-term study, 22 agreed to participate in the current study. At a mean of 704 ± 230 days after completing the HBOT course, the mean CAPS-5 score (26.6 ± 14.4) was significantly better (lower) than at the pre-HBOT evaluation (47.5 ± 13.1 , $P < .001$) and not statistically different from the short-term evaluation (28.6 ± 16.7 , $P = .745$). However, for the CAPS-5

subcategory D (cognition and mood symptoms), the mean score was significantly better (lower) at long-term than at short-term evaluation (7.6 ± 5.1 vs. 10.0 ± 6.0 , $P < .001$). At the long-term compared to the pretreatment evaluation, higher proportions of the participants were living with life partners (10 (46%) vs. 17 (77%), $P = .011$) and were working (9 (41%) vs. 16 (73%), $P = .033$). Decreases were observed between pretreatment and the long-term follow-up, in the number of benzodiazepine users (from 10 (46%) to 4 (18%), $P = .07$) and in the median (range) cannabis daily dose (from 40.0 g (0-50) to 22.5 g (0-30), $P = .046$).

Conclusions

The beneficial clinical effects of HBOT are persistent and were not attenuated at long-term follow-up of about 2 years after completion of HBOT. Additional long-term effects of the treatment were observed in social function and in decreased medication use.

<https://doi.org/10.1093/milmed/usac374>

A Qualitative Study of the Expectations, Experiences, and Perceptions That Underpin Decisions Regarding PTSD Treatment in Help-seeking Veterans.

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Military Medicine

Published: 26 November 2022

Introduction

A range of evidence-based treatments are available for PTSD. However, many veterans with PTSD do not engage in these treatments. Concurrently, various novel PTSD treatments with little or no evidence based are increasingly popular among veterans. This qualitative study explored the expectations, experiences, and perceptions of help-seeking veterans with PTSD to improve understanding of how these veterans make treatment decisions.

Materials and Methods

Fifteen treatment-seeking veterans with PTSD participated in the study. Participants

took part in semi-structured interviews. Data were analyzed using interpretative phenomenological analysis.

Results

A number of themes and subthemes emerged from the data, providing a detailed account of the factors that influenced participants' treatment decisions. Most participants were in an acute crisis when they made the initial decision to seek treatment for their PTSD. In choosing a specific treatment, they tended to follow recommendations made by other veterans or health professionals or orders or directions from their superiors, health providers, or employers. Few participants actively considered the scientific evidence supporting different treatments. Participants had a strong preference for treatment provided by or involving other veterans. They reported finding PTSD treatments helpful, although some were not convinced of the value of evidence-based treatments specifically. Many participants reported negative experiences with treatment providers.

Conclusions

These findings will inform strategies to improve engagement of veterans in evidence-based PTSD treatments and advance progress toward veteran-centered care.

<https://doi.org/10.1177/15346501221139916>

Safety Planning in Context: A Case Study Integrating DBT Techniques and ACT for Overlapping Suicide and Psychosis Risk.

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Clinical Case Studies

First published online November 25, 2022

Suicide risk is markedly higher for clients at clinical high risk for psychosis (CHR-p) compared to the general population. Dialectical behavior therapy (DBT) has a strong evidence base supporting its utility for managing suicide risk. Meanwhile, acceptance and commitment therapy (ACT) has been shown to effectively treat individuals with psychosis symptoms, as well as comorbid anxiety and mood disorders in CHR-p clients. Despite the robust evidence for each of these modalities in addressing concerns around suicidality and psychosis risk independently, there is a paucity of literature on how to support clients experiencing co-occurring suicide and psychosis risk. Such overlapping

risk is often central to presenting concerns in CHR-p clients. Our manuscript presents a case example of an integrated DBT-ACT approach to managing risk surrounding both suicide and psychosis symptoms in an outpatient setting. We highlight how an integrated approach may help outpatient providers to implement and modify effective treatment that promotes continued outpatient care focused on goals beyond immediate risk management of both suicide and emerging psychosis. We provide specific examples of DBT techniques and ACT interventions used by a supervised doctoral-level student clinician in treatment with a CHR-p client and discuss implications for future clinical research.

<https://doi.org/10.1016/j.crbeha.2022.100087>

Social support as protective factor for suicidal ideation during treatment for substance abuse: Differential effects across treatment modalities.

JL Grove, LY April, MK Evan

Current Research in Behavioral Sciences
Volume 3, 2022, 100087

Highlights

- Social support predicted odds of suicidal ideation (SI) in substance use patients.
- Contact with one's social support system predicted lower mid-treatment SI in inpatients.
- Interpersonal problems predicted odds of SI across both outpatients and inpatients.
- Perceived performance in relationships predicted SI odds for both groups.
- Relationship status had no effect on mid-treatment SI for either group.

Abstract

Substance abuse treatment constitutes a period of increased risk for suicide. It is unclear if social support during treatment influences suicide risk during treatment, or how this is characterized across different treatment modalities. The present study involved secondary analyses of the Drug Abuse Treatment Outcome Study, a large, longitudinal multi-site study conducted from 1991 to 1994 that involved interviews with patients at various treatment programs reporting on experiences while receiving substance abuse treatment. Data from people in inpatient (n = 2530) and outpatient treatment (n = 2568) programs were analyzed to determine the extent that various

indicators of social support influenced odds of having suicidal ideation during treatment. Across both treatment modalities, ongoing interpersonal problems and patient perception of their performance in relationships significantly predicted odds of suicidal ideation one month into treatment. Contact with one's social support system during treatment only significantly decreased odds of suicidal ideation for inpatients. Relationship status did not significantly influence odds of suicidal ideation in either group. Overall, social support appears to be associated with decreased risk for suicidal ideation during substance abuse treatment, and certain indicators of social support may be especially important for specific treatment modalities.

<https://doi.org/10.1080/10570314.2022.2146459>

Military Family Socialization: An Examination of New U.S. Military Families in Online Forums.

Erin C. Wehrman

Western Journal of Communication

Published online: 28 Nov 2022

Adapting to military life can be a challenging transition for new members. Although scholarship has identified socialization processes for individuals, limited literature exists about family adaptation experiences. This study sought to understand how U.S. military family members communicated in online forums about their experiences of entering the military. Using grounded theory to analyze 1,527 pages of discussion boards, this study found that posters experienced a distinct process of socializing to military life wherein individuals navigated clashing trajectories between civilian and military expectations. Findings expand understandings of socialization and offer suggestions for helping families adjust to the armed services.

<https://doi.org/10.1080/01639625.2022.2149368>

Far from a Few Bad Apples: The Role of Public Confessions in a Veteran Social Movement.

Stephanie K. Decker

Deviant Behavior

Published online: 27 Nov 2022

An analysis of testimonies of Iraq Veterans Against the War (IVAW) found that members used public confessions to frame war crimes as the result of deep-rooted institutional contradictions rather than isolated instances of criminal behavior to call for social change. The veterans used confessions to 1. reveal the back region behavior of war, 2. expose the informational preserve of the self, and 3. disclose dark secrets. The term whistle blowing confessions refers to such narratives. Whistle blowing confessions involve an admission of wrongdoing by an individual but also incriminate a social institution, an authority figure, or the social order in general. In contrast, premodern and modern public confessions have been organized by power holders as propaganda to delegitimize challengers and reinforce their own legitimacy by framing conflicts caused by deep rooted societal contradictions as individual acts of deviance – often to justify increased social control.

<https://doi.org/10.1080/15267431.2022.2149528>

Transferable Resilience Practices: Communication and Resilience of U.S. Military Spouses during the Initial Stages of the COVID-19 Pandemic.

Alice Fanari, R. Amanda Cooper, Leah Dajches, Gary Beck & Margaret J. Pitts

Journal of Family Communication

Published online: 28 Nov 2022

This study uses the communication theory of resilience as a sensitizing framework to explore how U.S. military spouses transferred resilience practices acquired during military deployment to early phases of the COVID-19 pandemic. Data from 27 in-depth interviews with U.S. military spouses showed that the military experience shaped participants' appraisal of the pandemic and helped them to discursively enact resilience through previously developed practices. Six major themes emerged: (a) crafting normalcy through the military lifestyle and experience; (b) affirming identity through military anchors; (c) invoking military mantras as alternative logics; (d) foregrounding productive action through flexibility and planning; (e) maintaining communication networks through (i) technology, (ii) family and community support, and (iii) intentional communication with partner; and (f) downplaying negative feelings by generating

positive emotions. Findings contribute to the communication theory of resilience by showing how individuals with a history of resilience can transfer already-built resilience practices from one context (deployment) to another (COVID-19).

<https://doi.org/10.1016/j.jpsychires.2022.11.033>

Depression, suicide intent, and plan among adults presenting in an emergency department after making a suicide attempt: Exploratory differences by psychosis symptom experience.

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Journal of Psychiatric Research
Volume 157, January 2023, Pages 197-201

Rates of suicide are significantly higher for individuals with schizophrenia spectrum disorders (SSDs) than those in the general population. With limited understandings of factors contributing to engaging in a suicide attempt among the psychosis population in the literature, the current study sought to preliminarily explore depression, suicide intent, and suicide plan among adults with and without psychosis symptom experiences who presented to an emergency department (ED) after making a suicide attempt. Electronic health record data were collected from the ED of an academic healthcare system in the Midwestern United States between 2011 and 2022. Patients included 1178 adults who arrived after making a suicide attempt. Trained research assistants conducted chart reviews and data were explored in SPSS28. A significantly smaller proportion of patients with psychosis had depressive symptoms and endorsed having suicide intent prior to their attempt in comparison to patients without psychosis. A smaller trending ($p < .10$) proportion of patients with psychosis endorsed having a suicide plan prior to their attempt than those with psychosis. Exploratory findings highlight the importance of EDs assessing for suicide risk beyond traditional approaches among patients with psychosis symptom experiences, including considerations for the potential of individuals not experiencing depression, suicide intent, or a suicide plan. Future research is particularly needed to examine psychosis symptomatology and the experience of distress as potential contributing factors to suicide behavior and death among patients with psychosis symptoms to better inform suicide risk assessment and intervention efforts.

<https://doi.org/10.1111/sltb.12930>

The classification of suicide gestures: Examining the validity, measurement, and level of intent of a controversial construct.

Andrew M. Huckins-Noss EdM, Jessica Stubbing PhD, Kathryn R. Fox PhD, Matthew K. Nock PhD, Alexander J. Millner PhD

Suicide and Life-Threatening Behavior
28 November 2022

Introduction

The inclusion of suicide gestures in modern nomenclatures for self-injurious thoughts and behaviors (SITB) is contentious due to their history of pejorative connotations and inconsistent operationalization and measurement. Here we sought to investigate the extent to which participants who endorse this behavior on a standardized SITB measure: (1) describe their behavior in a way that is consistent with contemporary definitions for suicide gestures; (2) accurately classify their behavior when presented with multiple SITB response options; and (3) consistently report their level of intent to die across survey items.

Methods

Participants were 83 adults from a community-based sample who endorsed lifetime suicide gesture(s) in an online survey containing self-report measures assessing their prior SITB engagement, followed by open-ended questions eliciting narrative descriptions of their behaviors.

Results

Approximately 13% of participants who endorsed lifetime suicide gestures provided narrative descriptions that met criteria for the behavior, and around one-third consistently reported zero intent to die in their explicit ratings. Additionally, some participants reported non-zero intent to die from behaviors without direct potential for physical injury.

Conclusions

Overall, this study highlights substantial issues with the validity of current approaches to measuring suicide gestures. Implications for the classification of suicide gestures in clinical and research settings are discussed.

<https://doi.org/10.1136/military-2022-002155>

Effectiveness of treatments for symptoms of post-trauma related guilt, shame and anger in military and civilian populations: a systematic review.

Serfioti D, Murphy D, Greenberg N, Williamson V

Introduction

Individuals who have been exposed to a traumatic event can develop profound feelings of guilt, shame and anger. Yet, studies of treatments for post-traumatic stress disorder (PTSD) have largely investigated changes in PTSD symptoms relating to a sense of ongoing fear or threat and the effectiveness of such treatments for post-trauma related guilt, shame or anger symptom reduction is comparatively not well understood.

Methods

This review systematically examined the effectiveness of existing treatment approaches for three symptoms associated with exposure to traumatic events: guilt, shame and anger. Studies included had to be published after 2010 with a sample size of n=50 or greater to ensure stable treatment outcome estimates.

Results

15 studies were included, consisting of both civilian and (ex-) military population samples exposed to a wide range of traumatic events (eg, combat-related, sexual abuse). Findings indicated a moderate strength of evidence that both cognitive-based and exposure-based treatments are similarly effective in reducing symptoms. Cognitive-based treatments were found to effectively reduce post-trauma related guilt and anger, while exposure-based treatments appeared effective for post-trauma related guilt, shame and anger.

Conclusions

The findings suggest the importance of confronting and discussing the traumatic event during therapy, rather than using less directive treatments (eg, supportive counselling). Nonetheless, while these results are promising, firm conclusions regarding the comparative effectiveness and long-term impact of these treatments could not be drawn due to insufficient evidence. Further empirical research is needed to examine populations exposed to traumatic events and investigate which treatment approaches (or combination thereof) are more effective in the long-term.

<https://doi.org/10.1016/j.jad.2022.11.079>

Diagnostic and functional outcomes of adjustment disorder in U.S. active duty service members.

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Journal of Affective Disorders
Volume 323, 15 February 2023, Pages 185-192

Background

Adjustment disorder (AD) is a commonly diagnosed psychiatric disorder. However, little is known about its course, predictors of its diagnostic outcomes, or its association with functional impairment. Our primary aim was to examine diagnostic transitions of service members with an incident AD diagnosis (IADx) to one of three states: 1) another psychiatric diagnosis, 2) chronic AD, or 3) no psychiatric diagnosis. Secondary outcomes included predictors of diagnostic course and functional outcomes associated with follow-up diagnoses.

Methods

Health records of a random sample of 10,720 service members with an IADx were analyzed using multinomial logit regression and hazard rate model with competing risks.

Results

IADx transitions were 24.3 % to another psychiatric diagnosis, 8.9 % with chronic AD, and 43.7 % without a diagnosis. Nearly a quarter (23.1 %) separated from service. Deployment was the strongest predictor of transitioning to another diagnosis. Those who transitioned to another diagnosis separated at an increased rate and with more adverse outcomes.

Limitations

Diagnostic findings are based on data in the electronic health record, and we could not specifically identify the stressor that precipitated an AD diagnosis. These findings describe the course of AD in military personnel and may not generalize to civilians.

Conclusions

AD, as initially diagnosed, represents a heterogeneous disorder with an enduring impact

across the military career for a considerable proportion of service members. As an early indicator of more severe psychiatric outcomes, an IADx may signal an opportunity for early intervention and screening, particularly in service members with a history of deployment.

<https://doi.org/10.1186/s13063-022-06885-7>

A comparison of cognitive behavioral therapy for insomnia to standard of care in an outpatient substance use disorder clinic embedded within a therapeutic community: a RE-AIM framework evaluation.

Traci J. Speed, Lisa Hanks, Gavin Turner, Evelyn Gurule, Alexandra Kearson, Luis Buenaver, Michael T. Smith & Denis Antoine

Trials

Published: 28 November 2022

Background

Rates of substance use disorders (SUDs) continue to rise in the USA with parallel rises in admissions to outpatient SUD treatment programs. Insomnia symptoms reduce treatment adherence, trigger relapse, and generally undermine SUD recovery efforts. Cognitive-behavioral therapy for insomnia (CBT-I) is the first-line treatment recommended for chronic insomnia. No study has examined the effectiveness of CBT-I for individuals who recently entered an outpatient SUD treatment program embedded within a therapeutic community (i.e., long-term drug-free residential setting).

Methods

A randomized controlled trial conducted at a SUD program embedded in a therapeutic community aimed to compare group-based CBT-I (gCBT-I) (N = 10) with the standard of care (SOC) (N = 11) among individuals who have SUDs and comorbid insomnia. We present a RE-AIM (reach, effectiveness, adoption, implementation, and maintenance) framework evaluation to provide empirical data on gCBT-I feasibility and facilitators and barriers of conducting an insomnia-focused clinical effectiveness study within a therapeutic community.

Results

Participants in both study arms reported moderately severe insomnia symptoms at admission and reductions in insomnia symptoms over time. Among participants who

completed the Insomnia Severity Index (ISI) beyond admission, ISI decreased to ≤ 8 (the clinical cutoff for mild insomnia) in 80% of individuals in the gCBT-I group compared with 25% of individuals in the SOC group. A RE-AIM framework evaluation showed initial success with Reach and Adoption while Implementation, and Maintenance were limited. Effectiveness was inconclusive because of challenges with recruitment, intervention integrity, and missing data that precluded meeting the planned recruitment and study aims and led to study termination. Coordination and communication with staff and leadership facilitated gCBT-I implementation, yet well-known CBT-I barriers including time- and resource-intensive sleep medicine training for interventionalists and maintenance of treatment integrity during an 8-week intervention limited gCBT-I sustainability.

Conclusions

This analysis supports the feasibility of conducting behavioral sleep medicine research in outpatient SUD treatment programs embedded within therapeutic communities. Implementation of an insomnia-focused intervention was widely accepted by patients and providers and has potential to address insomnia symptoms in early SUD recovery. Addressing patient- and organizational-level implementation barriers may enhance the sustainability and scalability of sleep interventions and provide new hope to effectively treat insomnia among people living with SUDs.

Trial registration

Clinicaltrials.gov: NCT03208855

<https://doi.org/10.1176/appi.ps.202100595>

Clinician Experiences With Telepsychiatry Collaborative Care for Posttraumatic Stress Disorder and Bipolar Disorder.

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Psychiatric Services

Published Online: 29 Nov 2022

Objective:

Posttraumatic stress disorder (PTSD) and bipolar disorder are common in primary care.

Evidence supports collaborative care in primary care settings to treat depression and anxiety, and recent studies have evaluated its effectiveness in treating complex conditions such as PTSD and bipolar disorder. This study aimed to examine how primary care clinicians experience collaborative care for patients with these more complex psychiatric disorders.

Methods:

The authors conducted semistructured interviews with 22 primary care clinicians participating in a pragmatic trial that included telepsychiatry collaborative care (TCC) to treat patients with PTSD or bipolar disorder in rural or underserved areas. Analysis utilized a constant comparative method to identify recurring themes.

Results:

Clinicians reported that TCC improved their confidence in managing medications for patients with PTSD or bipolar disorder and supported their ongoing learning and skill development. Clinicians also reported improvements in patient engagement in care. Care managers were crucial to realizing these benefits by fostering communication within the clinical team while engaging patients through regular outreach. Clinicians valued TCC because it included and supported them in improving the care of patients' mental health conditions, which opened opportunities for clinicians to enhance care and address co-occurring general medical conditions. Overall, benefits of the TCC model outweighed its minimal burdens.

Conclusions:

Clinicians found that TCC supported their care of patients with PTSD or bipolar disorder. This approach has the potential to extend the reach of specialty mental health care and to support primary care clinicians treating patients with these more complex psychiatric disorders.

<https://doi.org/10.1007/s11920-022-01380-x>

Problematic Anger in the Military: Focusing on the Forgotten Emotion.

David Forbes, Olivia Metcalf, Ellie Lawrence-Wood & Amy B. Adler

Current Psychiatry Reports
Volume 24, pages 789–797 (2022)

Purpose of Review

Problematic anger is common in veteran and military populations, yet understudied relative to other mental health difficulties. However, in recent years, more clinical and research attention has been turned to problematic anger. This paper highlights important new findings in the epidemiology, course, and neurobiology of anger, the associations of anger with other mental health problems and risk, and next steps for research and practice.

Recent Findings

In longitudinal research, findings show that problematic anger changes over the life course of military members and veterans, and that deployment increases the likelihood of problematic levels of anger. Problematic anger is related to a range of mental health issues, most perniciously aggression and suicidality. Promising new assessment and treatment approaches are emerging, including innovations that leverage digital technology.

Summary

Key areas of research include advancing assessment of problematic anger to identify patterns of heterogeneity, as well as advancing the evidence base for anger treatments. Recommended progress in clinical practice include conducting routine assessment of problematic anger in veteran and military populations, developing prevention and early intervention for at risk individuals, and optimizing the timing of interventions throughout the military lifecycle.

<https://doi.org/10.1080/10926771.2022.2151961>

Childhood Maltreatment and Use of Aggression among Veterans with Co-occurring PTSD and Alcohol Use Disorder: The Mediating Role of Hostile Cognitions.

Andrea A. Massa, Lauren Sippel, Charli M. Kirby, Alexander J. Melkonian, Sudie E. Back & Julianne C. Flanagan

Journal of Aggression, Maltreatment & Trauma
Published online: 30 Nov 2022

History of childhood maltreatment is common among military veterans, particularly those with posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD).

Childhood maltreatment is associated with negative psychosocial outcomes, including use of aggression during adulthood. Prior research has identified maladaptive cognitions as a key mediating variable in the association between early life trauma and aggression. Given the high rates of comorbid PTSD and AUD among veterans and the increased risk of aggression when these conditions co-occur, it is critical to examine malleable intervention targets, such as maladaptive cognitions, for this population. The current secondary analyses examined the mediating role of hostile cognitions on the associations between childhood maltreatment and adulthood aggression in a sample of dually diagnosed veterans. Participants were veterans with co-occurring PTSD and AUD (N = 73) who were enrolled in a larger randomized controlled laboratory trial. Participants completed self-report measures of childhood maltreatment, hostile cognitions, and aggressive behavior. Three models were tested to examine the mediating effect of hostility on the associations between childhood maltreatment, abuse, and neglect on aggression. Results indicated that hostility fully mediated the effect of maltreatment on aggression and partially mediated the effect of childhood abuse on aggression. The effect of childhood neglect on aggression was nonsignificant. Hostile cognitions may be a critical intervention target for veterans with co-occurring PTSD and AUD and history of childhood maltreatment, particularly for those who have experienced higher levels of childhood abuse.

<https://doi.org/10.1017/S0033291722003646>

Genetic liability to suicidal thoughts and behaviors and risk of suicide attempt in US military veterans: moderating effects of cumulative trauma burden.

Nichter, B., Koller, D., De Angelis, F., Wang, J., Girgenti, M., Na, P., . . . Pietrzak, R.

Psychological Medicine

Published online by Cambridge University Press: 29 November 2022

Background

Little is known about environmental factors that may influence associations between genetic liability to suicidality and suicidal behavior.

Methods

This study examined whether a suicidality polygenic risk score (PRS) derived from a large genome-wide association study (N = 122,935) was associated with suicide attempts in a population-based sample of European-American US military veterans (N =

1664; 92.5% male), and whether cumulative lifetime trauma exposure moderated this association.

Results

Eighty-five veterans (weighted 6.3%) reported a history of suicide attempt. After adjusting for sociodemographic and psychiatric characteristics, suicidality PRS was associated with lifetime suicide attempt (odds ratio 2.65; 95% CI 1.37–5.11). A significant suicidality PRS-by-trauma exposure interaction emerged, such that veterans with higher levels of suicidality PRS and greater trauma burden had the highest probability of lifetime suicide attempt (16.6%), whereas the probability of attempts was substantially lower among those with high suicidality PRS and low trauma exposure (1.4%). The PRS-by-trauma interaction effect was enriched for genes implicated in cellular and developmental processes, and nervous system development, with variants annotated to the DAB2 and SPNS2 genes, which are implicated in inflammatory processes. Drug repurposing analyses revealed upregulation of suicide gene-sets in the context of medrysone, a drug targeting chronic inflammation, and clofibrate, a triacylglyceride level lowering agent.

Conclusion

Results suggest that genetic liability to suicidality is associated with increased risk of suicide attempt among veterans, particularly in the presence of high levels of cumulative trauma exposure. Additional research is warranted to investigate whether incorporation of genomic information may improve suicide prediction models.

<https://doi.org/10.1007/s11606-022-07889-4>

We Built it, But Did They Come: Veterans' Use of VA Healthcare System-Provided Complementary and Integrative Health Approaches.

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Journal of General Internal Medicine

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Background

Interest in complementary and integrative health (CIH) approaches, such as meditation, yoga, and acupuncture, continues to grow. The evidence of effectiveness for some CIH approaches has increased in the last decade, especially for pain, with many being recommended in varying degrees in national guidelines. To offer nonpharmacological health management options and meet patient demand, the nation's largest integrated healthcare system, the Veterans Health Administration (VA), greatly expanded their provision of CIH approaches recently.

Objective

This paper addressed the questions of how many VA patients might use CIH approaches and chiropractic care if they were available at modest to no fee, and would patients with some health conditions or characteristics be more likely than others to use these therapies.

Design

Using electronic medical records, we conducted a national, three-year, retrospective analysis of VA patients' use of eleven VA-covered therapies: chiropractic care, acupuncture, Battlefield Acupuncture, biofeedback, clinical hypnosis, guided imagery, massage therapy, meditation, Tai Chi/Qigong, and yoga.

Participants

We created a national cohort of veterans using VA healthcare from October 2016–September 2019.

Key Results

Veterans' use of these approaches increased 70% in three years. By 2019, use was 5.7% among all VA patients, but highest among patients with chronic musculoskeletal pain (13.9%), post-traumatic stress disorder (PTSD; 10.6%), depression (10.4%), anxiety (10.2%), or obesity (7.8%). The approach used varied by age and race/ethnicity, with women being uniformly more likely than men to use each approach. Patients having chronic musculoskeletal pain, obesity, anxiety, depression, or PTSD were more likely than others to use each of the approaches.

Conclusions

Veterans' use of some approaches rapidly grew recently and was robust, especially among patients most in need. This information might help shape federal/state health policy on the provision of evidence-based CIH approaches and guide other healthcare institutions considering providing them.

<https://doi.org/10.1016/j.apmr.2022.08.790>

Outcomes of an Intensive Trauma Treatment Program for Military Service Members and Veterans.

Lauren Brenner, Emily Lubin, Caroline Wisialowski, Allison Morgan, Mary Iaccarino

Archives of Physical Medicine and Rehabilitation
Volume 103, Issue 12, December 2022, Page e134

Research Objectives

To investigate the effectiveness of an accelerated treatment program in reducing psychiatric and cognitive complaints in military veterans with history of TBI.

Design

Participants were surveyed prior to and after attending a 2-week daily treatment program. Each treatment cohort consists of between 8-12 participants.

Setting

Institutional practice; outpatient clinic.

Participants

133 military service members and veterans admitted to 2-week intensive treatment program.

Interventions

2-weeks of daily interventions including group therapy, individual cognitive rehabilitation or cognitive behavioral therapy, expressive art therapies, and additional medical follow-up.

Main Outcome Measures

Self-report on PTSD Symptom Checklist (PCL-5), Patient Health Questionnaire (PHQ-8), Neurobehavioral Symptom Inventory (NSI), Patient Reported Outcomes Measurement (PROMIS).

Results

There was a significant reduction in symptoms of PTSD ($t(129) = 10.78$, $p < 0.001$, $d = 0.97$), depression ($t(128) = 10.37$, $p < 0.001$, $d = 0.91$), and cognitive complaints ($t(124) =$

10.99, $p < 0.001$, $d = 0.99$). Additionally, following program completion, participants reported a significant increase in satisfaction with work ($t(131) = -8.89$, $p < 0.001$, $d = -0.78$) and satisfaction with one's family role ($t(132) = -5.74$, $p < 0.001$, $d = -0.50$).

Conclusions

Results demonstrate the acceptability and effectiveness of the program in treatment of mTBI, in that there was a significant reduction in self-reported depression, PTSD symptoms, and cognitive complaints, and related improvements in quality of life. Further research into mechanisms contributing to this reduction are recommended, given the high levels of comorbidity between psychiatric diagnoses in this population.

<https://doi.org/10.1089/lgbt.2022.0012>

Social Stressors and Health Among Older Transgender and Gender Diverse Veterans.

Guneet K. Jasuja, Joel I. Reisman, Sowmya R. Rao, Hill L. Wolfe, Jaclyn M.W. Hughto, Sari L. Reisner, and Jillian C. Shipherd

LGBT Health

Online Ahead of Print: November 29, 2022

Purpose:

Health disparities in transgender and gender diverse (TGD) veterans compared with cisgender veterans have been documented. However, there is a paucity of literature focused on older TGD veterans. We assessed health conditions and social stressors in older TGD veterans compared with matched cisgender veterans.

Methods:

Using gender identity disorder diagnosis codes, we identified 1244 TGD veterans (65+ years of age) receiving care in the Veterans Health Administration (VHA) from 2006 to 2018. These TGD veterans were then matched to 3732 cisgender veterans based on age, VHA site, and date of care in VHA.

Results:

In adjusted models, TGD veterans compared with cisgender veterans were less likely to have alcohol use disorder (adjusted odds ratio [AOR; 95% confidence interval]: [0.70; 0.58–0.85]), drug use disorder (0.59; 0.47–0.74), tobacco use (0.75; 0.65–0.86), and

anxiety (0.74; 0.62–0.90). However, compared with cisgender veterans, TGD veterans were more likely to experience depression (1.63; 1.39–1.93), Alzheimer's disease (8.95; 4.25–18.83), cancer (1.83; 1.56–2.14), violence (1.82; 1.14–2.91), social/familial problems (2.45; 1.99–3.02), lack of access to care/transportation (2.23; 1.48–3.37), and military sexual trauma (2.59; 1.93–3.46). Furthermore, compared with cisgender veterans, TGD veterans were more likely to have documentation of a higher count of social stressors: 1 or more stressors (1.64; 1.38–1.95) and 2 or more stressors (1.22; 1.01–1.49).

Conclusion:

Despite significant disparities in social stressors and health conditions compared with cisgender veterans, TGD veterans had a lower likelihood of substance use and anxiety. Interventions are needed to mitigate social stressors and improve health among the older TGD veteran population.

<https://doi.org/10.1097/YCO.0000000000000837>

Recent advances in sleep and depression.

Mirchandaney, Riya; Asarnow, Lauren D.; Kaplan, Katherine A.

Current Opinion in Psychiatry

Volume 36, Number 1, January 2023, pp. 34-40(7)

Purpose of review

There is increasing interest in the connection between sleep disturbances and mood disorders. The purpose of this review is to summarize and evaluate current research on the role of sleep disturbance in the development of depression, as well as to describe recent advances in treatments that improve both sleep and depression symptoms.

Recent findings

Relevant publications included in this review cover a wide range of topics related to sleep and depression. Data from large longitudinal studies suggest that insomnia and evening circadian preference are unique risk factors for depression. Depression treatment studies indicate poorer outcomes for those with comorbid sleep disturbances. A few recent trials of cognitive behavioral therapy for insomnia and triple chronotherapy in unipolar depression have shown promising results. Summary

Sleep disturbance is a modifiable risk factor in the development and maintenance of depression. In the context of current depression, although the data is mixed, some evidence suggests treating sleep disturbance can improve overall outcomes. Recent evidence also suggests that treating sleep disturbance may prevent the future depressive episodes.

Links of Interest

Social Determinants of Mental Health in our Military

<https://cmsatoday.com/2022/11/14/social-determinants-of-mental-health-in-our-military/>

The Precarious Transition of Unvaccinated Service Members

<https://www.rand.org/blog/2022/12/the-precious-transition-of-unvaccinated-service-members.html>

SLIPS Study: Second Life Island Preventing Suicide Training Project

<https://deploymentpsych.org/SLIPS>

Staff Perspective: Exploring a Career as a Military Psychologist - The Clients

<https://deploymentpsych.org/blog/staff-perspective-exploring-career-military-psychologist-clients>

Staff Perspective: Reflections on Becoming a Military Psychologist

<https://deploymentpsych.org/blog/staff-perspective-reflections-becoming-military-psychologist>

Meet the First Coast Guard Sponsored USU Medical Student

<https://www.health.mil/News/Articles/2021/12/09/Meet-First-Coast-Guard-Sponsored-USU-Medical-Student>

DOD Shows Progress in Supporting Service Members, Families

<https://www.defense.gov/News/News-Stories/Article/Article/3251997/dod-shows-progress-in-supporting-service-members-families/>

Resource of the Week – [Psychedelics and Veterans' Mental Health: The Evolving Legal and Policy Landscape in the United States](#)

New, from the RAND Corporation:

Over the past 20 years, there has been a resurgence of interest in the use of compounds often referred to as psychedelics to address such mental health conditions as depression, anxiety, posttraumatic stress disorder, and substance use disorders. Public sentiment on psychedelic therapy is starting to shift as well. Multiple jurisdictions, including around a dozen cities, three states, and the District of Columbia, have already relaxed laws or policies related to these substances. Some companies are making major investments in psychedelic research, acquiring patents for future therapies, and shaping a new public discussion around psychedelics.

Veterans represent a sizable segment of mental health care consumers in the United States, and the U.S. Department of Veterans Affairs (VA) — the largest provider of mental health care to veterans — has already conducted research into psychedelic treatments. Given the rapidly evolving legal and policy landscape surrounding the use and supply of psychedelics, the federal government must consider how best to support veterans and their health care providers. If VA is not working on a directive to provide guidance to its patients and clinicians, it would be prudent to start these discussions now.

December 2022

Perspective
EXPERT INSIGHTS ON A TIMELY POLICY ISSUE


BRYCE PARDO, BEAU KILMER, RAJEEV RAMCHAND, CARRIE M. FARMER

Psychedelics and Veterans' Mental Health

The Evolving Legal and Policy Landscape in the United States

Addressing veterans' mental health needs is a top policy issue. In one nationally representative sample, approximately 16 percent of veterans screened positive for posttraumatic stress disorder (PTSD) (Stefanovics, Potenza, and Pietrzak, 2020). Over several years of data collection for another nationally representative survey, around one in ten veterans screened positive for depression (Liu et al., 2019). Although suicide has many precipitants, mental health is a known risk factor; each year, more than 6,000 veterans die from suicide (U.S. Department of Veterans Affairs [VA], Office of Mental Health and Suicide Prevention, 2021). For PTSD alone, the annual economic burden was more than \$230 billion in the United States in 2018, with more than \$42 billion of that attributable to the military population (Davis et al., 2022).

VA dedicates a considerable amount of its budget to addressing the mental health needs of those who have served in the military. Updated figures on VA's cost to treat PTSD are not available, but the Congressional Budget Office estimated that



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