

CDP



Research Update -- November 29, 2018

What's Here:

- Non-trauma-focused meditation versus exposure therapy in veterans with post-traumatic stress disorder: a randomised controlled trial.
- Association of Concussion With the Risk of Suicide: A Systematic Review and Meta-Analysis.
- Heterogeneity of Treatment Dropout: PTSD, Depression and Alcohol Use Disorder Reductions in PTSD and AUD/SUD Treatment Non-Completers.
- Management of Nightmare Disorder in Adults.
- Pathways among sleep onset latency, relationship functioning, and negative affect differentiate patients with suicide attempt history from patients with suicidal ideation.
- Brief measures of physical and psychological distance to suicide methods as correlates and predictors of suicide risk: A multi-study prospective investigation.
- Does exercise improve sleep for adults with insomnia? A systematic review with quality appraisal.
- Use of crisis management interventions among suicidal patients: Results of a randomized controlled trial.
- Predictors of Emerging Suicide Death Among Military Personnel on Social Media Networks.
- Muslims in the U.S. Military: Moral Injury and Eroding Rights.

- Latent profile analysis exploring potential moral injury and posttraumatic stress disorder among military veterans.
- Later-adulthood trauma reengagement group with Vietnam veterans with PTSD: what we learned, what comes next.
- Suicide in the Military: Understanding Rates and Risk Factors Across the United States' Armed Forces.
- Social causation or social erosion? Evaluating the association between social support and PTSD among Veterans in a transition program.
- Understanding Gender Differences in Resilience Among Veterans: Trauma History and Social Ecology.
- Infusing Military Culture into Counselor Education.
- Intolerance of Uncertainty Mediates Symptoms of PTSD and Depression in African American Veterans With Comorbid PTSD and Substance Use Disorders.
- Patterns of Adverse Experiences and Health Outcomes Among Women Veterans.
- Efficacy of equine-assisted psychotherapy in veterans with posttraumatic stress disorder.
- Anxiety and Stress-Related Disorders and Mindfulness-Based Interventions: a Systematic Review and Multilevel Meta-analysis and Meta-Regression of Multiple Outcomes.
- Mild Traumatic Brain Injury Burden Moderates the Relationship Between Cognitive Functioning and Suicidality in Iraq/Afghanistan-Era Veterans.
- Polysubstance Use Among Veterans in Intensive PTSD Programs: Association With Symptoms and Outcomes Following Treatment.
- Attenuating Neural Threat Expression with Imagination.
- Links of Interest
- Resource of the Week: Veterans and Agent Orange - Update 11 (2018) (National Academies)

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(18\)30384-5/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(18)30384-5/fulltext)

Non-trauma-focused meditation versus exposure therapy in veterans with post-traumatic stress disorder: a randomised controlled trial.

Sanford Nidich, Paul J Mills, Maxwell Rainforth, Pia Heppner, Robert H Schneider, Norman E Rosenthal, John Salerno, Carolyn Gaylord-King, Thomas Rutledge

The Lancet Psychiatry

Published: November 15, 2018

DOI: [https://doi.org/10.1016/S2215-0366\(18\)30384-5](https://doi.org/10.1016/S2215-0366(18)30384-5)

Background

Post-traumatic stress disorder (PTSD) is a complex and difficult-to-treat disorder, affecting 10–20% of military veterans. Previous research has raised the question of whether a non-trauma-focused treatment can be as effective as trauma exposure therapy in reducing PTSD symptoms. This study aimed to compare the non-trauma-focused practice of Transcendental Meditation (TM) with prolonged exposure therapy (PE) in a non-inferiority clinical trial, and to compare both therapies with a control of PTSD health education (HE).

Methods

We did a randomised controlled trial at the Department of Veterans Affairs San Diego Healthcare System in CA, USA. We included 203 veterans with a current diagnosis of PTSD resulting from active military service randomly assigned to a TM or PE group, or an active control group of HE, using stratified block randomisation. Each treatment provided 12 sessions over 12 weeks, with daily home practice. TM and HE were mainly given in a group setting and PE was given individually. The primary outcome was change in PTSD symptom severity over 3 months, assessed by the Clinician-Administered PTSD Scale (CAPS). Analysis was by intention to treat. We hypothesised that TM would show non-inferiority to PE in improvement of CAPS score ($\Delta=10$), with TM and PE superior to PTSD HE. This study is registered with ClinicalTrials.gov, number NCT01865123.

Findings

Between June 10, 2013, and Oct 7, 2016, 203 veterans were randomly assigned to an intervention group (68 to the TM group, 68 to the PE group, and 67 to the PTSD HE group). TM was significantly non-inferior to PE on change in CAPS score from baseline to 3-month post-test (difference between groups in mean change -5.9 , 95% CI -14.3 to 2.4 , $p=0.0002$). In standard superiority comparisons, significant reductions in CAPS

scores were found for TM versus PTSD HE (-14.6 95% CI, -23.3 to -5.9 , $p=0.0009$), and PE versus PTSD HE (-8.7 95% CI, -17.0 to -0.32 , $p=0.041$). 61% of those receiving TM, 42% of those receiving PE, and 32% of those receiving HE showed clinically significant improvements on the CAPS score.

Interpretation

A non-trauma-focused-therapy, TM, might be a viable option for decreasing the severity of PTSD symptoms in veterans and represents an efficacious alternative for veterans who prefer not to receive or who do not respond to traditional exposure-based treatments of PTSD.

Funding

Department of Defense, US Army Medical Research.

<https://jamanetwork.com/journals/jamaneurology/fullarticle/2712851>

Association of Concussion With the Risk of Suicide: A Systematic Review and Meta-Analysis.

Fralick M, Sy E, Hassan A, Burke MJ, Mostofsky E, Karsies T.

JAMA Neurology

Published online November 12, 2018

doi:10.1001/jamaneurol.2018.3487

Key Points

Question

Is concussion and/or mild traumatic brain injury (TBI) associated with a higher risk of suicide?

Findings

This systematic review and meta-analysis found a 2-fold higher risk of subsequent suicide among more than 700 000 patients diagnosed with concussion and/or mild TBI, compared with more than 6.2 million individuals who had not been so diagnosed. Experiencing concussion and/or mild TBI was also associated with a higher risk of suicide attempt and suicidal ideation.

Meaning

These results suggest that experiencing concussion and/or mild TBI is associated with an increased risk of suicide.

Abstract

Importance

Concussion is the most common form of traumatic brain injury (TBI). While most patients fully recover within 1 week of injury, a subset of patients might be at a higher risk of suicide.

Objective

To assess the risk of suicide after concussion.

Data Sources

We performed a systematic search of Medline (PubMed), Embase, PsycINFO, and Published International Literature on Traumatic Stress (PILOTS) from 1963 to May 1, 2017. We also searched Google Scholar and conference proceedings and contacted experts in the field to seek additional studies.

Study Selection

Studies that quantified the risk of suicide, suicide attempt, or suicidal ideation after a concussion and/or mild TBI were included. Studies that included children and adults, including military and nonmilitary personnel, were included. Two authors independently reviewed all titles and abstracts to determine study eligibility.

Data Extraction and Synthesis

Study characteristics were extracted independently by 2 trained investigators. Study quality was assessed using the Newcastle-Ottawa Scale. Study data were pooled using random-effects meta-analysis.

Main Outcomes and Measures

The primary exposure was concussion and/or mild TBI, and the primary outcome was suicide. Secondary outcomes were suicide attempt and suicidal ideation.

Results

Data were extracted from 10 cohort studies (n = 713 706 individuals diagnosed and 6 236 010 individuals not diagnosed with concussion and/or mild TBI), 5 cross-sectional studies (n = 4420 individuals diagnosed and 11 275 individuals not diagnosed with concussion and/or mild TBI), and 2 case-control studies (n = 446 individuals diagnosed and 8267 individuals not diagnosed with concussion and/or mild TBI). Experiencing

concussion and/or mild TBI was associated with a 2-fold higher risk of suicide (relative risk, 2.03 [95% CI, 1.47-2.80]; I² = 96%; P < .001). In 2 studies that provided estimates with a median follow-up of approximately 4 years, 1664 of 333 118 individuals (0.50%) and 750 of 126 114 individuals (0.59%) diagnosed with concussion and/or mild TBI died by suicide. Concussion was also associated with a higher risk of suicide attempt and suicide ideation. The heightened risk of suicide outcomes after concussion was evident in studies with and without military personnel.

Conclusions and Relevance

Experiencing concussion and/or mild TBI was associated with a higher risk of suicide. Future studies are needed to identify and develop strategies to decrease this risk.

See also: [On the Link Between Concussions and Suicide](#) (editorial)

<https://onlinelibrary.wiley.com/doi/abs/10.1002/cpp.2344>

Heterogeneity of Treatment Dropout: PTSD, Depression and Alcohol Use Disorder Reductions in PTSD and AUD/SUD Treatment Non-Completers.

Derek D. Szafranski Daniel F. Gros Ron Acierno Kathleen T. Brady Therese K. Killeen Sudie E. Back

Clinical Psychology & Psychotherapy

First published: 12 November 2018

<https://doi.org/10.1002/cpp.2344>

Treatment dropout is often assumed to be due to worsening or lack of symptom improvement, despite minimal research examining symptom change among treatment dropouts. Thus, the present study examined symptom change in veterans who discontinued evidence-based treatment for comorbid posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD). Participants were veterans who completed at least 1 session of a 12-session Concurrent Treatment of PTSD and Substance Use Disorders using Prolonged Exposure (COPE) for comorbid PTSD/AUD. The study analyses investigated the forty three percent of the sample (n = 22) that did not complete the full 12-session protocol and were therefore considered treatment dropouts. Symptom changes in PTSD, AUD and depression were examined among dropouts using two methods: 1) clinically significant change criteria and 2) good end-state criteria. Results indicated that a significant proportion of treatment dropouts

displayed clinically significant improvement and/or met good end-state criteria for PTSD (40-59%), AUD (66%) and depression (45-68%) prior to dropping out. The results revealed that participants who displayed symptom improvement attended more treatment sessions and completed more imaginal exposures than participants who did not experience significant improvement. Together, the findings add to a growing body of literature suggesting that a large proportion of treatment dropouts may actually improve. Although preliminary, the findings challenge the notion that treatment dropout is always associated with negative outcomes.

<https://www.uspharmacist.com/article/management-of-nightmare-disorder-in-adults/preview/uspeditorial>

Management of Nightmare Disorder in Adults.

Erin D. Callen, PharmD, BCPS; Tiffany L. Kessler, PharmD, BCPS; Krista G. Brooks, PharmD; Tom W. Davis, MD

U.S. Pharmacist
2018;43(11):21-25

Occasional nightmares are fairly common, but nightmare disorder occurs in 2% to 6% of adults. Recurrent nightmares may be idiopathic, but they are often related to posttraumatic stress disorder (PTSD), underlying psychiatric disorders, or medication use. The American Academy of Sleep Medicine's 2018 position paper provides guidance on nonpharmacologic and pharmacologic treatment. Behavioral intervention with imagery-rehearsal therapy is currently the only treatment strategy recommended for all patients with recurrent nightmares. Prazosin may be used to treat both PTSD-associated and idiopathic nightmare disorder. Antidepressants, anxiolytics, anticonvulsants, antipsychotics, and other agents have been studied, with mixed results.

Nightmares are vivid, disturbing, or frightening nocturnal episodes that often involve intense feelings of dread, humiliation, or failure. The International Classification of Sleep Disorders, Third Edition (ICSD-3), defines nightmare disorder as a parasomnia (i.e., abnormal or unusual nervous-system behavior during sleep) usually associated with rapid-eye-movement sleep. The minimal diagnostic criteria include recurrent episodes of awakenings from disturbed dreams, full alertness on awakening with clear recall of

dream, and either delayed return to sleep or occurrence of the episode in the second half of the sleep period.

<https://www.sciencedirect.com/science/article/pii/S0165178118305705>

Pathways among sleep onset latency, relationship functioning, and negative affect differentiate patients with suicide attempt history from patients with suicidal ideation.

Carol Chu, Jacob A. Nota, Alexandra Silverman, Courtney Beard, Thröstur Björgvinsson

Psychiatry Research

Available online 13 November 2018

<https://doi.org/10.1016/j.psychres.2018.11.014>

Highlights

- This study compared acute patients with suicidal thoughts to those with suicide attempts
- Paths between depression, anxiety, relationship function, and sleep were examined
- Sleep latency explained link between depression, anxiety and relationship function
- Relationship function explained link between depression, anxiety and sleep latency
- These pathways were only significant among patients with suicide attempts

Abstract

Depression, anxiety, sleep disturbances and poor relationship functioning often co-occur with the confluence of these factors contributing to greater suicide risk. This study investigated whether the pathways between depression, anxiety, sleep disturbances, relationship functioning differentiated patients with suicide attempt history from those with suicidal ideation. Patients seeking partial hospital treatment for severe psychiatric symptoms (N=180) completed interviews assessing psychiatric and suicidal symptom histories, and self-report measures of sleep behaviors, anxiety, depression, and relationship functioning. Multiple sleep behaviors were examined: duration, sleep onset latency, and bedtime. Bias-corrected bootstrap mediation and moderated mediation analyses with suicide attempt as the moderator were used to evaluate pathways between variables. Among patients with ideation and attempt history, (1) sleep onset latency significantly mediated the association between depression and relationship functioning and that between anxiety and relationship functioning; (2) relationship functioning significantly mediated the association between depression and sleep onset

latency and that between anxiety and sleep onset latency. These pathways were not significant among patients with suicidal ideation only. No other sleep behaviors were related to study variables. The reciprocal relationship between disrupted sleep onset latency and poorer relationship functioning was specifically linked to more severe psychiatric symptoms among acute patients with suicide attempt histories.

<https://www.sciencedirect.com/science/article/abs/pii/S0005796718301736>

Brief measures of physical and psychological distance to suicide methods as correlates and predictors of suicide risk: A multi-study prospective investigation.

Megan L. Rogers, Melanie A. Hom, Ian H. Stanley, Thomas E. Joiner

Highlights

- Lethal means counseling primarily involves limiting physical access to suicide means.
- Perceptions of psychological closeness/distance to means may also relate to suicide.
- A brief, novel target bullseye paradigm was used to assess physical/psychological distance.
- Both physical and psychological distance related to suicidal intent at baseline.
- Psychological, but not physical, distance related to suicidal intent, plans, and preparations at one-week follow-up.

Abstract

A core component of suicide risk assessment and management is determining one's physical proximity to specific suicide means and counseling individuals to minimize their physical access to these means. However, this approach ignores other potentially relevant parameters, such as perceptions of how psychologically close/distant one feels to a particular suicide method. The present study examined the degree to which novel, brief measures of physical and psychological distance to suicide methods were associated with and prospectively predicted suicide-related outcomes at (1) two-month follow-up among 121 students with current/recent suicidality; and (2) one-week follow-up among 91 community-dwelling adults at high suicide risk. Results indicated that both physical and psychological distance to means were related to suicidal intent at baseline. Additionally, in Study 2, lower psychological distance, but not physical distance, predicted suicidal intent and increased likelihood of having made suicide plans and suicide preparations at one-week follow-up. Overall, these findings highlight the importance of considering not only physical proximity to suicide means, but also psychological distance, pointing to the potential import of assessing and intervening

upon psychological distance during lethal means counseling. Our findings also highlight the potential clinical utility of two brief measures of physical and psychological closeness to suicide means.

https://www.sciencedirect.com/science/article/pii/S0272735817303306?dgcid=rss_sd_al
!

Does exercise improve sleep for adults with insomnia? A systematic review with quality appraisal.

Hayley Lowe, Gillian Haddock, Lee D. Mulligan, Lynsey Gregg, ... Simon D. Kyle

Clinical Psychology Review

Available online 16 November 2018

<https://doi.org/10.1016/j.cpr.2018.11.002>

Highlights

- Findings indicate that exercise may improve sleep for people with insomnia.
- Differential effects were observed for insomnia disorder and insomnia symptoms.
- Differential effects were observed for objective and subjective sleep outcomes.

Abstract

Insomnia is recognised as the most prevalent sleep disorder. Untreated insomnia carries a heavy burden for patients and society. Exercise is proposed as a safe, inexpensive, and accessible non-pharmacological treatment. To the author's knowledge this is the first systematic review to investigate the sleep-enhancing effects of exercise by focusing exclusively on controlled trials comprising poor sleepers only and examining interventions consistent with national guidelines. Using a narrative synthesis, this review aimed to identify whether exercise improves objective and subjective sleep outcomes for people with insomnia.

Five papers including participants with insomnia disorder, and six papers including participants with insomnia symptoms were identified through electronic database searches (CINAHL plus, PsycINFO, EMBASE, MEDLINE, SPORTDiscus, CENTRAL) and quality assessed using the Clinical Trial Assessment Measure.

We found that exercise interventions led to improvements in subjective sleep quality for people with insomnia disorder and insomnia symptoms. However, exercise only

improved objective and subjective measures of sleep continuity (sleep onset latency and sleep efficiency) for people presenting with insomnia symptoms, with a reduction in sleep onset latency being the most consistently observed effect across studies.

The reliability of significant findings is reduced by methodological limitations. Recommendations are made to improve the quality of future research.

<https://www.ncbi.nlm.nih.gov/pubmed/29748993>

Depress Anxiety. 2018 Jul;35(7):619-628. doi: 10.1002/da.22753. Epub 2018 May 10

Use of crisis management interventions among suicidal patients: Results of a randomized controlled trial.

Bryan CJ, May AM, Rozek DC, Williams SR, Clemans TA, Mintz J, Leeson B, Burch TS

BACKGROUND:

Previous research supports the efficacy of the crisis response plan (CRP) for the reduction of suicidal behaviors as compared to treatment as usual (TAU). Patient perspectives and use of the CRP, and their relationship to later suicidal thoughts, remain unknown.

METHODS:

A secondary analysis of a randomized clinical trial comparing a standard CRP (S-CRP), a CRP enhanced with reasons for living (E-CRP), and TAU in a sample of 97 active-duty U.S. Army personnel was conducted. Participants were asked about their use, perceptions, and recall of each intervention. Generalized estimating equations were used to test the conditional effects of intervention use, perceptions, and recall on severity of suicide ideation during follow-up.

RESULTS:

Across all treatment groups, over 80% of participants retained their written CRP up to 6 months later, but less than 25% had the written plan in their physical possession at the time of each assessment. Participants in S-CRP and E-CRP were more likely to recall self-management strategies and sources of social support. Participants in TAU were more likely to recall use of professional healthcare services and crisis management services. All three interventions were rated as highly useful. More frequent use of the E-

CRP and recall of its components were associated with significantly reduced suicide ideation as compared to TAU.

CONCLUSIONS:

Both CRPs have high acceptability ratings. The effect of both CRPs on reduced suicide ideation is associated with patient recall of components. More frequent use of the E-CRP is associated with larger reductions in suicide ideation.

© 2018 Wiley Periodicals, Inc.

<https://www.ncbi.nlm.nih.gov/pubmed/28752655>

Suicide Life Threat Behav. 2018 Aug;48(4):413-430. doi: 10.1111/sltb.12370. Epub 2017 Jul 28

Predictors of Emerging Suicide Death Among Military Personnel on Social Media Networks.

Bryan CJ, Butner JE, Sinclair S, Bryan ABO, Hesse CM, Rose AE

Suicide is a leading cause of death in the United States and is the second leading cause of death in the U.S. military. Previous research suggests that data obtained from social media networks may provide important clues for identifying at-risk individuals. To test this possibility, the social media profiles from 315 military personnel who died by suicide (n = 157) or other causes (n = 158) were coded for the presence of stressful life situations (i.e., triggers), somatic complaints or health issues (i.e., physical), maladaptive or avoidant coping strategies (i.e., behaviors), negative mood states (i.e., emotion), and/or negative cognitive appraisals (cognition). Content codes were subsequently analyzed using multilevel models from a dynamical systems perspective to identify temporal change processes characteristic of suicide death. Results identified temporal sequences unique to suicide, notably social media posts about triggers followed by more posts about cognitions, posts about cognitions followed by more posts about triggers, and posts about behaviors followed by fewer posts about cognitions. Results suggest that certain sequences in social media content may predict cause of death and provide an estimate of when a social media user is likely to die by suicide.

<https://link.springer.com/article/10.1007/s11089-018-0839-8>

Muslims in the U.S. Military: Moral Injury and Eroding Rights.

Shareda Hosein

Pastoral Psychology

First Online: 12 November 2018

<https://doi.org/10.1007/s11089-018-0839-8>

How does moral injury affect Muslim military personnel (MMP) serving in the United States longest war, Operations Enduring Freedom and Iraqi Freedom? Moral injury in MMP has often been triggered by stressors such as harassment, embarrassment, marginalization, prejudice, and being associated with a co-religionist enemy. MMP are perceived as a threat to the safety and security of the United States, which exacerbates their emotional state of mind because they do not feel included as valuable assets within their units. Little is known about this population's mental state of mind and how they cope when their religion is ridiculed and distorted, causing it to become a stressor and exacerbating the effects of moral stress and injury experienced by individual MMP—including the author—as they serve their country today and in the recent past. Recommendations include (1) more in-depth studies on the experience of moral injury and how it manifests with this population, (2) studies on the incidence and prevalence of moral injury among MMP, and (3) more Muslim chaplains in the U.S. military.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.22714>

Latent profile analysis exploring potential moral injury and posttraumatic stress disorder among military veterans.

Melissa A. Smigelsky Jesse D. Malott Katherine Veazey Morris Kristoffer S. Berlin
Robert A. Neimeyer

Journal of Clinical Psychology

First published: 15 November 2018

<https://doi.org/10.1002/jclp.22714>

Objectives

Theoretical support for the moral injury (MI) construct is mounting, yet empirical support

has lagged behind. A conceptual model has been proposed, but studies have not yet explored the constellation of symptoms within treatment-seeking Veterans.

Methods

Veterans (N = 212) seeking trauma recovery services completed measures of potential MI symptoms that functioned as indicators in person-centered Latent Profile Analysis. Differences in exposure to potentially morally injurious experiences (pMIEs) were compared across profiles using logistic regression.

Results

Three profiles emerged that varied by symptom severity, levels of trauma-related guilt, and levels of dispositional forgiveness. Exposure to pMIEs predicted membership in a class consistent with proposed MI symptomatology.

Conclusions

Person-centered approaches are useful for identifying a distinct group of veterans whose trauma recovery may benefit from specifically targeting moral emotions, consistent with the emerging construct of MI.

https://academic.oup.com/innovateage/article/2/suppl_1/384/5169613

Later-adulthood trauma reengagement group with Vietnam veterans with PTSD: what we learned, what comes next.

K O'Malley, P Bamonti, PhD, A Pless Kaiser, PhD

Innovation in Aging

Volume 2, Issue suppl_1, 1 November 2018, Page 384

<https://doi.org/10.1093/geroni/igy023.1430>

Veterans may experience a re-emergence or exacerbation of PTSD symptoms in the context of aging. A conceptual model, Later-Adulthood Trauma Reengagement (LATR), describes this process as an effort to find meaning and build coherence. A group designed to facilitate this process was conducted with nine Vietnam Veterans with PTSD. The group provided psychoeducation about PTSD, mindfulness training, and promoted the use of positive coping strategies to facilitate trauma re-integration and meaning-making. Veterans completed pre- and post-intervention assessments. At the end, Veterans reported increased intrusive memories, negative thoughts, and arousal,

but avoidance did not increase. Based on qualitative data, despite increases in PTSD symptoms, group members reported greater use of coping strategies and improved insight. This initial offering of LATR to Veterans with PTSD emphasized its potential role as a preparatory intervention, increasing readiness for EBT for PTSD. Consistent with this aim, several group members requested additional sessions and/or individual psychotherapy.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usy296/5179777>

Suicide in the Military: Understanding Rates and Risk Factors Across the United States' Armed Forces.

Larry D Pruitt, Derek J Smolenski, Nigel E Bush, Jennifer Tucker, Fuad Issa, Timothy V Hoyt, Mark A Reger

Military Medicine

Published: 13 November 2018

<https://doi.org/10.1093/milmed/usy296>

This paper presents data from the United States Department of Defense Suicide Event Report System for years 2012–2015 to detail descriptive, longitudinal rate data and risk factor profiles associated with military suicide. The annual findings were aggregated from all U.S. military suicide deaths and suicide attempts. Data elements included the most common method of suicide (firearms), most common behavioral health diagnoses (substance abuse/dependence), common life stressors (failed intimate–partner relationships), and an individual's history of operational deployment. Age- and sex-adjusted rates for the Services were compared with rates for the U.S. adult population. Results showed that the current reporting period (2015) is similar to patterns that have been observed over the preceding years and to patterns reported in the overall U.S. adult population. Suicide rates remain elevated but stable for both the Active and Reserve Components of the Military Services compared to historical levels observed prior to 2003. Finally, we discuss common errors and misinterpretations that can occur when analyzing surveillance data.

<https://jmvfh.utpjournals.press/doi/abs/10.3138/jmvfh.2017-0040>

Social causation or social erosion? Evaluating the association between social support and PTSD among Veterans in a transition program.

Daniel W. Cox, Leah M. Baugh, Katherine D. McCloskey, Megumi Iyara

Journal of Military, Veteran, and Family Health

Published Online: November 13, 2018

<https://doi.org/10.3138/jmvfh.2017-0040>

Introduction:

Social support's association with post-traumatic stress disorder (PTSD) in Veterans is well established. One explanation for this link is social causation – support inhibits PTSD. Inversely, within the social erosion model, PTSD erodes support. The aim of the present study was to examine if the social causation or social erosion model better explained the association between support and PTSD within a psychosocial intervention context.

Methods:

Veterans (N = 218) participating in a multimodal transition program were assessed pre-program, post-program, and at 3-month follow-up on their perceived social support and PTSD symptoms. We used path analysis to conduct a three-wave cross-lagged panel model to compare the social erosion and social causation models.

Results:

PTSD symptoms were associated with attenuated improvements in social support, while social support was not associated with increased reductions in PTSD symptoms. This association was observed from pre- to post-program and from post-program to follow-up.

Discussion:

These findings support the social erosion model over the social causation model. Clinical implications of PTSD inhibiting interpersonal gains are discussed.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22341>

Understanding Gender Differences in Resilience Among Veterans: Trauma History and Social Ecology.

Galina A. Portnoy Mark R. Relyea Suzanne Decker Andrea Shamaskin-Garroway
Mary Driscoll Cynthia A. Brandt Sally G. Haskell

Journal of Traumatic Stress

First published: 15 November 2018

<https://doi.org/10.1002/jts.22341>

A social-ecological framework for resilience underscores the importance of conceptualizing individuals embedded within their context when evaluating a person's vulnerability and adaptation to stress. Despite a high level of trauma exposure, most veterans exhibit psychological resilience following a traumatic event. Interpersonal trauma is associated with poorer psychological outcomes than noninterpersonal trauma and is experienced more frequently across the lifespan by women as compared to men. In the present study, we examined gender differences in trauma exposure, resilience, and protective factors among veterans. Participants included 665 veterans who completed a baseline survey assessing traumatic events; 544 veterans (81.8%) completed a 1-year follow-up survey assessing resilience, combat exposure, deployment social support, deployment preparedness, and military sexual trauma (MST). Principal component analyses revealed the Traumatic Life Events Questionnaire categorized into four meaningful components: sexual abuse, interpersonal violence, stranger violence, and accidents/unexpected trauma. Women reported greater exposure to sexual abuse, $d = 0.76$; interpersonal violence, $d = 0.31$; and MST, Cramer's $V = 0.54$; men reported greater exposure to stranger violence, accidents/unexpected trauma, and combat exposure, $ds = 0.24\text{--}0.55$. Compared to women, men also reported greater social support during deployment, $d = 0.46$. Hierarchical linear regression indicated that men's resilience scores were higher than women's, $\beta = .10$, $p = .032$, yet this association was no longer significant once we accounted for trauma type, $\beta = .07$, $p = .197$. Results indicate that trauma type is central to resilience and suggest one must consider the social-ecological context that can promote or inhibit resilient processes.

<http://acegonline.org/wp-content/uploads/2018/10/JMGC-Vol-6-Is-3.pdf#page=5>

Infusing Military Culture into Counselor Education.

T. T. Carter & T. I. Watson

Journal of Military and Government Counseling
Volume 6, Number 3; 2018

The number of United States service members in uniform, Veterans, and military families with mental health needs continues to increase. Military personnel and their families need qualified mental health providers who can evaluate, diagnose, and treat their unique mental health conditions. Meeting the mental health needs of the military community implies a need for counselor education programs to include military issues into student coursework. This article offers suggestions for infusing information about military culture into master's-level counselor programs and seeks to enhance the professional practice of current and future counselors. The authors provide an overview of military culture within the context of clinical practice and present a conceptual example guide for infusing military issues into three core curriculum domains.

<https://journals.sagepub.com/doi/abs/10.1177/0095798418809201>

Intolerance of Uncertainty Mediates Symptoms of PTSD and Depression in African American Veterans With Comorbid PTSD and Substance Use Disorders.

Hollingsworth, D. W., Gauthier, J. M., McGuire, A. P., Peck, K. R., Hahn, K. S., & Connolly, K. M.

Journal of Black Psychology
First Published November 15, 2018
<https://doi.org/10.1177/0095798418809201>

Posttraumatic stress disorder (PTSD) is a major health concern among veterans, specifically African American veterans, and is commonly comorbid with other negative mental health outcomes including substance use disorders (SUD) and symptoms of depression. The current study examined intolerance of uncertainty as a mediator of the relationship between PTSD and depression symptoms in a sample of African American

veterans with a dual diagnosis of PTSD and SUD. Participants included 113 African American veterans who were in treatment for PTSD and SUD at a Veterans Affairs Medical Center. Five mediation analyses were conducted to examine the mediational effect of intolerance of uncertainty on the relationship between PTSD symptom clusters (i.e., total, hyperarousal, numbness, avoidance, and intrusion) and depression symptoms. Findings indicated that intolerance of uncertainty mediated the relationship between four of the five mediation models (i.e., total symptoms, hyperarousal, numbness, and intrusion). These results imply that for African American veterans, higher levels of certain PTSD symptoms were associated with higher levels of intolerance of uncertainty, which in turn were related to increased levels of depression symptoms.

<https://www.sciencedirect.com/science/article/pii/S0749379718321287>

Patterns of Adverse Experiences and Health Outcomes Among Women Veterans.

Karie A. Gaska, PhD, MSW; Rachel Kimerling, PhD

American Journal of Preventive Medicine
Volume 55, Issue 6, December 2018, Pages 803-811
<https://doi.org/10.1016/j.amepre.2018.06.029>

Introduction

Adverse childhood experiences are associated with poor health outcomes in adulthood, such as depression, suicidal behavior, and post-traumatic stress disorder. Subsequent military service may continue trajectories of childhood adversity and contribute to cumulative disadvantage over the life span. This study examines distinct patterns of adversity from childhood through military service and their relationships with adult health and mental health outcomes.

Methods

The study used data from a nationally representative survey (conducted in 2012, analysis in 2016) with >6,000 women primary care users in the Veterans Health Administration, and linked to data from electronic medical records. Latent class analysis was used to derive qualitatively distinct patterns of adverse experiences and logistic regression to model odds of past-year health conditions, comparing effect sizes across classes.

Results

Prevalence of both childhood and military adverse events was high. Five meaningful classes of adversity were observed, characterized by low adversity across all events, high adversity across all events, extreme high adversity across all events, adverse family context, and a class characterized primarily by adverse military experiences. Odds of past-year diagnoses of depression, anxiety, post-traumatic stress disorder, substance use disorder, and comorbid mental health and chronic health conditions significantly differed across classes.

Conclusions

Among women Veterans Health Administration users, examination of qualitatively distinct patterns of adversity yielded more meaningful results than counting the number of adverse events. Given the high incidence of adverse experiences, Veterans Health Administration is positioned to respond with secondary prevention and a universal trauma precautions approach to all care for women Veterans.

<https://www.sciencedirect.com/science/article/abs/pii/S2095496418301158>

Efficacy of equine-assisted psychotherapy in veterans with posttraumatic stress disorder.

L. Elisabeth Burton, Fares Qeadan, Mark R. Burge

Journal of Integrative Medicine

Available online 16 November 2018

<https://doi.org/10.1016/j.joim.2018.11.001>

BACKGROUND

Posttraumatic stress disorder (PTSD) is a common and debilitating disorder among war veterans. Although complementary and alternative therapies are gaining acceptance in the treatment of PTSD, the efficacy of animal-based therapies in this disorder is unknown. The goal of equine-assisted psychotherapy (EAP) is to improve the social, emotional, and/or cognitive functions of individuals with PTSD.

OBJECTIVE

This study aims to explore the effects of EAP on PTSD symptoms. We hypothesized that veterans with PTSD who participate in a standardized EAP program for 1 hour per

week for 6 weeks will experience decreased PTSD symptoms and would demonstrate increased resilience as compared with individuals who do not receive EAP intervention.

DESIGN, SETTING, PARTICIPANTS AND INTERVENTIONS

We conducted a sequentially assigned, two-arm parallel group trial comparing 6 weeks of EAP with standard, previously established, ongoing PTSD therapy. Therapy was conducted at a community EAP facility in conjunction with an academic University Hospital. Twenty adult veterans with symptomatic PTSD completed the study. Ten adult veterans with previously diagnosed PTSD were assigned to EAP and received directed interaction with trained horses for one hour a week in groups of 3 or 4 individuals, while also continuing their previously established therapies. A certified therapist supervised the sessions, and a professional horse handler was also present. Results were compared with those from 10 adult veterans who only received their standard previously established PTSD care as prescribed by their provider.

MAIN OUTCOME MEASURES

Changes in salivary cortisol, scores for the PTSD Check List-Military Version (PCL-M) and the Connor-Davidson Resilience Scale (CD-RISC) after 6 weeks of study were measured.

RESULTS

Of the 20 enrolled patients, 10 served in Afghanistan, 5 served in Iraq, and 3 served in Vietnam. Subjects were (47 ± 14) years old, were predominantly male, and had a body mass index of (29 ± 7) kg/m². They had (9.2 ± 6.1) years of military service and carried $66\% \pm 37\%$ service-connected disability. PCL-M scores declined significantly in both groups and CD-RISC scores increased significantly in the EAP group. There was no difference between the groups with respect to the magnitude of change.

CONCLUSION

As compared to the control group, a 6-week EAP program did not produce a statistically significant difference with respect to PCL-M and CD-RISC scores, or salivary cortisol. However, our results suggest that EAP may work as well as standard therapy with respect to these parameters. This study supports further inquiry into EAP as a potentially efficacious alternative for veterans suffering from PTSD.

<https://link.springer.com/article/10.1007/s12671-018-1058-1>

Anxiety and Stress-Related Disorders and Mindfulness-Based Interventions: a Systematic Review and Multilevel Meta-analysis and Meta-Regression of Multiple Outcomes.

Marianna de Abreu, Gabriela Santos D'Alò de Oliveira, Tiago Tatton-Ramos, Gisele Gus Manfro

Mindfulness

First Online: 15 November 2018

<https://doi.org/10.1007/s12671-018-1058-1>

Mindfulness-based interventions (MBIs) have emerged as alternative treatments to treat anxiety and stress-related disorders. The aim of this study is to investigate the effectiveness of MBIs if compared to control interventions and cognitive behavioral therapy (CBT) to improve internalizing symptoms in patients with anxiety and stress-related disorders. We performed a systematic review and multilevel meta-analysis of randomized controlled trials. Outcomes were anxiety, stress, and depression rating scales (internalizing symptoms), further classified as pertaining to distress and fear symptom domains. A total of 40 outcomes were retrieved from 10 studies. MBIs were superior to control interventions for internalizing and distress, but not for fear symptoms. CBT was not superior to MBIs for internalizing and distress, but CBT was superior to MBIs for fear symptoms. The majority of the included studies have a high risk of bias and small sample size, and we found evidence of publication bias for some outcomes. Therefore, results should be interpreted cautiously. MBIs seem promising therapeutic options for treating distress symptoms in anxiety disorders; however, more research is needed to recommend MBIs as first-line treatments. MBIs do not seem effective to treat fear symptoms, for which CBT is significantly more effective.

<https://www.cambridge.org/core/journals/journal-of-the-international-neuropsychological-society/article/mild-traumatic-brain-injury-burden-moderates-the-relationship-between-cognitive-functioning-and-suicidality-in-iraqafghanistan-era-veterans/166AE7503D2076800294E14E49043864>

Mild Traumatic Brain Injury Burden Moderates the Relationship Between Cognitive Functioning and Suicidality in Iraq/Afghanistan-Era Veterans.

Laura D. Crocker, Amber V. Keller, Sarah M. Jurick, Jessica Bomyea, Chelsea C. Hays, Elizabeth W. Twamley, Amy J. Jak

Journal of the International Neuropsychological Society

Published online: 16 November 2018

<https://doi.org/10.1017/S1355617718000851>

Objectives:

Suicidal ideation (SI) is highly prevalent in Iraq/Afghanistan-era veterans with a history of mild traumatic brain injury (mTBI), and multiple mTBIs impart even greater risk for poorer neuropsychological functioning and suicidality. However, little is known about the cognitive mechanisms that may confer increased risk of suicidality in this population. Thus, we examined relationships between neuropsychological functioning and suicidality and specifically whether lifetime mTBI burden would moderate relationships between cognitive functioning and suicidal ideation.

Methods:

Iraq/Afghanistan-era Veterans with a history of mTBI seeking outpatient services (N = 282) completed a clinical neuropsychological assessment and psychiatric and postconcussive symptom questionnaires.

Results:

Individuals who endorsed SI reported more severe post-traumatic stress disorder (PTSD), depression, and postconcussive symptoms and exhibited significantly worse memory performance compared to those who denied SI. Furthermore, mTBI burden interacted with both attention/processing speed and memory, such that poorer performance in these domains was associated with greater likelihood of SI in individuals with a history of three or more mTBIs. The pattern of results remained consistent when controlling for PTSD, depression, and postconcussive symptoms.

Conclusions:

Slowed processing speed and/or memory difficulties may make it challenging to access and use past experiences to solve current problems and imagine future outcomes, leading to increases in hopelessness and SI in veterans with three or more mTBIs. Results have the potential to better inform treatment decisions for veterans with history of multiple mTBIs.

<https://www.tandfonline.com/doi/abs/10.1080/15504263.2018.1535150?journalCode=wjdd20>

Polysubstance Use Among Veterans in Intensive PTSD Programs: Association With Symptoms and Outcomes Following Treatment.

Ish P. Bhalla, Elina A. Stefanovics & Robert A. Rosenheck

Journal of Dual Diagnosis

Published online: 16 Nov 2018

<https://doi.org/10.1080/15504263.2018.1535150>

Objective:

A distinct group of patients has recently been described who experience polysubstance use disorder characterized by use of multiple addictive substances. This study examines baseline characteristics and longitudinal outcomes of a group of such patients in specialized intensive Veterans Health Administration posttraumatic stress disorder (PTSD) programs and followed 4 months after discharge.

Methods:

Patients with diagnosed PTSD or subsyndromal PTSD and who used a single substance at baseline were compared to those who used two or three and more than three different addictive substances on measures of PTSD symptom severity and functioning. Comparisons were also adjusted for differences in total days of any substance use and other potentially confounding factors. Patients were reclassified according to the number of substances used at follow-up and again compared on symptoms and functioning.

Results:

Bivariate analysis of baseline data (N = 8,240) showed frequent polysubstance use (n = 3,695, 44.8% of the sample) and that use of greater numbers of substances was associated with more severe PTSD symptoms as well as more total days of substance use. At follow-up after treatment, 58.2% of the original sample (n = 4,797) was assessed. Polysubstance use was less frequent (n = 756, 15.8% of the follow-up sample), but showed a similar association with more severe symptoms, although differences were attenuated after adjusting for total days of substance use.

Conclusions:

Polysubstance use, conceptualized within the multimorbidity perspective, is associated with increased severity of PTSD symptoms among veterans with dual diagnoses

requiring complex interventions, the evaluation of which will require innovative trial designs.

[https://www.cell.com/neuron/fulltext/S0896-6273\(18\)30955-3](https://www.cell.com/neuron/fulltext/S0896-6273(18)30955-3)

Attenuating Neural Threat Expression with Imagination.

Marianne Cumella Reddan, Tor Dessart Wager, Daniela Schiller

Neuron

Published: November 21, 2018

DOI: <https://doi.org/10.1016/j.neuron.2018.10.047>

Highlights

- Imagined extinction reduces neural and physiological conditioned threat responses
- Ventromedial prefrontal cortex is central to both real and imagined extinction
- Nucleus accumbens uniquely predicts the success of imagined extinction

Summary

Imagination is an internal simulation of real-life events and a common treatment tool for anxiety disorders; however, the neural processes by which imagination exerts behavioral control are unclear. This investigation tests whether and how imagined exposures to a threatening stimulus, conditioned in the real world, influence neural and physiological manifestations of threat. We found that imagined and real extinction are equally effective in the reduction of threat-related neural patterns and physiological responses elicited upon re-exposure to real-world threatening cues. Network connectivity during the extinction phase showed that imagined, like real, extinction engaged the ventromedial prefrontal cortex (vmPFC) as a central hub. vmPFC, primary auditory cortex, and amygdala activation during imagined and real extinction were predictive of individual differences in extinction success. The nucleus accumbens, however, predicted extinction success in the imagined extinction group alone. We conclude that deliberate imagination can attenuate reactions to threat through perceptual and associative learning mechanisms.

Links of Interest

Veterans with post-traumatic stress disorder denied VA benefits allowed to sue military

<https://www.stripes.com/news/veterans/veterans-with-post-traumatic-stress-disorder-denied-va-benefits-allowed-to-sue-military-1.556884>

In its push to be more gender-neutral, the Corps is removing the term PREG from fitness reports for pregnant Marines

<https://www.marinecorpstimes.com/news/your-marine-corps/2018/11/15/in-a-push-to-be-more-gender-neutral-the-corps-is-removing-the-term-preg-from-fitness-reports-for-pregnant-marines/>

Meditation helps vets with post-traumatic stress disorder

<https://www.militarytimes.com/veterans/2018/11/16/meditation-helps-vets-with-post-traumatic-stress-disorder/>

Medicaid cuts would hurt military families, too, advocates say

<https://www.militarytimes.com/pay-benefits/2018/11/15/medicaid-cuts-would-hurt-military-families-too-advocates-say/>

Military kids face unique back-to-school challenges. Here are some programs that can help

<https://www.militarytimes.com/opinion/commentary/2018/11/16/military-kids-face-unique-back-to-school-challenges-here-are-some-programs-that-can-help/>

Fort Leonard Wood's first female commander wants women to know what's possible when serving in the military

<https://www.armytimes.com/news/your-army/2018/11/19/fort-leonard-woods-first-female-commander-wants-women-to-know-whats-possible-when-serving-in-the-military/>

This group speaks for the forgotten vets that 'nobody hears'

<https://rebootcamp.militarytimes.com/news/transition/2018/11/19/this-group-speaks-for-the-forgotten-vets-that-nobody-hears/>

There is help for anyone caring for a service member

<https://health.mil/News/Articles/2018/11/19/There-is-help-for-anyone-caring-for-a-service-member>

When Will We Solve Mental Illness?

<https://www.nytimes.com/2018/11/19/health/mental-health-psychology.html>

PTSD treatment? When exposure therapy isn't an option, imagining the scenario might help

<https://abcnews.go.com/Health/ptsd-treatment-exposure-therapy-option-imagining-scenario/story?id=59339613>

You Snooze, You Lose: Insurers Make The Old Adage Literally True

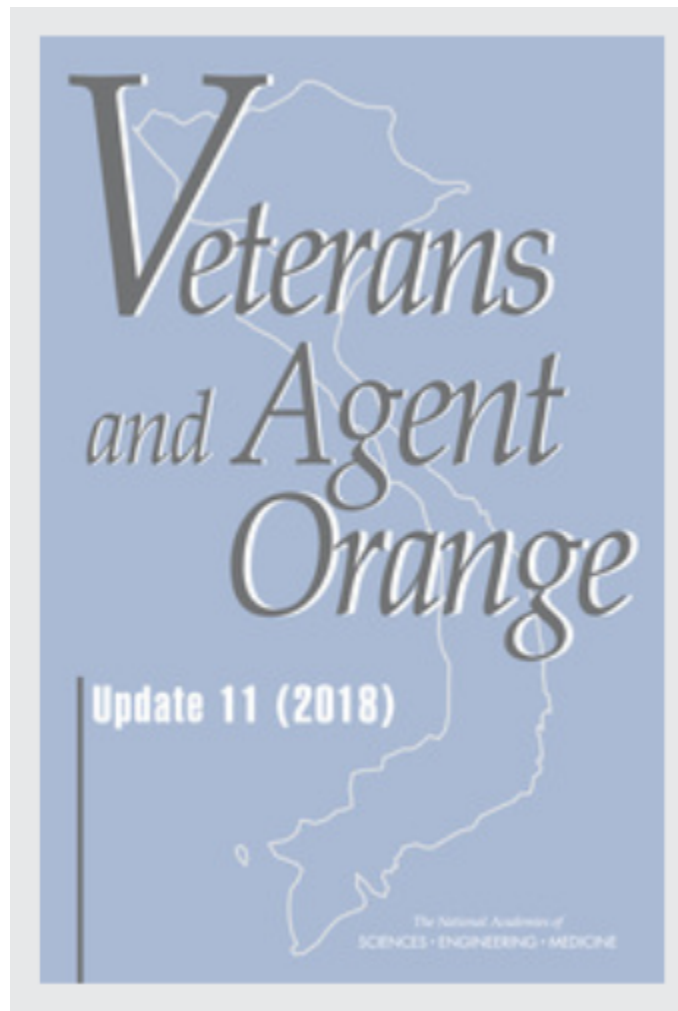
<https://www.propublica.org/article/you-snooze-you-lose-insurers-make-the-old-adage-literally-true>

Resource of the Week: [Veterans and Agent Orange - Update 11 \(2018\)](#)

From 1962 to 1971, the U.S. military sprayed herbicides over Vietnam to strip the thick jungle canopy that could conceal opposition forces, to destroy crops that those forces might depend on, and to clear tall grasses and bushes from the perimeters of US base camps and outlying fire-support bases. Mixtures of 2,4-dichlorophenoxyacetic acid (2,4-D), 2,4,5-trichlorophenoxyacetic acid (2,4,5-T), picloram, and cacodylic acid made up the bulk of the herbicides sprayed. The main chemical mixture sprayed was Agent Orange, a 50:50 mixture of 2,4-D and 2,4,5-T. At the time of the spraying, 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD), the most toxic form of dioxin, was an unintended contaminant generated during the production of 2,4,5-T and so was present in Agent Orange and some other formulations sprayed in Vietnam.

Because of complaints from returning Vietnam veterans about their own health and that of their children combined with emerging toxicologic evidence of adverse effects of phenoxy herbicides and TCDD, the National Academies of Sciences, Engineering, and Medicine was asked to perform a comprehensive evaluation of scientific and medical information regarding the health effects of exposure to Agent Orange, other herbicides used in Vietnam, and the various components of those herbicides, including TCDD. Updated evaluations were conducted every two years to review newly available literature and draw conclusions from the overall evidence. Veterans and Agent Orange: Update 11 (2018) examines peer-reviewed scientific reports concerning associations between various health outcomes and exposure to TCDD and other chemicals in the herbicides used in Vietnam that were published between September 30,

2014, and December 31, 2017, and integrates this information with the previously established evidence database.



Shirl Kennedy
Research Editor
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
240-535-3901