

CDP



Research Update -- July 6, 2023

What's Here:

- Screening for Depression and Suicide Risk in Adults: US Preventive Services Task Force Recommendation Statement.
- Acceptability, Tolerability, and Estimates of Putative Treatment Effects of Probiotics as Adjunctive Treatment in Patients With Depression: A Randomized Clinical Trial.
- Development of a brief support and education intervention for loved ones of veterans with posttraumatic stress disorder.
- Associations among posttraumatic growth, demographic characteristics, posttraumatic stress symptoms, and trauma type, with a focus on sexual violence.
- Investigating the latent structure of the International Trauma Questionnaire to assess ICD-11 posttraumatic stress disorder (PTSD) and complex PTSD in an adult civilian sample during the Ukraine war.
- Attributional negativity bias and acute stress disorder symptoms mediate the association between trauma history and future posttraumatic stress disorder.
- Suicide Ideation, Plans, and Attempts Attributed to the COVID-19 Pandemic Among US Veterans.
- Improving the Integration of Social Determinants of Mental Health in the DSMs. (Viewpoint)

- Investigation of Active Ingredients Within Internet-Delivered Cognitive Behavioral Therapy for Depression: A Randomized Optimization Trial.
- A mixed-methods evaluation of why an implementation trial failed to engage veterans with posttraumatic stress disorder in trauma-focused psychotherapy.
- Associations Between Objective and Subjective Experiences of Childhood Maltreatment and the Course of Emotional Disorders in Adulthood.
- Sleep, Immune Function, and Vaccinations in Military Personnel: Challenges and Future Directions.
- The Relative Impact of Different Types of Military Sexual Trauma on Long-Term PTSD, Depression, and Suicidality.
- Suicidal Thoughts and Behaviors in Older U.S. Military Veterans: Results From the National Health and Resilience in Veterans Study.
- Characteristics and Correlates of Ten-Year Trajectories of Posttraumatic Stress Symptoms in Older U.S. Military Veterans.
- Hope, proactive personality, coping styles, and satisfaction with life among veterans during COVID-19.
- Vivid dreams are associated with a high percentage of REM sleep: a prospective study in veterans.
- Differences in Anxiety Sensitivity Among Black and White Veterans.
- Calibrating the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) for detecting alcohol-related problems among Canadian, UK and US soldiers: cross-sectional pre-deployment and post-deployment survey results.
- Two sides of the same coin? Empirical examination of two proposed characterizations of acute suicidal crises: Suicide crisis syndrome and acute suicidal affective disturbance.
- Links of Interest
- Resource of the Week – DoD Child Collaboration Study: Enhancing and Expanding Use of Tele-education and Telehealth Care in Support of Military Children with Behavioral, emotional, and Developmental Concerns (CDP)

<https://doi.org/10.1001/jama.2023.9297>

Screening for Depression and Suicide Risk in Adults: US Preventive Services Task Force Recommendation Statement.

US Preventive Services Task Force

JAMA

2023; 329(23): 2057–2067

Importance

Major depressive disorder (MDD), a common mental disorder in the US, may have substantial impact on the lives of affected individuals. If left untreated, MDD can interfere with daily functioning and can also be associated with an increased risk of cardiovascular events, exacerbation of comorbid conditions, or increased mortality.

Objective

The US Preventive Services Task Force (USPSTF) commissioned a systematic review to evaluate benefits and harms of screening, accuracy of screening, and benefits and harms of treatment of MDD and suicide risk in asymptomatic adults that would be applicable to primary care settings.

Population

Asymptomatic adults 19 years or older, including pregnant and postpartum persons. Older adults are defined as those 65 years or older.

Evidence Assessment

The USPSTF concludes with moderate certainty that screening for MDD in adults, including pregnant and postpartum persons and older adults, has a moderate net benefit. The USPSTF concludes that the evidence is insufficient on the benefit and harms of screening for suicide risk in adults, including pregnant and postpartum persons and older adults.

Recommendation

The USPSTF recommends screening for depression in the adult population, including pregnant and postpartum persons and older adults. (B recommendation) The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for suicide risk in the adult population, including pregnant and postpartum persons and older adults. (I statement)

<https://doi.org/10.1001/jamapsychiatry.2023.1817>

Acceptability, Tolerability, and Estimates of Putative Treatment Effects of Probiotics as Adjunctive Treatment in Patients With Depression: A Randomized Clinical Trial.

Nikolova, V. L., Cleare, A. J., Young, A. H., & Stone, J. M.

JAMA Psychiatry

Published online June 14, 2023

Key Points

Question

Are probiotics an acceptable, tolerable, and potentially efficacious adjunctive treatment for depression?

Findings

In this pilot randomized clinical trial including 49 participants, daily probiotic intake for 8 weeks resulted in greater improvements in depressive and anxiety symptoms compared with placebo.

Meaning

The acceptability, tolerability, and estimated effect sizes on key clinical outcomes are promising and encourage further investigation of probiotics as adjunctive treatment for people with major depressive disorder in a definitive efficacy trial.

Abstract

Importance

The microbiota-gut-brain axis is a promising target for novel treatments for mood disorders, such as probiotics. However, few clinical trials have been conducted, and further safety and efficacy data are needed to support this treatment approach.

Objective

To provide acceptability and tolerability data and estimates of intervention effect size for probiotics as adjunctive treatment for patients with major depressive disorder (MDD).

Design, Setting, and Participants

In this single-center, double-blind, placebo-controlled pilot randomized clinical trial,

adults aged 18 to 55 years with MDD taking antidepressant medication but having an incomplete response were studied. A random sample was recruited from primary and secondary care services and general advertising in London, United Kingdom. Data were collected between September 2019 and May 2022 and analyzed between July and September 2022.

Intervention

Multistrain probiotic (8 billion colony-forming units per day) or placebo daily for 8 weeks added to ongoing antidepressant medication.

Main Outcomes and Measures

The pilot outcomes of the trial were retention, acceptability, tolerability, and estimates of putative treatment effect on clinical symptoms (depression: Hamilton Depression Rating Scale [HAMD-17] and Inventory of Depressive Symptomatology [IDS] scores; anxiety: Hamilton Anxiety Rating Scale [HAMA] and General Anxiety Disorder [GAD-7] scores) to be used as indicators for a definitive trial.

Results

Of 50 included participants, 49 received the intervention and were included in intent-to-treat analyses; of these, 39 (80%) were female, and the mean (SD) age was 31.7 (9.8) years. A total of 24 were randomized to probiotic and 25 to placebo. Attrition was 8% (1 in the probiotic group and 3 in the placebo group), adherence was 97.2%, and there were no serious adverse reactions. For the probiotic group, mean (SD) HAMD-17 scores at weeks 4 and 8 were 11.00 (5.13) and 8.83 (4.28), respectively; IDS, 30.17 (11.98) and 25.04 (11.68); HAMA, 11.71 (5.86) and 8.17 (4.68); and GAD-7, 7.78 (4.12) and 7.63 (4.77). For the placebo group, mean (SD) HAMD-17 scores at weeks 4 and 8 were 14.04 (3.70) and 11.09 (3.22), respectively; IDS, 33.82 (9.26) and 29.64 (9.31); HAMA, 14.70 (5.47) and 10.95 (4.48); and GAD-7, 10.91 (5.32) and 9.48 (5.18). Standardized effect sizes (SES) from linear mixed models demonstrated that the probiotic group attained greater improvements in depressive symptoms according to HAMD-17 scores (week 4: SES, 0.70; 95% CI, 0.01-0.98) and IDS Self Report scores (week 8: SES, 0.64; 95% CI, 0.03-0.87) as well as greater improvements in anxiety symptoms according to HAMA scores (week 4: SES, 0.67; 95% CI, 0-0.95; week 8: SES, 0.79; 95% CI, 0.06-1.05), but not GAD-7 scores (week 4: SES, 0.57; 95% CI, -0.01 to 0.82; week 8: SES, 0.32; 95% CI, -0.19 to 0.65), compared with the placebo group.

Conclusions and Relevance

The acceptability, tolerability, and estimated effect sizes on key clinical outcomes are

promising and encourage further investigation of probiotics as add-on treatment for people with MDD in a definitive efficacy trial.

Trial Registration

ClinicalTrials.gov Identifier: [NCT03893162](https://clinicaltrials.gov/ct2/show/study/NCT03893162)

<https://doi.org/10.1002/jts.22914>

Development of a brief support and education intervention for loved ones of veterans with posttraumatic stress disorder.

Campbell, S. B., & Caska Wallace, C. M.

Journal of Traumatic Stress

2023 Jun; 36(3): 557-566

Clinical practice guidelines for managing posttraumatic stress disorder (PTSD) encourage incorporating loved ones into treatment, and supportive relationships can increase engagement in mental health care for veterans with PTSD. This study describes the iterative refinement, feasibility/acceptability testing, and national dissemination of a brief support and psychoeducation intervention for loved ones of veterans with PTSD. Loved ones (n = 181; range:1-11 per group) attended and qualitatively rated "PTSD 101 for Family and Friends: A Support and Education Workshop." Open-ended questions were used to gather data on suggestions for improvement and descriptions of helpful content, and the workshop was refined following participant and operational partner feedback using a quality improvement framework. Rating quantitative items on a 1-5 scale, participants found the overall quality (M = 4.76) and relevance (M = 4.82) to be excellent, noting they learned substantial new information (M = 4.45). Sense of support (M = 4.95), intentions to use the material (M = 4.87), PTSD self-efficacy (M = 4.41), and understanding of PTSD (M = 4.76) were rated favorably. Common themes among helpful elements were a sense of shared experience and optimism and increased knowledge of treatments/resources. Suggestions for improvement referenced logistics. Following continual stakeholder feedback and refinement, the workshop represents a novel method for providing loved ones with empirically supported psychoeducation, coping skills, and community. It is being disseminated by the Family Services Section of the Veterans Health Administration Office of Mental Health and Suicide Prevention.

<https://doi.org/10.1002/jts.22950>

Associations among posttraumatic growth, demographic characteristics, posttraumatic stress symptoms, and trauma type, with a focus on sexual violence.

Erla Katrín Jónsdóttir, Rannveig S. Sigurvinsdóttir, Bryndís Björk Ásgeirsdóttir

Journal of Traumatic Stress
First published: 20 June 2023

This study assessed posttraumatic growth (PTG) across multiple trauma types and by demographic characteristics (i.e., sex, age, education). Moreover, we examined the association between PTG and posttraumatic stress disorder (PTSD) symptoms as well as the characteristics and predictors of PTG after sexual violence. A phone survey was conducted in a nationally representative sample of 1,766 Icelandic adults. In total, 1,528 individuals reported having experienced some form of trauma and were included in the analysis, and 563 reported experiencing sexual violence. Interpersonal trauma (e.g., sexual violence, emotional abuse, and domestic violence) was associated with the highest levels of PTG. Moderate levels of PTSD symptoms were associated with the highest levels of PTG, whereas high- or low-level PTSD symptoms were related to less PTG. Women reported significantly more PTG than men, $d = 0.16$ and survivors of sexual violence reported significantly more PTG than individuals who reported other forms of trauma exposure, $d = 0.28$. Among sexual violence survivors, no demographic factors were associated with PTG, but cumulative trauma and positive social reactions were significantly related to higher levels of PTG. This study highlights that personal growth can result from aversive experiences and suggests a curvilinear association between PTG and PTSD symptoms.

<https://doi.org/10.1002/jts.22943>

Investigating the latent structure of the International Trauma Questionnaire to assess ICD-11 posttraumatic stress disorder (PTSD) and complex PTSD in an adult civilian sample during the Ukraine war.

Grace W. K. Ho, Maria Louison Vang, Dmytro Martsenkovskyi, Thanos Karatzias, Menachem Ben-Ezra, Eoin McElroy, Enya Redican, Marylene Cloitre, Boris Lorberg, Philip Hyland, Mark Shevlin

Journal of Traumatic Stress
First published: 20 June 2023

The symptom structure of ICD-11 posttraumatic stress disorder (PTSD) and complex PTSD (CPTSD) and the validity of the International Trauma Questionnaire (ITQ) are yet to be tested among civilians in an active war zone. The present investigation examined the factor structure of the ITQ, the internal consistency of observed scores, and their associations with demographic characteristics and war-related experiences using a nationwide sample of 2,004 adults from the general population of Ukraine approximately 6 months after the full-scale Russian invasion in 2022. Overall, rates of endorsement across all symptom clusters were high. The mean total number of war-related stressors reported was 9.07 (SD = 4.35, range: 1–26). Internal reliability was good for all six ITQ subscales, Cronbach's α s = .73–.88, and the correlated six-factor model was found to provide the best representation of the latent structure of the ITQ in the present sample based on fit indices. There was evidence of a dose–response relationship, with increasing scores on all symptom clusters associated with higher total reported war-related stressors.

See also: [A summary of the 38th Annual International Society for Traumatic Stress Studies Presidential Panel: How the traumatic stress community can assist individuals affected by the war in Ukraine](#)

<https://doi.org/10.1002/jts.22942>

Attributional negativity bias and acute stress disorder symptoms mediate the association between trauma history and future posttraumatic stress disorder.

E. Kate Webb, Sydney C. Timmer-Murillo, Ashley A. Huggins, Carissa W. Tomas, Terri A. deRoon-Cassini, Christine L. Larson

Journal of Traumatic Stress
First published: 20 June 2023

Individuals who have experienced more trauma throughout their life have a heightened risk of developing posttraumatic stress disorder (PTSD) following injury. Although trauma history cannot be retroactively modified, identifying the mechanism(s) by which preinjury life events influence future PTSD symptoms may help clinicians mitigate the detrimental effects of past adversity. The current study proposed attributional negativity bias, the tendency to perceive stimuli/events as negative, as a potential intermediary in PTSD development. We hypothesized an association between trauma history and PTSD symptom severity following a new index trauma via heightened negativity bias and acute stress disorder (ASD) symptoms. Recent trauma survivors (N =189, 55.5% women, 58.7% African American/Black) completed assessments of ASD, negativity bias, and lifetime trauma 2-weeks postinjury; PTSD symptoms were assessed 6 months later. A parallel mediation model was tested with bootstrapping (10,000 resamples). Both negativity bias, Path b1: $\beta = -.24$, $t(187) = -2.88$, $p = .004$, and ASD symptoms, Path b2: $\beta = .30$, $t(187) = 3.71$, $p < .001$, fully mediated the association between trauma history and 6-month PTSD symptoms, full model: $F(6, 182) = 10.95$, $p < .001$, $R^2 = .27$; Path c': $\beta = .04$, $t(187) = 0.54$, $p = .587$. These results suggest that negativity bias may reflect an individual cognitive difference that can be further activated by acute trauma. Moreover, negativity bias may be an important, modifiable treatment target, and interventions addressing both acute symptoms and negativity bias in the early posttrauma period may weaken the link between trauma history and new-onset PTSD.

<https://doi.org/10.1001/jamanetworkopen.2023.20193>

Suicide Ideation, Plans, and Attempts Attributed to the COVID-19 Pandemic Among US Veterans.

Stanley, I. H., Flarity, K. M., & April, M. D.

JAMA Network Open

Published online 2023 Jun 26

Introduction

Over the past 2 decades, the age- and sex-adjusted suicide rate has been higher for US veterans compared with nonveterans.¹ The COVID-19 pandemic spurred concerns about increased suicide risk, including among veterans.² Nevertheless, in 2019 and 2020, the US experienced population-level declines in the suicide rate,³ and declines were greater among veterans (9.7%) than nonveteran adults (5.5%).¹ Veterans may have experienced a differential effect of the COVID-19 pandemic on suicide rates or

proxy indicators, such as suicide ideation, plans, and attempts.

Methods

In this cross-sectional study, we analyzed data from the 2021 National Survey on Drug Use and Health (NSDUH), a representative survey of noninstitutionalized US civilians 12 years and older. Race and ethnicity data were not analyzed for this study, and participants provided informed consent to the NSDUH. Data were collected from January 14 to December 20, 2021. The NSDUH excluded current active duty military personnel. Additional information on the NSDUH survey methods has been published elsewhere.⁴ The Colorado Multiple Institutional Review Board approved the study protocol, and we followed the STROBE reporting guideline.

We analyzed responses from adults 18 years and older. We determined veteran status by affirmative responses to the question, “Have you ever been in the United States Armed Forces?” Participants were queried if, during the past 12 months, they had serious thoughts about suicide (yes or no). Those who responded yes were then asked if, during the past 12 months, they made a suicide plan or suicide attempt (yes or no). After each question assessing past-year suicidality, participants were asked, “Was this because of the COVID-19 pandemic?” (yes or no). Additionally, we assessed responses to the analog question, “Since the beginning of the COVID-19 pandemic, how much, if at all, has COVID-19 negatively affected your emotional or mental health?” (not at all, a little, some, quite a bit, or a lot). We used logistic regression analyses examining the association between veteran status (1 indicates veteran; 0, nonveteran) and COVID-19–related suicidality (1, yes; 0, no) or adverse mental health (1, quite a bit or a lot; 0, not at all, a little, or some), controlling for age and sex. We used NSDUH-calculated sampling weights in analyses.⁴ We considered 2-sided $P < .05$ statistically significant and used SPSS, version 29.0 (IBM Corp) for statistical analyses.

Results

This study included 47 291 adults 18 years and older (48.6% men, 51.4% women, and 7.8% veterans) (Table 1). Overall, 4.8% reported suicide ideation; 1.3%, suicide plans; and 0.7%, suicide attempts in the past year. Veterans were at increased odds of reporting report past-year suicide ideation (adjusted odds ratio [AOR], 1.42 [95% CI, 1.41-1.42]), suicide plans (AOR, 1.97 [95% CI, 1.96-1.98]), and suicide attempts (AOR, 2.94 [95% CI, 2.92-2.95]) (Table 2). However, among individuals reporting past-year suicidal experiences, veterans had decreased odds of attributing their suicidal experiences to the COVID-19 pandemic compared with nonveterans (suicide ideation: AOR, 0.53 [95% CI, 0.52-0.53]; suicide plans: AOR, 0.45 [95% CI, 0.44-0.46]; suicide attempts: AOR, 0.39 [95% CI, 0.38-0.39]) (Table 2). Veterans were also at decreased

odds of reporting adverse mental health, broadly, related to COVID-19 compared with nonveterans (AOR, 0.89 [95% CI, 0.89-0.89]) (Table 2).

Discussion

There is no single contributing factor to suicidal thoughts and behaviors.^{1,5} However, in this cross-sectional study, US veterans were at 47% to 61% decreased odds compared with nonveterans of attributing their past-year suicidal experiences to the COVID-19 pandemic. Veterans may be resilient to the psychosocial sequelae of tragedies, such as COVID-19,⁶ perhaps due to their military experiences. Nevertheless, our findings suggest that veterans continue to experience disparities in the prevalence of past-year suicidal thoughts and behaviors, underscoring the need for a multilayered suicide prevention approach. A recent report³ indicates that following the 2-year decline, suicide rates increased in 2021—the latest year for which data are available—among the general population (2021 data on veterans are not yet published). Study limitations include lack of data on the severity and chronicity of respondents' suicidality, nuanced information on veteran status, and other potential contributors to respondents' suicidal thoughts and behaviors.

<https://doi.org/10.1001/jamapsychiatry.2023.1301>

Improving the Integration of Social Determinants of Mental Health in the DSMs. (Viewpoint)

Neil Krishan Aggarwal, MD, MA

JAMA Psychiatry

Published online June 28, 2023

In 2022, the American Psychiatric Association (APA) released a revision to its fifth edition of the DSM (DSM-5-TR). The APA issued a statement that DSM-5-TR's revisions include changes to some terms (for example, using racialized instead of race or racial) and additional text for certain disorders on variations in symptom expression, perceived causes, and prevalence data for specific demographic groups. The statement noted that these changes occurred “in response to concerns from members and others in the mental health field” about how race, racism, and discrimination impact psychiatric diagnosis. Systematic reviews have consistently found that individuals from minoritized ethnorracial groups around the world face a higher prevalence of mental disorders due to discrimination such that ethnicity is widely accepted as a social determinant of health.

Therefore, the APA's acknowledgment that ethnoracial factors affect psychiatric diagnosis is based on sound scientific evidence.

<https://doi.org/10.1001/jamapsychiatry.2023.1937>

Investigation of Active Ingredients Within Internet-Delivered Cognitive Behavioral Therapy for Depression: A Randomized Optimization Trial.

Watkins, E., Newbold, A., Tester-Jones, M., Collins, L. M., & Mostazir, M.

JAMA Psychiatry
2023 Jun 28 ;e231937

Key Points

Question

Which specific components within internet-delivered cognitive behavioral therapy (CBT) for depression are active ingredients that reduce symptoms?

Findings

In this randomized optimization trial that included 767 adults with depression, 6 treatment components (activity scheduling, thought challenging, relaxation, concreteness training, functional analysis, and self-compassion training) did not show a significant main effect on depression. However, the presence of the absorption component outperformed its absence in reducing depression at 6-month follow-up.

Meaning

The findings suggest that the majority of treatment benefit from internet-delivered CBT is likely to accrue from factors common to all CBT components and/or from generic factors common to all therapies, with the possible exception of absorption.

Abstract

Importance

There is limited understanding of how complex evidence-based psychological interventions such as cognitive behavioral therapy (CBT) for depression work. Identifying active ingredients may help to make therapy more potent, brief, and scalable.

Objective

To test the individual main effects and interactions of 7 treatment components within internet-delivered CBT for depression to investigate its active ingredients.

Design, Setting, and Participants

This randomized optimization trial using a 32-condition, balanced, fractional factorial optimization experiment (IMPROVE-2) recruited adults with depression (Patient Health Questionnaire-9 [PHQ-9] score ≥ 10) from internet advertising and the UK National Health Service Improving Access to Psychological Therapies service. Participants were randomized from July 7, 2015, to March 29, 2017, with follow-up for 6 months after treatment until December 29, 2017. Data were analyzed from July 2018 to April 2023.

Interventions

Participants were randomized with equal probability to 7 experimental factors within the internet CBT platform, each reflecting the presence vs absence of specific treatment components (activity scheduling, functional analysis, thought challenging, relaxation, concreteness training, absorption, and self-compassion training).

Main Outcomes and Measures

The primary outcome was depression symptoms (PHQ-9 score). Secondary outcomes include anxiety symptoms and work, home, and social functioning.

Results

Among 767 participants (mean age [SD] age, 38.5 [11.62] years; range, 18-76 years; 635 women [82.8%]), 506 (66%) completed the 6-month posttreatment follow-up. On average, participants receiving internet-delivered CBT had reduced depression (pre-to-posttreatment difference in PHQ-9 score, -7.79 [90% CI, -8.21 to -7.37]; 6-month follow-up difference in PHQ-9 score, -8.63 [90% CI, -9.04 to -8.22]). A baseline score-adjusted analysis of covariance model using effect-coded intervention variables (-1 or $+1$) found no main effect on depression symptoms for the presence vs absence of activity scheduling, functional analysis, thought challenging, relaxation, concreteness training, or self-compassion training (posttreatment: largest difference in PHQ-9 score [functional analysis], -0.09 [90% CI, -0.56 to 0.39]; 6-month follow-up: largest difference in PHQ-9 score [relaxation], -0.18 [90% CI, -0.61 to 0.25]). Only absorption training had a significant main effect on depressive symptoms at 6-month follow-up (posttreatment difference in PHQ-9 score, 0.21 [90% CI, -0.27 to 0.68]; 6-month follow-up difference in PHQ-9 score, -0.54 , [90% CI, -0.97 to -0.11]).

Conclusions and Relevance

In this randomized optimization trial, all components of internet-delivered CBT except

absorption training did not significantly reduce depression symptoms relative to their absence despite an overall average reduction in symptoms. The findings suggest that treatment benefit from internet-delivered CBT probably accrues from spontaneous remission, factors common to all CBT components (eg, structure, making active plans), and nonspecific therapy factors (eg, positive expectancy), with the possible exception of absorption focused on enhancing direct contact with positive reinforcers.

Trial Registration

isrctn.org Identifier: [ISRCTN24117387](https://www.isrctn.com/ISRCTN24117387)

<https://doi.org/10.1002/jts.22946>

A mixed-methods evaluation of why an implementation trial failed to engage veterans with posttraumatic stress disorder in trauma-focused psychotherapy.

John C. Fortney, Suparna Rajan, Jessica A. Chen, Sarah B. Campbell, John P. Nolan, Edwin Wong, George Sayre, Valentina Petrova, Carol E. Simons, Heather S. Reisinger, Paula P. Schnurr

Journal of Traumatic Stress

First published: 27 June 2023

An effectiveness trial found that telemedicine collaborative care for posttraumatic stress disorder (PTSD) significantly increased engagement in trauma-focused psychotherapy (TFP) and improved PTSD symptoms. However, in a subsequent implementation trial, very few veterans enrolled in collaborative care initiated TFP. We conducted a mixed-methods evaluation to determine why veterans did not initiate TFP in the implementation trial. After conducting chart reviews of 1,071 veterans with PTSD enrolled in collaborative care, patients were categorized into four mutually exclusive TFP groups: TFP not discussed; TFP discussed, declined; TFP discussed, did not decline; and TFP initiated. We conducted semistructured interviews with 43 unique patients and 58 unique providers (i.e., care managers and mental health specialists). Almost half (48.6%) of the veterans had no documentation of discussing TFP with their care manager; another 28.9% discussed it but declined. Most veterans (77.1%) had an encounter with a mental health specialist, 36.8% of whom never discussed TFP, and 35.7% of whom discussed it but declined. Providers reported that many veterans were not able, willing, or ready to engage in TFP and that non-trauma-focused therapies were better aligned with their treatment goals. Veterans gave numerous reasons for not

initiating TFP, including having bad prior experiences with TFP and wanting to avoid thinking about past traumatic experiences.

Commonly cited reasons for noninitiation were providers never discussing TFP with veterans and veterans declining TFP after discussing it with their provider. Interventions, such as shared decision-making tools, may be needed to engage providers and patients in informed discussions about TFP.

<https://doi.org/10.1001/jamapsychiatry.2023.2140>

Associations Between Objective and Subjective Experiences of Childhood Maltreatment and the Course of Emotional Disorders in Adulthood.

Andrea Danese, MD, PhD; Cathy Spatz Widom, PhD

JAMA Psychiatry

Published online July 5, 2023

Key Points

Question

Is a history of childhood maltreatment associated with an unfavorable course of emotional disorders in adulthood?

Findings

In this cohort study of 1196 participants followed up to age 40 years, the subjective experience of childhood maltreatment measured through retrospective self-report at age 29 years was associated with the number of subsequent follow-up phases with depression or anxiety, whereas the objective experience measured through official court records was not. Current and lifetime psychopathology at the time the subjective experience was assessed explained its association with the later course of emotional disorders in participants who did not have objective measures of maltreatment but not in those who did.

Meaning

The findings suggest that modification of the subjective experience of childhood maltreatment may improve the longitudinal course of emotional disorders.

Abstract

Importance

A history of childhood maltreatment is associated with an unfavorable course of illness for emotional disorders. However, the origins and mechanisms underlying these associations are unknown.

Objective

To examine the relative associations of objective and subjective measures of childhood maltreatment and continuity in psychopathology with the course of emotional disorders in adulthood.

Design, Setting, and Participants

This prospective cohort study followed up until age 40 years participants residing in a metropolitan county of the US Midwest with substantiated records of childhood physical and sexual abuse and/or neglect between 1967 and 1971 and a demographically matched group of participants experiencing no abuse or neglect in childhood. The collected data were analyzed between October 2021 and April 2022.

Exposures

The objective experience of childhood maltreatment before age 12 years was prospectively measured through official court records, whereas the subjective experience was measured through retrospective self-report at a mean (SD) age of 29 (3.8) years. Current and previous lifetime psychopathology was also assessed at a mean age of 29 (3.8) years.

Main Outcomes and Measures

Symptoms of depression and anxiety were measured at mean (SD) ages of 39.5 (3.5) and 41.2 (3.5) years using Poisson regression models.

Results

In a cohort of 1196 participants (582 [48.7%] female and 614 [51.3%] male) followed up to age 40 years, those with objective plus subjective measures of childhood maltreatment had a greater number of subsequent follow-up phases with depression or anxiety than controls (depression: incidence rate ratio [IRR], 2.28 [95% CI, 1.65-3.15]; anxiety: IRR, 2.30 [95% CI, 1.54-3.42]), as did those with subjective-only measures (depression: IRR, 1.49 [95% CI, 1.02-2.18]; anxiety: IRR, 1.58 [95% CI, 0.99-2.52]). In contrast, participants with objective-only measures did not have a greater number of follow-up phases with depression or anxiety (depression: IRR, 1.37 [95% CI, 0.89-2.11]; anxiety: IRR, 1.40 [95% CI, 0.84-2.31]). Current and lifetime psychopathology measured at the time the subjective experience was assessed explained its association with a

later course of emotional disorders in participants with subjective-only measures but not in those with objective plus subjective measures.

Conclusions and Relevance

In this cohort study, the associations seen between childhood maltreatment and poor course of emotional disorders over the subsequent decade were largely attributable to the subjective experience of maltreatment, which was partly explained by continuity in psychopathology. Modification of the subjective experience of childhood maltreatment could improve the longitudinal course of emotional disorders.

<https://doi.org/10.1093/milmed/usad119>

Sleep, Immune Function, and Vaccinations in Military Personnel: Challenges and Future Directions.

Melissa S Anderson, PhD, Evan D Chinoy, PhD, Elizabeth M Harrison, PhD,
Christopher A Myers, PhD, Rachel R Markwald, PhD

Military Medicine

Published: 27 April 2023

The U.S. military invests substantial resources to vaccinate all personnel, including recruits, against operationally important infectious disease threats. However, research suggests that vaccine immune response and, therefore, vaccine effectiveness may be inadvertently reduced because of chronic and/or acute sleep deficiency experienced by recipients around the time of vaccination. Because sleep deficiency is expected and even necessary in deployed and training contexts, research investigations of the impacts of sleep and related physiological systems such as circadian rhythms on vaccine effectiveness in military settings are needed. Specifically, research should be aimed at understanding the effects of sleep deficiency, as well as vaccine administration schedules, on response to vaccination and clinical protection. Furthermore, knowledge gaps among military medical leadership on sleep, vaccines, and immune health should be assessed. This area of research may benefit the health and readiness of service members while also decreasing health care utilization and associated costs from illness.

<https://doi.org/10.1177/08862605231168>

The Relative Impact of Different Types of Military Sexual Trauma on Long-Term PTSD, Depression, and Suicidality.

Galovski, T. E., McSweeney, L. B., Woolley, M. G., Alpert, E., & Nillni, Y. I.

Journal of Interpersonal Violence
2023; 38(15–16), 9465–9491

Sexual assault and harassment in the U.S. military are very common. Military sexual trauma (MST) is defined as sexual assault or harassment experienced during military service; yet, the relative impact of sexual assault, harassment, and their combination is not well understood. Given the extent and potential severity of the long-term outcomes of MST, it is critical to evaluate the relative impacts of these types of MST on long-term mental health outcomes. Veterans ($n = 2499$; 54% female) completed self-report measures of experiences of sexual assault and harassment perpetrated by coworkers during military service, posttraumatic stress disorder (PTSD), depression, and suicidality. Controlling for combat exposure, all types of MST experiences (Harassment Only, Assault Only, or Both) compared to No MST predicted greater severity of PTSD, depression, and suicidality after military service. Compared to Veterans with No MST, those who experienced Both Assault and Harassment reported significantly more severe PTSD, depression, and suicidality followed by Harassment Only, and then Assault Only. Data suggest that different types of MST experiences have an impact on long-term mental health outcomes, and the combination of Both sexual Assault and Harassment is particularly deleterious.

<https://doi.org/10.1016/j.jagp.2023.04.013>

Suicidal Thoughts and Behaviors in Older U.S. Military Veterans: Results From the National Health and Resilience in Veterans Study.

Ian C. Fischer, Brandon Nichter, Frances M. Aunon, David B. Feldman, ... Robert H. Pietrzak

The American Journal of Geriatric Psychiatry
Available online 29 April 2023

Objective

To identify the prevalence and correlates associated with suicidal thoughts and behaviors (STBs) in a nationally representative sample of older (55+) US military veterans.

Methods

Data were analyzed from the 2019–2020 National Health and Resilience in Veterans Study (N = 3,356; mean age = 70.6). Self-report measures of past-year suicidal ideation (SI), lifetime suicide plan, lifetime suicide attempt(s), and future suicide intent were examined in relation to sociodemographic, neuropsychiatric, trauma, physical health, and protective factors.

Results

A total of 6.6% (95% CI = 5.7%–7.8%) of the sample endorsed past-year SI, 4.1% (CI = 3.3%–5.1%) a lifetime suicide plan, 1.8% (CI = 1.4%–2.3%) a lifetime suicide attempt, and 0.9% (CI = 0.5%–1.3%) future suicide intent. Higher levels of loneliness and lower levels of purpose in life were most strongly associated with past-year SI; lifetime history of major depressive disorder with suicide plan and suicide attempt; and frequency of past-year SI and more negative expectations regarding emotional aging with future suicide intent.

Conclusion

These findings provide the most up-to-date nationally representative prevalence estimates of STBs among older military veterans in the United States. Several modifiable vulnerability factors were found to be associated with suicide risk in older US military veterans, suggesting that these factors may be targets for intervention in this population.

<https://doi.org/10.1016/j.jagp.2023.05.011>

Characteristics and Correlates of Ten-Year Trajectories of Posttraumatic Stress Symptoms in Older U.S. Military Veterans.

Jennifer Moye, Anica Pless Kaiser, Joan M. Cook, Ian C. Fischer, ... Robert H. Pietrzak

The American Journal of Geriatric Psychiatry
Available online 6 June 2023

Objectives

To examine the nature and correlates of 10-year trajectories of posttraumatic stress disorder (PTSD) symptoms in older U.S. military Veterans.

Design and Setting

A nationally representative web-based survey of older U.S. Veterans who participated in the National Health and Resilience in Veterans Study over 5 waves between 2011 and 2021.

Participants

A total of 1,843 U.S. Veterans aged 50 and older (mean age = 67).

Measurements

PTSD symptoms were assessed using the PTSD Checklist. Self-report measures at baseline assessed sociodemographic characteristics; trauma exposures; psychiatric and substance use disorders; mental, cognitive, and physical functioning; and psychosocial factors including expectations of aging. Latent growth mixture modeling identified the nature and correlates of 10-year PTSD symptom trajectories.

Results

Most of the sample had no/low PTSD symptoms (88.7%), while 6.0% had consistently subthreshold symptoms, 2.7% consistently high symptoms, and 2.6% increasing symptoms. Relative to the no/low symptom group, the subthreshold and high symptom groups reported more medical conditions and cognitive difficulties, with younger age and more lifetime traumatic events additionally linked to the high symptom trajectory. Relative to the no/low symptom group, Veterans with increasing symptoms were more likely to report functional disability and lifetime nicotine use disorder, cognitive difficulties, negative expectations regarding physical and emotional aging, and traumatic events over the study period.

Conclusions

Despite high rates of trauma exposure, most older Veterans do not evidence symptomatic PTSD trajectories; however, about 11% do. Results underscore the importance of assessing PTSD symptoms in this population and considering longitudinal trajectories as well as associated risk and protective factors.

<https://doi.org/10.1080/08995605.2023.2204060>

Hope, proactive personality, coping styles, and satisfaction with life among veterans during COVID-19.

Elizabeth R. Grzesik & Arpita Ghosh

Military Psychology

Published online: 01 May 2023

Veterans of the U.S. Armed Forces are an at-risk population given their increased mental health concerns resulting from their military service. However, there has been limited research conducted with this population during the novel coronavirus (COVID-19) pandemic. The purpose of this exploratory study was to examine aspects of positive psychological functioning with 132 U.S. veterans during COVID-19 using Lazarus and Folkman's (1984) transactional model of stress and coping. Specifically, we examined the personal resources of hope and proactive personality, two coping styles, and satisfaction with life. We performed correlation analyses to determine how these constructs related to each other. We also conducted a regression analysis to examine if the two dimensions of hope, proactive personality, adaptive coping, and maladaptive coping predicted veterans' satisfaction with life. Lastly, we utilized a mediation analysis to investigate whether two coping styles mediated the relationships among personal resources and satisfaction with life. Findings from the regression analysis suggested hope pathways and proactive personality were significant predictors of satisfaction with life. Results from the mediation analysis suggested that adaptive and maladaptive coping did not mediate the relationships among personal resources and satisfaction with life.

<https://doi.org/10.5664/jcsm.10642>

Vivid dreams are associated with a high percentage of REM sleep: a prospective study in veterans.

Deema Fattal, MD , Nicole Platti, MD , Stacy Hester, REEGT/RPSGT , Linder Wendt, MS

Journal of Clinical Sleep Medicine

Published Online: May 2, 2023

STUDY OBJECTIVES:

Vivid dreams are dreams that feel real or are associated with dream enactment behavior. They are prevalent in veterans especially in those with psychiatric disorders such as post-traumatic stress disorders. Such psychiatric disorders have known association with abnormalities in rapid eye movement (REM) sleep. Vivid dreams are also described in neurological conditions, such as Lewy body dementias, which are also associated with REM sleep abnormality. Although vivid dreams occur in neuropsychiatric disorders that have REM sleep abnormalities, there are no studies that have directly investigated an association between vivid dreams and REM sleep. We sought to study vivid dreams and REM sleep in veterans.

METHODS: Veterans undergoing polysomnography at our hospital were invited to enroll. Participants completed a dream-related questionnaire the morning after their polysomnography.

RESULTS:

We prospectively enrolled 505 veterans. After a night in the sleep laboratory, 196 of 504 (39%) reported experiencing a dream, and of those, 117 of 190 (62%) described their dream as vivid. Discrepancies in patient totals are secondary to missing questionnaire data. Our novel finding is that participants with a high percentage of REM sleep (above 25%) were more than twice likely to report a vivid dream than participants with a lower percentage of REM sleep ($p < 0.0001$). Non-vivid dreams were not associated with a high percentage of REM sleep.

CONCLUSIONS:

Vivid dreams are associated with a high percentage of REM sleep. Further research into the role of REM sleep abnormalities in vivid dreams may help to advance understanding of neuropsychiatric disorders.

<https://doi.org/10.1007/s40615-023-01609-2>

Differences in Anxiety Sensitivity Among Black and White Veterans.

Ava K. Fergerson, Emily A. Cordova, Darius Dawson, Lora Rose Hunter & Amanda M. Raines

Journal of Racial and Ethnic Health Disparities

Published: 02 May 2023

Black Americans are at greater risk for more severe and enduring consequences of anxiety disorders than White Americans, highlighting the need to identify malleable risk and maintenance factors. The current study aimed to examine racial differences in anxiety sensitivity and anxiety sensitivity facets between Black and White veterans (N = 285; 58% Black, 77% Male; Mage = 43.51, SD = 11.87) presenting to a PTSD specialty clinic at a Veterans Affairs (VA) hospital. In addition to a diagnostic interview, veterans were asked to complete a brief battery of self-report questionnaires to assist with diagnostic clarification and treatment planning. Results revealed a significant difference in anxiety sensitivity total scores between Black (M = 44.5, SD = 17.2) and White veterans (M = 36.1, SD = 17.7), such that Black veterans evinced higher levels. When examining anxiety sensitivity subfacets, Black veterans also evinced elevated levels of physical (M = 14.4, SD = 6.6) and cognitive concerns (M = 15.2, SD = 6.5) compared to White veterans (M = 9.8, SD = 6.2; M = 11.7, SD = 6.6, respectively). Results indicate that anxiety sensitivity is a relevant risk factor among Black veterans. Future studies should examine the extent to which anxiety sensitivity is modifiable in such populations.

<https://doi.org/10.1136/bmjopen-2022-068619>

Calibrating the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) for detecting alcohol-related problems among Canadian, UK and US soldiers: cross-sectional pre-deployment and post-deployment survey results.

Duffy, F. F., Sudom, K., Jones, M., Fear, N. T., Greenberg, N., Adler, A. B., Hoge, C. W., Wilk, J. E., & Riviere, L. A.

BMJ Open
2023 May 2; 13(5): e068619

Objectives:

Excessive alcohol use can bring about adverse health and work-related consequences in civilian and military populations. Screening for excessive drinking can help identify individuals at risk for alcohol-related problems who may require clinical interventions. The brief validated measures of alcohol use such as the Alcohol Use Disorders Identification Test (AUDIT), or abbreviated AUDIT-Consumption (AUDIT-C), are often included in military deployment screening and epidemiologic surveys, but appropriate cut-points must be used to effectively identify individuals at risk. Although the

conventional AUDIT-C cut-points ≥ 4 for men and ≥ 3 for women are commonly used, recent validation studies of veterans and civilians recommend higher cut-points to minimise misclassification and overestimation of alcohol-related problems. This study aims to ascertain optimal AUDIT-C cut-points for detecting alcohol-related problems among serving Canadian, UK and US soldiers.

Design:

Cross-sectional pre/post-deployment survey data were used.

Settings:

Comprised Army locations in Canada and UK, and selected US Army units.

Participants:

Included soldiers in each of the above-mentioned settings.

Outcome measures:

Soldiers' AUDIT scores for hazardous and harmful alcohol use or high levels of alcohol problems served as a benchmark against which optimal sex-specific AUDIT-C cut-points were assessed.

Results:

Across the three-nation samples, AUDIT-C cut-points of $\geq 6/7$ for men and $\geq 5/6$ for women performed well in detecting hazardous and harmful alcohol use and provided comparable prevalence estimates to AUDIT scores ≥ 8 for men and ≥ 7 for women. The AUDIT-C cut-point $\geq 8/9$ for both men and women performed fair-to-good when benchmarked against AUDIT ≥ 16 , although inflated AUDIT-C-derived prevalence estimates and low positive predictive values were observed.

Conclusion:

This multi-national study provides valuable information regarding appropriate AUDIT-C cut-points for detecting hazardous and harmful alcohol use, and high levels of alcohol problems among soldiers. Such information can be useful for population surveillance, pre-deployment/post-deployment screening of military personnel, and clinical practice.

<https://doi.org/10.1016/j.jpsychires.2023.05.001>

Two sides of the same coin? Empirical examination of two proposed characterizations of acute suicidal crises: Suicide crisis syndrome and acute suicidal affective disturbance.

Megan L. Rogers, Min Eun Jeon, Sifan Zheng, Jenelle A. Richards, ... Igor Galynker

Journal of Psychiatric Research
Volume 162, June 2023, Pages 123-131

Two proposed suicide-specific diagnoses, with accumulating research support, characterize the phenomenology of acute suicidal crises: Suicide Crisis Syndrome (SCS) and Acute Suicidal Affective Disturbance (ASAD). Despite conceptual overlap and some similar criteria, the two syndromes have never been compared empirically. The present study addressed this gap by examining SCS and ASAD utilizing a network analysis approach. A sample of 1568 community-based adults (87.6% cisgender women, 90.7% White, Mage = 25.60 years, SD = 6.59) in the United States completed an online battery of self-report measures. SCS and ASAD were first examined in individual network models, followed by a combined network to determine changes in network structure, as well as identify bridge symptoms that connected SCS and ASAD. The proposed criteria of SCS and ASAD formed sparse network structures that were largely unaffected by the influence of the other syndrome in a combined network. Social disconnection/withdrawal and manifestations of overarousal—particularly agitation, insomnia, and irritability—emerged as bridge symptoms that may connect SCS and ASAD. Our findings indicate the network structures of SCS and ASAD exhibit patterns of independence, alongside interdependence between overlapping symptom domains (i.e., social withdrawal, overarousal). Future work should examine SCS and ASAD prospectively to better understand their temporal dynamics and predictive utility in relation to imminent suicide risk.

Links of Interest

Service members more vulnerable to digital payment scams, federal report finds
<https://www.stripes.com/theaters/us/2023-06-21/military-financial-scams-10504020.html>

Veterans Can Now Use VA Info Line to Report Sexual Assault, Harassment

<https://www.military.com/daily-news/2023/06/21/veterans-can-now-use-va-info-line-report-sexual-assault-harassment.html>

VA's opioid treatment program is failing veterans, IG reports

<https://www.militarytimes.com/veterans/2023/06/26/vas-opioid-treatment-program-is-failing-veterans-ig-reports/>

- [Review of Clinical Care Transition from the Department of Defense to the Veterans Health Administration for Service Members with Opioid Use Disorder](#)

See What's New With the Exceptional Family Member Program

<https://www.militaryonesource.mil/special-needs/efmp/new-efmp-tools-and-resources/>

Sexually harassed sailors and Marines will get more support resources

<https://www.navytimes.com/news/your-navy/2023/06/28/sexually-harassed-sailors-and-marines-will-get-more-support-resources/>

Moral Injury: What Is It and How Can Professionals Assist?

<https://militaryreach.auburn.edu/ffMoralInjury.jsp>

Assessing intimate partner violence: A review of 13 reliable and valid tools

<https://aub.ie/MilitaryREACH-IPVMeasures>

Staff Perspective: Helping the Helpers

<https://deploymentpsych.org/blog/staff-perspective-helping-helpers>

Staff Perspective: A New Resource for Anyone Interested in Animal-assisted Therapy for Post Traumatic Stress Disorder

<https://deploymentpsych.org/blog/staff-perspective-new-resource-anyone-interested-animal-assisted-therapy-post-traumatic-stress>

Military suicide stats released, Army saw highest increase of deaths

<https://www.militarytimes.com/news/your-military/2023/07/03/military-suicide-stats-released-army-saw-highest-increase-of-deaths/>

- [Department of Defense \(DoD\) Quarterly Suicide Report \(QSR\) 1st Quarter, CY 2023](#)

Military spouses: The well-kept secret to business success (opinion)

<https://thehill.com/opinion/congress-blog/4079710-military-spouses-the-well-kept-secret-to-business-success/>

Resource of the Week – [DoD Child Collaboration Study: Enhancing and Expanding Use of Tele-education and Telehealth Care in Support of Military Children with Behavioral, emotional, and Developmental Concerns](#)

The DoD Child Collaboration Study is excited to announce the launch of new trainings within our training series focused on the needs of military kids and families! The series targets behavioral health, healthcare, and other helping professionals who support or want to learn more about military kids and families. These interactive, self-paced trainings are FREE and approved for continuing education credits for psychologists (APA) and social workers (ASWB).

Trainings available now:

- NEW! Mobilizing your Telebehavioral Health Skills with Military Kids & Teens (1.75 CEs)
- NEW! Integrating Social Care into your Behavioral Health Practice (2.0 CEs)
- NEW! Behavioral Health Innovations: How Technology Extends Patient Care and Provider Training (2.0 CEs)
- Military Kids and Families Know the Drill (1.5 CEs)
- Actionable Intel: Essentials in Military Cultural Competence (1.5 CEs)
- Strengthening the Homefront: A Tactical Toolkit for Deployment (1.5 CEs)

[DoD Child Collaboration Study](#)



Enhancing and Expanding Use of Tele-education and Telehealth Care in Support of Military Children with Behavioral, Emotional, and Developmental Concerns

Shirl Kennedy

Research Editor

HJF employee collaborating with Center for Deployment Psychology



Henry M. Jackson Foundation for the Advancement of Military Medicine

Email: shirley.kennedy.ctr@usuhs.edu