

# CDP



## Research Update -- January 4, 2018

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<https://content.govdelivery.com/accounts/USVHA/bulletins/1cdac4f>

## **Concerned About Your Drinking? Get Help with VetChange**

PTSD Monthly Update - December 2017

National Center for PTSD

Experts estimate that as many as 40% or more of Veterans returning from deployment in the recent conflicts are drinking at unhealthy levels. Many of them also experience PTSD symptoms and other stresses that may prompt them to drink more – even though alcohol often makes these problems worse. But it's sometimes hard to go get help in person.

What is VetChange?

VetChange is a convenient, free, and confidential resource to help Veterans start taking control of their drinking.

VetChange is self-directed. It works by helping you:

- Set your own goals for reducing your drinking
- Teaching you skills for cutting back or stopping

- Making it easy to track your progress over time

You'll create a personalized plan to deal with real-life situations and moods that can trigger drinking, and learn to deal with anger, sleep problems and stress without using alcohol.

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<http://onlinelibrary.wiley.com/doi/10.1111/ajad.12658/full>

### **The relationship between DSM-5 PTSD symptom clusters and alcohol misuse among military veterans.**

Walton, J. L., Raines, A. M., Cuccurullo, L.-A. J., Vidaurri, D. N., Villarosa-Hurlocker, M. C. and Franklin, C. L.

The American Journal on Addictions

First published: 18 December 2017

DOI: 10.1111/ajad.12658

#### Background and Objectives

Prior research has revealed a strong relationship between Posttraumatic Stress Disorder (PTSD) and alcohol misuse. However, previous attempts to understand nuanced associations between PTSD symptom clusters and alcohol misuse within military veteran samples have produced mixed results. In an attempt to better understand the associations between PTSD and alcohol misuse, the current study examined the unique relationships between the newly classified Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) PTSD symptom clusters and alcohol misuse in an outpatient sample of military veterans seeking treatment for PTSD and Substance Use Disorders.

#### Methods

Veterans (N = 100) were administered a brief battery of self-report questionnaires prior to receiving psychological services to aid in diagnostic assessment and treatment planning.

#### Results

Hierarchical regression analyses revealed that PTSD intrusions (cluster B), negative alterations in cognition and mood (cluster D), and arousal/reactivity (cluster E) symptoms were associated with alcohol misuse.

## Discussion and Conclusions

The positive association between alcohol misuse and PTSD symptom severity is consistent with a broader body of literature demonstrating the co-occurrence of these disorders, particularly in military samples.

## Scientific Significance

Increased alcohol consumption may interfere with current front-line treatments for PTSD, which encourages patients to experience a full range of emotions. As such, future research should explore the impact of substance use on the effectiveness of trauma focused treatments in the alleviation of DSM-5 PTSD symptoms. (Am J Addict 2017;XX:1–6)

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<https://link.springer.com/article/10.1007/s40596-017-0868-0>

## **Web-Based Tools and Mobile Applications To Mitigate Burnout, Depression, and Suicidality Among Healthcare Students and Professionals: a Systematic Review.**

Sarah Pospos, Ilanit Tal Young, Nancy Downs, Alana Iglewicz, Colin Depp, James Y. Chen, Isabel Newton, Kelly Lee, Gregory A. Light, Sidney Zisook

Academic Psychiatry

First Online: 18 December 2017

DOI <https://doi.org/10.1007/s40596-017-0868-0>

## Objective

Being a healthcare professional can be a uniquely rewarding calling. However, the demands of training and practice can lead to chronic distress and serious psychological, interpersonal, and personal health burdens. Although higher burnout, depression, and suicide rates have been reported in healthcare professionals, only a minority receive treatment. Concerns regarding confidentiality, stigma, potential career implications, and cost and time constraints are cited as key barriers. Web-based and mobile applications have been shown to mitigate stress, burnout, depression, and suicidal ideation among several populations and may circumvent these barriers. Here, we reviewed published data on such resources and selected a small sample that readily can be used by healthcare providers.

## Methods

We searched PubMed for articles evaluating stress, burnout, depression, and suicide prevention or intervention for healthcare students or providers and identified five categories of programs with significant effectiveness: Cognitive Behavioral Therapy (online), meditation, mindfulness, breathing, and relaxation techniques. Using these categories, we searched for Web-based (through Google and beacon.anu.edu.au—a wellness resource website) and mobile applications (Apple and mobile.va.gov/appstore) for stress, burnout, depression, and suicide prevention and identified 36 resources to further evaluate based on relevance, applicability to healthcare providers (confidentiality, convenience, and cost), and the strength of findings supporting their effectiveness.

## Results

We selected seven resources under five general categories designed to foster wellness and reduce burnout, depression, and suicide risk among healthcare workers: breathing (Breath2Relax), meditation (Headspace, guided meditation audios), Web-based Cognitive Behavioral Therapy (MoodGYM, Stress Gym), and suicide prevention apps (Stay Alive, Virtual Hope Box).

## Conclusions

This list serves as a starting point to enhance coping with stressors as a healthcare student or professional in order to help mitigate burnout, depression, and suicidality. The next steps include adapting digital health strategies to specifically fit the needs of healthcare providers, with the ultimate goal of facilitating in-person care when warranted.

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<https://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000499?journalCode=cri>

## **Suicidal Behavior and Non-Suicidal Self-Injury in Emergency Departments Underestimated by Administrative Claims Data.**

Barbara Stanley, Glenn W. Currier, Megan Chesin, Sadia Chaudhury, Shari Jager-Hyman, Hanga Gafalvy, Gregory K. Brown

## Crisis

Published online: December 19, 2017

<https://doi.org/10.1027/0227-5910/a000499>

#### Background:

External causes of injury codes (E-codes) are used in administrative and claims databases for billing and often employed to estimate the number of self-injury visits to emergency departments (EDs).

#### Aims:

This study assessed the accuracy of E-codes using standardized, independently administered research assessments at the time of ED visits.

#### Method:

We recruited 254 patients at three psychiatric emergency departments in the United States between 2007 and 2011, who completed research assessments after presenting for suicide-related concerns and were classified as suicide attempters (50.4%, n = 128), nonsuicidal self-injurers (11.8%, n = 30), psychiatric controls (29.9%, n = 76), or interrupted suicide attempters (7.8%, n = 20). These classifications were compared with their E-code classifications.

#### Results:

Of the participants, 21.7% (55/254) received an E-code. In all, 36.7% of research-classified suicide attempters and 26.7% of research-classified nonsuicidal self-injurers received self-inflicted injury E-codes. Those who did not receive an E-code but should have based on the research assessments had more severe psychopathology, more Axis I diagnoses, more suicide attempts, and greater suicidal ideation.

#### Limitations:

The sample came from three large academic medical centers and these findings may not be generalizable to all EDs. Conclusion: The frequency of ED visits for self-inflicted injury is much greater than current figures indicate and should be increased threefold.

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<https://www.ncbi.nlm.nih.gov/pubmed/27183394>

Behav Sleep Med. 2018 Jan-Feb;16(1):38-63. doi: 10.1080/15402002.2016.1173550.  
Epub 2016 May 16

#### **Trauma Sequelae are Uniquely Associated with Components of Self-Reported Sleep Dysfunction in OEF/OIF/OND Veterans.**

DeGutis J, Chiu C, Thai M, Esterman M, Milberg W, McGlinchey R

While the associations between psychological distress (e.g., posttraumatic stress disorder [PTSD], depression) and sleep dysfunction have been demonstrated in trauma-exposed populations, studies have not fully explored the associations between sleep dysfunction and the wide range of common physical and physiological changes that can occur after trauma exposure (e.g., pain, cardiometabolic risk factors). We aimed to clarify the unique associations of psychological and physical trauma sequelae with different aspects of self-reported sleep dysfunction. A comprehensive psychological and physical examination was administered to 283 combat-deployed trauma-exposed Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) veterans. The Pittsburgh Sleep Quality Index (PSQI) and PSQI Addendum for PTSD (PSQI-A) were administered along with measures of PTSD, depression, anxiety, pain, traumatic brain injury, alcohol use, nicotine dependence, and cardiometabolic symptoms. We first performed a confirmatory factor analysis of the PSQI and then conducted regressions with the separate PSQI factors as well as the PSQI-A to identify unique associations between trauma-related measures and the separate aspects of sleep. We found that the PSQI global score was composed of three factors: Sleep Efficiency (sleep efficiency/sleep duration), Perceived Sleep Quality (sleep quality/sleep latency/sleep medication) and Daily Disturbances (sleep disturbances/daytime dysfunction). Linear regressions demonstrated that PTSD symptoms were uniquely associated with the PSQI global score and all three factors, as well as the PSQI-A. For the other psychological distress variables, anxiety was independently associated with PSQI global as well as Sleep Efficiency, Perceived Sleep Quality, and PSQI-A, whereas depression was uniquely associated with Daily Disturbances and PSQI-A. Notably, cardiometabolic symptoms explained independent variance in PSQI global and Sleep Efficiency. These findings help lay the groundwork for further investigations of the mechanisms of sleep dysfunction in trauma-exposed individuals and may help in the development of more effective, individualized treatments.

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[http://www.annalsofepidemiology.org/article/S1047-2797\(17\)30849-9/fulltext](http://www.annalsofepidemiology.org/article/S1047-2797(17)30849-9/fulltext)

### **Suicides, Homicides, Accidents, and Undetermined Deaths in the U.S. Military: Comparisons to the U.S. Population and by Military Separation Status.**

Mark A. Reger, Derek J. Smolenski, Nancy A. Skopp, Melinda J. Metzger-Abamukang, Han K. Kang, Tim A. Bullman, Gregory G. Gahm



Annals of Epidemiology

Published online: December 21, 2017

DOI: <http://dx.doi.org/10.1016/j.annepidem.2017.12.008>

### Purpose

To compare rates of external causes of mortality among individuals who served in the military (before and after separation from the military) to the U.S. population.

### Methods

This retrospective cohort study examined all 3.9 million service members who served from 2002 to 2007. External cause mortality data from 2002-2009 was used to calculate standardized mortality ratios (SMRs). Negative binomial regression compared differences in the mortality rates for pre- and post-separation.

### Results

Accident and suicide mortality rates were highest among cohort members under 30 years of age, and most of the accident and suicide rates for these younger individuals exceeded expectation given the US population mortality rates. Military suicide rates began below the expected US rate in 2002, but exceeded the US rate by 2009. Accident, homicide, and undetermined mortality rates remained below the US rates throughout the study period. Mortality rates for all external causes were significantly higher among separated individuals compared to those who did not separate. Mortality rates for individuals after separation from service decreased over time but remained higher than the rates for those who had not separated from service.

### Conclusions

Higher rates of death for all external causes of mortality after separation suggest prevention opportunities. Future research should examine how pre-separation characteristics and experiences may predict post-separation adverse outcomes to inform transition programs.

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<https://www.mdedge.com/fedprac/article/153355/ptsd/driving-related-coping-thoughts-post-9/11-combat-veterans-and-without>

**Driving-Related Coping Thoughts in Post-9/11 Combat Veterans With and Without Comorbid PTSD and TBI.**

Jillian M. Tessier, Elizabeth K. Whipple, PhD, Keith M. Robinson, MD, Maria T. Schultheis, PhD

Federal Practitioner  
2017 December;34(12):20-24

Combat veterans who have served in Iraq and Afghanistan in the post-9/11 era face unique reintegration challenges, one being the transition from driving in combat zones to driving at home.<sup>1</sup> Relative to previous conflicts, post-9/11 combat involves increased participation in road patrols and convoys along with more prevalent threats of improvised explosive devices (IEDs).<sup>1,2</sup> Roadside ambushes designed to destroy or stop vehicles became a common warfare strategy, meaning that driving became an inherently dangerous combat maneuver.<sup>3</sup>

The modern combat driving framework includes cognitive tools (eg, targeted aggression and tactical awareness) combined with specific behaviors (eg, driving unpredictably fast, using rapid lane changes, and keeping other vehicles at a distance to avoid IEDs).<sup>4</sup> This framework is adaptive and lifesaving in combat zones, but it can be maladaptive and dangerous in civilian environments. Service members face difficulty in updating this cognitive framework after leaving combat zones and may continue to experience specific cognitions (eg, “the world is dangerous”; “that car holds an IED”) while driving on civilian roads.<sup>3,5-8</sup>

The high prevalence of posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI) in post-9/11 veterans may complicate reintegration. Both PTSD and TBI are considered signature wounds of these conflicts.<sup>8-11</sup> Traumatic brain injury may be sustained as a result of blast injury or other mechanism, including a closed head injury or penetrating brain injury.<sup>10</sup> Previous literature indicated that both PTSD and TBI across all severities are related to deficits in executive functioning, attention, and memory.

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<https://link.springer.com/article/10.1007/s11136-017-1764-5>

**Comorbidity amplifies the effects of post-9/11 posttraumatic stress disorder trajectories on health-related quality of life.**

Jiehui Li, Kimberly Caramanica Zweig, Robert M. Brackbill, Mark R. Farfel, James E. Cone

Quality of Life Research

First Online: 20 December 2017

DOI <https://doi.org/10.1007/s11136-017-1764-5>

### Purpose

The present study aims to examine the impact of physical and mental health comorbidities on the association between post-9/11 posttraumatic stress disorder (PTSD) trajectories over 10 years and health-related quality of life (HRQOL) among 9/11-exposed persons.

### Methods

30,002 responding adult World Trade Center Health Registry enrollees reporting no pre-9/11 PTSD were studied. PTSD trajectories (chronic, delayed, remitted, no PTSD) were defined based on a 17-item PTSD Checklist-Specific to 9/11 across three waves of survey data. Three indicators of poor HRQOL were defined based on CDC HRQOL-4 measures. We computed age-adjusted prevalence of physical and mental health comorbidity (depression/anxiety) by PTSD trajectory and used modified Poisson regression to assess the effect of PTSD trajectory on poor HRQOL prevalence, accounting for comorbidity.

### Results

Age-adjusted prevalence of overall comorbid conditions was 95.8 and 61.4% among the chronic and no-PTSD groups, respectively. Associations between 9/11-related PTSD trajectories and poor HRQOL were significant and became greater when comorbidity was included. Adjusted prevalence ratios were elevated for fair/poor health status (APR 7.3, 95% CI 6.5, 8.2),  $\geq 14$  unhealthy days (4.7; 95% CI 4.4, 5.1), and  $\geq 14$  activity limitation days during the last 30 days (9.6; 95% CI 8.1, 11.4) in the chronic PTSD group with physical and mental health comorbidity compared to those without PTSD and comorbidity; similar associations were observed for delayed PTSD.

### Conclusions

Ten years post-9/11 physical and mental health comorbidities have a substantial impact on the PTSD trajectories and HRQOL association. The need for early identification and treatment of PTSD and comorbidity should be emphasized to potentially improve HRQOL.

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<http://www.tandfonline.com/doi/abs/10.1080/09658211.2017.1418380>

**Emotional distress and positive and negative memories from military deployment: the influence of PTSD symptoms and time.**

Julie A. Niziurski, Kim Berg Johannessen & Dorthe Berntsen

Memory

Published online: 20 Dec 2017

<https://doi.org/10.1080/09658211.2017.1418380>

During military deployment, soldiers are confronted with both negative and positive events. What is remembered and how it affects an individual is influenced by not only the perceived emotion of the event, but also the emotional state of the individual. Here we examined the most negative and most positive deployment memories from a company of 337 soldiers who were deployed together to Afghanistan. We examined how the level of emotional distress of the soldiers and the valence of the memory were related to the emotional intensity, experience of reliving, rehearsal and coherence of the memories, and how the perceived impact of these memories changed over time. We found that soldiers with higher levels of post-traumatic stress disorder (PTSD) symptoms were more affected by both their negative and positive memories, compared with soldiers with lower levels of PTSD symptoms. Emotional intensity of the most negative memory increased over time in the group with highest levels of PTSD symptoms, but dropped in the other groups. The present study adds to the literature on emotion and autobiographical memory and how this relationship interacts with an individual's present level of emotional distress and the passage of time.

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<https://link.springer.com/article/10.1007/s12671-017-0866-z>

**Compassion Meditation for Veterans with Posttraumatic Stress Disorder (PTSD): a Nonrandomized Study.**

Ariel J. Lang, Pollyanna Casmar, Samantha Hurst, Timothy Harrison, Shahrokh Golshan, Raquel Good, Michael Essex, Lobsang Negi

Mindfulness

First Online: 22 December 2017

DOI <https://doi.org/10.1007/s12671-017-0866-z>

Compassion meditation (CM) is a contemplative practice that is intended to cultivate the ability to extend and sustain compassion toward self and others. Although research documents the benefits of CM in healthy populations, its use in the context of psychopathology is largely unexamined. The purpose of this study was to refine and initially evaluate a CM protocol, Cognitively Based Compassion Training (CBCT®), for use with Veterans with PTSD. To this end, our research team developed and refined a manualized protocol, CBCT-Vet, over 4 sets of groups involving 36 Veterans. This protocol was delivered in 8–10 sessions, each lasting 90–120 min and led by a CBCT®-trained clinical psychologist. Quantitative and qualitative data were used to identify areas to be improved and to assess change that occurred during the treatment period. Based on pooled data from this series of groups, CM appears to be acceptable to Veterans with PTSD. Group participation was associated with reduced symptoms of PTSD (partial eta squared = .27) and depression (partial eta squared = .19), but causality should not be inferred given the nonrandomized design. No change was observed in additional outcomes, including positive emotion and social connectedness. The results of this open trial support additional exploration of CM as part of the recovery process for Veterans with PTSD.

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<http://www.sciencedirect.com/science/article/pii/S0005789417301375>

### **Supervision in Community Mental Health: Understanding Intensity of EBT Focus.**

Leah Lucid, Rosemary Meza, Michael D. Pullmann, Nathaniel Jungbluth, ... Shannon Dorsey

Behavior Therapy

Available online 20 December 2017

<https://doi.org/10.1016/j.beth.2017.12.007>

The goal of the present study is to examine clinician, supervisor, and organizational factors that are associated with the intensity of evidence-based treatment (EBT) focus in workplace-based clinical supervision of a specific EBT, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Supervisors ( $n = 56$ ) and clinicians ( $n = 207$ ) from mental health organizations across Washington State completed online self-report questionnaires. Multilevel modeling (MLM) analyses were used to examine the relative influence of nested clinician and supervisor factors on the intensity of EBT focus in supervision. We found that 33% of the variance in clinician report of EBT supervision

intensity clustered at the supervisor level and implementation climate was the only significant factor associated with EBT supervision intensity. While individual clinician and supervisor factors may play a role in EBT coverage in supervision, our results suggest that an implementation climate that supports EBT may be the most critical factor for improving intensity of EBT coverage. Thus, implementation efforts that address the extent to which EBTs are expected, rewarded, and supported within an organization may be needed to support greater coverage of EBT during workplace-based supervision.

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<http://www.sciencedirect.com/science/article/pii/S0005789417301296>

### **Homework Completion, Patient Characteristics, and Symptom Change in Cognitive Processing Therapy for PTSD.**

Shannon Wiltsey Stirman, Cassidy A. Gutner, Michael Suvak, Abby Adler, Amber Calloway, Patricia Resick

Behavior Therapy

Available online 9 December 2017

<https://doi.org/10.1016/j.beth.2017.12.001>

We evaluated the impact of homework completion on change in PTSD symptoms in the context of two randomized controlled trials of Cognitive Processing Therapy for PTSD (CPT). Female participants (n = 140) diagnosed with PTSD attended at least one CPT session and were assigned homework at each session. The frequency of homework completion was assessed at the beginning of each session and PTSD symptoms were assessed every other session. Piecewise growth models were used to examine the relationship between homework completion and symptom change. CPT version (with vs without the written trauma account) did not moderate associations between homework engagement and outcomes. Greater pre-treatment PTSD symptoms predicted more Session 1 homework completion, but PTSD symptoms did not predict homework completion at other timepoints. More homework completion after Sessions 2 and 3 was associated with less change in PTSD from Session 2 to Session 4, but larger pre-to-post treatment changes in PTSD. Homework completion after Sessions 2 and 3 was associated with greater symptom change among patients who had fewer years of education. More homework completion after Sessions 8 and 9 was associated with larger subsequent decreases in PTSD. Average homework completion was not associated with client characteristics. In the second half of treatment, homework

engagement was associated with less dropout. The results suggest that efforts to increase engagement in homework may facilitate symptom change.

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<http://www.sciencedirect.com/science/article/pii/S0005789417301235>

## **Evaluating the Effectiveness of Safety Plans for Military Veterans: Do Safety Plans Tailored to Veteran Characteristics Decrease Suicide Risk?**

Jonathan D. Green, Jaclyn C. Kearns, Raymond C. Rosen, Terence M. Keane, Brian P. Marx

Behavior Therapy

Available online 22 November 2017

<https://doi.org/10.1016/j.beth.2017.11.005>

In response to high suicide rates among veterans, the Department of Veterans Affairs (VA) has mandated that veterans at risk for suicide be given Safety Plans (SP). Research on the efficacy of SPs, however, is unclear and no prior study has examined the degree to which more personally relevant (i.e., higher quality) SPs may be associated with better outcomes or evaluate which components of SPs may be most effective at reducing suicidal behavior. The goal of the present study was to examine whether more personally relevant (i.e., higher quality) SPs reduce future suicide-related outcomes (psychiatric hospitalization, self-harm, and suicide attempts), and to determine which components of a SP may be most effective at reducing these outcomes. Participants were 68 individuals enrolled in a longitudinal national registry of returning military veterans receiving care from the VA, and who had at least one suicide-related event in the VA Suicide Prevention Applications Network. Data were collected between December 2009 and September 2016 and were analyzed between March 2016 and February 2017. Scores of SP quality were used to predict suicide-related outcomes. SP quality was low. Higher SP quality scores predicted a decreased likelihood of future suicide behavior reports (note entered into veteran's chart after a report of any self-harm behavior, including a suicide attempt). Higher scores on Step 3 (people and places that serve as distractions) predicted a decreased likelihood of future suicide behavior reports. More personally relevant SPs may reduce future suicide-related outcomes among veterans. Low SP quality scores highlight the need for training around SP implementation in the VA.

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<http://www.sciencedirect.com/science/article/pii/S0005789417301284>

## **Computer-Guided Problem-solving Treatment for Depression, PTSD, and Insomnia Symptoms in Student Veterans: A Pilot Randomized Controlled Trial.**

Lee A. Bedford, Jessica R. Dietch, Daniel J. Taylor, Adriel Boals, Claudia Zayfert

Behavior Therapy

Available online 7 December 2017

<https://doi.org/10.1016/j.beth.2017.11.010>

Depression is a highly prevalent psychological disorder experienced disproportionately by college student military veterans with many deleterious effects including risk for suicide. Treatment can help, but the debilitating nature of depression often makes seeking in-person treatment difficult and many are deterred by stigma, inconvenience, concerns about privacy, or a preference to manage problems themselves. The current study examines the efficacy of a computer-guided Problem-Solving Treatment (ePST®) for reducing symptoms of depression, posttraumatic stress disorder (PTSD), and insomnia in student military veterans. Twenty-four student veterans (Meanage = 32.7) with symptoms of depression were randomly assigned either to a treatment group receiving six weekly sessions of ePST or to a minimal contact control group (MCC). Participants completed the Patient Health Questionnaire-9 (PHQ-9) depression scale at baseline and then weekly through post-ePST or post-MCC. PTSD and insomnia questionnaires were also completed at baseline and posttreatment. A linear mixed model regression showed a statistically significant Group (ePST vs. MCC) x Time (pretreatment through posttreatment) interaction for depression, with the ePST showing substantial improvements in depressive symptoms over the 6-week period. Significant improvements were also seen in PTSD and insomnia symptoms. Results suggest that ePST can effectively treat depression, PTSD, and insomnia symptoms in student military veterans and may be a viable alternative for those who are not able to access live therapy. Future work should examine the durability of treatment effects and utility for more severe depression and suicide prevention.

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<http://psycnet.apa.org/record/2017-56615-003>

**Spiritual features of war-related moral injury: A primer for clinicians.**



Wortmann, J. H., Eisen, E., Hundert, C., Jordan, A. H., Smith, M. W., Nash, W. P., & Litz, B. T.

Spirituality in Clinical Practice

2017: 4(4), 249-261

<http://dx.doi.org/10.1037/scp0000140>

Warzone experiences that violate deeply held moral beliefs and expectations may lead to moral injury and associated spiritual distress (Litz et al., 2009). Helping morally injured war veterans who are grappling with spiritual or religious issues is part of multicultural competence (Vieten et al., 2013) and falls within the scope of practice of mental health clinicians. Moreover, practicing clinicians report that they lack adequate knowledge of the diverse spiritual and religious backgrounds of their clients and when to seek consultation from and collaborate with spiritual/religious teachers (Vieten et al., 2016). We argue that optimal assessment and treatment of psychically traumatized military personnel and veterans requires an understanding of the idioms and perspectives of various spiritual (religious and philosophical) traditions on transgression and their recommendations for forgiveness and healing. To this end, we (a) provide an overview of the source of moral codes associated with various traditions, (b) discuss aspects of warzone events that may violate those moral codes and spiritual reactions to those violations, (c) describe spiritual traditions' approaches to making amends for transgressions, and (d) provide brief case scenarios that illustrate spiritual features of moral injury and point to circumstances in which collaboration with chaplains or clergy may be helpful for addressing aspects of moral injury. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

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<http://psycnet.apa.org/record/2017-56615-004>

**Safe and secure: Spiritually enhanced cognitive processing therapy for veterans with posttraumatic stress disorder.**

Breuninger, M. M., & Teng, E. J.

Spirituality in Clinical Practice

2017: 4(4), 262-273

<http://dx.doi.org/10.1037/scp0000142>

Traumatic events can cause a myriad of changes in cognition, affect, and behavior. A diagnosis of posttraumatic stress disorder (PTSD) may be warranted when these trauma-related changes lead to significant distress and impairment in daily functioning. Cognitive processing therapy (CPT), a gold standard treatment for PTSD, identifies and changes “stuck points”—maladaptive cognitions associated with emotional distress and problematic behavior—impeding the natural recovery process. However, CPT’s focus on the 5 cognitive domains in which stuck points occur (i.e., safety, trust, power/control, intimacy, and self-esteem) ignores how traumatic events/memories also trigger the attachment behavioral system, eliciting affect regulation strategies, such as proximity seeking. This paper discusses how (a) traumatic events/memories may cause veterans to turn to God as an attachment figure in order to experience security and affect regulation; (b) the attachment behavioral system regulates thoughts and feelings that overlap with the CPT stuck point domains; (c) tensions may arise when individuals desire to turn to God due to a distressing event/memory, but the trauma has either changed their beliefs about God or their previously held beliefs about God cause them to interpret the trauma in maladaptive ways; and (d) addressing God attachment may be important for clinicians working with veterans who personally value religion and spirituality due to the poorer treatment outcomes associated with insecure attachments. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

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<http://psycnet.apa.org/record/2017-56615-001>

### **Spiritual distress and dyadic adjustment in veterans and partners managing PTSD.**

Harris, J. I., Meis, L., Cheng, Z. H., Voecks, C., Usset, T., & Sherman, M.

Spirituality in Clinical Practice

2017: 4(4), 229-237

<http://dx.doi.org/10.1037/scp0000143>

This study explored the roles of spiritual distress and negative communication in relationship satisfaction among couples that include a veteran managing posttraumatic stress disorder (PTSD). Fifty-eight veterans managing PTSD and 42 of their partners responded to mailed surveys assessing PTSD symptoms, relationship satisfaction, negative communication, spiritual distress, and demographics. Among veterans, spiritual distress predicted relationship satisfaction, and the effect was mediated by negative communication. Among partners, negative communication, but not spiritual

distress, predicted relationship satisfaction. Clinical implications and future directions for spiritually-integrated care are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

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<http://psycnet.apa.org/record/2017-56615-002>

**Religiosity predicts posttraumatic growth following treatment in veterans with interpersonal trauma histories.**

Russano, S., Straus, E., Sullivan, F. G., Gobin, R. L., & Allard, C. B.

Spirituality in Clinical Practice

2017: 4(4), 238-248.

<http://dx.doi.org/10.1037/scp0000151>

Veterans who have experienced interpersonal trauma (IPT) are at heightened risk for developing posttraumatic stress disorder (Suris & Lind, 2008). The current study contributed to the limited research on posttraumatic growth (PTG) in this population, and specifically evaluated whether religiosity predicted PTG in 22 veterans receiving treatment at a Veterans Affairs (VA) mental health clinic in Southern California. Veterans completed pre- and posttreatment assessments measuring sociodemographic characteristics, religiosity, and posttraumatic growth. Results indicated that although religiosity and PTG at pretreatment were not significantly related, higher pretreatment levels of religiosity predicted increased pre- to posttreatment PTG. In addition, posttreatment religiosity and PTG were positively correlated. These results suggest that religiosity may facilitate PTG within the therapeutic context, providing an additional avenue to improve treatment outcomes for veterans with IPT-related posttraumatic distress. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

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<http://www.sciencedirect.com/science/article/pii/S1087079216301496>

**Feeling validated yet? A scoping review of the use of consumer-targeted wearable and mobile technology to measure and improve sleep.**

Kelly Glazer Baron, Jennifer Duffecy, Mark A. Berendsen, Ivy N. Cheung, Emily Lattie, Natalie Cornay Manalo

Sleep Medicine Reviews

Available online 20 December 2017

<https://doi.org/10.1016/j.smr.2017.12.002>

The objectives of this review were to evaluate the use of consumer-targeted wearable and mobile sleep monitoring technology, identify gaps in the literature and determine the potential for use in behavioral interventions. We undertook a scoping review of studies conducted in adult populations using consumer-targeted wearable technology or mobile devices designed to measure and/or improve sleep. After screening for inclusion/exclusion criteria, data were extracted from the articles by two co-authors. Articles included in the search were using wearable or mobile technology to estimate or evaluate sleep, published in English and conducted in adult populations. Our search returned 3,897 articles and 43 met our inclusion criteria. Results indicated that the majority of studies focused on validating technology to measure sleep (n=23) or were observational studies (n=10). Few studies were used to identify sleep disorders (n=2), evaluate response to interventions (n=3) or deliver interventions (n=5). In conclusion, the use of consumer-targeted wearable and mobile sleep monitoring technology has largely focused on validation of devices and applications compared with polysomnography but opportunities exist for observational research and for delivery of behavioral interventions. Multidisciplinary research is needed to determine the uses of these technologies in interventions as well as the use in more diverse populations including sleep disorders and other patient populations.

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<http://publications.armywarcollege.edu/pubs/3489.pdf>

### **Suicide Rates in the Army: A Function of Policy?**

Colonel Aaron B. Sander

U.S. Army War College  
Strategy Research Project  
01-04-2017

The suicide rate in the Army was below the national average in 2001 but had risen sharply by 2008, more than doubling within the institution, and have remained at that level ever since. This paper explores why differences in Service suicide rates exist, and then uses that analysis to make recommendations for Army policy and future studies

that may mitigate the alarming and increasing trend of Soldier suicide. Recommendations include placing suicide prevention with the Army medical community that better understands its causation; reviewing the necessity to enlist convicted criminals into the Army; to review the current policy of promoting Soldiers into leadership positions or separating them; to capture the entire legal history of Soldiers who attempt or complete Soldier suicide to conclude whether or not to continue granting criminal waivers to new recruits; and to more closely examine the phenomenon of trauma, particularly interpersonal trauma, as it relates to suicide. In the final analysis, we cannot presently conclude that Army suicide rates are a function of Army policy because the granularity of data needed does not exist.

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[http://www.jad-journal.com/article/S0165-0327\(17\)32480-1/fulltext](http://www.jad-journal.com/article/S0165-0327(17)32480-1/fulltext)

### **The association between adherence and outcome in an Internet intervention for depression.**

Kristina Fuhr, Johanna Schröder, Thomas Berger, Steffen Moritz, Björn Meyer, Wolfgang Lutz, Fritz Hohagen, Martin Hautzinger, Jan Philipp Klein

Journal of Affective Disorders

Published online: December 26, 2017

DOI: <http://dx.doi.org/10.1016/j.jad.2017.12.028>

#### Background

Adherence to Internet interventions is often reported to be rather low and this might adversely impact the effectiveness of these interventions. We investigated if patient characteristics are associated with adherence, and if adherence is associated with treatment outcome in a large RCT of an Internet intervention for depression, the EVIDENT trial.

#### Methods

Patients were randomized to either care as usual (CAU) or CAU plus the Internet intervention Deprexis. A total of 509 participants with mild to moderate depressive symptoms were included in the intervention group and of interest for the present study. We assessed depression symptoms pre and post intervention (12 weeks). Patient characteristics, a self-rating screening for mental disorders, attitudes towards online interventions, and quality of life were assessed before randomization.

## Results

Adherence in this study was good with on average seven hours of usage time and eight number of sessions spent with the intervention. Some of the patient characteristics (age, sex, depressive symptoms, and confidence in the effectiveness of the program) predicted higher number of sessions in different models (explaining in total between 15–25% of variance). Older age ( $\beta = .16$ ) and higher depressive symptoms ( $\beta = .15$ ) were associated with higher usage duration. Higher adherence to the program predicted a greater symptom reduction in depressive symptoms over 12 weeks (number of sessions:  $\beta = .13$ , usage duration:  $\beta = .14$ ), however, this prediction could mostly be explained by receiving guidance ( $\beta = .27$  and  $.26$ ).

## Limitations

Receiving guidance and symptom severity at baseline were confounded since only participants with a moderate symptom severity at baseline received e-mail support. Therefore no firm conclusions can be drawn from the association we observed between baseline symptom severity and usage intensity.

## Conclusions

We conclude that older age was associated with adherence and adherence was positively associated with outcome. The effects we have found were small however suggesting that adherence might also be influenced by further variables.

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[http://www.journalofpsychiatricresearch.com/article/S0022-3956\(17\)30716-1/fulltext](http://www.journalofpsychiatricresearch.com/article/S0022-3956(17)30716-1/fulltext)

## **Suicide-Specific Rumination Relates to lifetime suicide attempts above and beyond other suicide risk factors.**

Megan L. Rogers, Thomas E. Joiner

Journal of Psychiatric Research

Published online: December 26, 2017

DOI: <http://dx.doi.org/10.1016/j.jpsychires.2017.12.017>

Suicide-specific rumination, defined as a mental fixation on one's suicidal thoughts, intentions, and plans, may be an important predictor of suicidal behavior. To date, suicide-specific rumination has demonstrated convergence with, yet distinction from, a variety of suicide risk factors, and differentiated suicide attempters from ideators. However, no research has examined whether suicide-specific rumination is associated

with lifetime suicide attempts above and beyond the presence of a host of other relevant suicide risk factors. The present study tested this hypothesis in samples of students (N = 300) and community members recruited via Amazon's MTurk (N = 209) who reported a lifetime history of suicidal ideation. Results indicated that suicide-specific rumination was associated with the presence of a lifetime suicide attempt, above and beyond a variety of other commonly-cited risk factors for suicidal thoughts and behaviors in both samples, including suicidal ideation, general rumination, interpersonal theory variables, emotion-relevant factors (dysregulation, experiential avoidance, distress tolerance, negative affect), symptoms of depression and anxiety, and overarousal. Overall, though limited by the use of non-clinical samples and a cross-sectional study design, that suicide-specific rumination outperformed all other suicide risk factors in predicting the presence of a lifetime suicide attempt suggests the potential potency of this relatively understudied risk factor in understanding transitions to suicidal behavior.

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<https://www.sciencedirect.com/science/article/pii/S0306460317304823>

### **Influence of military sexual assault and other military stressors on substance use disorder and PTS symptomology in female military veterans.**

Matthew M. Yalch, Claire Hebenstreit, Shira Maguen

Addictive Behaviors

Available online 27 December 2017

<https://doi.org/10.1016/j.addbeh.2017.12.026>

Servicewomen exposed to traumatic stressors over the course of their military service are at increased risk of developing symptoms of substance use disorder (SUD) and posttraumatic stress (PTS). They are also at risk for exposure to military sexual assault (MSA), which is also associated with SUD and PTS symptomology. Research is unclear about the incremental contributions of different forms of traumatic stressors on co-occurring SUD and PTS symptomology. In this study we examined the independent and combined effects of MSA and other military stressors on SUD and PTS symptomology in a sample of female veterans (N = 407). Results indicate that MSA and other military stressors exhibit incremental effects on SUD and PTS symptomology. Results further suggest that women exposed to both MSA and other military stressors are at increased risk for developing co-occurring SUD and PTSD. These findings extend previous research on comorbid SUD and PTSD, highlighting the cumulative effects of traumatic

stressors on posttraumatic psychopathology, and have implications for future research and clinical practice with female veterans.

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[http://www.jpsychores.com/article/S0022-3999\(17\)30848-6/pdf](http://www.jpsychores.com/article/S0022-3999(17)30848-6/pdf)

## **Cognitive Behavioural Therapy for Insomnia (CBT-I) to treat depression: A systematic review.**

Jasmyn E.A. Cunningham, Colin M. Shapiro

Journal of Psychosomatic Research

Published online: December 23, 2017

DOI: <http://dx.doi.org/10.1016/j.jpsychores.2017.12.012>

### Introduction

Major depressive disorder is one of the most commonly diagnosed psychiatric illnesses, and it has a profound negative impact on an individual's ability to function. Up to 90% of individuals suffering from depression also report sleep and circadian disruptions. If these disruptions are not effectively resolved over the course of treatment, the likelihood of relapse into depression is greatly increased. Cognitive Behavioural Therapy for Insomnia (CBT-I) has shown promise in treating these sleep and circadian disturbances associated with depression, and may be effective as a stand-alone treatment for depression. This may be particularly relevant in cases where antidepressant medications are not ideal (e.g. due to contraindications, cost, treatment resistance).

### Methods

A systematic literature review was conducted of trials investigating the use of CBT-I to treat depression in adults. Therapy included in-person CBT-I, as well as telehealth and group CBT-I.

### Results and conclusions

CBT-I presents a promising treatment for depression comorbid with insomnia. In-person therapy has the most supporting evidence for its efficacy, though treatment effects may not be additive with those of antidepressant medications. Insomnia improvement due to CBT-I may mediate the improvement in depressive symptoms. There is less evidence for the use of telehealth, though a stepped-care approach is indicated based on baseline depressive severity. More research on group therapy and telehealth modalities of delivering CBT-I are required before making recommendations.



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<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usx065/4781645>

## **Depression in Female Veterans Returning from Deployment: The Role of Social Factors.**

Holly Sairsingh, DSW, LCSW Phyllis Solomon, PhD Amy Helstrom, PhD Dan Treglia, PhD, MPP

Military Medicine

Published: 29 December 2017

<https://doi.org/10.1093/milmed/usx065>

### Objective:

Women are serving in the armed forces and deployed to areas of conflict in increasing numbers. Problems such as depressive symptoms and risks related to combat exposure can have negative effects on adjustment following service; understanding the relationship between these problems may contribute to strategies providers can use to facilitate healthy adjustment after deployment. The purpose of this study is to examine social factors as they relate to mental health adjustment, namely depressive symptoms among female veterans who served in Iraq and Afghanistan as part of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn (OND). We hypothesized that combat exposure would predict higher levels of depressive symptoms and that social support would moderate the relationship between combat exposure and depression.

### Methods:

In a cross-sectional design, 128 female Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn veterans completed an online survey about combat experience, social support, depression, demographic characteristics, and behavioral health symptom history. We conducted multiple regression analyses to examine linear and moderating relationships.

### Results:

There was no significant relationship between combat exposure and depression; social support did not significantly moderate the relationship between combat exposure and depression. However, higher levels of social support and financial comfort were significantly related to lower levels of depression.

## Conclusion:

This study highlights the role of social factors, specifically social support and perceived financial status, as potential barriers to healthy emotional readjustment following deployment. These findings suggest that it may be beneficial for mental health providers to screen female veterans and refer them to appropriate services to reduce financial stressors and strengthen their use of social support. More research should continue to examine more fully the impact of combat exposure on female service members' mental health and work to isolate the factors most strongly related to depression.

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<http://onlinelibrary.wiley.com/doi/10.1002/cpp.2170/full>

## **Development and evaluation of the Expressions of Moral Injury Scale—Military Version.**

Joseph M. Currier, Jacob K. Farnsworth, Kent D. Drescher, Ryon C. McDermott, Brook M. Sims, David L. Albright

Clinical Psychology & Psychotherapy

First published: 28 December 2017

DOI: 10.1002/cpp.2170

There is consensus that military personnel can encounter a far more diverse set of challenges than researchers and clinicians have historically appreciated. Moral injury (MI) represents an emerging construct to capture behavioural, social, and spiritual suffering that may transcend and overlap with mental health diagnoses (e.g., post-traumatic stress disorder and major depressive disorder). The Expressions of Moral Injury Scale—Military Version (EMIS-M) was developed to provide a reliable and valid means for assessing the warning signs of a MI in military populations. Drawing on independent samples of veterans who had served in a war-zone environment, factor analytic results revealed 2 distinct factors related to MI expressions directed at both self (9 items) and others (8 items). These subscales generated excellent internal consistency and temporal stability over a 6-month period. When compared to measures of post-traumatic stress disorder, major depressive disorder, and other theoretically relevant constructs (e.g., forgiveness, social support, moral emotions, and combat exposure), EMIS-M scores demonstrated strong convergent, divergent, and incremental validity. In addition, although structural equation modelling findings supported a possible general MI factor in Study 2, the patterns of associations for self- and other-directed

expressions yielded evidence for differential validity with varying forms of forgiveness and combat exposure. As such, the EMIS-M provides a face valid, psychometrically validated tool for assessing expressions of apparent MI subtypes in research and clinical settings. Looking ahead, the EMIS-M will hopefully advance the scientific understanding of MI while supporting innovation for clinicians to tailor evidence-based treatments and/or develop novel approaches for addressing MI in their work.

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[http://www.jad-journal.com/article/S0165-0327\(17\)32087-6/abstract](http://www.jad-journal.com/article/S0165-0327(17)32087-6/abstract)

## **Evaluating the stability of DSM-5 PTSD symptom network structure in a national sample of U.S. military veterans.**

Sophia H.H. von Stockert, Eiko I. Fried, Cherie Armour, Robert H. Pietrzak

Journal of Affective Disorders

Published online: December 27, 2017

DOI: <http://dx.doi.org/10.1016/j.jad.2017.12.043>

### Background

Previous studies have used network models to investigate how PTSD symptoms associate with each other. However, analyses examining the degree to which these networks are stable over time, which are critical to identifying symptoms that may contribute to the chronicity of this disorder, are scarce. In the current study, we evaluated the temporal stability of DSM-5 PTSD symptom networks over a three-year period in a nationally representative sample of trauma-exposed U.S. military veterans.

### Methods

Data were analyzed from 611 trauma-exposed U.S. military veterans who participated in the National Health and Resilience in Veterans Study (NHRVS). We estimated regularized partial correlation networks of DSM-5 PTSD symptoms at baseline (Time 1) and at three-year follow-up (Time 2), and examined their temporal stability.

### Results

Evaluation of the network structure of PTSD symptoms at Time 1 and Time 2 using a formal network comparison indicated that the Time 1 network did not differ significantly from the Time 2 network with regard to network structure ( $p=0.12$ ) or global strength (sum of all absolute associations, i.e. connectivity;  $p=0.25$ ). Centrality estimates of both networks ( $r=0.86$ ) and adjacency matrices ( $r=0.69$ ) were highly correlated. In both

networks, avoidance, intrusive, and negative cognition and mood symptoms were among the more central nodes.

#### Limitations

This study is limited by the use of a self-report instrument to assess PTSD symptoms and recruitment of a relatively homogeneous sample of predominantly older, Caucasian veterans.

#### Conclusion

Results of this study demonstrate the three-year stability of DSM-5 PTSD symptom network structure in a nationally representative sample of trauma-exposed U.S. military veterans. They further suggest that trauma-related avoidance, intrusive, and dysphoric symptoms may contribute to the chronicity of PTSD symptoms in this population.

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<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usx059/4781643>

### **The Transcendental Meditation Program's Impact on the Symptoms of Post-traumatic Stress Disorder of Veterans: An Uncontrolled Pilot Study.**

Robert E Herron, Ph.D., MBA Brian Rees, M.D., MPH, MC, USAR (Ret.)

Military Medicine

Published: 29 December 2017

<https://doi.org/10.1093/milmed/usx059>

#### Background:

Current treatments for post-traumatic stress disorder (PTSD) are only partially effective. This study evaluated whether an extensively researched stress reduction method, the Transcendental Meditation (TM) technique, can reduce the PTSD symptoms of veterans. Previous research suggested that TM practice can decrease veterans' PTSD symptoms.

#### Methods:

A one-group pretest–posttest design was used to evaluate the impact of TM practice on reducing PTSD symptoms. A convenience sample of 89 veterans completed PTSD Checklist-Civilian (PCL-5) questionnaires. Among those, 46 scored above 33, the threshold for provisional diagnosis of PTSD, and were included in this evaluation. The PCL-5 measured PTSD symptoms at baseline and 30 and 90 d after intervention.

Regularity of TM practice was recorded. Paired sample t-tests were used to assess within-group changes from baseline to post-intervention periods. Analysis of variance was used to compare full-dose (two 20-min TM sessions per day) and half-dose (one 20-min TM session per day) groups.

#### Findings:

After 1 mo of TM practice, all 46 veterans responded; their PCL-5 average decreased from 51.52 in the pre-intervention period to a post-intervention mean of 23.43, a decline of 28.09 points (−54.5%); standard deviation: 14.57; confidence interval: 23.76–32.41; and effect size: −1.93;  $p < 0.0001$ . The median PTSD scores declined from 52.5 to 22.5, a decrease of 30 points (−57%), while 40 veterans (87%) had clinically significant declines (>10 points) in PTSD symptoms, and 37 (80%) dropped below the clinical level (<33). At the 90 d posttest, 31 of the 46 responded and three more dropped below the 33 threshold. Intent-to-treat analyses revealed clinically and statistically significant effects. A dose–response effect suggested a causal relationship. The full-dose group exhibited larger mean declines in PTSD symptoms than the half-dose group. Averages of the 46 veterans' responses to 20 PCL-5 questions exhibited significant ( $p < 0.0001$ ) declines from the pre-intervention period to the 30-d post-intervention assessment.

#### Discussion:

Results indicated that TM practice reduced PTSD symptoms without re-experiencing trauma. Because of the magnitude of these results and dose–response effect, regression to the mean, spontaneous remission of symptoms, and placebo effects are unlikely explanations for the results. Major limitations were absence of random assignment and lack of a control group. Participants chose to start and continue TM practice and to complete PCL-5 questionnaires. Those who self-selected to enter this study may not be representative of all veterans who have PTSD. Those who did not complete follow-up questionnaires at 90 d may or may not have had the same results as those who responded. The design and sampling method affect the generalizability of the results to wider populations. When taking into account these results and all previous research on the TM technique in reducing psychological and physiological stress, the convergence of evidence suggests that TM practice may offer a promising adjunct or alternative method for treating PTSD. Because of the widely recognized need to identify effective new approaches for treating PTSD, randomized research with control groups is warranted to further investigate the effectiveness of TM practice as a treatment for PTSD.

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## **A Comparison of Veterans with Post-traumatic Stress Disorder, with Mild Traumatic Brain Injury and with Both Disorders: Understanding Multimorbidity.**

Joseph F Kulas, Ph.D., ABPP Robert A Rosenheck, M.D.

Military Medicine

Published: 27 December 2017

<https://doi.org/10.1093/milmed/usx050>

### Introduction:

Mild traumatic brain injury (mTBI) and post-traumatic stress disorder (PTSD) are common military service-related conditions diagnosed both singly and together in veterans returning from recent military conflicts overseas. The impact of these disorders in real-world Veterans Health Administration practice has not been studied extensively, and few studies have examined the association of these disorders both by themselves and together with sociodemographic characteristics, psychiatric and medical comorbidities, health service utilization, and psychotropic medication fills. This study aims to add to the broader study of multimorbidity and the impact it has on patient care.

### Materials and Methods:

This study used a national Veterans Health Administration sample (N = 164,884) to compare characteristics of veterans diagnosed with mTBI, PTSD, and with both disorders. Relative rates of diagnosis with psychiatric and medical disorders, utilization of medical and psychiatric services, and prescription rates of psychotropic medication fills were examined to determine the impact that the disorders had on these rates, both in isolation and together.

### Results:

With few exceptions, diagnosis with PTSD, both alone and in the presence of mTBI, was associated with greater risk of comorbid psychiatric diagnosis, higher service utilization, and greater psychotropic medication fills. Notable correlates specific to mTBI included headache, seizure disorder, paraplegia, and cerebrovascular accident.

### Conclusion:

PTSD thus plays the dominant role in the development of psychiatric difficulties and service use independently of mTBI. The recognition of the central importance of psychiatric difficulties in the functional outcomes of individuals who have experienced

an mTBI suggests a need to assure access of veterans to psychiatric treatment services.

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<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usx012/4780197>

## **Psychiatric History, Deployments, and Potential Impacts of Mental Health Care in a Combat Theater.**

Colleen M Varga, USAF, BSC Michael A Haibach, USAF, BSC Anderson B Rowan, USAF, BSC Jeffrey P Haibach, PhD, MPH

Military Medicine

Published: 27 December 2017

<https://doi.org/10.1093/milmed/usx012>

### Introduction:

Increasing numbers of U.S. service members access mental health care while deployed and at home station. Multiple deployments carry with them a higher risk of exposure to combat as well as the impact of cumulative stressors associated with separation from family, hostile environments, and high operations tempo. However, mental health care resources continue to be underutilized, potentially because of higher levels of stigma regarding mental health care and concerns about career impact among service members. Some studies indicate that service members who have previously sought mental health care are likely to continue to do so proactively as needed. This study examined the associations between prior deployments, prior mental health treatment, and subsequent career-impacting recommendations (e.g., duty limitations and medical evacuation) among deployed service members seeking mental health care.

### Materials and Methods:

This study is a retrospective review of clinical records from three U.S. military Combat and Operational Stress Control units in Afghanistan. Data were drawn from the mental health records of 1,639 Army service members presenting for outpatient mental health services while deployed in Afghanistan from years 2006 to 2008.

### Results:

In an unadjusted logistic regression model, service members with at least one prior deployment had a 38% greater odds (odds ratio [OR] = 1.38, 95% confidence interval [95% CI] 1.06, 1.80;  $p < 0.05$ ) of receiving career-impacting recommendations than

those without a prior deployment. However, after adjusting for demographics (age, gender, marital status, rank, and military status), there was no association between prior deployments and career-impacting recommendations (OR = 1.06, 95% CI 0.78, 1.43;  $p = 0.716$ ). In the second unadjusted model, service members with prior mental health treatment had a 57% lower odds (OR = 0.43, 95% CI 0.34, 0.56;  $p < 0.001$ ) of receiving career-impacting recommendations than those without prior mental health treatment. After adjusting for demographics and number of prior deployments, service members with prior mental health treatment had a 58% lower odds (OR = 0.42, 95% CI 0.33, 0.56;  $p < 0.001$ ) of receiving career-impacting recommendations than those without prior mental health treatment.

#### Conclusion:

Among service members who had a clinical mental health encounter, prior deployment was not associated with career-impacting recommendations and prior mental health treatment appeared to be protective against career-impacting recommendations. These results are in line with research indicating that service members who have previous experience with mental health care tend to seek help sooner than those without prior treatment. Those service members who had previously sought care were more likely to express decreased stigma and seek mental health care while deployed. Consequently, service members who have prior mental health treatment may seek care before their concerns become marked enough to warrant duty-limiting recommendations to command. These findings have important implications for campaigns to reduce stigma and promote early help-seeking among service members. Efforts should continue to study and respectively make known the rates of career impact with the goal of increased early service utilization and increased ability to sustain service members' military readiness and personal functioning.

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<https://link.springer.com/article/10.1007/s00127-017-1477-7>

### **What drives the relationship between combat and alcohol problems in soldiers? The roles of perception and marriage.**

Bonnie M. Vest, Lynn Homish, Rachel A. Hoopsick, Gregory G. Homish

Social Psychiatry and Psychiatric Epidemiology

First Online: 27 December 2017

<https://doi.org/10.1007/s00127-017-1477-7>



## Background

While the relationship between combat exposure and alcohol problems is well-established, the role of perceptions of trauma is less understood. The goal of this study was to explore associations between National Guard (NG) and reserve soldiers' perceptions of combat experiences as traumatic and alcohol problems, and to examine marital satisfaction as a possible protective factor.

## Methods

The Operation: SAFETY study recruited US Army Reserve and NG soldiers and their partners to complete a questionnaire covering many physical and mental health, military service, and substance use topics. Negative binomial regression models examined the impact of perceived trauma of combat experiences on alcohol problems (N = 198). The potential role of marital satisfaction as a resiliency factor was also examined.

## Results

The perception of combat experiences as traumatic was associated with increased risk of alcohol problems (risk ratio [RR] = 1.06, 95% confidence interval [CI] 1.01, 1.12;  $p = 0.024$ ). Combat exposure itself showed no relationship. Marital satisfaction had a significant interaction with perceived combat trauma on alcohol problems (RR = 0.90, 95% CI 0.81, 0.99,  $p = 0.046$ ), such that soldiers who perceived combat exposure as moderately-highly traumatic were less likely to have alcohol problems when they rated their marital satisfaction highly.

## Conclusions

Our results demonstrate that the perception of combat experiences as traumatic may be a greater contributor to adverse outcomes, such as alcohol problems, than mere combat exposure. They also demonstrate the importance of marital satisfaction as a resiliency factor, particularly at the highest levels of trauma.

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<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usx073/4781646>

**Animal-Assisted Therapy for Post-traumatic Stress Disorder: Lessons from “Case Reports” in Media Stories.**

Dr Eric L Altschuler, MD, PhD

Military Medicine

Published: 29 December 2017

<https://doi.org/10.1093/milmed/usx073>

Post-traumatic stress disorder (PTSD) can follow war trauma, sexual abuse, other traumas, and even be experienced by commanders for the PTSD of their subordinates. Medications and counseling are sometimes not effective, so new treatments are needed. Some years ago, I suggested that animal-assisted therapy (AAT) (pet therapy) might be beneficial for PTSD. A large randomized controlled trial is underway of canine-assisted therapy for PTSD. Randomized controlled trials are most useful in assessing the efficacy of a medical intervention as these trials control for known and unknown biases. However, due to their very nature and rigorous requirements, knowledge gained from randomized controlled trials may need to be supplemented from other kinds of studies. Here, I note that media reports of AAT for PTSD may effectively function as case reports and suggest further studies: For PTSD, these demonstrate that (1) AAT can be dramatically effective in improving PTSD symptoms; (2) there is the potential for benefit from AAT by multiple different animals besides canines for PTSD; and (3) AAT may have a role in preventing suicide in patients with PTSD.

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### Links of Interest

DoD-run website helps military movers home in on rental housing

<https://www.militarytimes.com/home-hq/2017/12/22/dod-run-website-helps-military-movers-home-in-on-rental-housing/>

Wasting money? Most new recruits pay \$1,200 for lesser education benefit

<https://www.militarytimes.com/education-transition/education/2017/12/22/wasting-money-most-new-recruits-pay-1200-for-lesser-education-benefit/>

Coast Guard frees sea turtle trapped in floating cocaine bales

<https://www.nbcnews.com/news/us-news/coast-guard-frees-sea-turtle-trapped-floating-cocaine-bales-n830816>

The war on military culture

<http://www.washingtonexaminer.com/the-war-on-military-culture/article/2643832>

Mental Health – Chronic Pain – And Where They Intersect

<http://nationalpainreport.com/mental-health-chronic-pain-and-where-they-intersect-8835095.html>

How to Combat Your Anxiety, One Step at a Time

<https://www.nytimes.com/2017/12/21/smarter-living/how-to-combat-your-anxiety-one-step-at-a-time.html>

American Carnage: The New Landscape of Opioid Addiction (long, but worth it)

<https://www.firstthings.com/article/2017/04/american-carnage>

New in 2018: More sleep for surface sailors?

<https://www.navytimes.com/news/your-navy/2017/12/27/new-in-2018-more-sleep-for-surface-sailors/>

Navy Seeks Better Sleep For Crews With New Rest Guidelines, Special Glasses

<https://news.usni.org/2017/12/28/navy-seeks-better-sleep-for-crews-with-new-rest-guidelines-special-glasses>

New in 2018: New mental health programs seek to ease strain on airmen, families

<https://www.airforcetimes.com/news/your-air-force/2017/12/27/new-in-2018-new-mental-health-programs-seek-to-ease-strain-on-airmen-families/>

America, Can We Talk About Your Drinking?

<https://www.nytimes.com/2017/12/29/opinion/sunday/alcohol-binge-drinking.html>

I looked into whether 12-step treatment programs work. There are no easy answers

<https://www.vox.com/policy-and-politics/2018/1/2/16181734/12-steps-aa-na-studies>

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**Resource of the Week: [Evidence-Based Nonpharmacological Strategies for Comprehensive Pain Care: The Consortium Pain Task Force White Paper](#)**

Pain care in America is in crisis. The prevalence of pain in the US is high despite costly, well-intentioned medical responses, which rely mainly on pharmaceuticals and high-tech interventions. In response, the NIH National Pain Strategy, the National Academy of Medicine, the updated pain mandate from The Joint Commission, the US Food and Drug Administration, and the American College of Physicians recommend evidence-informed, comprehensive pain care that

includes evidence-based nonpharmacologic options while conceding that past strategies generally and the use of opioid medications specifically, have not remedied but rather exacerbated chronic pain, abuse, addiction, illness behavior and disability. Thirty-seven State Attorneys General have appealed to the America's Health Insurance Plans asking them to include and incentivize evidence-based non-opioid treatments for pain.

Transforming the system of pain care to a responsive comprehensive model necessitates that options for treatment and collaborative care must be evidence-based and include effective nonpharmacologic strategies that have the advantage of reduced risks of adverse events and addiction liability.

To access the white paper, enter your name and email address, and you will shortly receive an email with download links.

## Evidence-Based Nonpharmacologic Strategies for Comprehensive Pain Care

### The Consortium Pain Task Force White Paper

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The Academic Consortium for Integrative Medicine & Health (the Consortium) is a 72 North American institutional member organization of esteemed academic medical centers and health systems whose mission is to advance evidence-based integrative medicine and health in research, curricula and sustainable models of clinical care.

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