

CDP



Research Update -- March 8, 2018

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<https://content.govdelivery.com/accounts/USVHA/bulletins/1de32d7>

PTSD Monthly Update - February 2018: 3 Myths About PTSD

National Center for PTSD (VA)

PTSD is a mental health issue that is often associated with a great deal of stigma, both in military and civilian populations. Several myths about the condition appear to contribute to these beliefs.

3 common misunderstandings about PTSD to reconsider:

1. PTSD is a sign of mental weakness
2. People with PTSD are dangerous
3. Nothing can be done for people with PTSD

https://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_v12n1.pdf

Clinician's Trauma Update Online (CTU-Online)

February 2018 Issue: Vol. 12(1)
National Center for PTSD

CTU-Online includes brief updates on the latest clinically relevant research. Content on treatment and assessment is emphasized. Publications on other topics are included if the content has significant clinical implications.

<https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2669771>

A Brief Exposure-Based Treatment vs Cognitive Processing Therapy for Posttraumatic Stress Disorder: A Randomized Noninferiority Clinical Trial.

Sloan DM, Marx BP, Lee DJ, Resick PA.

JAMA Psychiatry
2018;75(3):233–239
doi:10.1001/jamapsychiatry.2017.4249

Key Points

Question

Is a brief, exposure-based treatment noninferior to the more time-intensive cognitive processing therapy in the treatment of posttraumatic stress disorder?

Findings

In this randomized noninferiority clinical trial of 126 adults who received a diagnosis of posttraumatic stress disorder, those treated with written exposure therapy, a 5-session treatment, and those treated with cognitive processing therapy improved significantly, with large effect sizes observed. Despite the substantial dose difference, written exposure therapy was noninferior to cognitive processing therapy.

Meaning

The findings provide evidence that written exposure therapy and cognitive processing therapy are effective for treatment of posttraumatic stress disorder, and that posttraumatic stress disorder can be effectively treated with a 5-session psychotherapy.

Abstract

Importance

Written exposure therapy (WET), a 5-session intervention, has been shown to efficaciously treat posttraumatic stress disorder (PTSD). However, this treatment has not yet been directly compared with a first-line PTSD treatment such as cognitive processing therapy (CPT).

Objective

To determine if WET is noninferior to CPT in patients with PTSD.

Design, Setting, and Participants

In this randomized clinical trial conducted at a Veterans Affairs medical facility between February 28, 2013, and November 6, 2016, 126 veteran and nonveteran adults were randomized to either WET or CPT. Inclusion criteria were a primary diagnosis of PTSD and stable medication therapy. Exclusion criteria included current psychotherapy for PTSD, high risk of suicide, diagnosis of psychosis, and unstable bipolar illness. Analysis was performed on an intent-to-treat basis.

Interventions

Participants assigned to CPT (n = 63) received 12 sessions and participants assigned to WET (n = 63) received 5 sessions. The CPT protocol that includes written accounts was delivered individually in 60-minute weekly sessions. The first WET session requires 60 minutes while the remaining 4 sessions require 40 minutes.

Main Outcomes and Measures

The primary outcome was the total score on the Clinician-Administered PTSD Scale for DSM-5; noninferiority was defined by a score of 10 points. Blinded evaluations were conducted at baseline and 6, 12, 24, and 36 weeks after the first treatment session. Treatment dropout was also examined.

Results

For the 126 participants (66 men and 60 women; mean [SD] age, 43.9 [14.6] years), improvements in PTSD symptoms in the WET condition were noninferior to improvements in the CPT condition at each of the assessment periods. The largest difference between treatments was observed at the 24-week assessment (mean difference, 4.31 points; 95% CI, -1.37 to 9.99). There were significantly fewer dropouts in the WET vs CPT condition (4 [6.4%] vs 25 [39.7%]; $\chi^2_{1} = 12.84$, Cramer V = 0.40).

Conclusions and Relevance

Although WET involves fewer sessions, it was noninferior to CPT in reducing symptoms of PTSD. The findings suggest that WET is an efficacious and efficient PTSD treatment that may reduce attrition and transcend previously observed barriers to PTSD treatment for both patients and providers.

Trial Registration

clinicaltrials.gov Identifier: NCT01800773

<https://www.tandfonline.com/doi/full/10.1080/08995605.2017.1419019>

Substance use treatment programs in the active duty US military: A narrative review.

Jared W. Bollinger & Andrew J. Waters

Military Psychology

30:1, 1-9

DOI: 10.1080/08995605.2017.1419019

Substance use disorders (SUDs) are a growing problem for the U.S. military. Each branch of the military has its own dedicated substance abuse treatment program. However, there has been limited attention to the research conducted on these programs. The purpose of this narrative review is to describe SUD treatment programs in the U.S. military and to review the extant research published between 2001–2015. Fourteen peer-reviewed articles, 2 official reports, 1 book chapter, 1 thesis, and 1 dissertation were identified. Most SUD treatment programs are nonconfidential, although a confidential program is being piloted by the Army. Recently, the programs have increased their focus on assessment and treatment of comorbid psychological disorders. Further research is required to examine the efficacy, effectiveness, and cost-effectiveness of the treatment programs.

<https://www.tandfonline.com/doi/full/10.1080/08995605.2017.1419020>

A review of research on smoking among United States Veterans with posttraumatic stress disorder (2006–2016).

Christine J. Lee, Danielle M. Shpigel, Kate S. Segal, Hannah Esan, David R. Estey, Marcia G. Hunt, Rani A. Hoff & Andrea H. Weinberger

Military Psychology

30:1, 10-26

DOI: 10.1080/08995605.2017.1419020

Posttraumatic stress disorder (PTSD) is one of the most common psychiatric disorders diagnosed in U.S. veterans. PTSD is associated with high smoking prevalences and difficulty quitting in the general U.S. population. The current study reviewed research on smoking and PTSD in U.S. veteran samples to summarize past research and identify areas in need of additional inquiry. MEDLINE and PsycINFO searches identified papers on smoking in samples of U.S. veterans with PTSD published from January 2006 through December 2016. Thirty-four articles met all of the inclusion criteria: (a) part of the sample consisted of U.S. veterans with PTSD or PTSD symptoms, and (b) the study examined some aspect of smoking behavior. U.S. veterans with PTSD were more likely to report smoking, heavy smoking, nicotine dependence, and late-onset smoking

compared to veterans without PTSD. Smoking behaviors (e.g., current smoking, heavy smoking, smoking expectancies) differed by PTSD symptoms and by combat exposure. Smoking cessation feasibility studies examined the integration of smoking treatment into PTSD clinics and found favorable outcomes. Future research on veterans with PTSD would benefit from extending topics beyond rates of smoking to better understand the treatment needs of veterans. Research on smoking-related behaviors can help identify areas to target for interventions.

<https://www.tandfonline.com/doi/full/10.1080/08995605.2017.1420978>

Biological attributions for postdeployment distress relate to higher likelihood of seeking mental health treatment in Iraq/Afghanistan service members/veterans.

Rebecca K. Blais, Keith Renshaw & Danielle Christensen

Military Psychology

30:1, 79-86

DOI: 10.1080/08995605.2017.1420978

Service members/veterans (SM/Vs) underuse mental health care. Attribution theory suggests that attributions for psychological distress might inform help-seeking. Given recent mental health campaigns leveraging military values aimed at facilitating help-seeking for postdeployment distress, understanding how SM/Vs explain psychological distress may contribute to a better grasp of the low help-seeking rate in this population. The authors examined the association of biological and psychological attributions for postdeployment distress with help-seeking intentions from a mental health professional and medical doctor in 162 Iraq/Afghanistan SM/Vs. At the bivariate level, biological attributions were positively associated with help-seeking intentions from a mental health professional and medical doctor with small effect sizes. Psychological attributions were unrelated to help-seeking intentions from either provider. Path analysis revealed that biological attributions were positively correlated with help-seeking intentions from a medical doctor with a small effect size above and beyond the effects of psychological attributions and correlates. Biological attributions were also positively correlated with help-seeking intentions from a mental health professional with a small effect size but the significance value only trended toward significance ($p = .06$). Emphasizing the role of biology in postdeployment distress may promote help-seeking in SM/Vs, particularly help-seeking from medical professionals. Interventions that test the effectiveness of

promoting biological explanations in campaigns aimed at increasing help-seeking may be a necessary next step in this area of inquiry.

<http://mhc.cnpn.org/doi/full/10.9740/mhc.2018.03.086>

A review of medical marijuana for the treatment of posttraumatic stress disorder: Real symptom re-leaf or just high hopes?

Ilona Shishko, Rosana Oliveira, Troy A. Moore, and Kenneth Almeida

Mental Health Clinician

March 2018, Vol. 8, No. 2, pp. 86-94

<https://doi.org/10.9740/mhc.2018.03.086>

Introduction:

The incidence of posttraumatic stress disorder (PTSD) is common within the population and even more so among veterans. Current medication treatment is limited primarily to antidepressants. Such medicines have shown to produce low remission rates and may require 9 patients to be treated for 1 to have a response. Aside from the Veterans Affairs/Department of Defense guidelines, other guidelines do not recommend pharmacotherapy as a first-line option, particularly in the veteran population. Marijuana has been evaluated as an alternative and novel treatment option with 16 states legalizing its use for PTSD.

Methods:

A systematic search was conducted to evaluate the evidence for the use of marijuana for PTSD. Studies for the review were included based on a literature search from Ovid MEDLINE and Google Scholar.

Results:

Five studies were identified that evaluated the use of marijuana for PTSD. One trial was conducted in Israel and actively used marijuana. Three studies did not use marijuana in the treatment arm but instead evaluated the effects postuse. A retrospective chart review from New Mexico relied on patients to recall their change in PTSD symptoms when using marijuana. Three studies concluded there might be a benefit, but two discouraged its use. Although the two negative studies show a statistical difference in worse PTSD outcomes, clinical significance is unclear.

Discussion:

Conflicting data exist for the use of marijuana for PTSD; however, current evidence is limited to anecdotal experiences, case reports, and observational studies, making it difficult to make clinical recommendations.

<https://www.sciencedirect.com/science/article/pii/S0165032717324849>

Post-traumatic stress symptoms are associated with physical multimorbidity: findings from the Adult Psychiatric Morbidity Survey 2007.

Louis Jacob, Josep Maria Haro, Ai Koyanagi

Journal of Affective Disorders

Available online 26 February 2018

<https://doi.org/10.1016/j.jad.2018.02.063>

Background

Studies on the association between symptoms of post-traumatic stress disorder (PTSD) and physical multimorbidity (i.e., ≥ 2 chronic conditions) are lacking. Thus, we assessed the association between PTSD symptoms and physical multimorbidity using nationally representative, community-based data of the UK adult population.

Methods

Data from the 2007 Adult Psychiatric Morbidity Survey were analyzed. PTSD symptoms were assessed using the 10-item Trauma Screening Questionnaire (TSQ). A total score of ≥ 6 points indicated a probable PTSD. Information was collected on 20 doctor/other health professional diagnosed physical health conditions that were present in the past 12 months. Multimorbidity was defined as ≥ 2 physical diseases. Multivariable logistic regression and mediation analyses were conducted to analyze the association between PTSD and physical multimorbidity, and the influence of behavioral and psychological factors in this association.

Results

Among 7403 individuals aged ≥ 16 years [mean age (SD)=46.3 (18.6) years; 51.5% females], the prevalence of PTSD increased from 2.1% in individuals with no physical conditions to 5.4% in those with ≥ 4 physical conditions. After adjustment for sociodemographic factors, PTSD was associated with higher odds for physical multimorbidity (Odds Ratio [OR]=2.47; 95% Confidence Interval [CI]: 1.71–3.56).

Anxiety, depression, and disordered eating explained 35%, 21%, and 8% of the PTSD-multimorbidity association, respectively.

Limitations

Causality or temporal associations cannot be established due to the cross-sectional nature of the study. In addition, PTSD and physical conditions were assessed using self-reports.

Conclusions

PTSD symptoms may be risk factors for physical multimorbidity. Anxiety and depressive symptoms might play an important role in this association. Screening for chronic physical conditions among individuals with PTSD and treating them simultaneously may lead to better clinical outcomes.

<http://onlinelibrary.wiley.com/doi/10.1111/acer.13619/full>

Alcohol Use Disorder and PTSD: An Introduction (Commentary)

Back, S. E. and Jones, J. L.

Alcoholism: Clinical & Experimental Research

Accepted manuscript online: 28 February 2018

DOI: 10.1111/acer.13619

Alcohol use disorder (AUD) and posttraumatic stress disorder (PTSD) are two of the most common, chronic and debilitating mental health disorders in our society. Epidemiologic data indicate that lifetime rates of AUD and PTSD in the general population are 29.1% and 7.8%, respectively (Grant et al., 2015; Kessler et al., 1995). These two disorders frequently co-occur and are associated with substantial suffering and functional impairment.

<https://www.sciencedirect.com/science/article/pii/S0165032717315811>

Intervention Related Reductions in Perceived Burdensomeness Mediates Incidence of Suicidal Thoughts.

Nicholas P. Allan, Joseph W. Boffa, Amanda M. Raines, Norman B. Schmidt

Journal of Affective Disorders

Available online 27 February 2018

<https://doi.org/10.1016/j.jad.2018.02.084>

Background

Interventions aimed at preventing suicidal thoughts target people at risk for suicide based on risk factor elevations. Based on the interpersonal psychological theory of suicide, elevated perceived burdensomeness (PB) and thwarted belongingness (TB) are potential targets for prevention of the occurrence of suicidal thoughts. PB is the belief that one is a burden to others. TB is the perceived lack of social connectedness.

Methods

This study was designed to examine the effects of a preventative intervention targeting PB and TB on the 6-month incidence of suicide ideation in a sample of 138 people ($M = 38.01$ years, $SD = 16.40$; 50.7% female) with elevated levels of these variables but no current suicidal thoughts at baseline. The three-session intervention included psychoeducation and cognitive bias modification.

Results

PB was reduced in the intervention condition, compared to the repeated contact control condition ($B = 2.50$, $p < .05$) and TB was not ($B = 1.42$, $p = .43$). The likelihood of a reported incident of suicidal thoughts was reduced for those in the active intervention compared to those in the repeated contact control condition, through reductions in PB ($B = .12$, 95% confidence interval $[-.01, .32]$).

Limitations

There were two components of the intervention, cognitive bias modification and psychoeducation; thus, it is unclear whether one or both components contributed to these findings.

Conclusions

This intervention can be used as a preventative intervention for suicidal thoughts by targeting PB. These results further confirm PB as a causal risk factor for suicidal thoughts.

<https://www.jmir.org/2018/2/e62/>

Help-Seeking on Facebook Versus More Traditional Sources of Help: Cross-Sectional Survey of Military Veterans.

Teo AR, Marsh HE, Liebow SBL, Chen JI, Forsberg CW, Nicolaidis C, Saha S, Dobscha SK

Journal of Medical Internet Research

2018;20(2):e62

DOI: 10.2196/jmir.9007

PMID: 29483064

Background:

The media has devoted significant attention to anecdotes of individuals who post messages on Facebook prior to suicide. However, it is unclear to what extent social media is perceived as a source of help or how it compares to other sources of potential support for mental health problems.

Objective:

This study aimed to evaluate the degree to which military veterans with depression use social media for help-seeking in comparison to other more traditional sources of help.

Methods:

Cross-sectional self-report survey of 270 adult military veterans with probable major depression. Help-seeking intentions were measured with a modified General Help-Seeking Questionnaire. Facebook users and nonusers were compared via t tests, Chi-square, and mixed effects regression models. Associations between types of help-seeking were examined using mixed effects models.

Results:

The majority of participants were users of social media, primarily Facebook (n=162). Mean overall help-seeking intentions were similar between Facebook users and nonusers, even after adjustment for potential confounders. Facebook users were very unlikely to turn to Facebook as a venue for support when experiencing either emotional problems or suicidal thoughts. Compared to help-seeking intentions for Facebook, help-seeking intentions for formal (eg, psychologists), informal (eg, friends), or phone helpline sources of support were significantly higher. Results did not substantially change when examining users of other social media, women, or younger adults.

Conclusions:

In its current form, the social media platform Facebook is not seen as a venue to seek help for emotional problems or suicidality among veterans with major depression in the United States.

<https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2670374>

The Origin of Spousal Resemblance for Alcohol Use Disorder.

Kendler KS, Lönn SL, Salvatore J, Sundquist J, Sundquist K.

JAMA Psychiatry

2018;75(3):280–286

doi:10.1001/jamapsychiatry.2017.4457

Key Points

Question

What causes spouses to resemble one another in their risk for alcohol use disorder?

Findings

In this population-based registry study, the increase in risk for a first onset of alcohol use disorder in a married individual after the onset of alcohol use disorder onset in his or her spouse was large and rapid. When an individual was married in either order to serial partners with vs without alcohol use disorder, the risk for alcohol use disorder was substantially increased when the partner had an alcohol use disorder registration and decreased when the partner did not have an alcohol use disorder registration.

Meaning

A married individual's risk for alcohol use disorder is likely directly and causally affected by the presence of alcohol use disorder in his or her spouse.

Abstract

Importance

Although spouses strongly resemble one another in their risk for alcohol use disorder (AUD), the causes of this association remain unclear.

Objectives

To examine longitudinally, in first marriages, the association of a first registration for AUD in one spouse with risk of registration in his or her partner and to explore changes in the risk for AUD registration in individuals with multiple marriages as they transition from a spouse with AUD to one without or vice versa.

Design, Setting, and Participants

Population-wide Swedish registries were used to identify individuals born in Sweden between 1960 and 1990 who were married before the end of study follow-up on December 31, 2013. The study included 8562 marital pairs with no history of AUD registration prior to their first marriage and an AUD registration in 1 spouse during marriage and 4891 individuals with multiple marriages whose first spouse had no AUD registration and second spouse did or vice versa. Final statistical analyses were conducted from August 15 to September 1, 2017.

Exposures

A spousal onset or history of AUD registration.

Main Outcomes and Measures

Alcohol use disorder registration in national medical, criminal, or pharmacy registries.

Results

Among the 8562 marital pairs (5883 female probands and 2679 male probands; mean [SD] age at marriage, 29.2 [5.7] years) in first marriages, the hazard ratio of AUD registration in wives immediately after the first AUD registration in their husbands was 13.82, which decreased 2 years later to 3.75. The hazard ratio of AUD registration in husbands after the first AUD registration in their wives was 9.21, which decreased 2 years later to 3.09. Among the 4891 individuals with multiple marriages (1439 women and 3452 men; mean [SD] age at first marriage, 25.5 [4.2] years), when individuals transitioned from a first marriage to a spouse with AUD to a second marriage to a spouse without AUD, the hazard ratio for AUD registration was 0.50 (95% CI, 0.42-0.59) in women and 0.51 (95% CI, 0.44-0.59) in men. After a first marriage to a spouse without AUD, the hazard ratio for AUD with a second marriage to a spouse with AUD was 7.02 (95% CI, 5.34-9.23) in women and 9.06 (95% CI, 7.55-10.86) in men. These patterns were modestly attenuated when moving from second to third marriages. Controlling for AUD registration prior to first marriage or between first and second marriages produced minimal changes in risk.

Conclusions and Relevance

The increase in risk for AUD registration in a married individual following a first AUD

registration in the spouse is large and rapid. When an individual with serial spouses is married, in either order, to partners with vs without an AUD registration, the risk for AUD registration is substantially increased when the partner has an AUD registration and decreased when the partner does not have an AUD registration. These results suggest that a married individual's risk for AUD is directly and causally affected by the presence of AUD in his or her spouse.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22263/abstract>

Meta-Analysis of the Association Between Autobiographical Memory Specificity and Exposure to Trauma.

Barry, T. J., Lenaert, B., Hermans, D., Raes, F. and Griffith, J. W.

Journal of Traumatic Stress
First published: February 2018
DOI: 10.1002/jts.22263

Cognitive models of emotional disorders suggest that reduced autobiographical memory specificity that results from exposure to traumatic events may play an important role in the aetiology and maintenance of these disorders. However, there has yet to be a comprehensive meta-analysis of the association between trauma exposure and memory specificity, and the role of posttraumatic stress symptoms on this association. We searched PsycINFO and MEDLINE databases and extracted data from studies regarding the mean number or proportion of specific memories that participants with and without trauma exposure recalled on the Autobiographical Memory Test. We also extracted data on differences between groups in terms of posttraumatic stress and depressive symptoms, along with data on trauma timing and participants' ages at the time of assessment. The effect size of memory specificity between participants with and without exposure to trauma was large, $d = 0.77$, and differed significantly from zero, $p < .001$. In metaregression, trauma timing was a significant predictor of the heterogeneity in trauma-exposure specificity effect sizes, but posttraumatic stress and depressive symptoms were not. Compromised memory specificity represents an important cognitive consequence of trauma exposure that might have an important influence on risk for, and maintenance of, subsequent emotional pathologies.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22257/abstract>

Parent Discrepancies in Ratings of Child Behaviors Following Wartime Deployment.

Ashley A. Chesmore, Yaliu He, Na Zhang, Abigail H. Gewirtz

Journal of Traumatic Stress

First published: 6 February 2018

DOI: 10.1002/jts.22257

Researchers have shown that parents often disagree in their ratings of their children's behavior, and that these discrepancies are typically related to child and family characteristics (e.g., child's age, parent psychopathology). Few studies, however, have examined discrepancies in how mothers and fathers rate child behavior during a stressful family context such as a parent's wartime deployment. The present study of 174 military families (children aged 6 to 11 years; 54.0% female) examined whether family factors (parental sense of control, marital satisfaction) and contextual risk factors related to a parent's wartime deployment (number and length of deployments, battle experiences, and posttraumatic stress disorder [PTSD] symptoms) were associated with discrepancies in how mothers and fathers rated internalizing and externalizing behaviors in their children. Using a latent congruency model, our results showed that when parents self-reported higher levels of PTSD symptoms, both mothers, $\beta = -.33$, $p = .021$, and fathers, $\beta = .41$, $p = .026$, tended to also report higher levels of internalizing symptoms in their child, relative to what their spouse reported. In comparison to mothers, fathers also tended to report higher levels of child externalizing symptoms, $\beta = .44$, $p = .019$. Our findings may help clinicians understand how parent mental health within a stressful family context relates and/or informs a parent's ratings on assessments of his or her child's internalizing and externalizing symptoms.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22261/abstract>

Measuring Resilience to Operational Stress in Canadian Armed Forces Personnel.

Sarah C. Hellewell, Ibolja Cerna

Journal of Traumatic Stress
First published: 21 February 2018
DOI: 10.1002/jts.22261

Adaptability to stress is governed by innate resilience, comprised of complex neuroendocrine and immune mechanisms alongside inherited or learned behavioral traits. Based on their capacity to adapt, some people thrive in stressful situations, whereas others experience maladaptation. In our study, we used state-of-the-art tools to assess the resilience level in individuals, as well as their susceptibility to developing military stress-induced behavioral and cognitive deficits. To address this complex question, we tested Canadian Armed Forces (CAF) personnel in three distinct stress environments (baselines): during predeployment training, deployment in Afghanistan, and readjustment upon return to Canada. Our comprehensive outcome measures included psychometric tests, saliva biomarkers, and computerized cognitive tests that used the Cambridge Neuropsychological Automated Test Battery. Participants were categorized based on initial biomarker measurements as being at low-, moderate-, or high stress-maladaptation risk. Biomarkers showed significant changes ($d_s = 0.56$ to 2.44) between baselines, calculated as “delta” changes. Participants at low stress-maladaptation risk demonstrated minimal changes, whereas those at high stress-maladaptation risk showed significant biomarker variations. The psychometric patterns and cognitive functions were likewise affected across baselines, suggesting that the panel of saliva stress biomarkers could be a useful tool for determining the risk of stress maladaptation that can cause psychological and cognitive decline.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22259/abstract>

Symptoms of Posttraumatic Stress Rather Than Mild Traumatic Brain Injury Best Account for Altered Emotional Responses in Military Veterans.

Craig A. Marquardt, Daniel J. Goldman, Bruce N. Cuthbert, Shmuel Lissek, Scott R. Sponhei

Journal of Traumatic Stress
First published: February 2018
DOI: 10.1002/jts.22259

Emotional dysfunction is evident in posttraumatic stress disorder (PTSD), yet it is unclear what aspects of the disorder most directly relate to aberrant emotional

responding. Also, the frequent co-occurrence of blast-related mild traumatic brain injuries (mTBIs) among recently deployed U.S. military personnel complicates efforts to understand the basis for emotional disruption. We studied a cross-sectional sample (enriched for PTSD and mTBI) of 123 U.S. veterans of wars in Iraq and Afghanistan. We measured subjective affective evaluations and peripheral psychophysiological responses to images with pleasant, neutral, unpleasant, and combat-related aversive content. When compared with other postdeployment participants, those who had combat-related PTSD rated pleasant image content as less positive (math formula = $.04$) and less arousing (math formula = $.06$), and exhibited heightened physiological responsivity to combat image content (math formula = $.07$). Symptoms of PTSD were associated with elevated skin conductance responses ($\beta = .28$), reduced heart rate deceleration ($\beta = .44$ to $.47$), and increased corrugator facial muscle electromyography ($\beta = .47$). No effects for blast-related mTBI were observed across any affective modulation measures. These findings point to a greater impact of PTSD symptomatology than blast-related mTBI on emotional functioning and highlight the utility of dimensional assessments of psychopathology for understanding the effects of combat-stress conditions on adjustment to civilian life.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22264/abstract>

Prospective Examination of Early Associations of Iraq War Zone Deployment, Combat Severity, and Posttraumatic Stress Disorder with New Incident Medical Diagnoses.

Brailey, K., Mills, M. A., Marx, B. P., Proctor, S. P., Seal, K. H., Spiro, A., Ulloa, E. W. and Vasterling, J. J.

Journal of Traumatic Stress
First published: February 2018
DOI: 10.1002/jts.22264

War zone deployment and posttraumatic stress disorder (PTSD) have been associated with morbidity and mortality decades later. Less is known about the associations between these variables and the early emergence of medical disorders in war zone veterans. This prospective study of 862 U.S. Army soldiers ($n = 569$ deployed; $n = 293$ nondeployed) examined: (a) associations between Iraq War deployment status (deployed vs. nondeployed) and new medical diagnoses that emerged within six months after return from Iraq among all participants; and (b) associations between combat

severity and PTSD symptoms, and new postdeployment medical diagnoses that emerged within 12 months after return from Iraq within deployed participants. New medical diagnoses were abstracted from diagnostic codes associated with clinical outpatient visits recorded within the Department of Defense Standard Ambulatory Data Record database. Combat severity was measured with the Combat Experiences module of the Deployment Risk and Resilience Inventory, and postdeployment posttraumatic stress disorder symptom severity was measured using the PTSD Checklist–Civilian. Neither deployment nor combat severity was associated with new medical diagnoses. However, among deployed soldiers, more severe PTSD symptoms were associated with increased risk for a new medical disorder diagnosis; every 10-point increase in PTSD symptoms increased odds of a new diagnosis by nearly 20% (odds ratio = 1.20). Results suggest that PTSD symptoms are associated with early morbidity in Iraq War veterans.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22254/abstract>

Complicated Grief Among Military Service Members and Veterans Who Served After September 11, 2001.

Charney, M. E., Bui, E., Sager, J. C., Ohye, B. Y., Goetter, E. M. and Simon, N. M.

Journal of Traumatic Stress

First published: 31 January 2018

DOI: 10.1002/jts.22254

Minimal research is available on the prevalence and impact of complicated grief (CG) in military service members and veterans, despite high reported rates of loss in this population. The present study aimed to examine prevalence rates of CG in a sample of treatment-seeking military service members and veterans who served after September 11, 2001. Additionally, the study aimed to examine characteristics associated with CG as well as the association between CG and quality of life. In a sample of 622 military service members and veterans who served after September 11, 2001, 502 reported a significant loss (80.7%). Usable data were available for a total of 468 participants. Of these 468 participants, 30.3% (n = 142) met diagnostic criteria for CG, as defined by a score of 30 or more on the Inventory of Complicated Grief (ICG; Prigerson et al., 1995). We conducted a series of t tests and chi-square tests to examine the differences between individuals who met criteria for CG and those who did not. The presence of CG was associated with worse PTSD, $d = 0.68$, $p < .001$;

depression, $d = -1.10$, $p < .001$; anxiety, $d = -1.02$, $p < .001$; stress, $d = 0.99$, $p < .001$; and quality of life, $d = 0.76$, $p < .001$. Multiple regression analyses examined the independent impact of CG on quality of life. Complicated grief was associated with poorer quality of life above and beyond PTSD, $\beta = -.12$, $p = .017$. In addition, in a separate regression, CG was associated with poorer quality of life above and beyond depression, $\beta = -.13$, $p < .001$. Overall, our findings highlight the impact of CG on this population, and have implications for assessment and treatment.

<http://onlinelibrary.wiley.com/doi/10.1111/cpsp.12235/abstract>

Navigating the ethics of Internet-guided self-help interventions.

Borgueta AM, Purvis CK, Newman MG

Clinical Psychology Science and Practice

First published: 6 March 2018

DOI: 10.1111/cpsp.12235

Internet-guided self-help (IGSH) programs have proliferated recently to treat common mental health problems such as anxiety and depression. However, technology has outpaced the development of ethical guidelines for this mode of delivery. We examine ethical challenges in this new space, including defining the role “guides” play in treatment, crisis management, and user selection and screening. IGSH programs can provide safe and ethical care when they (a) coordinate care effectively with other systems; (b) provide competent and well-defined guidance; and (c) reach users that are appropriate for and well-educated about the services they are going to receive. We argue that jurisdictional practice constraints and outdated regulatory and ethical guidelines may impede the ability of IGSH programs to maintain or even improve performance when faced with greater demand, larger populations, heterogeneous settings, and the desire for large-scale dissemination.

<https://www.cambridge.org/core/journals/the-cognitive-behaviour-therapist/article/trainees-experience-of-cognitive-behavioural-therapy-training-a-mixed-methods-systematic-review/>

Trainees' experience of cognitive behavioural therapy training: a mixed methods systematic review.

Jenkins, H., Waddington, L., Thomas, N., & Hare, D.

The Cognitive Behaviour Therapist
Published online: 22 February 2018
doi:10.1017/S1754470X17000253

Research in the field of cognitive behavioural therapy (CBT) has primarily focused on the acquisition and development of skills and competence. Little is known regarding the experience of training from trainees' perspectives. This systematic review aimed to review and critique the research conducted on the experience of CBT training. Four electronic databases were searched for published studies reporting on the experience of CBT training. Thirteen articles were selected based on pre-determined inclusion and exclusion criteria and were assessed for quality using the Quality Assessment Tool for Studies with Diverse Designs (QATSDD; Sirriyeh et al., 2012). Due to the lack of consistency in the study designs and outcome measures used, a narrative synthesis of the findings was conducted. Findings were categorized within three themes for synthesis: 'experience of benefit', 'internal processes of engagement' and 'external influences on engagement'. Overall, this review was able to draw conclusions regarding the experiences of aspects of CBT training from relatively good quality research. However, the review also highlights the lack of studies exploring specific hypotheses regarding the experience of training.

<https://www.tandfonline.com/doi/abs/10.1080/10826084.2018.1441309>

Psychosocial Factors that Shape Substance Abuse and Related Mental Health of Women Military Veterans who Use Community-Based Services.

Elizabeth A. Evans, Dawn L. Glover, Donna L. Washington & Alison B. Hamilton

Substance Use & Misuse

Published online: 27 Feb 2018

DOI: 10.1080/10826084.2018.1441309

Background:

Women Veterans who use the Veterans Health Administration (VA) have high rates of substance abuse and poorer health than non-Veteran women. Less is known about the psychosocial needs of women Veterans who seek care in non-VA settings.

Objectives:

We provide a grounded description of factors that impact substance abuse, mental health, and related quality of life of women Veterans who use non-VA community-based health and social services. Methods: Utilizing a mixed methods design, we conducted semi-structured in-person interviews with 22 women Veterans in Los Angeles in 2013–2015.

Results:

The current health of these women Veterans was shaped by substance abuse and several other factors, including: histories of trauma (in childhood, during military service) and discrimination, and associated mental health conditions; post-military socio-economic stressors; shifting social roles and adverse social support; and lost personal identity after military service. Psychosocial factors collectively underscore areas in which delivery of health and social services to women Veterans being treated in non-VA settings could be improved: (1) diffuse, implement, and sustain evidence-based gender-sensitive substance abuse treatment; (2) address traumas contributing to poor health; (3) recognize stress proliferation processes erode women's capacity to access healthcare or cope with stressors in healthy ways; (4) champion women Veterans who embody resilience and thereby can help others to form empowered personal identities of health and wellness.

Conclusion:

Findings can inform interventions and services that ameliorate vulnerability to substance abuse and other health risks among women Veterans.

https://journals.lww.com/jonmd/Abstract/publishahead/Moral_Injury_and_Religiosity_in_US_Veterans_With.99478.aspx

Moral Injury and Religiosity in US Veterans With Posttraumatic Stress Disorder Symptoms.

Koenig, Harold G.; Youssef, Nagy A.; Ames, Donna; Oliver, John P.; Teng, Ellen J.; Haynes, Kerry; Erickson, Zachary D.; Arnold, Irina; Currier, Joseph M.; O'Garro, Keisha; Pearce, Michelle

The Journal of Nervous and Mental Disease
February 28, 2018 - Volume Publish Ahead of Print
doi: 10.1097/NMD.0000000000000798

Moral injury (MI) involves feelings of shame, grief, meaninglessness, and remorse from having violated core moral beliefs related to traumatic experiences. This multisite cross-sectional study examined the association between religious involvement (RI) and MI symptoms, mediators of the relationship, and the modifying effects of posttraumatic stress disorder (PTSD) severity in 373 US veterans with PTSD symptoms who served in a combat theater. Assessed were demographic, military, religious, physical, social, behavioral, and psychological characteristics using standard measures of RI, MI symptoms, PTSD, depression, and anxiety. MI was widespread, with over 90% reporting high levels of at least one MI symptom and the majority reporting at least five symptoms or more. In the overall sample, religiosity was inversely related to MI in bivariate analyses ($r = -0.25$, $p < 0.0001$) and multivariate analyses ($B = -0.40$, $p = 0.001$); however, this relationship was present only among veterans with severe PTSD ($B = -0.65$, $p = 0.0003$). These findings have relevance for the care of veterans with PTSD.

<https://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201700452>

Differential Effects of Brief CBT Versus Treatment as Usual on Posttreatment Suicide Attempts Among Groups of Suicidal Patients.

Craig J. Bryan, Alan L. Peterson, and M. David Rudd

Psychiatric Services

Published online: March 01, 2018

<https://doi.org/10.1176/appi.ps.201700452>

Objective:

The purpose of this study was to examine variability in outcomes (suicide attempt rates) across subgroups of patients who were randomly enrolled in brief cognitive-behavioral therapy (CBT) and treatment as usual.

Methods:

A secondary analysis was conducted of data collected during a randomized clinical trial of brief CBT for suicide prevention in a sample of 176 U.S. military personnel who reported active suicide ideation in the past week or a suicide attempt in the past month. Latent-class analysis was used to identify empirically distinct and clinically meaningful patient subgroups. Rates of suicide attempts during a two-year follow-up period were compared across classes and treatment groups.

Results:

Three latent classes corresponding to low (N=55), moderate (N=40), and high (N=57) suicide risk were identified. The classes significantly differed with respect to psychiatric symptom severity but not demographic or historical variables. Rates of suicide attempts during the two-year follow-up significantly varied across classes in treatment as usual but did not vary across classes in brief CBT (21% versus 10%, respectively, in the low-severity class, 8% versus 13% in the moderate-severity class, and 41% versus 10% in the high-severity class). Differences between treatment conditions in suicide attempt rates were statistically significant for the high-severity class.

Conclusions:

Treatment as usual was associated with variable rates of suicidal behavior, depending on suicide risk severity. Brief CBT contributed to consistently low rates of suicidal behavior regardless of patient severity.

<https://www.tandfonline.com/doi/abs/10.1080/08897077.2018.1443315>

Childhood trauma, combat trauma and substance use in National Guard and Reserve soldiers.

Bonnie M. Vest, Rachel A. Hoopsick, D. Lynn Homish, Rachel C. Daws & Gregory G. Homish

Substance Abuse

Accepted author version posted online: 27 Feb 2018

DOI: 10.1080/08897077.2018.1443315

Background:

The goal of this work was to examine associations among childhood trauma, combat trauma and substance use (alcohol problems, frequent heavy drinking (FHD), current cigarette smoking, and current/lifetime drug use) and the interaction effects of childhood trauma and combat exposure on those associations among National Guard/Reserve soldiers.

Methods:

Participants (n = 248) completed an electronic survey asking questions about their military experiences, physical and mental health, and substance use. Childhood trauma and combat exposure were examined jointly in regression models, controlling for age, marital satisfaction, and number of deployments.

Results:

Childhood trauma was associated with current drug use (trend level, OR = 1.44, 95% CI: 0.97, 2.14; p = .072) in the main effect model; however, there was not a significant interaction with combat. Combat exposure had a significant interaction with childhood trauma on alcohol problems (b = -0.56, 95% CI: -1.12, -0.01; p = .048), FHD (b = -0.27, 95% CI: -0.47, -0.08; p = .007), and lifetime drug use (OR = 1.78, 95% CI: 1.04, 3.04; p = .035). There were no associations with either of the trauma measures and current cigarette smoking.

Conclusions:

Our results demonstrate that childhood and combat trauma have differential effects on alcohol use, such that combat trauma may not add to the effect on alcohol use in those with greater child maltreatment, but may contribute to greater alcohol use among those with low child maltreatment. As expected, childhood and combat trauma had synergistic effects on lifetime drug use. Screening for multiple types of trauma prior to enlistment and/or deployment may help to identify at-risk individuals and allow time for early intervention to prevent future adverse outcomes.

Links of Interest

Cognitive behavioral therapy may prevent relapse in major depressive disorder

<https://www.clinicaladvisor.com/mood-disorder-information-center/cognitive-behavioral-therapy-major-depressive-disorder/article/747443/>

Pentagon IG opens evaluation of Air Force Academy sexual assault prevention office

<https://www.airforcetimes.com/news/your-air-force/2018/03/01/pentagon-ig-opens-evaluation-of-air-force-academy-sexual-assault-prevention-office/>

Army National Guard soldier's son wins 2018 Gerber baby contest

<https://www.armytimes.com/news/your-army/2018/03/01/army-national-guard-soldiers-son-wins-2018-gerber-baby-contest/>

Veterans with PTSD sue Navy over claims of biased discharges

<https://www.stripes.com/news/veterans-with-ptsd-sue-navy-over-claims-of-biased-discharges-1.514751>

Teachers wanted to know about the military, for students. So they went to boot camp

<https://www.stripes.com/news/marine-corps/teachers-wanted-to-know-about-the-military-for-students-so-they-went-to-boot-camp-1.514981>

Exhibits gives insight into world of veterans through art

<https://www.militarytimes.com/veterans/2018/03/03/exhibits-gives-insight-into-world-of-veterans-through-art/>

Mental Health Providers: How Do You Differentiate Combat Stress from Concussion Symptoms?

<https://www.pdhealth.mil/news/blog/mental-health-providers-how-do-you-differentiate-combat-stress-concussion-symptoms>

Where are the female Marines?

<https://www.marinecorpstimes.com/news/2018/03/05/where-are-the-female-marines/>

Female Marines to enter MCT at Camp Pendleton for first time

<https://www.marinecorpstimes.com/news/your-marine-corps/2018/03/06/female-marines-to-enter-mct-at-camp-pendleton-for-first-time/>

VA launches Telehealth Program for rural Vets with PTSD

http://newtoncountytimes.com/news/va-launches-telehealth-program-for-rural-vets-with-ptsd/article_0017d056-2189-11e8-9624-0f45c7951383.html

Veterans with PTSD are turning to horses for healing

<https://www.militarytimes.com/veterans/2018/03/07/veterans-with-ptsd-are-turning-to-horses-for-healing/>

Smoking E-Cigarettes Daily Doubles Risk of Heart Attacks

<https://www.ucsf.edu/news/2018/02/409916/smoking-e-cigarettes-daily-doubles-risk-heart-attacks>

Literacy Deficiencies Restrict Access to Cognitive-Behavioral Pain Therapy

<https://newswise.com/articles/literacy-deficiencies-restrict-access-to-cognitive-behavioral-pain-therapy>

AMVETS unveils new effort with VA to combat veterans suicide

<https://www.militarytimes.com/veterans/2018/03/06/amvets-unveils-new-effort-with-va-to-combat-veterans-suicide/>

Resource of the Week: [Navigating the military financial lifecycle](#)

From the Consumer Financial Protection Board:

Whether you're a servicemember entering basic training or you just hung up the uniform, we can help you handle financial challenges at every step of your military career.

The screenshot shows the top of the Consumer Financial Protection Bureau (CFPB) website. The header includes the CFPB logo, navigation links for 'Consumer Tools', 'Practitioner Resources', 'Data & Research', 'Policy & Compliance', and 'About Us', along with search and complaint submission options. The main content area features a large banner for 'Navigating the military financial lifecycle' with a sub-headline: 'Whether you're a servicemember entering basic training or you just hung up the uniform, we can help you handle financial challenges at every step of your military career.' To the right of the banner is an image of a framed set of military medals and an American flag. Below the banner, there is a '★ Featured' section titled 'Your guide through the military lifecycle' with a sub-headline: 'Use our map to help take the guesswork out of financial management during your time in the service.' and a link to 'Download key resources'. To the right of this section is a circular diagram with various icons representing financial services. Further right is an 'About us' section with a brief description of the CFPB and a link to 'Learn how the CFPB can help you'. At the bottom right, there is a 'CONNECT WITH US' section with a link to 'Stay informed about our work for servicemembers, veterans, and their families.'

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