CDP Research Update -- October 15, 2015

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http://www.dodig.mil/pubs/report_summary.cfm?id=6634

Health Care: Assessment of DoD Suicide Prevention Processes (Project No. D2015-D00SPO-0052.000)

U.S. Department of Defense, Office of Inspector General
09-30-2015

Objective

The objectives of this project were to: 1) evaluate DoD processes used to develop suicide prevention policy and 2) determine what process changes are required to improve suicide prevention and intervention policies and programs, including, but not limited to, resilience, mental health treatment, substance abuse, and postvention in the military.

Observations
The observations included in this report were:

- DoD lacked a clearly defined governance structure and alignment of responsibilities for the Defense Suicide Prevention Program. The lack of synchronization between the DoD Directive and DoD committees chartered by the Under Secretary of Defense for Personnel and Readiness and Defense Suicide Prevention Office resulted in less than effective DoD strategic oversight of its suicide prevention program and impeded program implementation.

- The Defense Suicide Prevention Office lacked clear processes for planning, directing, guiding, and resourcing to effectively develop and integrate the Suicide Prevention Program within the DoD. In the absence of a fully developed suicide prevention strategic plan, DoD Instruction, and alignment of staff-to-mission priorities, there was no unified

and coordinated effort to address suicide prevention across the DoD, and the Services continued to create their own Service-unique suicide prevention initiatives.

- The Defense Suicide Prevention Office did not consistently identify, share, or implement evidence-based suicide prevention best practices across the DoD. Subject matter experts were not used to prioritize and advise on implementation of evidence-based suicide prevention best practices. As a result the DoD did not standardize best practices across the department, and the Services did not take advantage of each others' knowledge and experiences.

Recommendations
We recommend the Under Secretary of Defense for Personnel and Readiness:

Revise the Department of Defense Directive 6490.14, "Defense Suicide Prevention Program," to clearly define and integrate the leadership roles and responsibilities of the Assistant Secretary of Defense for Readiness and Force Management, Deputy Assistant Secretary of Defense for Readiness, Defense Human Resources Agency, and Defense Suicide Prevention Office regarding program strategic oversight, decision making, and action execution.

- Revise and synchronize the Suicide Prevention and Risk Reduction Committee and Suicide Prevention General Officer Steering Committee charters with the Department of Defense Directive 6490.14, "Defense Suicide Prevention Program," to ensure program governance structure and responsibilities are clearly defined and aligned.

- Subsequently, upon revision of the Department of Defense Directive 6490.14, "Defense Suicide Prevention Program," (see Recommendation 1a.), develop and publish a comprehensive suicide prevention Department of Defense Instruction.

- Expedite publishing a directive-type memorandum that provides interim Department of Defense suicide prevention guidance.

We recommend the Defense Suicide Prevention Office:

- Develop, publish, monitor, and communicate a comprehensive suicide prevention strategic plan with updated vision, goals, and objectives, and include performance measures and timelines.

- Develop a plan that aligns budgetary and personnel resources to meet mission priorities.

- Develop a research strategy using subject matter expertise to report and analyze evidence-based suicide prevention recommendations for applicability to the Department of Defense.

- Provide an implementation strategy to adapt Department of Defense applicable evidence-based suicide prevention research findings into standard practices across the Department.

See also -- Report: Pentagon suicide prevention office in disarray (Military Times)

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http://link.springer.com/article/10.1007/s40429-015-0078-3

Dual Diagnosis of Traumatic Brain Injury and Alcohol Use Disorder: Characterizing Clinical and Neurobiological Underpinnings.

Amy A. Herrold, Angelle M. Sander, Kimberlee V. Wilson, Lauren M. Scimeca, Derin J. Cobia, Hans C. Breiter

Dual Diagnosis (RA Chambers, Section Editor)
Current Addiction Reports
pp 1-12
First online: 05 October 2015

Recent evidence indicates that TBI can increase the risk of developing AUD. TBI and AUD share common symptoms including cognitive dysfunction. Therefore, it is of interest to better understand how reward-mediated behaviors central to alcohol addiction, such as alcohol craving, may interact with the cognitive dysfunction of TBI both at the behavioral and neurobiological level. We also present a preliminary case series as an illustration of how neural activation to alcohol cues may provide insight into the unique brain state of co-occurring mild TBI and AUD. Treatment implications for TBI and AUD and their co-occurrence are also discussed.

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http://www.ncbi.nlm.nih.gov/pubmed/26437144

J Fam Psychol. 2015 Oct 5. [Epub ahead of print]

Relationship of Service Members' Deployment Trauma, PTSD Symptoms, and Experiential Avoidance to Postdeployment Family Reengagement.

Brockman C, Snyder J, Gewirtz A, Gird SR, Quattlebaum J, Schmidt N, Pauldine MR, Elish K, Schrepferman L, Hayes C, Zettle R, DeGarmo D.

This research examined whether military service members' deployment-related trauma exposure, posttraumatic stress disorder (PTSD) symptoms, and experiential avoidance are

associated with their observed levels of positive social engagement, social withdrawal, reactivity-coercion, and distress avoidance during postdeployment family interaction. Self reports of deployment related trauma, postdeployment PTSD symptoms, and experiential avoidance were collected from 184 men who were deployed to the Middle East conflicts, were partnered, and had a child between 4 and 13 years of age. Video samples of parent-child and partner problem solving and conversations about deployment issues were collected, and were rated by trained observers to assess service members' positive engagement, social withdrawal, reactivity-coercion, and distress avoidance, as well as spouse and child negative affect and behavior. Service members' experiential avoidance was reliably associated with less observed positive engagement and more observed withdrawal and distress avoidance after controlling for spouse and child negative affect and behavior during ongoing interaction. Service members' experiential avoidance also diminished significant associations between service members' PTSD symptoms and their observed behavior. The results are discussed in terms of how service members' psychological acceptance promotes family resilience and adaption to the multiple contextual challenges and role transitions associated with military deployment. Implications for parenting and marital interventions are described. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

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http://www.rand.org/pubs/research_reports/RR963.html

Strategic Analysis of the 2014 Wounded Warrior Project Annual Alumni Survey: A Way Forward

Jennifer L. Cerully, Meagan Smith, Asa Wilks, Kate Giglio

RAND Corporation, 2015

Wounded Warrior Project® (WWP) provides support and raises public awareness for service members and veterans who incurred physical or mental injury, illness, or wound coincident to their military service on or after September 11, 2001, as well as their families and caregivers. Through WWP, members (Alumni) have access to programs that support four main areas of recovery — engagement, mind, body, and economic empowerment.

Using 2014 WWP Annual Alumni Survey data, RAND researchers offer a detailed analysis of how Alumni of different genders, races and ethnicities, military service histories, and service-related health conditions fare in terms of mental health, physical health, and economic well-being. The report also offers recommendations for the organization's decisionmakers to consider in setting goals and creating programs to support WWP Alumni.

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http://www.ncbi.nlm.nih.gov/pubmed/26436992

Rehabil Psychol. 2015 Oct 5. [Epub ahead of print]

Misconceptions About Traumatic Brain Injury Among U.S. Army Behavioral Health Professionals.

Bradford LS.

PURPOSE/OBJECTIVE:
To investigate the knowledge and misconceptions about traumatic brain injury (TBI) held by behavioral health care professionals providing services to an active-duty military population. Research Method/Design: Active duty U.S. Army psychologists, psychiatrists, social workers, and psychiatric nurses from locations across the Department of Defense, and behavioral health professionals from a major military hospital (N = 181) were surveyed on 19 common myths and misconceptions about TBI (Gouvier, Prestholdt, & Warner, 1988). Eight new items were added to the survey to more specifically assess misconceptions pertaining to mild TBI (mTBI).

RESULTS:
Mean percentages for the subcomponents of the questionnaire suggested that responses were generally accurate for general information about brain damage (83.61% correct) but less accurate for unconsciousness (45.81%), amnesia or memory loss (53%), and recovery items (64.8%). The total percent correct was 51% on the new mTBI items with a sizable minority of the sample viewing mTBI as being associated with lengthier recovery and poorer outcome than what has been indicated by recent research.

CONCLUSION/IMPLICATIONS:
Overall, misconceptions, particularly about mTBI, are prevalent among U.S. Army behavioral health providers. These findings raise concern about the dissemination of TBI information to health care professionals in the U.S. Army and to military personnel who may not be receiving accurate information about TBI recovery. (PsycINFO Database Record
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http://www.rand.org/pubs/research_reports/RR1048.html

St. John's Wort for Major Depressive Disorder: A Systematic Review

Alicia Ruelaz Maher, Susanne Hempel, Eric Apaydin, Roberta M. Shanman, Marika Booth, Jeremy N. V. Miles, Melony E. Sorbero

RAND Corporation, 2015

RAND researchers conducted a systematic review that synthesized evidence from randomized controlled trials of St. Johns wort (SJW) — used adjunctively or as monotherapy — to provide estimates of its efficacy and safety in treating adults with major depressive disorder.

Outcomes of interest included changes in depressive symptomatology, quality of life, and adverse effects. Efficacy meta-analyses used the Hartung-Knapp-Sidik-Jonkman method for random-effects models. Quality of evidence was assessed using the Grades of Recommendation, Assessment, Development, and Evaluation (GRADE) approach.
In total, 35 studies met inclusion criteria. There is moderate evidence, due to unexplained heterogeneity between studies, that depression improvement based on the number of treatment responders and depression scale scores favors SJW over placebo, and results are comparable to antidepressants. The existing evidence is based on studies testing SJW as monotherapy; there is a lack of evidence for SJW given as adjunct therapy to standard antidepressant therapy.

We found no systematic difference between SJW extracts, but head-to-head trials are missing; LI 160 (0.3% hypericin, 1–4% hyperforin) was the extract with the greatest number of studies. Only two trials assessed quality of life. SJW adverse events reported in included trials were comparable to placebo, and were fewer compared with antidepressant medication; however, adverse event assessments were limited, and thus we have limited confidence in this conclusion.

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http://online.liebertpub.com/doi/abs/10.1089/neu.2015.4070

Recovery from Mild Traumatic Brain Injury in Previously Healthy Adults.

Miss Heidi Losoi, Dr. Noah Silverberg, Mrs. Minna Wäljas, Mrs. Senni Turunen, Mrs. Eija Rosti-Otajärvi, Mr. Mika Helminen, Dr. Teemu Miikka Luoto, Prof. Juhani Julkunen, Prof. Juha Öhman, and Prof. Grant L Iverson

Journal of Neurotrauma
Online Ahead of Editing: October 6, 2015
doi:10.1089/neu.2015.4070

This prospective longitudinal study reports recovery from mild traumatic brain injury (MTBI) across multiple domains in a carefully selected consecutive sample of 74 previously healthy adults. The patients with MTBI and 40 orthopedic controls (i.e., ankle injuries) completed assessments at 1, 6, and 12 months after injury. Outcome measures included cognition, post-concussion symptoms, depression, traumatic stress, quality of life, satisfaction with life, resilience, and return to work. Patients with MTBI reported more post-concussion symptoms and fatigue than the controls at the beginning of recovery, but by six months following injury, did not differ as a group from non-head injury trauma controls on cognition, fatigue, or mental health, and by 12 months their level of post-concussion symptoms and quality of life was similar

to that of controls. Almost all (96%) patients with MTBI returned to work/normal activities (RTW) within the follow-up of one year. A subgroup of those with MTBIs and controls reported mild post-concussion-like symptoms at one year. A large percentage of the subgroup who had persistent symptoms had a modifiable psychological risk factor at one month (i.e., depression, traumatic stress, and/or low resilience), and at six months they had greater post-concussion symptoms, fatigue, insomnia, traumatic stress, and depression, and worse quality of life. All of the control subjects who had mild post-concussion-like symptoms at 12 months also had a mental health problem (i.e., depression, traumatic stress, or both). This illustrates the importance of providing evidence-supported treatment and rehabilitation services early in the recovery period.

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http://www.tandfonline.com/doi/abs/10.3109/01612840.2015.1057785

Pharmacotherapy as Prophylactic Treatment of Post-Traumatic Stress Disorder: A Review of the Literature.

Autumn Pearl Roque BSN, RN, CMSRNa

Issues in Mental Health Nursing
Volume 36, Issue 9, 2015
pages 740-751
DOI:10.3109/01612840.2015.1057785

Post-traumatic stress disorder has a lifetime prevalence of almost 9% in the United States. The diagnosis is associated with increased rates of comorbid substance abuse and increased rates of depression. Providers are taught how to diagnose and treat PTSD, but little discussion is devoted to how to prevent the disorder. Behavioral research in animal studies has provided some evidence for the use of medications in decreasing the fear response and the reconsolidation of memories. A heightened fear response and the re-experience of traumatic memory are key components for diagnosis. The purpose of this literature review is to examine the evidence for pharmacotherapy as prophylactic treatment in acute stress/trauma in order to prevent the development of post-traumatic stress disorder. The body of the review includes discussions on medications, medications as adjunct to script-driven imagery, and special considerations for military, first responders, and women. This article concludes with implications for practice and recommendations for future research. The key words used for the literature search were “prophylactic treatment of PTSD,” “pharmacotherapy and trauma,” “pharmacological prevention of PTSD,” “beta blockers and the prevention of PTSD,” “acute stress and prevention of PTSD,” “propranolol and PTSD,” “secondary prevention of PTSD,” and “medications used to prevent PTSD.” Findings were categorized by medications and medications as adjunct to script-driven imagery. The literature suggests that hydrocortisone, propranolol, and morphine may decrease symptoms and diagnosis of post-traumatic stress disorder.

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http://psycnet.apa.org/journals/amp/70/7/593/

Prospects for a clinical science of mindfulness-based intervention.

Dimidjian, Sona; Segal, Zindel V.

American Psychologist
Vol 70(7), Oct 2015, 593-620
http://dx.doi.org/10.1037/a0039589

Mindfulness-based interventions (MBIs) are at a pivotal point in their future development. Spurred on by an ever-increasing number of studies and breadth of clinical application, the value of such approaches may appear self-evident. We contend, however, that the public health impact of MBIs can be enhanced significantly by situating this work in a broader framework of clinical psychological science. Utilizing the National Institutes of Health stage model (Onken, Carroll, Shoham, Cuthbert, & Riddle, 2014), we map the evidence base for mindfulness-based cognitive therapy and mindfulness-based stress reduction as exemplars of MBIs. From this perspective, we suggest that important gaps in the current evidence base become apparent and, furthermore, that generating more of the same types of studies without addressing such gaps will limit the relevance and reach of these interventions. We offer a set of 7 recommendations that promote an integrated approach to core research questions, enhanced methodological quality of individual studies, and increased logical links among stages of clinical translation in order to increase the potential of MBIs to impact positively the mental health needs of individuals and communities. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00696

Neurotherapy of Traumatic Brain Injury/Post-Traumatic Stress Symptoms in Vietnam Veterans.

David V. Nelson , PhD; Mary Lee Esty , PhD

Military Medicine
Volume 180 Issue 10, October 2015, pp. e1111-e1114
DOI: http://dx.doi.org/10.7205/MILMED-D-14-00696

Previous report suggested the beneficial effects of an adaptation of the Flexyx Neurotherapy System (FNS) for the amelioration of mixed traumatic brain injury/post-traumatic stress symptoms in veterans of the Afghanistan and Iraq wars. As a novel variant of

electroencephalograph biofeedback, FNS falls within the bioenergy domain of complementary and alternative medicine. Rather than learning voluntary control over the production/inhibition of brain wave patterns, FNS involves offsetting stimulation of brain wave activity by means of an external energy source, specifically, the conduction of electromagnetic energy stimulation via the connecting electroencephalograph cables. Essentially, these procedures subliminally induce strategic distortion of ongoing brain wave activity to presumably facilitate resetting of more adaptive patterns of activity. Reported herein are two cases of Vietnam veterans with mixed traumatic brain injury/post-traumatic stress symptoms, each treated with FNS for 25 sessions. Comparisons of pre- and post-treatment questionnaire assessments revealed notable decreases for all symptoms, suggesting improvements across the broad domains of cognition, pain, sleep, fatigue, and mood/emotion, including post-traumatic stress symptoms, as well as for overall activity levels. Findings suggest FNS treatment may be of potential benefit for the partial amelioration of symptoms, even in some individuals for whom symptoms have been present for decades.

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http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00711

A Health Assessment Survey of Veteran Students: Utilizing a Community College-Veterans Affairs Medical Center Partnership.

Anita D. Misra-Hebert; Laura Santurri; Richard DeChant; Brook Watts; Ashwini R. Sehgal; David C. Aron

Military Medicine
Volume 180 Issue 10, October 2015, pp. 1059-1064
DOI: http://dx.doi.org/10.7205/MILMED-D-14-00711

Objective:
To assess health status among student veterans at a community college utilizing a partnership between a Veterans Affairs Medical Center and a community college.

Participants:
Student veterans at Cuyahoga Community College in Cleveland, Ohio, in January to April 2013.

Methods:
A health assessment survey was sent to 978 veteran students. Descriptive analyses to assess prevalence of clinical diagnoses and health behaviors were performed. Logistic regression analyses were performed to assess for independent predictors of functional limitations.

Results:
204 students participated in the survey (21% response rate). Self-reported depression and unhealthy behaviors were high. Physical and emotional limitations (45% and 35%, respectively),

and pain interfering with work (42%) were reported. Logistic regression analyses confirmed the independent association of self-reported depression with functional limitation (odds ratio [OR] = 3.3, 95% confidence interval [CI] 1.4–7.8, $p < 0.05$, and C statistic 0.72) and of post-traumatic stress disorder with pain interfering with work (OR 3.9, CI 1.1–13.6, $p < 0.05$, and C statistic 0.75).

Conclusion:
A health assessment survey identified priority areas to inform targeted health promotion for student veterans at a community college. A partnership between a Veterans Affairs Medical Center and a community college can be utilized to help understand the health needs of veteran students.

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http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00719

Impact of Childhood Abuse on Physical and Mental Health Status and Health Care Utilization Among Female Veterans.

Rowena C. Mercado , MD, MPH; Shannon Wiltsey-Stirman, PhD; Katherine M. Iverson, PhD

Military Medicine
Volume 180 Issue 10, October 2015, pp. 1065-1074
DOI: http://dx.doi.org/10.7205/MILMED-D-14-00719

Objective:
To determine whether childhood abuse predicts health symptoms and health care use among female veterans.

Methods:
Participants were 369 female patients at Veterans Affairs hospitals in New England who completed a mail survey. Multiple regression analyses were conducted to determine the differential impact of childhood physical abuse and childhood sexual abuse on health symptoms and health care use, while accounting for age, race, military branch, and military sexual trauma (MST).

Results:
In our sample, 109 (29%) female veterans reported experiencing childhood abuse. After adjusting for age, race, military branch, childhood sexual abuse, and MST, childhood physical abuse was predictive of poorer physical health, and greater depressive and post-traumatic stress disorder symptoms. No significant association was found between childhood sexual abuse and poor physical or mental health status. After adjusting for other factors, childhood physical abuse was associated with more frequent use of medical health care. Childhood sexual abuse was not a predictor for health care use.

Conclusions:
Childhood physical abuse remains an important contributor to physical health and mental health, even after adjusting for the more proximate experience of MST. Screening for adverse childhood experiences may facilitate access to appropriate physical and mental health treatment among female veterans.

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http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00686

Mental Health Treatment Among Soldiers With Current Mental Disorders in the Army Study to Assess Risk and Resilience in Service Members (Army STARRS).

Lisa J. Colpe; James A. Naifeh; Pablo A. Aliaga; Nancy A. Sampson; Steven G. Heeringa; Murray B. Stein; Robert J. Ursano; Carol S. Fullerton; Matthew K. Nock; Michael L. Schoenbaum; Alan M. Zaslavsky; Ronald C. Kessler

Military Medicine
Volume 180 Issue 10, October 2015, pp. 1041-1051
DOI: http://dx.doi.org/10.7205/MILMED-D-14-00686

A representative sample of 5,428 nondeployed Regular Army soldiers completed a self-administered questionnaire (SAQ) and consented to linking SAQ data with administrative records as part of the Army Study to Assess Risk and Resilience in Service members. The SAQ included information about prevalence and treatment of mental disorders among respondents with current Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) internalizing (anxiety, mood) and externalizing (disruptive behavior, substance) disorders. 21.3% of soldiers with any current disorder reported current treatment. Seven significant predictors of being in treatment were identified. Four of these 7 were indicators of psychopathology (bipolar disorder, panic disorder, post-traumatic stress disorder, 8+ months duration of disorder). Two were sociodemographics (history of marriage, not being non-Hispanic Black). The final predictor was history of deployment. Treatment rates varied between 4.7 and 71.5% depending on how many positive predictors the soldier had. The vast majority of soldiers had a low number of these predictors. These results document that most nondeployed soldiers with mental disorders are not in treatment and that untreated soldiers are not concentrated in a particular segment of the population that might be targeted for special outreach efforts. Analysis of modifiable barriers to treatment is needed to help strengthen outreach efforts.

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http://neuro.psychiatryonline.org/doi/abs/10.1176/appi.neuropsych.15070172

Suicide and Chronic Traumatic Encephalopathy.

Grant L. Iverson, Ph.D.

The Journal of Neuropsychiatry
Received: July 11, 2015
Accepted: August 06, 2015
http://dx.doi.org/10.1176/appi.neuropsych.15070172

For nearly 80 years, suicidality was not considered to be a core clinical feature of chronic traumatic encephalopathy (CTE). In recent years, suicide has been widely cited as being associated with CTE, and now depression has been proposed to be one of three core diagnostic features alongside cognitive impairment and anger control problems. This evolution of the clinical features has been reinforced by thousands of media stories reporting a connection between mental health problems in former athletes and military veterans, repetitive neurotrauma, and CTE. At present, the science underlying the causal assumption between repetitive neurotrauma, depression, suicide, and the neuropathology believed to be unique to CTE is inconclusive. Epidemiological evidence indicates that former National Football League players, for example, are at lower, not greater, risk for suicide than men in the general population. This article aims to discuss the critical issues and literature relating to these possible relationships.

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http://jiv.sagepub.com/content/early/2015/10/07/0886260515608801.abstract

Sexual Assault Prevention Efforts in the U.S. Air Force: A Systematic Review and Content Analysis.

Christine R. Gedney, David S. Wood, Brad Lundahl, and Robert P. Butters

Journal of Interpersonal Violence
First published on October 7, 2015
doi:10.1177/0886260515608801

The issue of sexual assault in the U.S. military is problematic and prevalent. All military branches have undertaken an effort to develop and implement sexual assault prevention programs (SAPPs), yet these programs lack a rigorous and independent evaluation process, limiting an understanding of effectiveness. We examined the four official SAPPs that have been used within the U.S. Air Force (USAF) over the past decade by comparing their content and process with best practice suggestions for SAPPs. Content of the four USAF SAPPs was evaluated on 47 different criteria grouped into the following program elements: content, process, and outcome. Independent ratings of the criteria were reliable, and results indicated strengths and opportunities for improvement. Most notably, evidence of an objective program evaluation system is lacking. Recommendations for improving SAPPs are offered.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.22047/abstract

Randomized Controlled Trial of Online Expressive Writing to Address Readjustment Difficulties Among U.S. Afghanistan and Iraq War Veterans.

Sayer, N. A., Noorbaloochi, S., Frazier, P. A., Pennebaker, J. W., Orazem, R. J., Schnurr, P. P., Murdoch, M., Carlson, K. F., Gravely, A. and Litz, B. T.

Journal of Traumatic Stress
Volume 28, Issue 5, pages 381–390, October 2015
doi: 10.1002/jts.22047

We examined the efficacy of a brief, accessible, nonstigmatizing online intervention—writing expressively about transitioning to civilian life. U.S. Afghanistan and Iraq war veterans with self-reported reintegration difficulty ($N = 1,292$, 39.3% female, $M = 36.87$, $SD = 9.78$ years) were randomly assigned to expressive writing ($n = 508$), factual control writing ($n = 507$), or no writing ($n = 277$). Using intention to treat, generalized linear mixed models demonstrated that 6-months postintervention, veterans who wrote expressively experienced greater reductions in physical complaints, anger, and distress compared with veterans who wrote factually ($ds = 0.13$ to 0.20; $ps < .05$) and greater reductions in PTSD symptoms, distress, anger, physical complaints, and reintegration difficulty compared with veterans who did not write at all ($ds = 0.22$ to 0.35; $ps \leq .001$). Veterans who wrote expressively also experienced greater improvement in social support compared to those who did not write ($d = 0.17$). Relative to both control conditions, expressive writing did not lead to improved life satisfaction. Secondary analyses also found beneficial effects of expressive writing on clinically significant distress, PTSD screening, and employment status. Online expressive writing holds promise for improving health and functioning among veterans experiencing reintegration difficulty, albeit with small effect sizes.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.22038/abstract

A Systematic Review of Dropout From Psychotherapy for Posttraumatic Stress Disorder Among Iraq and Afghanistan Combat Veterans.

Goetter, E. M., Bui, E., Ojserkis, R. A., Zakarian, R. J., Brendel, R. W. and Simon, N. M.

Journal of Traumatic Stress
Volume 28, Issue 5, pages 401–409, October 2015
DOI: 10.1002/jts.22038

A significant number of veterans of the conflicts in Iraq and Afghanistan have posttraumatic stress disorder (PTSD), yet underutilization of mental health treatment remains a significant problem. The purpose of this review was to summarize rates of dropout from outpatient, psychosocial PTSD interventions provided to U.S. Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), and Operation New Dawn (OND) veterans with combat-related PTSD. There were 788 articles that were identified which yielded 20 studies involving 1,191 individuals eligible for the review. The dropout rates in individual studies ranged from 5.0% to 78.2%, and the overall pooled dropout rate was 36%, 95% CI [26.20, 43.90]. The dropout rate differed marginally by study type (routine clinical care settings had higher dropout rates than clinical trials) and treatment format (group treatment had higher dropout rates than individual treatment), but not by whether comorbid substance dependence was excluded, by treatment modality (telemedicine vs. in-person treatment), or treatment type (exposure therapy vs. nonexposure therapy). Dropout is a critical aspect of the problem of underutilization of care among OEF/OIF/OND veterans with combat-related PTSD. Innovative strategies to enhance treatment retention are needed.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.22039/abstract

Temporal Associations Among Chronic PTSD Symptoms in U.S. Combat Veterans.

Doron-LaMarca, S., Niles, B. L., King, D. W., King, L. A., Pless Kaiser, A. and Lyons, M. J.

Journal of Traumatic Stress
Volume 28, Issue 5, pages 410–417, October 2015
DOI: 10.1002/jts.22039

The present study examined fluctuation over time in symptoms of posttraumatic stress disorder (PTSD) among 34 combat veterans (28 with diagnosed PTSD, 6 with subclinical symptoms) assessed every 2 weeks for up to 2 years (range of assessments = 13–52). Temporal relationships were examined among four PTSD symptom clusters (reexperiencing, avoidance, emotional numbing, and hyperarousal) with particular attention to the influence of hyperarousal. Multilevel cross-lagged random coefficients autoregression for intensive time series data analyses were used to model symptom fluctuation decades after combat experiences. As anticipated, hyperarousal predicted subsequent fluctuations in the 3 other PTSD symptom clusters (reexperiencing, avoidance, emotional numbing) at subsequent 2-week intervals (rs = .45, .36, and .40, respectively). Additionally, emotional numbing influenced later reexperiencing and avoidance, and reexperiencing influenced later hyperarousal (rs = .44, .40, and .34, respectively). These findings underscore the important influence of hyperarousal. Furthermore, results indicate a bidirectional relationship between hyperarousal and reexperiencing as well as a possible chaining of symptoms (hyperarousal [RIGHTWARDS ARROW] emotional numbing [RIGHTWARDS ARROW] reexperiencing [RIGHTWARDS ARROW] hyperarousal) and establish potential internal, intrapersonal mechanisms for the maintenance of persistent PTSD

symptoms. Results suggested that clinical interventions targeting hyperarousal and emotional numbing symptoms may hold promise for PTSD of long duration.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.22033/abstract

The Impact of Infidelity on Combat-Exposed Service Members.

Kachadourian, L. K., Smith, B. N., Taft, C. T. and Vogt, D.

Journal of Traumatic Stress
Volume 28, Issue 5, pages 418–425, October 2015
DOI: 10.1002/jts.22033

This study examined relationships between combat-exposed Operation Enduring Freedom/Operation Iraqi Freedom veterans' experiences related to infidelity during deployment (i.e., indicating that a partner was unfaithful or reporting concern about potential infidelity) and postdeployment mental health, as well as the role of subsequent stress exposure and social support in these associations. The sample consisted of 571 individuals (338 men). There were 128 participants (22.2%) who indicated that their partners were unfaithful during their most recent deployment. Of the remaining 443 participants, 168 (37.8%) indicated that they were concerned that their partners might have been unfaithful. Individuals who indicated that their partners were unfaithful exhibited higher levels of posttraumatic stress symptomatology ($\beta = .08$; f2= .18) and depression symptom severity ($\beta = .09$; f2 = .14), compared to individuals who did not indicate that their partners were unfaithful. For both men and women, reported infidelity was associated with mental health indirectly via postdeployment life stressors, whereas infidelity concerns were indirectly associated with mental health via postdeployment life stressors for men only. Findings suggested that infidelity can have a significant impact on combat-exposed veterans' mental health and highlight the need for additional research on this understudied topic within the military population.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.22045/abstract

Mindfulness, Self-Compassion, Posttraumatic Stress Disorder Symptoms, and Functional Disability in U.S. Iraq and Afghanistan War Veterans.

Dahm, K. A., Meyer, E. C., Neff, K. D., Kimbrel, N. A., Gulliver, S. B. and Morissette, S. B.

Journal of Traumatic Stress
Volume 28, Issue 5, pages 460–464, October 2015
DOI: 10.1002/jts.22045

Mindfulness and self-compassion are overlapping, but distinct constructs that characterize how people relate to emotional distress. Both are associated with posttraumatic stress disorder (PTSD) and may be related to functional disability. Although self-compassion includes mindful awareness of emotional distress, it is a broader construct that also includes being kind and supportive to oneself and viewing suffering as part of the shared human experience—a potentially powerful way of dealing with distressing situations. We examined the association of mindfulness and self-compassion with PTSD symptom severity and functional disability in 115 trauma-exposed U.S. Iraq/Afghanistan war veterans. Mindfulness and self-compassion were each uniquely, negatively associated with PTSD symptom severity. After accounting for mindfulness, self-compassion accounted for unique variance in PTSD symptom severity ($f2 = .25$; medium ES). After accounting for PTSD symptom severity, mindfulness and self-compassion were each uniquely negatively associated with functional disability. The combined association of mindfulness and self-compassion with disability over and above PTSD was large ($f2 = .41$). After accounting for mindfulness, self-compassion accounted for unique variance in disability ($f2 = .13$; small ES). These findings suggest that interventions aimed at increasing mindfulness and self-compassion could potentially decrease functional disability in returning veterans with PTSD symptoms.

Links of Interest

Telemental health: Are we there yet?
http://blog.oup.com/2015/10/telemental-health-yet/

Tools for Coping with a Military Spouse's Drinking
http://www.rand.org/blog/2015/10/tools-for-coping-with-a-military-spouses-drinking.html

Enemy: PTSD
http://www.stripes.com/news/veterans/enemy-ptsd-1.371731

Infidelity has profound effect on veterans' PTSD
http://yaledailynews.com/blog/2015/10/06/infidelity-has-profound-effect-on-veterans-ptsd/

Animal Assisted Therapy and PTSD (White Paper)
http://www.med.navy.mil/sites/nmcsd/nccosc/item/animal-assisted-therapy-and-ptsd-white-paper/index.aspx

Law Enforcement's View of Hiring Veterans with PTSD
http://www.med.navy.mil/sites/nmcsd/nccosc/item/can-a-veteran-go-into-law-enforcement-after-a-ptsd-diagnosis-white-paper/index.aspx

Consumer Reports Assesses Effectiveness & Safety Of New Sleep Medicine
http://pittsburgh.cbslocal.com/2015/10/12/consumer-reports-assesses-effectiveness-safety-of-new-sleep-medicine/

Is there a market for subscription-based counseling at Netflix prices? Prevail Health thinks so.
http://medcitynews.com/2015/10/prevail-healths-peer-support-program/

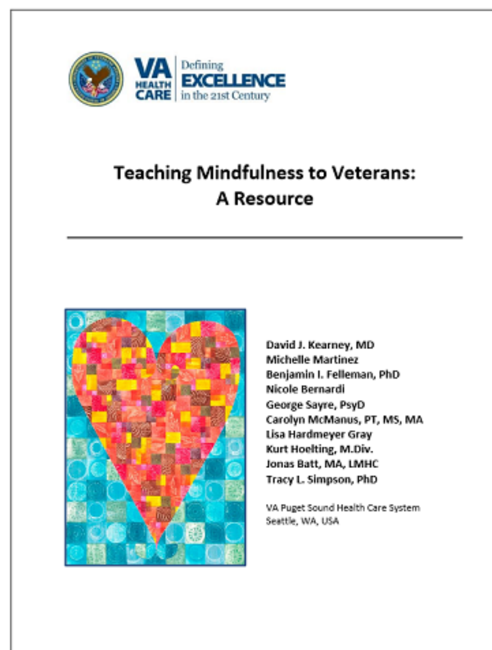
Resource of the Week -- Teaching Mindfulness to Veterans: A Resource

David J. Kearney, MD, Michelle Martinez, Benjamin I. Felleman, PhD, Nicole Bernardi, George Sayre, PsyD, Carolyn McManus, PT, MS, MA, Lisa Hardmeyer, Gray Kurt Hoelting, M.Div., Jonas Batt, MA, L MHC, Tracy L. Simpson, PhD

VA Puget Sound Health Care System
Seattle, WA, USA

> The professional manual provides reflections, observations and suggestions about how to teach mindfulness to groups of veterans and summarizes the science behind teaching mindfulness for chronic pain, PTSD and depression. Using qualitative research methodology, the project sought to better understand the experience of Veterans who participated in, declined, or dropped out of mindfulness programs for chronic pain, PTSD and depression.

The manual is also available in Kindle format (free) via Amazon.com.



Several VA videos about mindfulness are available via YouTube:

- What is Mindfulness?
- Why Mindfulness for the VA?
- Four Ways to Cultivate Mindfulness
- Beginning a Mindfulness Practice
- Mindfulness and Compassion

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