



CDP Research Update -- June 29, 2017

What's Here:

- PTSD Monthly Update -- 5 Reasons to Get PTSD Treatment
- Lifetime Suicidal Behaviors and Career Characteristics Among U.S. Army Soldiers: Results from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS).
- Sometimes Less is More: Establishing the Core Symptoms of PTSD.
- Reckless Self-Destructive Behavior and PTSD in Veterans: The Mediating Role of New Adverse Events.
- Natural Course of Co-Occurring PTSD and Alcohol Use Disorder Among Recent Combat Veterans.
- Longitudinal Measurement Invariance of Posttraumatic Stress Disorder in Deployed Marines.
- Trauma-Related Pain, Reexperiencing Symptoms, and Treatment of Posttraumatic Stress Disorder: A Longitudinal Study of Veterans.
- Randomized Clinical Trial Investigating the Effects of an Anxiety Sensitivity Intervention on Posttraumatic Stress Symptoms: A Replication and Extension.
- Traumatic brain injury severity, comorbidity, social support, family functioning, and community reintegration among veterans of the Afghanistan and Iraq Wars.
- Spirituality, Religion and Suicidality Among Veterans: A Qualitative Study.
- Incidence and Predictors of Opioid Prescription at Discharge After Traumatic Injury.
- A model comparison approach to trauma-related guilt as a mediator of the relationship between PTSD symptoms and suicidal ideation among veterans.
- At-Home Partner Sleep Functioning Over the Course of Military Deployment.
- Older Military Veteran Care: Many Still Believe They Are Forgotten.
- Why Suicide? The Analysis of Motives for Self-Harm.
- Systemic Barriers Faced by Women Attempting to Leave Abusive Military Marriages.
- Meta-Analysis of Trauma-Focused Therapies for Treating the Symptoms of Posttraumatic Stress Disorder.

- Posttraumatic stress disorder and suicidal ideation, plans, and impulses: The mediating role of anxiety sensitivity cognitive concerns among veterans.
- Epidemiology of Major Depressive Disorder Disability in the US Military: FY 2007-2012.
- Links of Interest

<https://content.govdelivery.com/accounts/USVHA/bulletins/1a56060>

PTSD Monthly Update -- 5 Reasons to Get PTSD Treatment

National Center for PTSD

June 2017

5 Reasons To Get PTSD Treatment

1. Early Treatment Is Better.

Symptoms of PTSD may get worse. Dealing with them now might help stop symptoms from getting worse in the future and lead to a better quality of life for you.

2. It's Never Too Late to Get PTSD Treatment.

Treatment can help even if your trauma happened years ago. And treatment for PTSD has gotten much better over the years. If you tried treatment before and you're still having symptoms, it's a good idea to try again.

3. PTSD Symptoms Can Affect Those You Love.

PTSD symptoms can get in the way of your family life. You may find that you pull away from loved ones, are not able to get along with people, or that you are angry or even violent. Getting help for your PTSD can help improve your relationships.

4. PTSD Can Be Related to Other Health Problems.

PTSD symptoms can affect physical health problems. For example, a few studies have shown a relationship between PTSD and heart trouble. By getting help for your PTSD, you could also improve your physical health.

5. It May Not Be PTSD.

Having some symptoms of PTSD does not always mean you have PTSD. Some of the symptoms of PTSD are also symptoms of other mental health problems. For example, trouble concentrating or feeling less interested in things you used to enjoy can be symptoms of both depression and PTSD. And, different problems have different treatments.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12363/full>

Lifetime Suicidal Behaviors and Career Characteristics Among U.S. Army Soldiers: Results from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS).

Millner, A. J., Ursano, R. J., Hwang, I., King, A. J., Naifeh, J. A., Sampson, N. A., Zaslavsky, A. M., Stein, M. B., Kessler, R. C., Nock, M. K. and the STARRS-LS Collaborators

Suicide and Life-Threatening Behavior

First published: 20 June 2017

DOI: 10.1111/sltb.12363

The current report presents data on lifetime prevalence of suicide ideation and nonfatal attempts as reported by the large representative sample of U.S. Army soldiers who participated in the Consolidated All-Army Survey of the Army Study to Assess Risk and Resilience in Servicemembers (N = 29,982). We also examine associations of key Army career characteristics with these outcomes. Prevalence estimates for lifetime suicide ideation are 12.7% among men and 20.1% among women, and for lifetime suicide attempts are 2.5% and 5.1%, respectively. Retrospective age-of-onset reports suggest that 53.4%–70% of these outcomes had preenlistment onsets. Results revealed that, for both men and women, being in the Regular Army, compared with being in the National Guard or Army Reserve, and being in an enlisted rank, compared with being an officer, is associated with increased risk of suicidal behaviors and that this elevated risk is present both before and after joining the Army.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22185/abstract>

Sometimes Less is More: Establishing the Core Symptoms of PTSD.

Walton, J. L., Cuccurullo, L.-A. J., Raines, A. M., Vidaurri, D. N., Allan, N. P., Maieritsch, K. P. and Franklin, C. L.

Journal of Traumatic Stress

Volume 30, Issue 3

June 2017; Pages 254–258

DOI: 10.1002/jts.22185

Historically, the symptoms of posttraumatic stress disorder (PTSD) have garnered attention and controversy due to symptom overlap with other disorders. To improve diagnostic specificity, researchers have proposed to reformulate PTSD symptoms into a parsimonious set of core criteria. The core symptoms consisted of recurrent distressing dreams or flashbacks; internal or

external avoidance; and hypervigilance or exaggerated startle. The purpose of this study was to examine a previously proposed set of “core” PTSD criteria in identifying cases of PTSD within a veteran sample. Veterans (N = 383) presenting to a Veterans Affairs (VA) Medical Center PTSD clinic for psychological services were assessed using the Clinician Administered PTSD Scale for DSM-5 (CAPS-5). A logistic regression analysis revealed that the core criteria accurately identified 79% of veterans with PTSD (OR = 11.57). Findings support a parsimonious set of core criteria in the assessment and diagnosis of PTSD. Future studies should replicate these findings in diverse, nonveteran samples.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22182/abstract>

Reckless Self-Destructive Behavior and PTSD in Veterans: The Mediating Role of New Adverse Events.

Lusk, J. D., Sadeh, N., Wolf, E. J. and Miller, M. W.

Journal of Traumatic Stress
Volume 30, Issue 3
June 2017; Pages 270–278
DOI: 10.1002/jts.22182

The addition of self-destructive and reckless behavior as a symptom of posttraumatic stress disorder (PTSD) in DSM-5 has stimulated renewed interest in understanding relationships between these behaviors and trauma-related psychopathology. This study examined the relationship between reckless and self-destructive behaviors (RSDB), intervening exposure to new adverse events, and later PTSD severity in a sample of trauma-exposed veterans. At baseline, participants were assessed for RSDB (past 5 years) and current PTSD severity (N = 222). PTSD severity was then reassessed approximately 4 years later (N = 148). Overall, RSDB were reported by 74.4% of the sample, with 61.3% engaging in multiple forms of RSDB. The most commonly endorsed behaviors included alcohol/drug abuse (42.8%), driving while intoxicated (29.4%), gambling (24.7%), and aggression (23.1%). There was a positive correlation between RSDB and PTSD severity at both the baseline ($r = .16$, $p = .031$) and follow-up assessment ($r = .24$, $p = .005$). Path models indicated that exposure to new adverse events fully mediated the effect of Time 1 RSDB on PTSD symptoms at Time 2 (indirect association: $\beta = .05$, $p = .046$). Results suggest that RSDB are common among trauma-exposed veterans and may perpetuate PTSD symptoms by increasing exposure to new adverse events.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22192/abstract>

Natural Course of Co-Occurring PTSD and Alcohol Use Disorder Among Recent Combat Veterans.

Possemato, K., Maisto, S. A., Wade, M., Barrie, K., Johnson, E. M. and Ouimette, P. C.

Journal of Traumatic Stress

Volume 30, Issue 3

June 2017; Pages 279–287

DOI: 10.1002/jts.22192

Posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD) commonly co-occur in veterans, yet little is known about the longitudinal course of PTSD and drinking in comorbid populations. This study assessed the natural course of daily alcohol consumption and weekly changes in PTSD symptoms in 112 recent combat veterans over the course of 11 months. Latent class growth mixture modeling was used to classify individuals into distinct classes with similar PTSD symptom and alcohol use growth trajectories. We then investigated theorized predictors of class membership including sociodemographics; pre-, peri-, and postdeployment factors; coping; symptom severity; and number of mental health/substance use appointments attended. Results revealed that most participants had severe and nonremitting PTSD. Trajectories for alcohol use included gradual and drastic declines, and chronic low-level drinking. The use of behavioral health services (odds ratio = 2.47) and fewer current stressors (odds ratio = 0.42) predicted AUD remission. Because little variation was observed in the PTSD course, our study did not observe coordinated fluctuations of PTSD symptoms and heavy drinking. Our findings suggest that treatment impacts the course of AUD and that recent combat veterans who do not seek PTSD treatment may have chronic and severe PTSD symptoms.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22181/abstract>

Longitudinal Measurement Invariance of Posttraumatic Stress Disorder in Deployed Marines.

Contractor, A. A., Bolton, E., Gallagher, M. W., Rhodes, C., Nash, W. P. and Litz, B.

Journal of Traumatic Stress

Volume 30, Issue 3

June 2017; Pages 259–269

DOI: 10.1002/jts.22181

The meaningful interpretation of longitudinal study findings requires temporal stability of the constructs assessed (i.e., measurement invariance). We sought to examine measurement invariance of the construct of posttraumatic stress disorder (PTSD) as based on the Diagnostic and Statistical Manual of Mental Disorders indexed by the PTSD Checklist (PCL) and the Clinician-Administered PTSD Scale (CAPS) in a sample of 834 Marines with significant combat experience. PTSD was assessed 1-month predeployment (T0), and again at 1-month (T1), 5-months (T2), and 8-months postdeployment (T3). We tested configural (pattern of item/parcel loadings), metric (item/parcel loadings on latent factors), and scalar (item/parcel-level severity) invariance and explored sources of measurement instability (partial invariance testing). The T0 best-fitting emotional numbing model factor structure informed the conceptualization of PTSD's latent factors and parcel formations. We found (1) scalar noninvariance for the construct of PTSD as measured by the PCL and the CAPS, and for PTSD symptom clusters as assessed by the CAPS; and (2) metric noninvariance for PTSD symptom clusters as measured by the PCL. Exploratory analyses revealed factor-loading and intercept differences from pre- to postdeployment for avoidance symptoms, numbing symptoms (mainly psychogenic amnesia and foreshortened future), and the item assessing startle, each of which reduced construct stability. Implications of these findings for longitudinal studies of PTSD are discussed.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22183/abstract>

Trauma-Related Pain, Reexperiencing Symptoms, and Treatment of Posttraumatic Stress Disorder: A Longitudinal Study of Veterans.

Bartoszek, G., Hannan, S. M., Kamm, J., Pamp, B. and Maieritsch, K. P.

Journal of Traumatic Stress
Volume 30, Issue 3
June 2017; Pages 288–295
DOI: 10.1002/jts.22183

Research has demonstrated a strong positive association between posttraumatic stress disorder (PTSD) symptoms and physical pain. However, few studies have explored the impact of pain problems on the symptoms and treatment of PTSD, and results remain inconsistent. This longitudinal study examined whether trauma-related and trauma-unrelated pain differentially and uniquely predicted reexperiencing symptoms. We also examined whether levels of reexperiencing symptoms mediated the relationship between pain intensity and posttreatment symptoms of avoidance, numbing, and hyperarousal (ANH). Analyses were conducted using archival data from 99 treatment-seeking veterans who reported the etiology and intensity of their pain and severity of PTSD symptoms pre- and posttreatment. Among veterans with trauma-related pain, pain intensity (a) uniquely corresponded to greater posttreatment reexperiencing symptoms ($b = 1.09$), and (b) was indirectly predictive of ANH symptoms via the reexperiencing symptoms ($b = 1.93$). However, veterans with trauma-

unrelated pain evidenced no associations between pain intensity and reexperiencing ($b = 0.04$) or ANH symptoms ($b = 0.06$). We thus found that trauma-related pain was indirectly related to poor PTSD treatment outcomes via reexperiencing symptoms. These findings offer additional insight into factors that may influence PTSD treatment outcomes for pain-suffering trauma survivors.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22194/abstract>

Randomized Clinical Trial Investigating the Effects of an Anxiety Sensitivity Intervention on Posttraumatic Stress Symptoms: A Replication and Extension.

Short, N. A., Boffa, J. W., Norr, A. M., Albanese, B. J., Allan, N. P. and Schmidt, N. B.

Journal of Traumatic Stress
Volume 30, Issue 3
June 2017; Pages 296–303
DOI: 10.1002/jts.22194

A growing body of research suggests the importance of anxiety sensitivity (AS) in the development and maintenance of posttraumatic stress symptoms (PTSS). Specifically, AS cognitive concerns (fears of cognitive dyscontrol) may be particularly relevant for those with elevated PTSS. Preliminary research has suggested that interventions targeting AS may be beneficial in decreasing PTSS, but to date there has been no randomized controlled trial testing the direct and indirect effects of an AS cognitive concerns intervention among a clinical sample of trauma-exposed individuals. The current study tested these effects among a sample of 63 trauma-exposed participants who were randomized to either an AS cognitive concerns intervention or a repeated contact control. Results indicated a direct effect of the intervention on PTSS 1 month postintervention, and that this effect was mediated by changes in AS, specifically AS cognitive concerns, during the intervention period. Effect sizes were in the small-to-medium range (variance accounted for ranged from .05 to .15; odds ratio for diagnostic change = .06). These findings provide further evidence that targeting AS may be beneficial in the treatment of PTSS, and expansion upon this area of research by demonstrating these effects may be specific to AS cognitive concerns and can be achieved within a mixed clinical sample.

<https://www.ncbi.nlm.nih.gov/pubmed/28648681>

Arch Phys Med Rehabil. 2017 Jun 22. pii: S0003-9993(17)30413-6. doi: 10.1016/j.apmr.2017.05.021. [Epub ahead of print]

Traumatic brain injury severity, comorbidity, social support, family functioning, and community reintegration among veterans of the Afghanistan and Iraq Wars.

Pugh MJ, Swan AA, Carlson KF, Jaramillo CA, Eapen BC, Dillahunt-Aspillaga C, Amuan ME, Delgado R, McConnell K, Finley EP, Grafman J; Trajectories of Resilience and Complex Comorbidity Study Team

OBJECTIVE:

Examine the association between traumatic brain injury (TBI) severity and social, family, community reintegration outcomes as well as return to work status among Post-9/11 veterans in Department of Veterans Affairs (VA) care.

DESIGN:

Retrospective observational cohort study.

SETTING:

Mail/online survey fielded to a national sample of veterans.

PARTICIPANTS:

Among a sample of Post-9/11 veterans with at least 3 years of VA care stratified according to TBI severity and comorbidities, 2023 completed and returned surveys.

INTERVENTIONS:

Not applicable.

MAIN OUTCOME MEASURES:

Deployment Risk and Resilience Inventory-2 family functioning and social support subscales; Military to Civilian Questionnaire; employment status.

RESULTS:

Bivariate analyses revealed that veterans with every classification of TBI severity reported significantly more difficulty on social, family, community reintegration outcomes than those with no TBI. In the fully adjusted model, veterans with unclassified and moderate/severe TBI reported significantly more difficulty with community reintegration and were less likely to be employed relative to those with no TBI; those with unclassified TBI also reported significantly more difficulty with family functioning. Veterans with mild TBI also reported significantly more difficulty with community reintegration.

CONCLUSIONS:

This study provides insight into long-term outcomes associated with TBI in Post-9/11 veterans and suggests that exposure to TBI has a negative impact on social and family functioning, community reintegration, and return to work even after controlling for comorbidity, deployment experiences, and sociodemographic characteristics. Additional research is required to explicate what appear to be complex interactions among TBI severity, psychosocial well-being, combat exposures, and socioeconomic resources in this population. Copyright © 2017. Published by Elsevier Inc.

<http://www.tandfonline.com/doi/abs/10.1080/13811118.2017.1340856>

Spirituality, Religion and Suicidality Among Veterans: A Qualitative Study.

Jaimie Lusk , PsyD, Steven K. Dobscha , MD, Marek Kopacz , MD, PhD, Mary Frances Ritchie , MS & Sarah Ono , PhD

Archives of Suicide Research

Accepted author version posted online: 21 Jun 2017

<http://dx.doi.org/10.1080/13811118.2017.1340856>

Objectives:

This qualitative study explores the relationship between Veterans' spirituality/religion and suicide ideation and attempts.

Methods:

Qualitative semi-structured interviews were conducted with 30 Veterans who either endorsed chronic suicidal ideation or had made suicide attempt(s). Interviews explored the bi-directional relationship between spirituality/religion (e.g., beliefs, practices and experiences), and suicide ideation and behaviors. Interviews were analyzed using thematic analysis.

Results:

Veterans' responses indicate that spirituality/religion can discourage or permit suicidal ideation, help in coping with ideation, and facilitate meaning making and coping in the presence of self-perceived suffering. Veterans who survived a suicide attempt explored the impact of their spirituality/religion on their recovery.

Conclusion:

Findings highlight a complex and diverse relationship between spirituality/religion and suicidality. These findings may inform further research on treatment strategies that assess the function of spirituality/religion, and incorporate protective aspects of spirituality/religion into mental health treatment.

<http://jamanetwork.com/journals/jamasurgery/article-abstract/2633551>

Incidence and Predictors of Opioid Prescription at Discharge After Traumatic Injury.

Chaudhary MA, Schoenfeld AJ, Harlow AF, Ranjit A, Scully R, Chowdhury R, Sharma M, Nitzschke S, Koehlmoos T, Haider AH

JAMA Surgery

Published online June 21, 2017

doi:10.1001/jamasurg.2017.1685

Importance

In the current health care environment with increased scrutiny and growing concern regarding opioid use and abuse, there has been a push toward greater regulation over prescriptions of opioids. Trauma patients represent a population that may be affected by this regulation, as the incidence of pain at hospital discharge is greater than 95%, and opioids are considered the first line of treatment for pain management. However, the use of opioid prescriptions in trauma patients at hospital discharge has not been explored.

Objective

To study the incidence and predictors of opioid prescription in trauma patients at discharge in a large national cohort.

Design, Setting, and Participants

Analysis of adult (18-64 years), opioid-naive trauma patients who were beneficiaries of Military Health Insurance (military personnel and their dependents) treated at both military health care facilities and civilian trauma centers and hospitals between January 1, 2006, and December 31, 2013, was conducted. Patients with burns, foreign body injury, toxic effects, or late complications of trauma were excluded. Prior diagnosis of trauma within 1 year and in-hospital death were also grounds for exclusion. Injury mechanism and severity, comorbid conditions, mental health disorders, and demographic factors were considered covariates. The Drug Enforcement Administration's list of scheduled narcotics was used to query opioid use. Unadjusted and adjusted logistic regression models were used to determine the predictors of opioid prescription. Data analysis was performed from June 7 to August 21, 2016.

Exposures

Injury mechanism and severity, comorbid conditions, mental health disorders, and demographic factors.

Main Outcomes and Measures

Prescription of opioid analgesics at discharge.

Results

Among the 33 762 patients included in the study (26 997 [80.0%] men; mean [SD] age, 32.9 [13.3] years), 18 338 (54.3%) received an opioid prescription at discharge. In risk-adjusted models, older age (45-64 vs 18-24 years: odds ratio [OR], 1.28; 95% CI, 1.13-1.44), marriage (OR, 1.26; 95% CI, 1.20-1.34), and higher Injury Severity Score (≥ 9 vs < 9 : OR, 1.40; 95% CI, 1.32-1.48) were associated with a higher likelihood of opioid prescription at discharge. Male sex (OR, 0.76; 95% CI, 0.69-0.83) and anxiety (OR, 0.82; 95% CI, 0.73-0.93) were associated with a decreased likelihood of opioid prescription at discharge.

Conclusions and Relevance

The incidence of opioid prescription at discharge (54.3%) closely matches the incidence of moderate to severe pain in trauma patients, indicating appropriate prescribing practices. We advocate that injury severity and level of pain—not arbitrary regulations—should inform the decision to prescribe opioids.

[http://www.jad-journal.com/article/S0165-0327\(17\)30160-X/fulltext](http://www.jad-journal.com/article/S0165-0327(17)30160-X/fulltext)

A model comparison approach to trauma-related guilt as a mediator of the relationship between PTSD symptoms and suicidal ideation among veterans.

Katherine C. Cunningham, Chloe Farmer, Stefanie T. LoSavio, Paul A. Dennis, Carolina P. Clancy, Michael A. Hertzberg, Claire F. Collie, Patrick S. Calhoun, Jean C. Beckham

Journal of Affective Disorders

October 15, 2017; Volume 221, Pages 227–231

DOI: <http://dx.doi.org/10.1016/j.jad.2017.06.046>

Background

Suicidal ideation (SI) is a serious issue affecting U.S. veterans, and those with posttraumatic stress disorder (PTSD) are at an especially high risk of SI. Guilt has been associated with both PTSD and SI and may therefore be an important link between these constructs.

Methods

The present study compared models of trauma-related guilt and used path analysis to examine the direct and indirect effects of PTSD and trauma-related guilt on SI among a sample of 988 veterans receiving outpatient PTSD treatment at a Veterans Affairs (VA) specialty clinic.

Results

Results showed that a model of trauma-related guilt including guilt-cognitions and global guilt (but not distress) provided the best model fit for the data. PTSD and trauma-related guilt had direct effects on SI, and PTSD exhibited indirect effects on SI via trauma-related guilt.

Limitations

The use of cross-sectional data limits the ability to make causal inferences. A treatment-seeking sample composed primarily of Vietnam veterans limits generalizability to other populations.

Conclusions

Trauma-related guilt, particularly guilt cognitions, may be an effective point of intervention to help reduce SI among veterans with PTSD. This is an important area of inquiry, and suggestions for future research are discussed.

<https://www.ncbi.nlm.nih.gov/pubmed/28627910>

J Fam Psychol. 2017 Jun 19. doi: 10.1037/fam0000262. [Epub ahead of print]

At-Home Partner Sleep Functioning Over the Course of Military Deployment.

Miller KE, Koffel E, Kramer MD, Erbes CR, Arbisi PA, Polusny MA

Although the negative effects of deployment on the health of military spouses have been studied, research on sleep disruptions remains limited. This study investigates trajectories of sleep complaints over the course of deployment and predictors of these changes among a cohort of at-home partners. Data were drawn from the Readiness and Resilience in National Guard Soldiers (RINGS-2) project, a prospective, longitudinal study of National Guard soldiers deployed to Iraq/Kuwait (2011-2012) and their intimate partners. Spouses or cohabiting partners (N = 686) of soldiers completed assessments of risk/protective factors 2 to 5 months before their partners' deployment (Time 1), 4 months (Time 2) and 8 months (Time 3) into the deployment, and 2 to 3 months following the soldiers' return (Time 4). Latent class growth analyses (LCGA) revealed quadratic change in partners' sleep over the deployment cycle, characterized by 4 distinct trajectories: resilient (61%), deployment-onset sleep problems (22%), deployment improvement (10%), and chronic (7%) groups. Predeployment and during deployment predictors of partners' sleep complaints varied by group and included negative emotionality, depression symptoms, alcohol use, low negative communication, and family stressors. Understanding the course of sleep complaints and potentially modifiable risk-factors among at-home partners during deployment may be useful for prevention and targeted intervention efforts. (PsycINFO Database Record (c) 2017 APA, all rights reserved).

<http://journals.sagepub.com/doi/abs/10.1177/0898010117713582>

Older Military Veteran Care: Many Still Believe They Are Forgotten.

Cathy Young, DNSc, FNP-BC, FAANP, FAAN, Patricia L. Conard, PhD, RN, Myrna L. Armstrong, EdD, RN, ANEF, FAAN, Darlene Lacy, PhD, RNC, CNE

Journal of Holistic Nursing
First published date: June-19-2017

DOI 10.1177/0898010117713582

Background:

Almost 44% of our nation's 23 million men and women veterans are 65 years of age or older. Most are proud of their service, yet many believe their services for our country were forgotten, especially those in combat between 1950 and 1975.

Purpose:

Further information to ultimately assist their holistic well-being will be important for nursing practice as countless older veterans are beginning to obtain more care within civilian facilities. Using the Korean War (1950-1953) as a backdrop to illustrate the interconnectiveness of older veteran physical, emotional, and spiritual concerns that can occur from a military deployment, the major purposes of this article are to provide a brief historical snapshot of that war and discuss prior-era military environmental situations that now are producing the lingering effects from their combat exposure.

Design:

Relevant literature about the Korean War and Veterans was compiled. Findings: Some of these health risks for both the Korean men and women veterans are cold exposure, neurologic, and posttraumatic stress disorder concerns, as well as the need for hepatitis C and suicide assessments.

Conclusions:

To ultimately improve their bio-psycho-socio-spiritual well-being, prompt identification of the older military veteran, their lingering combat effects, and reminiscing will be important.

<https://www.cambridge.org/core/journals/behavioural-and-cognitive-psychotherapy/article/why-suicide-the-analysis-of-motives-for-selfharm/21C12A3A60AEA0F8BC069E3FE81D51A1>

Why Suicide? The Analysis of Motives for Self-Harm.

Abbas, M., Mohanna, M., Diab, T., Chikoore, M., & Wang, M.

Behavioural and Cognitive Psychotherapy
Published online: 19 June 2017
doi:10.1017/S135246581700042X

Background:

There is a gap in understanding the meaning and motives behind suicidal behaviour. Using the Ideal Type methodology, Jean Baechler systematically examined the internal logic of suicidal and self-harming behaviours. He developed a typology of eleven typical meanings/motives: Flight, Grief, Self-punishment, Vengeance, Crime, Blackmail, Appeal, Sacrifice, Transfiguration, Ordeal and Game.

Aims:

To develop and validate a standardized instrument to measure the motives/meanings of suicidal and self-harming behaviours, using Baechler's typology.

Method:

We developed a self-fill Likert questionnaire (Ideal Typical Meaning Questionnaire, ITMQ) covering ten of Baechler's eleven types. The questionnaire was completed by 147 patients within four weeks of attempting suicide or self-harm. The Death Attitude Profile-Revised (DAP-R) questionnaire was used to examine the concurrent validity of the Flight and the Transfiguration types and to explore the association between suicidal/self-harming motives and views about death.

Results:

The final 25-item ITMQ has an eight-factor structure (Appeal/Blackmail, Ordeal/Game, Vengeance, Self-punishment, Sacrifice, Flight, Grief and Transfiguration) supporting Baechler's theory. The types have adequate reliability. Correlations with the DAP-R gave some support for the concurrent validity of the Flight and Transfiguration types.

Conclusions:

The ITMQ is a measure of suicidal and self-harming motives/meanings based on a sound conceptual framework and could significantly contribute to the understanding of suicidal and self-harming behaviour in research and clinical settings.

<http://onlinelibrary.wiley.com/doi/10.1002/jcad.12149/full>

Systemic Barriers Faced by Women Attempting to Leave Abusive Military Marriages.

Erin Kern

Journal of Counseling & Development

95: 354–364

doi:10.1002/jcad.12149

This narrative study features 8 women who shared their stories of systemic barriers faced in the process of leaving an abusive military marriage. The themes of power and control, protection of the service member, entitlement, infallibility, safe places are not safe, and cultural ideals of loyalty are presented and emphasized with excerpts from the women's narratives. Implications are identified for counselors in the roles of practitioner and advocate, along with suggestions of future directions for research.

<http://onlinelibrary.wiley.com/doi/10.1002/jcad.12148/full>

Meta-Analysis of Trauma-Focused Therapies for Treating the Symptoms of Posttraumatic Stress Disorder.

A. Stephen Lenz, Abdulkadir Haktanir, Karisse Callender

Journal of Counseling & Development
95: 339–353
doi:10.1002/jcad.12148

This meta-analysis of 46 between-groups studies published between 1997 and 2015 detected treatment effects ranging from large to small when comparing trauma-focused therapies with no treatment ($g = -1.05$), supportive interventions ($g = -0.91$), other interventions ($g = -0.57$), and non-trauma-focused cognitive behavior therapies ($g = -0.08$) for the treatment of posttraumatic stress disorder (PTSD). The independent random-effects models detected modest publication bias and a negligible influence of moderating variables on treatment outcomes. Considerations for counselors who treat PTSD and suggestions for researchers are provided.

<http://www.sciencedirect.com/science/article/pii/S0165032717305190>

Posttraumatic stress disorder and suicidal ideation, plans, and impulses: The mediating role of anxiety sensitivity cognitive concerns among veterans.

Amanda M. Raines, Daniel W. Capron, Lauren A. Stentz, Jessica L. Walton, Nicholas P. Allan, Eliza S. McManus, Madeline Uddo, Gala True, C. Laurel Franklin

Journal of Affective Disorders
Available online 19 June 2017
<https://doi.org/10.1016/j.jad.2017.06.035>

Background

Although the relationship between posttraumatic stress disorder (PTSD) and suicide has been

firmly established, research on underlying mechanisms has been disproportionately low. The cognitive concerns subscale of anxiety sensitivity (AS), which reflects fears of cognitive dyscontrol, has been linked to both PTSD and suicide and thus may serve as an explanatory mechanism between these constructs.

Methods

The sample consisted of 60 male veterans presenting to an outpatient Veteran Affairs (VA) clinic for psychological services. Upon intake, veterans completed a diagnostic interview and brief battery of self-report questionnaires to assist with differential diagnosis and treatment planning.

Results

Results revealed a significant association between PTSD symptom severity and higher suicidality (i.e., ideation, plans, and impulses), even after accounting for relevant demographic and psychological constructs. Moreover, AS cognitive concerns mediated this association.

Limitations

Limitations include the small sample size and cross-sectional nature of the current study.

Conclusions

These findings add considerably to a growing body of literature examining underlying mechanisms that may help to explain the robust associations between PTSD and suicide. Considering the malleable nature of AS cognitive concerns, research is needed to determine the extent to which reductions in this cognitive risk factor are associated with reductions in suicide among at risk samples, such as those included in the present investigation.

http://journals.lww.com/jonmd/Abstract/publishahead/Epidemiology_of_Major_Depressive_Disorder.99534.aspx

Epidemiology of Major Depressive Disorder Disability in the US Military: FY 2007-2012.

Packnett, Elizabeth R. MPH; Elmasry, Hoda MPH; Toolin, Christine F. MS; Cowan, David N. PhD, MPH; Boivin, Michael R. MD, MPH

Journal of Nervous & Mental Disease

Post Author Corrections: June 20, 2017

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This study assesses the incidence of major depressive disorder (MDD) disability discharge and retirement in the Army, Navy, Marine Corps and Air Force and describes MDD comorbidity. Service members with a disability discharge for either MDD (n = 2,882) or any nonpsychiatric disability (n = 56,145), between fiscal years 2007 and 2012, were included in the study

population. Those with MDD disability at first evaluation but not at last evaluation were excluded. The incidence of MDD disability discharge increased significantly in the Army and Air Force between fiscal years 2007 and 2012. MDD disability retirement significantly increased in the Army, Navy, and Air Force. Females, and those who experienced at least one deployment, had higher incidence rates of MDD disability discharge. All services included spinal diseases and posttraumatic stress disorder in their top five comorbid categories. Given the association between trauma and MDD, further research into the role of both combat exposure and injury on MDD is merited. Copyright (C) 2017 Wolters Kluwer Health, Inc. All rights reserved.

Links of Interest

PTSD treatment confronts the trauma behind the disorder

<http://www.af.mil/News/Article-Display/Article/1225566/ptsd-treatment-confronts-the-trauma-behind-the-disorder/>

Moral Injury: A Mechanism of Harm

<https://www.pdhealth.mil/news/blog/moral-injury-mechanism-harm>

Pentagon weighs possible delay in new transgender recruits

<http://www.reuters.com/article/us-usa-military-transgender-idUSKBN19E2KW>

Can Service Dogs Help Veterans with PTSD? The VA Is Skeptical

<http://wunc.org/post/can-service-dogs-help-veterans-ptsd-va-skeptical#stream/0>

VA to open emergency rooms to 'bad paper' vets on July 5

<http://www.militarytimes.com/articles/va-other-than-honorable-emergency-rooms-july-5>

Soldier of the Year aims to combat suicide by connecting troops through app

<https://www.armytimes.com/articles/soldier-of-the-year-aims-to-combat-suicide-by-connecting-troops-through-app>

From chatter to change: New image of PTSD stresses growth, not pity

<http://www.militarytimes.com/articles/from-chatter-to-change-new-image-of-ptsd-stresses-growth-not-pity>

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