

# CDP



## Research Update -- March 15, 2018

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<https://www.sciencedirect.com/science/article/pii/S1077722918300245>

**Using the Linehan Risk Assessment and Management Protocol With a Chronically Suicidal Patient: A Case Report.**

Adam Carmel, Elizabeth Templeton, Shannon M. Sorenson, Elena Logvinenko

Cognitive and Behavioral Practice

Available online 5 March 2018

<https://doi.org/10.1016/j.cbpra.2018.02.001>

The Linehan Risk Assessment and Management Protocol (LRAMP) is an empirically supported, comprehensive framework used to assess suicide risk and protective factors, and provide a guide for the therapist to consider reasonable options for intervening on suicidal behavior. This protocol includes a structured checklist for assessing, managing, and documenting suicide risk. It also structures the documentation to clearly describe the presentation, assessment, in-session interventions, decision-making process, and follow-up to other members of the treatment team. This paper describes a case in which the LRAMP was used to guide the assessment, intervention, and documentation of the suicidal behavior of a patient, “Ann,” being treated with outpatient Dialectical Behavioral Therapy in a community mental health clinic. Each section of the LRAMP is discussed as it was used with this complex patient, who had history of high utilization of acute psychiatric services. Application of the LRAMP included the assessment of risk and protective factors, and the use of an individualized crisis plan that engaged the patient, her family, the therapist, and the clinical team, to decrease acute risk, continue outpatient treatment, and avoid inpatient hospitalization. The considerations for documenting clinical decision-making with chronically suicidal patients are discussed.

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<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12445/full>

### **Predicting Suicide Ideation in the Military: The Independent Role of Aggression.**

Amanda R. Start PhD, Yvonne Allard MPH, Amy Adler PhD, Robin Toblin PhD

Suicide and Life-Threatening Behavior

First published: 2 March 2018

DOI: 10.1111/sltb.12445

The purpose of this study was to examine the longitudinal relationship between aggression and suicide ideation when controlling for other externalizing (i.e., alcohol misuse and risk-taking) and internalizing (i.e., depression and sleep problems) risk factors in an active duty, military sample. Preexisting data from a longitudinal study

were analyzed to assess the wellness of service members across the deployment cycle. Participants were 944 active duty service members (95% male, 48% between 18 and 24 years old) who completed surveys upon initial return from deployment and approximately 3 months later. After controlling for other externalizing (alcohol misuse, risk-taking) and internalizing (depression, sleep problems) risk factors, service members reporting aggression were significantly more likely to report suicide ideation than those reporting no aggression (OR = 3.19; OR 95% CI: 1.16–8.80). The independent nature of the relationship between anger and suicidality suggests aggression may be an important indicator of suicidality for service members. Understanding the role of aggression in suicidality may improve the ability to identify at-risk service members and to develop effective interventions to reduce suicide risk.

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<https://www.sciencedirect.com/science/article/abs/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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<https://bmcp psychology.biomedcentral.com/articles/10.1186/s40359-018-0219-2>

### **Personal wellbeing in posttraumatic stress disorder (PTSD): association with PTSD symptoms during and following treatment.**

David Berle, Dominic Hilbrink, Clare Russell-Williams, Rachael Kiely, Laura Hardaker, Natasha Garwood, Anne Gilchrist and Zachary Steel

BMC Psychology

Published: 2 March 2018

<https://doi.org/10.1186/s40359-018-0219-2>

#### **Background**

It remains unclear to what extent treatment-related gains in posttraumatic stress disorder (PTSD) symptoms translate to improvements in broader domains of personal wellbeing, such as community connectedness, life achievement and security. We sought to determine whether: 1. personal wellbeing improves during the course of a treatment program and 2. changes in core symptom domains (PTSD, anxiety and depression) were associated with improvements in overall personal wellbeing.

#### **Methods**

Participants (N = 124) completed the PTSD Checklist, the Depression and Anxiety Stress Scales and the Personal Wellbeing Index at the start and end of a 4-week Trauma Focused CBT residential program, as well as 3- and 9-months post-treatment.

#### **Results**

Personal wellbeing improved significantly across the 9-months of the study. Generalised estimating equations analyses indicated that (older) age and improvements in PTSD and depressive symptoms were independent predictors of personal wellbeing across time.

## Conclusions

Although personal wellbeing improved in tandem with PTSD symptoms, the magnitude of improvement was small. These findings highlight a need to better understand how improvements in personal wellbeing can be optimised following PTSD treatment.

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<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2673378>

## **Effect of Evidence-Based Supported Employment vs Transitional Work on Achieving Steady Work Among Veterans With Posttraumatic Stress Disorder: A Randomized Clinical Trial.**

Davis LL, Kyriakides TC, Suris AM, Ottomanelli LA, Mueller L, Parker PE, Resnick SG, Toscano R, Scrymgeour AA, Drake RE

JAMA Psychiatry

Published online February 28, 2018

doi:10.1001/jamapsychiatry.2017.4472

## Key Points

### Question

Is individual placement and support—supported employment better than a stepwise vocational rehabilitation program that includes transitional work in helping unemployed veterans with posttraumatic stress disorder become steady workers?

### Findings

In this randomized clinical trial of 541 adults with posttraumatic stress disorder, the individual placement and support intervention resulted in 38.7% of participants achieving steady employment compared with 23.3% of participants in the transitional work group—a significant difference. In addition, individual placement and support participants earned significantly more income from competitive jobs compared with transitional work participants.

### Meaning

Individual placement and support is more successful than transitional work at helping unemployed veterans with posttraumatic stress disorder obtain and sustain competitive employment.

## Abstract

### Importance

Posttraumatic stress disorder (PTSD) often interferes with a person's ability to obtain or sustain employment, which leads to premature exit from the labor force and reduced income.

### Objective

To determine whether individual placement and support (IPS)–supported employment is more effective than stepwise vocational rehabilitation involving transitional work assignments at helping veterans with PTSD attain steady, competitive employment.

### Design, Setting, and Participants

The Veterans Individual Placement and Support Toward Advancing Recovery (VIP-STAR) study was a prospective, multisite, randomized clinical trial that included 541 unemployed veterans with PTSD at 12 Veterans Affairs medical centers. Data were collected from December 23, 2013, to May 3, 2017. Intent-to-treat analysis was performed.

### Interventions

Individual placement and support is a supported employment intervention that rapidly engages people with disabilities in community job development to obtain work based on their individual job preferences. Transitional work is a stepwise vocational rehabilitation intervention that assigns people temporarily to noncompetitive jobs as preparation for competitive employment in the community.

### Main Outcomes and Measures

A priori hypotheses were that, compared with those in transitional work, more participants in the IPS group would become steady workers (primary) and earn more income from competitive jobs (secondary) over 18 months. Steady worker was defined as holding a competitive job for at least 50% of the 18-month follow-up period.

### Results

A total of 541 participants (n = 271 IPS; n = 270 transitional work) were randomized. Mean (SD) age was 42.2 (11) years; 99 (18.3%) were women, 274 (50.6%) were white, 225 (41.6%) were African American, and 90 (16.6%) were of Hispanic, Spanish, or Latino ethnicity. More participants in the IPS group achieved steady employment than in the transitional work group (105 [38.7%] vs 63 [23.3%]; odds ratio, 2.14; 95% CI, 1.46-3.14). A higher proportion of IPS participants attained any competitive job (186 [68.6%]

vs 154 [57.0%];  $P = .005$ ) and had higher cumulative earnings from competitive jobs (median [interquartile range] \$7290 [\$23 174] in IPS vs \$1886 [\$17 167] in transitional work;  $P = .004$ ).

### Conclusions and Relevance

This multisite trial demonstrated significantly greater effectiveness of IPS-supported employment over stepwise transitional work vocational rehabilitation for veterans living with chronic PTSD. The results provide supporting evidence for increasing access to IPS for veterans living with PTSD.

Trial Registration [clinicaltrials.gov](http://clinicaltrials.gov) Identifier: NCT01817712

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<http://onlinelibrary.wiley.com/doi/10.1111/ajad.12688/full>

### **Suicidal ideation in military veterans with alcohol dependence and PTSD: The role of hostility.**

Kachadourian, L. K., Gandelman, E., Ralevski, E. and Petrakis, I. L.

The American Journal on Addictions

First published: 28 February 2018

DOI: 10.1111/ajad.12688

### Background and Objectives

Suicide is a significant public health problem among US military Veterans with rates exceeding civilian samples. Alcohol dependence (AD) and posttraumatic stress disorder (PTSD) are both associated with increases in suicidality. Given that risk of suicide is higher among those with both disorders, the study of relevant risk factors among those in this group is important. The current investigation focused on one such factor, hostility, and examined both overt hostility (ie, hostility that is more behavioral in nature and directed outwardly) and covert hostility (ie, hostility that is cognitive in nature and introspective) and their relationships to suicidal ideation.

### Methods

Ninety-three Veterans participating in a randomized, double-blind, placebo-controlled treatment study evaluating the efficacy of the alpha-adrenergic agonist prazosin completed measures assessing overt hostility, covert hostility, and suicidal ideation at baseline. Depression symptoms and PTSD symptom severity also were assessed.



## Results

Of the total sample, 60 participants (63.8%) indicated that they experienced suicidal ideation at some point in their lives. Covert hostility, in addition to PTSD symptom severity were found to be associated with the presence of lifetime suicidal ideation. Furthermore, depression symptoms were found to be associated with greater intensity of that ideation.

## Conclusion and Scientific Significance

Findings highlight the importance of covert hostility as it relates to suicidal ideation among those with comorbid PTSD and AD and provides information which may help inform treatment approaches for high-risk military Veterans. (Am J Addict 2018;27:124–130)

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

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

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

Substance Use & Misuse

Published online: 27 Feb 2018

DOI: 10.1080/10826084.2018.1441309

### Background:

Women Veterans who use the Veterans Health Administration (VA) have high rates of substance abuse and poorer health than non-Veteran women. Less is known about the psychosocial needs of women Veterans who seek care in non-VA settings. Objectives: We provide a grounded description of factors that impact substance abuse, mental health, and related quality of life of women Veterans who use non-VA community-based health and social services.

### Methods:

Utilizing a mixed methods design, we conducted semi-structured in-person interviews with 22 women Veterans in Los Angeles in 2013–2015.

## Results:

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

## Conclusion:

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

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<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22596/full>

## **The influence of mindfulness, self-compassion, psychological flexibility, and posttraumatic stress disorder on disability and quality of life over time in war veterans.**

Meyer EC, Frankfurt SB, Kimbrel NA, DeBeer BB, Gulliver SB, Morrisette SB.

Journal of Clinical Psychology

First published: 28 February 2018

DOI: 10.1002/jclp.22596

## Objectives

Posttraumatic stress disorder (PTSD) strongly predicts greater disability and lower quality of life (QOL). Mindfulness-based and other third-wave behavior therapy interventions improve well-being by enhancing mindfulness, self-compassion, and psychological flexibility. We hypothesized that these mechanisms of therapeutic change would comprise a single latent factor that would predict disability and QOL after accounting for PTSD symptom severity.

## Method

Iraq and Afghanistan war veterans (N = 117) completed a study of predictors of successful reintegration. Principal axis factor analysis tested whether mindfulness, self-compassion, and psychological flexibility comprised a single latent factor. Hierarchical regression tested whether this factor predicted disability and QOL 1 year later.

## Results

Mindfulness, self-compassion, and psychological flexibility comprised a single factor that predicted disability and QOL after accounting for PTSD symptom severity. PTSD symptoms remained a significant predictor of disability but not QOL.

## Conclusions

Targeting these mechanisms may help veterans achieve functional recovery, even in the presence of PTSD symptoms.

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<https://www.cambridge.org/core/journals/psychological-medicine/article/dynamic-networks-of-ptsd-symptoms-during-conflict/48780A0ECE35041B10E22B87DFE63F82>

## **Dynamic networks of PTSD symptoms during conflict.**

Talya Greene, Marc Gelkopf, Sacha Epskamp and Eiko Fried

Psychological Medicine

Published online: 28 February 2018

<https://doi.org/10.1017/S0033291718000351>

## Background

Conceptualizing posttraumatic stress disorder (PTSD) symptoms as a dynamic system of causal elements could provide valuable insights into the way that PTSD develops and is maintained in traumatized individuals. We present the first study to apply a multilevel network model to produce an exploratory empirical conceptualization of dynamic networks of PTSD symptoms, using data collected during a period of conflict.

## Methods

Intensive longitudinal assessment data were collected during the Israel–Gaza War in July–August 2014. The final sample (n = 96) comprised a general population sample of Israeli adult civilians exposed to rocket fire. Participants completed twice-daily reports of PTSD symptoms via smartphone for 30 days. We used a multilevel vector auto-

regression model to produce contemporaneous and temporal networks, and a partial correlation network model to obtain a between-subjects network.

## Results

Multilevel network analysis found strong positive contemporaneous associations between hypervigilance and startle response, avoidance of thoughts and avoidance of reminders, and between flashbacks and emotional reactivity. The temporal network indicated the central role of startle response as a predictor of future PTSD symptomatology, together with restricted affect, blame, negative emotions, and avoidance of thoughts. There were some notable differences between the temporal and contemporaneous networks, including the presence of a number of negative associations, particularly from blame. The between-person network indicated flashbacks and emotional reactivity to be the most central symptoms.

## Conclusions

This study suggests various symptoms that could potentially be driving the development of PTSD. We discuss clinical implications such as identifying particular symptoms as targets for interventions.

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<https://www.sciencedirect.com/science/article/abs/pii/S0005789418300029>

## **Associations of Stress Exposures and Social Support With Subsequent Long-Term Mental Health Outcomes Among U.S. Iraq War Veterans.**

Maria M.Ciarleglio, Mihaela Aslan, Susan P.Proctor, John Concato, JohnKo, Anica Pless Kaiser, Jennifer J.Vasterling

Behavior Therapy

Available online 31 January 2018

<https://doi.org/10.1016/j.beth.2018.01.002>

The long-term mental health effects of war-zone deployment in the Iraq and Afghanistan wars on military personnel are a significant public health concern. Using data collected prospectively at three distinct assessments during 2003–2014 as part of the Neurocognition Deployment Health Study and VA Cooperative Studies Program Study #566, we explored how stress exposures prior, during, and after return from deployment influence the long-term mental health outcomes of posttraumatic stress disorder (PTSD), depression, anxiety disorders, and problem drinking. Longer-term mental

health outcomes were assessed in 375 service members and military veterans an average of 7.5 years (standard deviation = 1.0 year) after the initial (i.e., “index”) Iraq deployment following their predeployment assessment. Anxiety disorder was the most commonly observed long-term mental health outcome (36.0%), followed by depression (24.5%), PTSD (24.3%), and problem drinking (21.0%). Multivariable regression models showed that greater postdeployment stressors, as measured by the Post-Deployment Life Events scale, were associated with greater risk of depression, anxiety disorders, and problem drinking. Anxiety disorder was the only outcome affected by predeployment stress concerns. In addition, greater postdeployment social support was associated with lower risk of all outcomes except problem drinking. These findings highlight the importance of assessing postdeployment stress exposures, such as stressful or traumatic life events, given the potential impact of these stressors on long-term mental health outcomes. This study also highlights the importance of postdeployment social support as a modifiable protective factor that can be used to help mitigate risk of long-term adverse mental health outcomes following war-zone exposure.

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<https://www.sciencedirect.com/science/article/abs/pii/S0005789417301338>

### **A Method for Tracking Implementation Strategies: An Exemplar Implementing Measurement-Based Care in Community Behavioral Health Clinics.**

Meredith R.Boyd, Byron J.Powell, DavidEndicott, Cara C.Lewis

Behavior Therapy

Available online 12 December 2017

<https://doi.org/10.1016/j.beth.2017.11.012>

Implementation experts suggest tailoring strategies to the intended context may enhance outcomes. However, it remains unclear which strategies are best suited to address specific barriers to implementation, in part because few measurement methods exist that adhere to recommendations for reporting. In the context of a dynamic cluster randomized trial comparing a standardized to tailored approach to implementing measurement-based care (MBC), this study aimed to (a) describe a method for tracking implementation strategies, (b) demonstrate the method by tracking strategies generated by teams tasked with implementing MBC at their clinics in the tailored condition, and (c) conduct preliminary examinations of the relation between strategy use and implementation outcomes (i.e., self-reported fidelity to MBC). The method consisted of a coding form based on Proctor, Powell, and McMillen (2013) implementation strategy

reporting guidelines and Powell et al.'s (2012) taxonomy to facilitate specification of the strategies. A trained research specialist coded digitally recorded implementation team meetings. The method allowed for the following characterization of strategy use. Each site generated 39 unique strategies across an average of six meetings in five months. There was little variability in the use of types of implementation strategies across sites with the following order of prevalence: quality management (50.00%), restructuring (16.53%), communication (15.68%), education (8.90%), planning (7.20%), and financing (1.69%). We identified a new category of strategies not captured by the existing taxonomy, labeled "communication." There was no evidence that number of implementation strategies enacted was statistically significantly associated with changes in self-reported fidelity to MBC—however, financing strategies were associated with increased fidelity. This method has the capacity to yield rich data that will inform investigations into tailored implementation approaches.

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<https://link.springer.com/article/10.1007/s40141-018-0173-1>

## **Symptom Reporting and Management of Chronic Post-Concussive Symptoms in Military Service Members and Veterans.**

Jason R. Soble, Douglas B. Cooper, Lisa H. Lu, Blessen, C. Eapen, Jan E. Kennedy

Current Physical Medicine and Rehabilitation Reports

First Online: 07 March 2018

[https://doi.org/10.1007/s40141-018-0173-](https://doi.org/10.1007/s40141-018-0173-1)

### **Purpose of Review**

Mild traumatic brain injury (mTBI)/concussion is a significant health concern for military service members and veterans; however, these are distinct populations that warrant certain considerations related to clinical care and rehabilitation. This review elucidates these key aspects of military mTBI that differ from civilians.

### **Recent Findings**

Several contextual variables pertaining to military culture, mechanism and frequency of mTBI in military settings, symptom attribution and over-reporting, potential secondary gain, and elevated mental health comorbidities, including posttraumatic stress disorder (PTSD), sleep disturbance, and chronic pain, are key moderating factors that often influence symptom presentation.

## Summary

Characteristics of military mTBI differentially affect chronic post-concussive symptom reporting and recovery and are essential to understand to provide effective clinical management with this population. Evidence-based treatments (i.e., psychoeducation, cognitive rehabilitation, cognitive-behavioral psychotherapy) have been developed, though maximally effective mTBI diagnosis/evaluation, clinical management, recovery, and research are best facilitated by interdisciplinary collaboration.

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<https://neuro.psychiatryonline.org/doi/abs/10.1176/appi.neuropsych.17070141>

## **Mild Traumatic Brain Injury and Aggression, Impulsivity, and History of Other- and Self-Directed Aggression.**

Caterina Mosti, Ph.D., Emil F. Coccaro, M.D.

The Journal of Neuropsychiatry and Clinical Neurosciences

Published online: March 05, 2018

<https://doi.org/10.1176/appi.neuropsych.17070141>

Mild traumatic brain injury (mTBI) is highly prevalent, with an estimated occurrence in the United States of more than 1.3 million per year. While one consequence of mTBI is impulsive aggressive behavior, very few studies have examined the relationship between history of mTBI and aggressive behavior in impulsively aggressive individuals. The authors examined the relationship between history of mTBI in a healthy control group (HC; N=453), a control group with psychiatric disorders (PC; N=486), and individuals with intermittent explosive disorder (IED; N=695), a disorder of primary impulsive aggression. Results demonstrated that IED study participants were significantly more likely to have a history of mTBI (with or without history of a brief loss of consciousness [LOC]) compared with both HC and PC participants. A similar observation was made with regard to self-directed aggression (i.e., suicidal or self-injurious behavior), although group differences were only among those with mTBI with LOC. For both other- and self-directed aggression variables, the authors observed a stepwise increase in dimensional aggression and impulsivity scores across participants as a function of mTBI history. Given that impulsive aggressive behavior begins very early in life, these data are consistent with the hypothesis that lifelong presence of an impulsive aggressive temperament places impulsive aggressive individuals in circumstances that put them at greater risk for mTBI compared with other individuals with and without nonimpulsive aggressive psychopathology.

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<https://www.ncbi.nlm.nih.gov/pubmed/29513919>

J Trauma Stress. 2018 Feb;31(1):102-113. doi: 10.1002/jts.22264

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

Brailey K, Mills MA, Marx BP, Proctor SP, Seal KH, Spiro A 3rd, Ulloa EW, Vasterling JJ1

War zone deployment and posttraumatic stress disorder (PTSD) have been associated with morbidity and mortality decades later. Less is known about the associations between these variables and the early emergence of medical disorders in war zone veterans. This prospective study of 862 U.S. Army soldiers (n = 569 deployed; n = 293 nondeployed) examined: (a) associations between Iraq War deployment status (deployed vs. nondeployed) and new medical diagnoses that emerged within six months after return from Iraq among all participants; and (b) associations between combat severity and PTSD symptoms, and new postdeployment medical diagnoses that emerged within 12 months after return from Iraq within deployed participants. New medical diagnoses were abstracted from diagnostic codes associated with clinical outpatient visits recorded within the Department of Defense Standard Ambulatory Data Record database. Combat severity was measured with the Combat Experiences module of the Deployment Risk and Resilience Inventory, and postdeployment posttraumatic stress disorder symptom severity was measured using the PTSD Checklist-Civilian. Neither deployment nor combat severity was associated with new medical diagnoses. However, among deployed soldiers, more severe PTSD symptoms were associated with increased risk for a new medical disorder diagnosis; every 10-point increase in PTSD symptoms increased odds of a new diagnosis by nearly 20% (odds ratio = 1.20). Results suggest that PTSD symptoms are associated with early morbidity in Iraq War veterans.

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[https://journals.lww.com/headtraumarehab/Abstract/2018/03000/Characteristics\\_and\\_Health\\_Outcomes\\_of\\_Post\\_9\\_11.7.aspx](https://journals.lww.com/headtraumarehab/Abstract/2018/03000/Characteristics_and_Health_Outcomes_of_Post_9_11.7.aspx)

## **Characteristics and Health Outcomes of Post-9/11 Caregivers of US Service Members and Veterans Following Traumatic Brain Injury.**

Brickell, Tracey A. DPsych; French, Louis M. PsyD; Lippa, Sara M. PhD; Lange, Rael T. PhD

The Journal of Head Trauma Rehabilitation  
March/April 2018 - Volume 33 - Issue 2 - p 133–145  
doi: 10.1097/HTR.0000000000000384

### Objectives:

To (a) characterize a sample of post-9/11 caregivers providing help to service members and veterans (SMV) following traumatic brain injury (TBI), (b) examine the level of support provided, and (c) determine caregiver health and well-being outcomes.

### Setting:

Military treatment facility.

### Participants:

Caregivers (N = 278) of SMVs who sustained a mild, moderate, severe, or penetrating TBI (96.0% female; 86.0% spouse/partner; age: M = 38.7 years, SD = 10.4).

Participants were divided into 3 groups on the basis of the level of support provided (low, medium, high).

### Design:

Prospective observational.

### Main Measures:

Caregiver Appraisal Scale, SF-36v2 Health Survey, Mayo-Portland Adaptability Inventory-4, Caregiver Questionnaire.

### Results:

The majority of caregivers were helping an SMV with mild TBI and comorbid posttraumatic stress disorder/depression, who was injured in a blast-related incident during combat. Caregivers helped predominantly with activities of daily living and/or instrumental activities of daily living and spent more than 40 hours per week providing care. High-support caregivers were more likely to be caring for an SMV with comorbid

posttraumatic stress disorder, report poor physical and mental health outcomes, and have a negative impact on employment and finances.

Conclusions:

A better understanding of protective factors is required to ensure that burden of care does not exceed the caregiver's health and financial capacity, or undermine the care, well-being, and recovery of the SMV.

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<http://journals.sagepub.com/doi/abs/10.1177/0886260518760016>

**A Dyadic Analysis of PTSD and Psychological Partner Aggression Among U.S. Iraq and Afghanistan Veterans: The Impact of Gender and Dual-Veteran Couple Status.**

Laura E. Watkins, Holly B. Laws

Journal of Interpersonal Violence

First Published March 5, 2018

<https://doi.org/10.1177/0886260518760016>

Posttraumatic stress disorder (PTSD) symptoms have been repeatedly linked to intimate partner aggression (IPA), and previous research has suggested that this association may be stronger among veterans and men. However, few studies have examined veteran status and gender as moderators of the association between PTSD and psychological IPA, taking both partners' perspectives into account (i.e., within a dyadic framework). The current study aimed to address this limitation by using dyadic multilevel modeling to examine the association between PTSD symptoms and psychological IPA perpetration among a sample of 159 Operation Iraqi Freedom and Operation Enduring Freedom veterans and their partners (N = 318 participants). Findings revealed that both one's own and one's partner's PTSD symptoms were positively associated with greater psychological IPA. In addition, the effects of partner PTSD symptoms on psychological IPA perpetration differed across gender and veteran status. Results suggested that the association of partner PTSD and IPA perpetration may be stronger for male veterans than for female veterans. Findings from the current study are consistent with previous research showing associations between PTSD and IPA, and have clinical implications for treatment of PTSD and IPA among Operation Iraqi Freedom and Operation Enduring Freedom veterans.

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<http://journals.sagepub.com/doi/abs/10.1177/0886260518758331>

**Abusive Relationship and Its Associated Factors Between Deployed and Un-Deployed Veterans in College.**

Hosik Min

Journal of Interpersonal Violence

First Published March 5, 2018

<https://doi.org/10.1177/0886260518758331>

This study is to examine the effect of student veteran status on abusive relationships, namely, emotional, physical, and sexual abuse. In addition, this study divided student veterans into two groups, deployed and un-deployed veterans, to see whether two groups demonstrate different results on abusive relationships. Logistic regression models were employed as a statistical strategy using the 2011-2014 American College Health Association National College Health Assessment II (ACHA-NCHA-II) data. The results found that deployed veterans were more likely to experience physical abuse, while un-deployed veterans were more likely to experience emotional abuse. Student veterans did not show any significant relationship with sexual abuse regardless deployment experience. It would be appropriate to consider the results of this study to address abusive relationships among student veterans, which help them to not only adjust college life but also succeed in careers and have healthy family relationships.

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<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22595/full>

**Streamlining screening of emotional function in Veterans with traumatic brain injury.**

Flaherty JM, Spencer RJ, Drag LL, Pangilinan PH, Bieliauskas LA

Journal of Clinical Psychology

First published: 6 March 2018

DOI: 10.1002/jclp.22595

## Objectives

This study examined how depression, anxiety, and sleep items from the Neurobehavioral Symptom Inventory (NSI) predict results from longer inventories.

## Method

This was a retrospective review from 484, predominantly male (96.1%) Veterans, mean age 29.7 years, who underwent brief neuropsychological screening during a comprehensive, multidisciplinary evaluation for mild traumatic brain injury (TBI). Participants completed the NSI, insomnia severity index (ISI), and hospital anxiety and depression scale (HADS).

## Results: Overall,

97.1% who endorsed “severe”/“very severe” anxiety on the NSI had significant anxiety on the HADS; 85% reporting “severe”/“very severe” depression on the NSI, had significant depression on the HADS; and 97.7% reporting “severe”/“very severe” sleep problems on the NSI, had significant sleep difficulties on the ISI.

## Conclusion

Close correspondence between “severe”/“very severe” symptoms on the NSI and lengthier checklists suggests additional checklists may be eliminated and individuals can be referred for mental health treatment. NSI reports of “mild”/“moderate” require further screening.

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<http://onlinelibrary.wiley.com/doi/10.1111/acps.12866/full>

## **Greater prevalence of post-traumatic stress disorder and depression in deployed Canadian Armed Forces personnel at risk for moral injury.**

Nazarov A, Fikretoglu D, Liu A, Thompson M, Zamorski MA

Acta Psychiatrica Scandinavica

First published: 4 March 2018

DOI: 10.1111/acps.12866

## Background

A link between moral injury (i.e., the psychological distress caused by perceived moral transgressions) and adverse mental health outcomes (AMHO) has been recently

proposed. However, the prevalence of exposure to morally injurious events and the associated risk of experiencing AMHO remains understudied.

#### Method

The impact of exposure to potentially morally injurious experiences (PMIEs) was explored in relation to past-year PTSD and MDD, using the 2013 Canadian Armed Forces Mental Health Survey dataset of Afghanistan mission deployed regular force and reserve personnel. A series of logistic regressions were conducted, controlling for relevant sociodemographic, military, deployment, and trauma-related variables.

#### Results

Over half of the deployed personnel endorsed at least one PMIE. Several demographic and military variables were associated with exposure to PMIEs. Those exposed to PMIEs demonstrated a greater likelihood of having past-year PTSD and MDD; feeling responsible for the death of Canadian or ally personnel demonstrated the strongest association with PTSD and MDD. Mental health training was not a moderator for PMIE exposure and AMHO.

#### Conclusions

Exposure to PMIEs during deployments is common and represents an independent risk factor for past-year PTSD and MDD. Improved training that targets moral–ethical dilemmas and treatment interventions that address moral injury expressions is warranted.

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[https://journals.lww.com/headtraumarehab/Abstract/2018/03000/A\\_Clinical\\_Evidence\\_Based\\_Approach\\_to\\_Examine\\_the.3.aspx](https://journals.lww.com/headtraumarehab/Abstract/2018/03000/A_Clinical_Evidence_Based_Approach_to_Examine_the.3.aspx)

#### **A Clinical Evidence-Based Approach to Examine the Effects of mTBI and PTSD Symptoms on ANAM Performance in Recently Deployed Active Duty Soldiers: Results From the Warrior Strong Study.**

Betthausen, Lisa M. PhD, MBA; Brenner, Lisa A. PhD; Cole, Wesley PhD, MD; Scher, Ann I. PhD; Schwab, Karen PhD; Ivins, Brian J. MPS

The Journal of Head Trauma Rehabilitation  
March/April 2018 - Volume 33 - Issue 2 - p 91–100  
doi: 10.1097/HTR.0000000000000376

### Objective:

Service members are frequently diagnosed with comorbid mild traumatic brain injury (mTBI) and posttraumatic stress disorder after returning from Afghanistan and Iraq. Little is known about how mTBI in the postacute and chronic phases combined with current posttraumatic stress disorder symptoms (PTS) affects performance on the Automated Neuropsychological Assessment Metrics, Version 4, Traumatic Brain Injury—Military (ANAM4) battery used by the US military. We examined postdeployment ANAM4 performance using conventional statistical methods, as well as rates of poor performance, below established cutoffs (<10th and  $\leq$ 2nd percentile).

### Methods:

A total of 868 soldiers were assessed for history of mTBI during the most recent deployment, as well as, lifetime mTBI, current PTS, and current pain-related symptoms. The ANAM4 was also administered.

### Results:

Soldiers with PTS and/or mTBI performed worse on ANAM4 relative to controls with those with both conditions performing worst. However, a nontrivial minority (~10%-30%) of individuals with mTBI, PTS, or both had scores that were at or below the second percentile.

### Conclusion:

Our results illustrate that a combination of mTBI and PTS is associated with worse ANAM4 performance than either condition alone. Furthermore, only a minority of soldiers with any, or both, of the conditions had ANAM deficits. The long-lasting impacts and unique contribution of each condition have yet to be determined.

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<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usx219/4924884>

### **Mental Health Stigma and Its Effects on Treatment-Related Outcomes: A Narrative Review.**

Jennifer L Cerully, Ph.D. Joie D Acosta, Ph.D. Jennifer Sloan, M.P.H.

Military Medicine

Published: 08 March 2018

<https://doi.org/10.1093/milmed/usx219>

## Introduction

Many service members experiencing symptoms of mental health conditions do not receive mental health care for these symptoms. The stigma associated with having a mental health condition or seeking treatment is often cited as a specific barrier to mental health care. However, study results bearing on the question of whether and how stigma may reduce treatment-seeking have been inconsistent.

## Methods

We searched 10 databases for sources published between 2004 and 2014 that prospectively linked stigma to treatment-related outcomes (such as treatment seeking, retention, and reports of symptoms) using longitudinal data and predictive models. The searches yielded 2,409 sources. After reviewing titles and abstracts for relevance, we retained 15 sources to undergo full-text review.

## Results

Overall, this review illustrates that evidence exploring the direct effect of stigma on treatment-related outcomes is still scant. We identified two studies whose outcomes conflict when it comes to stigma and treatment-initiation and utilization, and three studies found no relationship between stigma and treatment-initiation and utilization. One study suggested that the relationship between stigma and experience of symptoms is nuanced and may depend on the type of stigma and types of symptoms considered. Meager evidence was available to inform the relationship between stigma and treatment duration, attrition, and quality of life/functioning. The evidence was not sufficient to draw conclusions about the state of these relationships. No conclusions could be made about the direct impact of stigma on treatment-related outcomes among military service members given that only two studies explored this relationship among military service members.

## Conclusion

Current research does not provide a true understanding of the degree to which mental illness stigma affects treatment-related outcomes for service members experiencing mental health challenges. This understanding could only be developed through a longitudinal study assessing prospectively whether stigma affects treatment-utilization in the military. Should such a study show that stigma reduces treatment-utilization, the military would need to consider whether changes to their current approaches to stigma reduction are warranted.

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## Links of Interest

Commentary: Why behavioral health care outside the military falls short for troops, families

<https://www.militarytimes.com/news/your-military/2018/03/13/commentary-why-behavioral-health-care-outside-the-military-falls-short-for-troops-families/>

Riding the waves to better health: Navy studies the therapeutic value of surfing

[https://www.washingtonpost.com/national/health-science/riding-the-waves-to-better-health-navy-studies-the-therapeutic-value-of-surfing/2018/03/09/254df9e2-06ca-11e8-94e8-e8b8600ade23\\_story.html](https://www.washingtonpost.com/national/health-science/riding-the-waves-to-better-health-navy-studies-the-therapeutic-value-of-surfing/2018/03/09/254df9e2-06ca-11e8-94e8-e8b8600ade23_story.html)

Want to Improve Patients' Mental Health? Start With Their Sleep

<https://www.medscape.com/viewarticle/893260>

The National Guard scandal has ended in silence, casting doubt on all involved

<https://www.adn.com/opinions/2018/03/08/the-national-guard-scandal-has-ended-in-silence-casting-doubt-on-all-involved/>

Officer accused of patronizing prostitutes worked in sex assault prevention office while awaiting court-martial

<https://www.navytimes.com/news/your-navy/2018/03/09/officer-accused-of-patronizing-prostitutes-worked-in-sex-assault-prevention-office-while-awaiting-court-martial/>

Vicarious Traumatization, Compassion Fatigue and Burnout: The Hazards of Compassion in Military Mental Health

<http://www.pdhealth.mil/news/blog/vicarious-traumatization-compassion-fatigue-and-burnout-hazards-compassion-military-mental-health>

It's time to wake up to the importance of sleep

<http://www.latimes.com/socal/daily-pilot/opinion/tn-dpt-me-commentary-sleep-20180312-story.html>

US military overlooks sex abuse among service members' kids

<https://www.militarytimes.com/news/pentagon-congress/2018/03/13/ap-investigation-us-military-overlooks-sex-abuse-among-kids/>



Military families feel deserted after sex assaults at base school

<https://www.militarytimes.com/news/your-military/2018/03/15/military-families-feel-deserted-after-sex-assaults-at-base-school/>

Vice chief: Women serve in every BCT battalion, but sexual harassment battle is far from over

<https://www.armytimes.com/news/your-army/2018/03/12/vice-chief-women-serve-in-every-bct-battalion-but-sexual-harassment-battle-is-far-from-over/>

Senior enlisted Marine leader convicted of child abuse but seeks clemency

<http://www.sandiegouniontribune.com/military/sd-me-marine-clemency-20180312-story.html>

Sergeant-At-Arms Prepares for New Role as Advocate for Veterans

<https://www.rollcall.com/news/politics/sergeant-arms-prepares-new-role-advocate-veterans>

First female Ranger grads open up about the aftermath and joining the infantry

<https://www.armytimes.com/news/your-army/2018/03/13/first-female-ranger-grads-open-up-about-the-aftermath-and-joining-the-infantry/>

'Homer can help you': War veterans use ancient epics to cope

<https://www.stripes.com/news/us/homer-can-help-you-war-veterans-use-ancient-epics-to-cope-1.516636>

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Shirl Kennedy

Research Editor

Center for Deployment Psychology

[www.deploymentpsych.org](http://www.deploymentpsych.org)

[skennedy@deploymentpsych.org](mailto:skennedy@deploymentpsych.org)

240-535-3901