

# CDP

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## Research Update -- December 13, 2018

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<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2716980>

## **Efficacy of Prolonged Exposure Therapy, Sertraline Hydrochloride, and Their Combination Among Combat Veterans With Posttraumatic Stress Disorder: A Randomized Clinical Trial.**

Rauch SAM, Kim HM, Powell C, et al.

JAMA Psychiatry

Published online December 05, 2018

doi:10.1001/jamapsychiatry.2018.3412

### Key Points

#### Question

How do prolonged exposure therapy, sertraline hydrochloride, and their combination compare with regard to reducing the severity of posttraumatic stress disorder symptoms during 24 weeks of treatment?

#### Findings

This randomized clinical trial showed that, in a modified intent-to-treat analysis (n = 207) using a mixed model of repeated measures, the severity of posttraumatic stress disorder symptoms decreased significantly during the 24 weeks of treatment; however, slopes did not differ by treatment arms and at 24 weeks.

#### Meaning

No difference in change in posttraumatic stress disorder symptoms or symptom severity at 24 weeks was found across the 3 groups of sertraline plus enhanced medication management, prolonged exposure plus placebo, and prolonged exposure plus sertraline.

### Abstract

#### Importance

Meta-analyses of treatments for posttraumatic stress disorder (PTSD) suggest that trauma-focused psychotherapies produce greater benefits than antidepressant medications alone.

#### Objective

To determine the relative efficacy of prolonged exposure therapy plus placebo, prolonged exposure therapy plus sertraline hydrochloride, and sertraline plus enhanced medication management in the treatment of PTSD.

## Design, Setting, and Participants

The Prolonged Exposure and Sertraline Trial was a randomized, multisite, 24-week clinical trial conducted at the Veterans Affairs Ann Arbor Healthcare System, Veterans Affairs San Diego Healthcare System, Ralph H. Johnson Veterans Affairs Medical Center, and Massachusetts General Hospital Home Base Veterans Program between January 26, 2012, and May 9, 2016. Participants and clinicians were blinded to pill condition, and outcome evaluators were blinded to assignment. Participants completed assessments at weeks 0 (intake), 6, 12, 24, and 52 (follow-up). Participants (N = 223) were service members or veterans of the Iraq and/or Afghanistan wars with combat-related PTSD and significant impairment (Clinician-Administered PTSD Scale score,  $\geq 50$ ) of at least 3 months' duration. Analyses were on an intent-to-treat basis.

## Intervention

Participants completed up to thirteen 90-minute sessions of prolonged exposure therapy by week 24. Sertraline dosage was titrated during a 10-week period and continued until week 24; medication management was manualized.

## Main Outcomes and Measures

The primary outcome was symptom severity of PTSD in the past month as assessed by the Clinician-Administered PTSD Scale score at week 24.

## Results

Of 223 randomized participants, 149 completed the study at 24 weeks, and 207 (180 men and 27 women; mean [SD] age, 34.5 [8.3 years]) were included in the intent-to-treat analysis. Modified intent-to-treat analysis using a mixed model of repeated measures showed that PTSD symptoms decreased significantly during the 24 weeks (sertraline plus enhanced medication management, 33.8 points; prolonged exposure therapy plus sertraline, 32.7 points; and prolonged exposure therapy plus placebo, 29.4 points;  $\beta$ , -9.39; 95% CI, -11.62 to -7.16;  $P < .001$ ); however, slopes did not differ by treatment group (prolonged exposure therapy plus placebo group, -9.39; sertraline plus enhanced medication management group, -10.37; and prolonged exposure therapy plus sertraline group, -9.99;  $P = .81$ ).

## Conclusions and Relevance

No difference in change in PTSD symptoms or symptom severity at 24 weeks was found between sertraline plus enhanced medication management, prolonged exposure therapy plus placebo, and prolonged exposure therapy plus sertraline.

Trial Registration: ClinicalTrials.gov Identifier: NCT01524133

See also: [Use of Prolonged Exposure and Sertraline in the Treatment of Posttraumatic Stress Disorder for Veterans](#) (editorial)

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<https://www.sciencedirect.com/science/article/abs/pii/S0005796718301992>

### **Predicting suicide attempts among soldiers who deny suicidal ideation in the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS).**

Samantha L. Bernecker, Kelly L. Zuromski, Peter M. Gutierrez, Thomas E. Joiner, ...  
Ronald C. Kessler

Behaviour Research and Therapy  
Available online 6 December 2018  
<https://doi.org/10.1016/j.brat.2018.11.018>

#### Highlights

- Most suicide attempts are made by soldiers who deny suicidal ideation.
- Most deniers of ideation can be classified as low-risk using administrative data.
- High risk among the remainder can be identified using a brief self-report survey.
- This could be a practical way to identify deniers of ideation for intervention.

#### Abstract

Most nonfatal suicide attempts and suicide deaths occur among patients who deny suicidal ideation (SI) during suicide risk screenings. Little is known about risk factors for suicidal behaviors among such patients. We investigated this in a representative sample of U.S. Army soldiers who denied lifetime SI in a survey and were then followed through administrative records for up to 45 months to learn of administratively-recorded suicide attempts (SA). A novel two-stage risk assessment approach was used that combined first-stage prediction from administrative records to find the subsample of SI deniers with highest subsequent SA risk and then used survey reports to estimate a second-stage model identified the subset of individuals in the high-risk subsample at highest SA risk. 70% of survey respondents denied lifetime SI. Administrative data identified 30% of this 70% who accounted for 81.2% of subsequent administratively-recorded SAs. A relatively small number of self-report survey variables were then used to create a prediction model that identified 10% of the first-stage high-risk sample (i.e., 3% of all

soldiers) at highest SA risk (accounting for 45% of SAs in the total sample). We close by discussing potential applications of this approach for identifying future SI deniers at highest SA risk.

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<https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2715167>

## **Trends in Serious Psychological Distress and Outpatient Mental Health Care of US Adults.**

Olfson M, Wang S, Wall M, Marcus SC, Blanco C.

JAMA Psychiatry

Published online November 28, 2018

doi:10.1001/jamapsychiatry.2018.3550

### Key Points

#### Question

How has the percentage of US adults using outpatient mental health care changed in recent years?

#### Findings

Among 139 862 adult participants from Medical Expenditure Panel Surveys, the percentage of US adults receiving outpatient mental health services increased from 19.08% (2004-2005) to 23.00% (2014-2015). During this period, there was an increase in outpatient mental health service use among adults with serious psychological distress from 54.17% to 68.40% and among adults with less serious or no psychological distress from 17.26% to 21.08%.

#### Meaning

Analysis of a recent national increase in outpatient mental health service use shows that adults with less serious psychological distress accounted for most of the absolute increase, while those with serious psychological distress experienced a larger relative increase in service use.

### Abstract

#### Importance

Reports of a recent increase in US outpatient mental health care raise questions about whether it has been driven by rising rates of psychological distress and whether mental

health treatment has become either more or less focused on people with higher levels of distress.

### Objective

To characterize national trends in serious psychological distress and trends in outpatient mental health service use by adults with and without serious psychological distress.

### Design, Setting, and Participants

The 2004-2005, 2009-2010, and 2014-2015 Medical Expenditure Panel Surveys (MEPS) were nationally representative surveys taken in US households. The analysis was limited to participants 18 years or older. Dates of this analysis were February 2018 to April 2018.

### Main Outcomes and Measures

Annual national trends in the percentages of adults with serious psychological distress (Kessler 6 scale score  $\geq 13$ ), outpatient mental health service use (outpatient visit with a mental disorder diagnosis, psychotherapy visit, or psychotropic medication), and type of psychotropic medication use (antidepressants, anxiolytics/sedatives, antipsychotics, mood stabilizers, and stimulants). Age- and sex-adjusted odds ratios of the associations of survey period with the odds of serious psychological distress, outpatient mental health service use, and outpatient mental health service use were stratified by level of psychological distress.

### Results

The analysis involved 139 862 adult participants from the 2004-2005, 2009-2010, and 2014-2015 MEPS, including 51.67% women, 48.33% men, 67.11% white adults, and 32.89% nonwhite adults, with an overall mean (SE) age of 46.41 (0.14) years. Serious psychological distress declined overall from 4.82% (2004-2005) to 3.71% (2014-2015), including significant declines among young (3.94% to 3.07%), middle-aged (5.52% to 4.36%), and older adults (5.24% to 3.79%); men (3.94% to 3.09%) and women (5.64% to 4.29%); and major racial/ethnic groups (white, 4.52% to 3.82%; African American, 5.12% to 3.64%; Hispanic, 6.03% to 3.55%; and other, 5.22% to 3.26%). Overall, the percentage of adults receiving any outpatient mental health service increased from 19.08% (2004-2005) to 23.00% (2014-2015) (adjusted odds ratio, 1.25; 95% CI, 1.17-1.34). Although the proportionate increase in outpatient mental health service use for adults with serious psychological distress (54.17% to 68.40%) was larger than that for adults with less serious or no psychological distress (17.26% to 21.08%), the absolute increase in outpatient mental health service use was almost completely the result of

growth in outpatient mental health service use by individuals with less serious or no psychological distress.

#### Conclusions and Relevance

The recent increase in outpatient mental health service use occurred during a period of decline in serious psychological distress. Adults with less serious psychological distress accounted for most of the absolute increase in outpatient mental health service use, while adults with serious psychological distress experienced a greater relative increase in outpatient mental health service use.

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<https://www.cambridge.org/core/journals/behavioural-and-cognitive-psychotherapy/article/positive-psychology-for-overcoming-symptoms-of-depression-a-pilot-study-exploring-the-efficacy-of-a-positive-psychology-selfhelp-book-versus-a-cbt-selfhelp-book/2112BD09131E02432FB55AFA8D0EBC10>

### **Positive Psychology for Overcoming Symptoms of Depression: A Pilot Study Exploring the Efficacy of a Positive Psychology Self-Help Book versus a CBT Self-Help Book.**

Katie Hanson

Behavioural and Cognitive Psychotherapy  
Volume 47, Issue 1 January 2019 , pp. 95-113  
<https://doi.org/10.1017/S1352465818000218>

#### Background:

Depression is an extremely common mental health disorder, with prevalence rates rising. Low-intensity interventions are frequently used to help meet the demand for treatment. Bibliotherapy, for example, is often prescribed via books on prescription schemes (for example 'Reading Well' in England) to those with mild to moderate symptomology. Bibliotherapy can effectively reduce symptoms of depression (Naylor et al., 2010). However, the majority of self-help books are based on cognitive behavioural therapy (CBT), which may not be suitable for all patients. Research supports the use of positive psychology interventions for the reduction of depression symptoms (Bolier et al., 2013) and as such self-help books from this perspective should be empirically tested.



#### Aims:

This study aimed to test the efficacy of 'Positive Psychology for Overcoming Depression' (Akhtar, 2012), a self-help book for depression that is based on the principles of positive psychology, in comparison with a CBT self-help book that is currently prescribed in England as part of the Reading Well books on prescription scheme.

#### Method:

Participants (n = 115) who were not receiving treatment, but had symptoms of depression, read the positive psychology or the CBT self-help book for 8 weeks. Depression and well-being were measured at baseline, post-test and 1-month follow-up.

#### Results:

Results suggest that both groups experienced a reduction in depression and an increase in well-being, with no differences noted between the two books.

#### Conclusions:

Future directions are discussed in terms of dissemination, to those with mild to moderate symptoms of depression, via books on prescription schemes.

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<https://onlinelibrary.wiley.com/doi/10.1111/cpsp.12254>

### **Dissemination before evidence? What are the driving forces behind the dissemination of mindfulness-based interventions?**

Johannes Michalak, Thomas Heidenreich

Clinical Psychology Science and Practice

First published: 11 July 2018

<https://doi.org/10.1111/cpsp.12254>

During the past decades, there has been a rapidly growing interest in mindfulness-based interventions (MBIs). Although a number of clinical trials on MBIs have been conducted, the evidence base for MBIs is still limited. Nevertheless, a rapid dissemination of MBIs has taken place and it can be argued that, in the case of MBIs, dissemination came before evidence. We contend that, in addition to empirical arguments, a complex mixture of historical, social, and psychological factors has fueled the acceptance of MBIs. In particular, (a) historical developments of Buddhism, (b)

characteristics of the current zeitgeist, (c) the specific role of spirituality in MBIs, and (d) aspects of the health-care system have promoted the dissemination of MBIs.

See also: [Uptake of mindfulness-based interventions: A phenomenon of wealthy white western women?](#) (editorial)

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<https://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000565?journalCode=cri>

### **Assessing the Reliability of the CAMS Rating Scale Using a Generalizability Study.**

Christopher D. Corona, Peter M. Gutierrez, Barry M. Wagner, and David A. Jobes

Crisis

Published online November 26, 2018

<https://doi.org/10.1027/0227-5910/a000565>

**Background:**

An important consideration when conducting randomized controlled trials is treatment differentiation. Direct observation helps ensure that providers in different treatment groups are delivering distinct interventions. One direct observation method is the use of a measure to rate clinician performance when delivering an intervention.

**Aims:**

This generalizability study evaluated the reliability of the CAMS Rating Scale (CRS), a measure used to assess delivery of the Collaborative Assessment and Management of Suicidality (CAMS).

**Method:**

Digitally recorded tapes of clinicians delivering either CAMS or Enhanced Care-As-Usual (E-CAU) were coded using the CRS. Sessions (N = 36) were each coded by two raters, and encompassed four clinicians, four time points, and 34 unique patients across two treatment groups. A reliability coefficient (i.e., G coefficient) and the percentages of variance contributed by each component of the measurement model were obtained.

**Results:**

The CRS reliably differentiates CAMS from E-CAU, minimizes measurement error relative to expected variance sources, and continues to demonstrate high inter-rater

reliability. Limitations: The absence of blind raters, a formal training protocol for the rating team, and ratings from all clinician–patient dyads at all time points was a limitation.

Conclusion:

The CRS is a reliable treatment differentiation measure that can play an integral role in studies evaluating CAMS.

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<https://www.sciencedirect.com/science/article/pii/S016383431830077X>

### **Inpatient psychiatric care following a suicide-related hospitalization: A pilot trial of Post-Admission Cognitive Therapy in a military medical center.**

Marjan Ghahramanlou-Holloway, Jessica M. LaCroix, Kanchana U. Perera, Laura Neely, ... Su Yeon Lee-Tauler

General Hospital Psychiatry

Available online 27 November 2018

<https://doi.org/10.1016/j.genhosppsy.2018.11.006>

#### Objective

Individuals with a recent suicidal crisis are typically admitted for inpatient psychiatric care. However, targeted inpatient interventions for suicide prevention remain sparse. Thus, this pilot randomized controlled trial evaluated a brief inpatient cognitive behavioral protocol, Post-Admission Cognitive Therapy (PACT) for the prevention of suicide.

#### Methods

United States service members and beneficiaries (N = 24) psychiatrically hospitalized at a military medical center due to a recent suicidal crisis were randomized to receive either PACT plus Enhanced Usual Care (PACT + EUC) or EUC alone. Blinded follow-up assessments were conducted at one-, two-, and three-months post discharge. The degree of change and variability of response to PACT for repeat suicide attempt(s) (primary outcome), as well as depression, hopelessness, and suicide ideation (secondary outcomes) were examined.

#### Results

Significant between-group differences in re-attempt status were not found. Reliable

Change Index analyses indicated that among the most clinically severe participants, a greater proportion of PACT + EUC participants compared with EUC participants met criteria for clinically significant reductions on depression (40% versus 25%), hopelessness (67% versus 50%), suicide ideation (45% versus 33%), and posttraumatic stress symptomatology (40% versus 25%).

#### Conclusions

PACT is a promising inpatient cognitive behavioral intervention for suicide risk reduction. The efficacy of PACT is currently being evaluated in a well-powered multi-site randomized controlled trial.

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<https://www.sciencedirect.com/science/article/abs/pii/S0306460318309882>

#### **Concurrent treatment of substance use disorders and PTSD using prolonged exposure: A randomized clinical trial in military veterans.**

Sudie E. Back, Therese Killeen, Christal L. Badour, Julianne C. Flanagan, ... Kathleen T. Brady

#### Addictive Behaviors

Volume 90, March 2019, Pages 369-377

<https://doi.org/10.1016/j.addbeh.2018.11.032>

#### Highlights

- Posttraumatic stress disorder (PTSD) is common among individuals with addiction.
- Rates of PTSD and addiction are particularly high among military veterans.
- This study tested an integrated treatment for both disorders in military veterans.
- The treatment included Prolonged Exposure (PE) for PTSD.
- The treatment was effective and significantly reduced PTSD and substance use severity.

#### Abstract

##### Objective

A substantial amount of individuals with substance use disorders (SUD) also meet criteria for posttraumatic stress disorder (PTSD). Prolonged Exposure (PE) is an effective, evidence-based treatment for PTSD, but there is limited data on its use among individuals with current alcohol or drug use disorders. This study evaluated the efficacy of an integrated treatment that incorporates PE (Concurrent Treatment of PTSD

and Substance Use Disorders Using Prolonged Exposure or COPE) among veterans.

#### Method

Military veterans (N = 81, 90.1% male) with current SUD and PTSD were randomized to 12 sessions of COPE or Relapse Prevention (RP). Primary outcomes included the Clinician Administered PTSD Scale (CAPS), PTSD Checklist-Military version (PCL-M), and the Timeline Follow-back (TLFB).

#### Results

On average, participants attended 8 out of 12 sessions and there were no group differences in retention. Intent-to-treat analyses revealed that COPE, in comparison to RP, resulted in significantly greater reductions in CAPS ( $d = 1.4$ ,  $p < .001$ ) and PCL-M scores ( $d = 1.3$ ,  $p = .01$ ), as well as higher rates of PTSD diagnostic remission ( $OR = 5.3$ ,  $p < .01$ ). Both groups evidenced significant and comparable reductions in SUD severity during treatment. At 6-months follow-up, participants in COPE evidenced significantly fewer drinks per drinking day than participants in RP ( $p = .05$ ).

#### Conclusions

This study is the first to report on the use of an integrated, exposure-based treatment for co-occurring SUD and PTSD in a veteran sample. The findings demonstrate that integrated, exposure-based treatments are feasible and effective for military veterans with SUD and PTSD. Implications for clinical practice are discussed.

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<http://psycnet.apa.org/record/2018-13935-001>

#### **Life satisfaction among veterans: Unique associations with morally injurious events and posttraumatic growth.**

Evans, W. R., Szabo, Y. Z., Stanley, M. A., Barrera, T. L., Exline, J. J., Pargament, K. I., & Teng, E. J.

Traumatology

2018; 24(4), 263-270.

<http://dx.doi.org/10.1037/trm0000157>

In the nascent literature on the sequelae of exposure to potentially morally injurious events (PMIEs), there has been little consideration of the possible associations between PMIE exposure and positive, growth-related outcomes. Broadly, trauma exposure is

associated with negative changes in life satisfaction. However, posttraumatic growth (PTG) has also been examined as an outcome of trauma exposure, and is positively associated with life satisfaction. The current study expands the literature on PMIE exposure by investigating the relations among this unique stressor, PTG, and life satisfaction. The current sample consists of 155 U.S. military veterans at a large Veterans Affairs medical center. Regression analyses revealed both PMIE exposure and PTG predict higher life satisfaction, with each predictor contributing a significant amount of unique variance. Follow-up analyses using PMIE subscales revealed PMIEs characterized by violations by self, but not violations by others or perceived betrayal, predicted higher life satisfaction. Findings indicate PMIE exposure may relate to well-being differently than do other forms of trauma and suggest PTG alone may be insufficient to explain this relation. Based on these findings and emerging definitions of moral healing, we suggest a framework for understanding the differing pathways between PMIE exposure and life satisfaction versus development of psychopathology, advocating for future research into the role of values-aligned living in thriving versus suffering subsequent to PMIE exposure. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

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<https://onlinelibrary.wiley.com/doi/abs/10.1111/sltb.12536>

### **Ten-Year Trend and Correlates of Reported Posttraumatic Stress Disorder among Young Male Veteran Suicide Decedents—Results from the National Violent Death Reporting System, 16 U.S. States, 2005–2014.**

Julie O'Donnell PhD, MPH, Joseph Logan PhD, Robert Bossarte PhD

Suicide and Life-Threatening Behavior

First published: 29 November 2018

<https://doi.org/10.1111/sltb.12536>

#### Objective

This study examined trends and correlates of reported post-traumatic stress disorder (PTSD) among young male Veteran suicide decedents, using data from the National Violent Death Reporting System from 2005–2014 on 1,362 male U.S. Veteran suicide decedents aged 18–34 years.

#### Methods

Prevalence of reported PTSD (i.e., diagnosis/symptoms) was determined by mental

health diagnostic fields and narratives and examined by year. Demographic, incident, and precipitating circumstance characteristics correlated with reported PTSD were identified.

## Results

One-hundred ninety-eight (15%) decedents had PTSD evidence. A 30-fold increase in reported PTSD prevalence occurred among decedents aged 25–34 years; however, no increase was observed among younger decedents. Reported PTSD was associated with past deployments (odds ratio (OR): 14.5, 95% confidence interval (95% CI): 9.0–23.4); depression (OR: 1.8, 95% CI: 1.2–2.6); and divorce (OR: 1.7, 95% CI: 1.0–2.7). Recent crisis (OR: 0.6, 95% CI: 0.3–0.9) was inversely associated with reported PTSD.

## Conclusions

Reported PTSD prevalence substantially increased among Veteran suicide decedents aged 25–34 years suggesting it is beginning to play a larger role in suicide for this group. Few correlated suicide risk factors were found, suggesting that if symptoms of PTSD are present, heightened vigilance by providers for suicide risk might be warranted, irrespective of evidence of other risk factors.

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<https://www.sciencedirect.com/science/article/pii/S0022395618308355>

## **Anger, social support, and suicide risk in U.S. military veterans.**

Chelsey R. Wilks, Leslie A. Morland, Kirsten H. Dillon, Margaret-Anne Mackintosh, ...  
Eric B. Elbogen

Journal of Psychiatric Research  
Volume 109, February 2019, Pages 139-144  
<https://doi.org/10.1016/j.jpsychires.2018.11.026>

There have been considerable efforts to understand, predict, and reduce suicide among U.S. military veterans. Studies have shown that posttraumatic stress disorder (PTSD), major depression (MDD), and traumatic brain injury (TBI) increase risk of suicidal behavior in veterans. Limited research has examined anger and social support as factors linked to suicidal ideation, which if demonstrated could lead to new, effective strategies for suicide risk assessment and prevention. Iraq/Afghanistan era veterans (N = 2467) were evaluated in the ongoing Veterans Affairs Mid-Atlantic Mental Illness Research, Education and Clinical Center (MIRECC) multi-site Study of Post-

Deployment Mental Health on demographic and psychological variables. Analyses revealed that suicidal ideation in veterans was positively associated with anger and negatively associated with social support. These results remained significant in multivariate logistic regression models controlling for relevant variables including PTSD, MDD, and TBI. Examining interrelationships among these variables, the analyses revealed that the association between PTSD and suicidal ideation was no longer statistically significant once anger was entered in the regression models. Further, it was found that TBI was associated with suicidal ideation in veterans with MDD but not in veterans without MDD. These findings provide preliminary evidence that suicide risk assessment in military veterans should include clinical consideration of the roles of anger and social support in addition to PTSD, MDD, and TBI. Further, the results suggest that suicide prevention may benefit from anger management interventions as well as interventions aimed at bolstering social and family support as treatment adjuncts to lower suicide risk in veterans.

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<https://academic.oup.com/sleep/advance-article-abstract/doi/10.1093/sleep/zsy229/5228726>

### **Pre-deployment Insomnia is Associated with Post-deployment PTSD and Suicidal Ideation in US Army Soldiers.**

Hohui E Wang, MD, Laura Campbell-Sills, PhD Ronald C Kessler, PhD Xiaoying Sun, MS Steven G Heeringa, PhD Matthew K Nock, PhD Robert J Ursano, MD Sonia Jain, PhD Murray B Stein, MD, MPH

Sleep

Published: 03 December 2018

<https://doi.org/10.1093/sleep/zsy229>

#### **Study Objectives**

Insomnia is prevalent among military personnel and may increase risk of mental disorders and suicidal ideation. This study examined associations of pre-deployment insomnia with post-deployment posttraumatic stress disorder (PTSD) and suicidal ideation among U.S. Army soldiers.

#### **Methods**

Soldiers from 3 Brigade Combat Teams completed surveys 1–2 months before deploying to Afghanistan in 2012 (T0), upon return from deployment (T1), 3 months



later (T2), and 9 months later (T3). Logistic regression was performed to estimate associations of pre-deployment (T0) insomnia with post-deployment (T2 or T3) PTSD and suicidal ideation among respondents who completed surveys at all waves (n=4645). A hierarchy of models incorporated increasing controls for pre-deployment risk factors and deployment experiences.

### Results

Pre-deployment insomnia was associated with increased risk of post-deployment PTSD (AOR=3.14, 95% CI=2.58–3.82;  $p<.0005$ ) and suicidal ideation (AOR=2.78, 95% CI=2.07–3.74;  $p<.0005$ ) in models adjusting for socio-demographic characteristics and prior deployment history. Adjustment for other pre-deployment risk factors and deployment experiences attenuated these associations; however, insomnia remained significantly associated with post-deployment PTSD (AOR=1.50, 95% CI=1.19–1.89,  $p=.001$ ) and suicidal ideation (AOR=1.43, 95% CI=1.04–1.95,  $p=.027$ ). Subgroup models showed that pre-deployment insomnia was associated with incident PTSD (AOR=1.55, 95% CI=1.17–2.07,  $p=.003$ ) and suicidal ideation (AOR=1.67, 95% CI=1.16–2.40,  $p=.006$ ) among soldiers with no pre-deployment history of these problems.

### Conclusions

Pre-deployment insomnia contributed to prediction of post-deployment PTSD and suicidal ideation in Army soldiers, suggesting that detection of insomnia could facilitate targeting of risk mitigation programs. Future studies should investigate whether treatment of insomnia helps prevent PTSD and suicidal ideation among deployed servicemembers.

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<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usy313/5230762>

### **Incidence of Traumatic Brain Injury in the U.S. Military, 2010–2014.**

Yll Agimi Lemma Ebssa Regasa Katharine C Stout

Military Medicine

Published: 04 December 2018

<https://doi.org/10.1093/milmed/usy313>

## Introduction

Traumatic brain injury (TBI) is a significant health issue that affects U.S. military service members (SM) at home and in combat deployments. We estimated the TBI incidence rate in the deployed and non-deployed setting between 2010 and 2014 and identified subgroups with elevated rates for prevention efforts.

## Methods

Retrospective population-based study of all active duty U.S. military SM that sustained a first active duty TBI diagnosis between January 2010 and December 2014 collected and analyzed in 2017. Using Armed Forces Health Surveillance Branch data we calculated the Mantel–Haenszel (MH) standardized TBI incidence rate in the deployed and non-deployed setting, adjusting for service and demographic factors.

## Results

From 2010 to 2014, the MH standardized incidence rate for deployed SMs was 3,265 TBIs per 100 thousand p-yrs (95% CI: 3,222–3,307) and 1,705.2 (95% CI: 1,694.0–1,716.5) for non-deployed SMs. The youngest deployed male Army soldiers, those ages 17–24, especially White and Hispanic soldiers, had the highest TBI incidence rate (IR) of 5,748.7 (95% CI: 5,585.8–5,916.4) and 5,010.3 (95% CI: 4,647.5–5,401.4), respectively. The IR for all branches was 1,972.6 (95% CI: 1,959.5–1,985.7) and 724.0 (95% CI: 714.9–733.0) for Reserve/Guard Service members.

## Conclusions

Across all years, Marines and Army Soldiers experience the highest rates of injury with deployed SMs having elevated IRs of TBI. The TBI IR among deployed SMs was 91% higher than among those in the non-deployed setting, due to continued exposures to combat. Deployed Reserve/Guard component SMs seem to have an above average rate, a finding with implications for training and prevention.

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<https://www.liebertpub.com/doi/abs/10.1089/neu.2017.5590>

## **Differences in PTSD Symptoms among Post-9/11 Veterans with Blast- and Non-blast Mild TBI.**

Mr. Clark Ryan-Gonzalez; Dr. Nathan Kimbrel; Dr. Eric C Meyer; Dr. Evan M. Gordon; Dr. Bryann B DeBeer; Dr. Suzy Bird Gulliver; Dr. Timothy R. Elliott; Dr. Sandra Mosissette

The relationship between traumatic brain injury (TBI) and PTSD has been difficult to disentangle, in part due to the commonality of incidents that can cause both conditions, as well as high rates of comorbidity between the two conditions. Inconsistent findings may be related to different study characteristics and types of mTBI sustained (e.g., blast, non-blast). The objective of this study was to determine the association of blast- vs. non-blast related TBIs with long-term PTSD symptoms after controlling for demographic variables and trauma exposure. The sample included 230 post-9/11 veterans who experienced a blast-related mTBI (n = 29), non-blast mTBI (n = 74), combined blast and non-blast mTBI (n = 40), or no TBI (n = 87). As hypothesized, a between-groups analysis of covariance revealed that, after controlling for demographics, combat exposure, and prior trauma, PTSD symptoms among individuals with blast-related mTBI and combined blast and non-blast mTBI were significantly higher compared to non-blast related mTBI and no TBI. These data suggest that blast-related mTBI is associated with more severe long-term PTSD symptoms.

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<https://onlinelibrary.wiley.com/doi/abs/10.1111/sltb.12537>

### **Intimate Relationships Buffer Suicidality in National Guard Service Members: A Longitudinal Study.**

Adrian J. Blow PhD Adam Farero MS Dara Ganoczy MPH Heather Walters MS Marcia Valenstein MD

Suicide and Life-Threatening Behavior

First published: 03 December 2018

<https://doi.org/10.1111/sltb.12537>

#### **Objective**

Members of the U.S. military are at a high suicide risk. While studies have examined predictors of suicide in the U.S. military, more studies are needed which examine protective factors for suicide. Informed by the interpersonal theory of suicide, this study examined the strength of the intimate relationship and its role as a buffer of suicidality in National Guard service members.

## Method

A total of 712 National Guard residing in a Midwestern state, who had all recently returned home from a deployment, took part in this study and completed surveys at 6 and 12 months postdeployment. They were assessed on suicide risk, mental health (depression, post-traumatic stress disorder, anxiety), and relationship satisfaction.

## Results

Lower relationship satisfaction and more depressive symptoms at the 6-month assessment were significantly related to greater suicide risk at 12 months. Each interaction between couple satisfaction and three mental health variables (PTSD, depression, and anxiety) at the 6-month assessment was significantly associated with suicide risk at 12 months.

## Conclusions

The strength of the intimate relationship serves as a buffer for suicide in National Guard service members who have PTSD, anxiety, or depression. Interventions that strengthen these intimate relationships could reduce suicide in service members.

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<http://psycnet.apa.org/record/2018-13935-001>

## **Life satisfaction among veterans: Unique associations with morally injurious events and posttraumatic growth.**

Evans, W. R., Szabo, Y. Z., Stanley, M. A., Barrera, T. L., Exline, J. J., Pargament, K. I., & Teng, E. J.

Traumatology

2018; 24(4), 263-270.

<http://dx.doi.org/10.1037/trm0000157>

In the nascent literature on the sequelae of exposure to potentially morally injurious events (PMIEs), there has been little consideration of the possible associations between PMIE exposure and positive, growth-related outcomes. Broadly, trauma exposure is associated with negative changes in life satisfaction. However, posttraumatic growth (PTG) has also been examined as an outcome of trauma exposure, and is positively associated with life satisfaction. The current study expands the literature on PMIE exposure by investigating the relations among this unique stressor, PTG, and life satisfaction. The current sample consists of 155 U.S. military veterans at a large

Veterans Affairs medical center. Regression analyses revealed both PMIE exposure and PTG predict higher life satisfaction, with each predictor contributing a significant amount of unique variance. Follow-up analyses using PMIE subscales revealed PMIEs characterized by violations by self, but not violations by others or perceived betrayal, predicted higher life satisfaction. Findings indicate PMIE exposure may relate to well-being differently than do other forms of trauma and suggest PTG alone may be insufficient to explain this relation. Based on these findings and emerging definitions of moral healing, we suggest a framework for understanding the differing pathways between PMIE exposure and life satisfaction versus development of psychopathology, advocating for future research into the role of values-aligned living in thriving versus suffering subsequent to PMIE exposure. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

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[https://journals.lww.com/headtraumarehab/Abstract/publishahead/The\\_Role\\_of\\_Pain\\_Catastrophizing\\_in\\_Cognitive.99453.aspx](https://journals.lww.com/headtraumarehab/Abstract/publishahead/The_Role_of_Pain_Catastrophizing_in_Cognitive.99453.aspx)

### **The Role of Pain Catastrophizing in Cognitive Functioning Among Veterans With a History of Mild Traumatic Brain Injury.**

Hoffman, Samantha N., BS; Herbert, Matthew S., PhD; Crocker, Laura D., PhD; DeFord, Nicole E., MA; Keller, Amber V., BA; Jurick, Sarah M., MS; Sanderson-Cimino, Mark, BS; Jak, Amy J., PhD

The Journal of Head Trauma Rehabilitation  
November 28, 2018  
doi: 10.1097/HTR.0000000000000453

#### **Objective:**

To determine the role of pain catastrophizing (PC) in neuropsychological functioning in veterans with a history of mild traumatic brain injury (TBI).

#### **Participants:**

Thirty-nine Iraq and Afghanistan combat veterans evaluated in the post–acute phase following mild TBI.

#### **Methods:**

Participants underwent psychiatric and TBI clinical interviews, neuropsychological tests, and self-report assessments of PC, pain intensity, depression, and posttraumatic stress

disorder symptoms. Cognitive functioning composite scores of executive functioning, processing speed, and learning and memory were created. Composites were entered as dependent variables into separate linear regressions to examine relations with PC.

**Results:**

Greater PC was associated with worse executive functioning and processing speed even when controlling for confounding variables.

**Conclusions:**

One's interpretation of pain, in addition to pain intensity, has implications for cognitive functioning. Future research is encouraged to determine whether adaptive pain coping mechanisms improve cognitive functioning or, alternatively, whether cognitive rehabilitation strategies reduce PC.

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<https://www.sciencedirect.com/science/article/pii/S0033318218305085>

**Psychiatric Care of the Post-September 11 Combat Veteran: A Review.**

Justin M. Johnson, & Bruce P. Capehart, MD

Psychosomatics

Available online 30 November 2018

<https://doi.org/10.1016/j.psych.2018.11.008>

Post-September 11, 2001 combat veterans represent a growing cohort of patients with unique mental health needs, particularly around post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). The United States (U.S) remains engaged in conflicts around the globe, so this patient cohort will continue to grow in number. With around 40% of American combat veterans from Iraq and Afghanistan seeking mental health care outside of the VA, understanding the psychiatric needs of the post-September 11 combat veteran is an important goal for all psychiatrists. These patients are relevant to consultation-liaison (C/L) psychiatrists because of their high comorbidity of conditions such as TBI, obstructive sleep apnea, insomnia, and chronic pain. This article reviews the current literature on mental health care for the post-September 11 combat veteran, emphasizing PTSD and TBI treatment, and culling evidence-based recommendations from randomized controlled trials of combat veterans. Emphasis is also placed on the VA/Department of Defense (DoD) Clinical Practice Guidelines. The authors also bring unique clinical expertise of having served on active duty as psychiatrists for the U.S.

Army, including in a combat zone, and both currently work in a VA Iraq and Afghanistan combat veteran mental health clinic. This review outlines useful treatment approaches for PTSD and TBI and briefly covers the co-morbid conditions of major depression, chronic pain, and substance use disorders. This review will prepare C/L psychiatrists to care for this challenging patient cohort.

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<http://psycnet.apa.org/record/2018-24926-001>

**Interpersonal psychotherapy for posttraumatic stress disorder due to military sexual trauma: A case report.**

Peskin, M., Markowitz, J. C., & Difede, J.

Journal of Psychotherapy Integration  
2018; 28(4), 556-566.  
<http://dx.doi.org/10.1037/int0000112>

Although published treatment guidelines recommend cognitive and/or behavioral therapies as the first-line treatment for posttraumatic stress disorder (PTSD), recent research has shown that interpersonal psychotherapy (IPT) represents a promising treatment option for PTSD. We report a case study describing the use of IPT to treat symptoms of PTSD due to military sexual trauma in a female veteran. Following a brief course of IPT, the veteran reported significant improvement in symptoms of PTSD and depression and positive changes in her relationships with important others in her life. While case studies are by nature limited, the treatment course described here offers initial support for IPT as an alternative treatment approach for military sexual trauma–related symptoms of PTSD, particularly in cases in which depression is a co-occurring treatment consideration. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

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<http://psycnet.apa.org/record/2018-19265-001>

**Contexts precipitating help-seeking among partners of veterans with posttraumatic stress disorder: A qualitative exploration.**

Beks, T. A., & Cairns, S. L.

Traumatology

2018; 24(4), 313-323.

<http://dx.doi.org/10.1037/trm0000159>

Research has shown that the increased demands associated with the aftereffects of traumatic deployment experiences can have adverse effects on the mental health, well-being, and functioning of partners of veterans with posttraumatic stress disorder (PTSD). Although it is important that mental health systems are prepared to meet the needs of help-seeking partners, little is known about the help-seeking experiences of this population. The objective of this study was to explore the contexts within which partners recognize the desire or need to seek mental health services. A thematic analysis was performed on 16 semistructured interviews conducted with female partners of Canadian veterans with PTSD. Seven themes emerged across two categories. The contexts of life circumstances (roles, responsibilities, and demands) and precipitating events (experiences preceding help-seeking) shape partners' definition of the problem and pathways to help-seeking. These findings provide important considerations for tailoring mental health services and interventions for not only partners but also PTSD-affected veteran families as a whole. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

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<https://www.sciencedirect.com/science/article/pii/S2211335518302766>

### **Health coverage types and their relationship to mental and physical health in U.S. veterans.**

Judith D. Weissman, David Russell, Fatemeh Haghighi, Lisa Dixon, Marianne Goodman

Preventive Medicine Reports

Volume 13, March 2019, Pages 85-92

<https://doi.org/10.1016/j.pmedr.2018.11.016>

#### **Objective**

To examine sociodemographic characteristics and chronic health conditions in veterans across health coverage types including those without coverage.

#### **Design**

The sample included cross-sectional data from veterans aged 18 years and over, collected in the 2016 National Health Interview Survey (n = 3487). Chronic health



conditions and sociodemographic variables were examined across eleven health coverage types and combinations of health coverage types, as follows: No coverage, Medicare, Medicaid, Private, TRICARE (formerly known as the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)), TRICARE and Medicare, Veteran's Administration, Veteran's Administration and Medicare, Veteran's Administration and Private, Veteran's Administration and Private and Medicare.

## Results

Approximately 3.9% of veterans did not have coverage. The greatest proportion had private coverage (28.2%), then private coverage plus Medicare (19.6%). Only 5.9% had Veterans Administration coverage solely. Among the veterans not covered, the majority were young, lived alone, had less than a high school education and resided in the South. The most common chronic health conditions among non-covered veterans were obesity and migraine. Regional differences were observed in the types of chronic health conditions. Veterans in the Northeast were less likely to report serious psychological distress. In a logistic regression, younger age (18–44 years), living alone and having less than a high school education were predictive of no coverage, but number of chronic health conditions was not.

## Conclusion

A population of veterans without health coverage may be undeserved and at risk for poor mental and physical health due to non-health related factors.

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<https://www.jmir.org/2018/12/e10124>

## **Clinical Feasibility of a Just-in-Time Adaptive Intervention App (iREST) as a Behavioral Sleep Treatment in a Military Population: Feasibility Comparative Effectiveness Study.**

Pulantara IW, Parmanto B, Germain A

Journal of Medical Internet Research

2018; 20(12): e10124

DOI: 10.2196/10124

## Background:

Although evidence-based cognitive behavioral sleep treatments have been shown to be safe and effective, these treatments have limited scalability. Mobile health tools can

address this scalability challenge. iREST, or interactive Resilience Enhancing Sleep Tactics, is a mobile health platform designed to provide a just-in-time adaptive intervention (JITAI) in the assessment, monitoring, and delivery of evidence-based sleep recommendations in a scalable and personalized manner. The platform includes a mobile phone-based patient app linked to a clinician portal.

#### Objective:

The first aim of the pilot study was to evaluate the effectiveness of JITAI using the iREST platform for delivering evidence-based sleep interventions in a sample of military service members and veterans. The second aim was to explore the potential effectiveness of this treatment delivery form relative to habitual in-person delivery.

#### Methods:

In this pilot study, military service members and veterans between the ages of 18 and 60 years who reported clinically significant service-related sleep disturbances were enrolled as participants. Participants were asked to use iREST for a period of 4 to 6 weeks during which time they completed a daily sleep/wake diary. Through the clinician portal, trained clinicians offered recommendations consistent with evidence-based behavioral sleep treatments on weeks 2 through 4. To explore potential effectiveness, self-report measures were used, including the Insomnia Severity Index (ISI), the Pittsburgh Sleep Quality Index (PSQI), and the PSQI Addendum for Posttraumatic Stress Disorder.

#### Results:

A total of 27 participants completed the posttreatment assessments. Between pre- and postintervention, clinically and statistically significant improvements in primary and secondary outcomes were detected (eg, a mean reduction on the ISI of 9.96,  $t_{26}=9.99$ ,  $P<.001$ ). At posttreatment, 70% (19/27) of participants met the criteria for treatment response and 59% (16/27) achieved remission. Comparing these response and remission rates with previously published results for in-person trials showed no significant differences.

#### Conclusion:

Participants who received evidence-based recommendations from their assigned clinicians through the iREST platform showed clinically significant improvements in insomnia severity, overall sleep quality, and disruptive nocturnal disturbances. These findings are promising, and a larger noninferiority clinical trial is warranted.

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<https://link.springer.com/article/10.1007/s11089-018-0854-9>

## **Moral Injury as Loss and Grief with Attention to Ritual Resources for Care.**

Nancy J. Ramsay

Pastoral Psychology

First Online: 07 December 2018

<https://doi.org/10.1007/s11089-018-0854-9>

Moral injury can be understood, in large part, as an experience of profound loss and grief with individual and systemic consequences. Through that lens, the author draws on several composite vignettes of veterans and their families situated in faith communities to explore the range of losses that is often entailed in an experience of moral injury and possible characteristics of grief arising from such personal, lifelong, relational, and generational loss. She also pursues the relevance and usefulness of theoretical concepts regarding grief such as ambiguous loss and resilience for understanding and responding to those affected by moral injury and their relational systems. The author also addresses theoretical frames such as intersectionality to illumine how contextual complexities of identity such as race and gender inform our understanding and strategies for responding to grief associated with moral injury. In addition to these theoretical resources, she draws on theological perspectives that are helpful in the face of radical, dehumanizing evil such as forms of lament and the relation between protest and hope. In particular, she explores the value of ritual for practices of care as resources for healing, both for veterans and their families affected by moral injury and for faith communities who may come to recognize their own complicity in moral injury. She also briefly considers the possibilities of public rituals for bearing witness to communal aspects of responsibility in moral injury. The author draws on Jewish, Christian, and Muslim resources for practices of ritual care.

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### **Links of Interest**

Military units to reunite for mental health support in new VA pilot to prevent suicide

<https://www.militarytimes.com/news/2018/12/11/new-va-pilot-will-reunite-military-units-for-mental-health-support/>

1 in 4 troops have an opioid prescription in a given year

<https://www.militarytimes.com/pay-benefits/2018/12/04/one-in-four-troops-have-an-opioid-prescription-in-a-given-year/>

More veterans are becoming obese. Are stressful military transitions to blame?

<https://rebootcamp.militarytimes.com/news/transition/2018/12/04/more-veterans-are-becoming-obese-are-stressful-military-transitions-to-blame/>

Military services considering deployment location based on health

<https://federalnewsnetwork.com/dod-personnel-notebook/2018/12/military-services-considering-deployment-location-based-on-health/>

Online VA medical appointments expanding to Walmart sites, VFW posts

<https://www.militarytimes.com/news/2018/12/07/online-va-medical-appointments-expanding-to-walmart-sites-vfw-posts/>

Jury finds former Travis psychologist guilty in sexual abuse case

<https://www.dailyrepublic.com/all-dr-news/solano-news/crime-solano-county-courts/jury-finds-former-travis-psychologist-guilty-in-sexual-abuse-case/comment-page-1/>

Navy Sees Sudden Rise in Suicide Rate Since 2015; Unclear on Causes

<https://news.usni.org/2018/12/11/navy-suicide-rate-rising-faster-than-dod>

Can We Really Inherit Trauma?

<https://www.nytimes.com/2018/12/10/health/mind-epigenetics-genes.html>

My Top 10 Psychology Books of 2018

<https://www.psychologytoday.com/us/blog/the-clarity/201812/my-top-10-psychology-books-2018>

SAD lights push back depression during dark days

<https://newsroom.uw.edu/postscript/sad-lights-push-back-depression-during-dark-days>

VA-led study asks: Is alcohol healthy?

Study suggests even light drinking can shorten life

<https://www.blogs.va.gov/VAntage/54691/va-led-study-asks-alcohol-healthy/>

The VA actually spent money — and years — on a scientific study to tell us daily drinking is unhealthy

<https://www.militarytimes.com/off-duty/military-culture/2018/12/11/the-va-actually-spent->

[money-and-years-on-a-scientific-study-to-tell-us-daily-drinking-is-unhealthy/](#)

Military 'equality' issues — including transgender troops — atop Democrats' 2019 defense agenda

<https://www.militarytimes.com/news/pentagon-congress/2018/12/12/military-equality-issues-including-transgender-troops-atop-democrats-2019-defense-agenda/>

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**Resource of the Week: [Reserve Component Personnel Issues: Questions and Answers](#)**

This is a recently updated report from the Congressional Research Service.

The Constitution provides Congress with broad powers over the Armed Forces, including the power to "to raise and support Armies," "to provide and maintain a Navy," "to make Rules for the Government and Regulation of the land and naval Forces" and "to provide for organizing, arming, and disciplining the Militia, and for governing such Part of them as may be employed in the Service of the United States.... " In the exercise of this constitutional authority, Congress has historically shown great interest in various issues that bear on the vitality of the reserve components, such as funding, equipment, and personnel policy. This report is designed to provide an overview of key reserve component personnel issues.

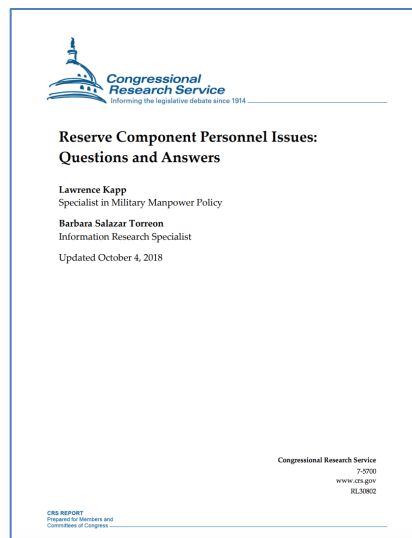
The term "Reserve Component" refers collectively to the seven individual reserve components of the Armed Forces: the Army National Guard of the United States, the Army Reserve, the Navy Reserve, the Marine Corps Reserve, the Air National Guard of the United States, the Air Force Reserve, and the Coast Guard Reserve. The purpose of these seven reserve components, as codified in law at 10 U.S.C. §10102, is to "provide trained units and qualified persons available for active duty in the armed forces, in time of war or national emergency, and at such other times as the national security may require, to fill the needs of the armed forces whenever more units and persons are needed than are in the regular components."

During the Cold War era, the reserve components were a manpower pool that was rarely tapped. From 1945 to 1989, reservists were involuntarily activated by the federal government four times, an average of less than once per decade. Since the end of the Cold War, the nation has relied more heavily on the reserve

components. Reservists have been involuntarily activated for contingency operations by the federal government six times since 1990, an average of about once every five years, including large-scale mobilizations for the Persian Gulf War (1990-1991) and in the aftermath of the September 11 terrorist attacks (2001-present). Additionally, starting in FY2014, the Services began involuntarily activating reservists under a new authority for pre-planned missions in support of Combatant Commanders.

This report provides insight to reserve component personnel issues through a series of questions and answers that address:

- How reserve component personnel are organized (questions 2 and 4);
- How many people are in each of the different categories of the reserve component (question 3);
- How reserve component personnel have been and may be used (questions 1, 5, 6, 7, 9, and 11);
- How reserve component personnel are compensated (questions 8 and 10);
- The types of legal protections that exist for reserve component personnel (question 12); and
- Recent changes in reserve component pay and benefits made by Congress (question 13).



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