

# CDP



## Research Update -- January 3, 2019

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<https://jamanetwork.com/journals/jama/fullarticle/2719367>

**JAMA Clinical Guidelines Synopsis: Management of Posttraumatic Stress Disorder.**

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JAMA.

Published online December 17, 2018

doi:10.1001/jama.2018.19290

Guideline title

VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder

Release date

June 2017

Prior versions

2010, 2004

Developer

US Department of Veterans Affairs, US Department of Defense (VA/DoD)

Funding source

VA/DoD

Target population

Adults within the VA/DoD with exposure to traumatic events who have suspected posttraumatic stress disorder (PTSD) or acute stress disorder

Major recommendations

Individual, manualized trauma-focused psychotherapy (TFP) that has a primary component of exposure and/or cognitive restructuring is recommended over pharmacologic and other nonpharmacologic interventions for primary treatment of PTSD (strong recommendation; quality of evidence not stated).

When individual TFP is not readily available or not preferred by a patient, pharmacotherapy with sertraline, paroxetine, fluoxetine, or venlafaxine (weak recommendation; moderate-quality evidence) or individual non–trauma-based psychotherapy (weak recommendation; quality of evidence not stated) is recommended. There is insufficient evidence to recommend pharmacotherapy over non–trauma-based psychotherapy.

The guideline recommends against prazosin as monotherapy or adjunctive pharmacotherapy for PTSD (weak recommendation; moderate-quality evidence) and makes no recommendation for or against prazosin for PTSD-related nightmares (moderate-quality evidence).

The guideline recommends against or strongly against a long list of other medications including antidepressants, antipsychotics, and antiepileptics.

The guideline states that there is insufficient evidence to recommend combination psychotherapy and pharmacotherapy.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/da.22870>

**Transition to suicide attempt from recent suicide ideation in U.S. Army soldiers: Results from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS).**

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Depression & Anxiety

First published: 14 December 2018

<https://doi.org/10.1002/da.22870>

Background

Most people with suicide ideation (SI) do not attempt suicide (SA). Understanding the transition from current/recent SI to SA is important for mental health care. Our objective

was to identify characteristics that differentiate SA from 30-day SI among representative U.S. Army soldiers.

## Methods

Using a unique case–control design, soldiers recently hospitalized for SA (n = 132) and representative soldiers from the same four communities (n = 10,193) were administered the same questionnaire. We systematically identified variables that differentiated suicide attempters from the total population, then examined whether those same variables differentiated all 30-day ideators (n = 257) from the total population and attempters from nonattempting 30-day ideators.

## Results

In univariable analyses, 20 of 23 predictors were associated with SA in the total population (0.05 level). The best multivariable model included eight significant predictors: interpersonal violence, relationship problems, major depressive disorder, posttraumatic stress disorder (PTSD), and substance use disorder (all having positive associations), as well as past 12-month combat trauma, intermittent explosive disorder (IED), and any college education (all having negative associations). Six of these differentiated 30-day ideators from the population. Three differentiated attempters from ideators: past 30-day PTSD (OR = 6.7 [95% CI = 1.1–39.4]), past 30-day IED (OR = 0.2 [95% CI = 0.1–0.5]), and any college education (OR = 0.1 [95% CI = 0.0–0.6]). The 5% of ideators with highest predicted risk in this final model included 20.9% of attempters, a four-fold concentration of risk.

## Conclusions

Prospective army research examining transition from SI to SA should consider PTSD, IED, and education. Combat exposure did not differentiate attempters from ideators. Many SA risk factors in the Army population are actually risk factors for SI.

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<https://www.sciencedirect.com/science/article/abs/pii/S0005789418301564>

## **Symptom Severity at Week Four of Cognitive Behavior Therapy Predicts Depression Remission.**

Jacqueline B. Persons, Cannon Thomas

## Behavior Therapy

Available online 12 December 2018

<https://doi.org/10.1016/j.beth.2018.12.002>

### Highlights

- Depression severity after four weeks of CBT is a substantial predictor of remission
- Severity at session 5 is an equal or better predictor of remission than early response
- Patients whose symptoms are severe at session 5 are very unlikely to remit

Early response has been shown to predict psychotherapy outcome. We examined the strength of the relationship between early response and remission in 82 patients who received naturalistic cognitive behavior therapy in a private practice setting, and 158 patients who received protocol cognitive therapy in a research setting. We predicted that the relationship between early response and remission would be substantial enough to guide clinical decision-making in both samples, and that a simple model of severity at week four of treatment would predict remission as effectively as a more complex change score. Logistic regressions showed that a simple model based on week four Beck Depression Inventory (BDI) score was as predictive of remission as more complex models of early change. A receiver operating characteristics (ROC) analysis showed that BDI score at week four was substantially predictive of remission in both the naturalistic and research protocol samples; the area under the curve was 0.80 and 0.84 in the naturalistic and protocol samples respectively. To guide clinical decision-making, we identified threshold scores on the BDI corresponding to various negative predictive values (probability of non-remission when non-remission is predicted). Our results indicate that depressed patients who remain severely depressed at week four of cognitive therapy are unlikely to reach remission at the end of relatively brief (maximum 20 sessions) treatment. We discuss implications of our findings for clinical decision-making and treatment development.

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<https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2718629>

### **Implementing Measurement-Based Care in Behavioral Health: A Review.**

Lewis CC, Boyd M, Puspitasari A, et al.

JAMA Psychiatry

Published online December 19, 2018

doi:10.1001/jamapsychiatry.2018.3329

## Importance

Measurement-based care (MBC) is the systematic evaluation of patient symptoms before or during an encounter to inform behavioral health treatment. Despite MBC's demonstrated ability to enhance usual care by expediting improvements and rapidly detecting patients whose health would otherwise deteriorate, it is underused, with typically less than 20% of behavioral health practitioners integrating it into their practice. This narrative review addresses definitional issues, offers a concrete and evaluable operationalization of MBC fidelity, and summarizes the evidence base and utility of MBC. It also synthesizes the extant literature's characterization of barriers to and strategies for supporting MBC implementation, sustainment, and scale-up.

## Observations

Barriers to implementing MBC occur at multiple levels: patient (eg, concerns about confidentiality breach), practitioner (eg, beliefs that measures are no better than clinical judgment), organization (eg, no resources for training), and system (eg, competing requirements). Implementation science—the study of methods to integrate evidence-based practices such as MBC into routine care—offers strategies to address barriers. These strategies include using measurement feedback systems, leveraging local champions, forming learning collaboratives, training leadership, improving expert consultation with clinical staff, and generating incentives.

## Conclusions and Relevance

This narrative review, informed by implementation science, offers a 10-point research agenda to improve the integration of MBC into clinical practice: (1) harmonize terminology and specify MBC's core components; (2) develop criterion standard methods for monitoring fidelity and reporting quality of implementation; (3) develop algorithms for MBC to guide psychotherapy; (4) test putative mechanisms of change, particularly for psychotherapy; (5) develop brief and psychometrically strong measures for use in combination; (6) assess the critical timing of administration needed to optimize patient outcomes; (7) streamline measurement feedback systems to include only key ingredients and enhance electronic health record interoperability; (8) identify discrete strategies to support implementation; (9) make evidence-based policy decisions; and (10) align reimbursement structures.

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<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 noncompleters.**

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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 one 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 43% 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: (a) clinically significant change criteria and (b) 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.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/cpp.2336>

**What happens when the therapist leaves? The impact of therapy transfer on the therapeutic alliance and symptoms.**



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Clinical Psychology & Psychotherapy

First published: 24 September 2018

<https://doi.org/10.1002/cpp.2336>

## Background

The therapeutic alliance is an important factor in psychotherapy, affecting both therapy processes and outcome. Therapy transfers may impair the quality of the therapeutic alliance and increase symptom severity. The aim of this study is to investigate the impact of patient transfers in cognitive behavioural therapy on alliance and symptoms in the sessions after the transfer.

## Method

Patient- and therapist-rated therapeutic alliance and patient-reported symptom severity were measured session-to-session. Differences in the levels of alliance and symptom severity before (i.e., with the original therapist) and after (i.e., with the new therapist) the transfer session were analysed. The development of alliance and symptom severity was explored using multilevel growth models.

## Results

A significant drop in the alliance was found after the transfer, whereas no differences were found with regard to symptom severity. After an average of 2.93 sessions, the therapeutic alliance as rated by patients reached pretransfer levels, whereas it took an average of 5.05 sessions for therapist-rated alliance levels to be at a similar level as before the transfer. Inter-individual differences were found with regard to the development of the therapeutic alliance over time.

## Conclusions

Therapy transfers have no long lasting negative effects on either symptom impairment or the therapeutic alliance.

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<https://onlinelibrary.wiley.com/doi/full/10.1002/cpp.2332>

**Explaining variability in therapist adherence and patient depressive symptom improvement: The role of therapist interpersonal skills and patient engagement.**

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Clinical Psychology & Psychotherapy

First published: 10 September 2018

<https://doi.org/10.1002/cpp.2332>

### Abstract

Understanding why therapists deviate from a treatment manual is crucial to interpret the mixed findings on the adherence–outcome association. The current study aims to examine whether therapists' interpersonal behaviours and patients' active engagement predict treatment outcome and therapist adherence in cognitive behaviour therapy (CBT) and mindfulness-based cognitive therapy (MBCT) for depressive symptoms. In addition, the study explores rater's explanations for therapist nonadherence at sessions in which therapist adherence was low. Study participants were 61 patients with diabetes and depressive symptoms who were randomized to either CBT or MBCT. Depressive symptoms were assessed by the Beck Depression Inventory-II. Therapist adherence, therapist interpersonal skills (i.e., empathy, warmth, and involvement), patients' active engagement, and reasons for nonadherence were assessed by two independent raters (based on digital video recordings). Therapist adherence, therapists' interpersonal skills, and patients' active engagement did not predict posttreatment depressive symptom reduction. Patients' active engagement was positively associated with therapist adherence in CBT and in MBCT. This indicates that adherence may be hampered when patients are not actively engaged in treatment. Observed reasons for nonadherence mostly covered responses to patient's in-session behaviour. The variety of reasons for therapist nonadherence might explain why therapist adherence was not associated with outcomes of CBT and MBCT.

### Key Practitioner Message

- Therapist adherence was not associated with posttreatment depressive symptom improvement after CBT and MBCT
- Patient engagement was positively associated with therapist adherence to CBT and MBCT
- A broad variety of patient-related reasons for therapist nonadherence were observed, of which some may not result in poorer treatment outcomes and may rather reflect therapist flexibility.

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<https://www.ncbi.nlm.nih.gov/pubmed/28958211>

J Telemed Telecare. 2018 Oct;24(9):575-585. doi: 10.1177/1357633X17730443. Epub 2017 Sep 29.

**Systematic review of lessons learned from delivering tele-therapy to veterans with post-traumatic stress disorder.**

Turgoose D, Ashwick R, Murphy D

### Introduction

Despite increases in the number of ex-service personnel seeking treatment for post-traumatic stress disorder (PTSD), there remain a number of barriers to help-seeking which prevents many veterans from accessing psychological therapies. Tele-therapy provides one potential method of increasing the number of veterans accessing support. This review aimed to systematically review the literature in order to summarise what lessons have been learned so far from providing trauma-focused tele-therapies to veterans with PTSD.

### Methods

A systematic literature review was conducted from which 41 papers were reviewed. Studies were included if they involved the use of trauma-focused therapies carried out using tele-therapy technologies. Only studies using tele-therapy interventions via video or telephone with populations of ex-military personnel with PTSD were included.

### Results

In the majority of cases tele-therapy was found to be as effective in reducing PTSD symptoms as in-person interventions. Similarly, there were few differences in most process outcomes such as dropout rates, with tele-therapy helping to increase uptake in some cases. Veterans using tele-therapy reported high levels of acceptability and satisfaction. Some challenges were reported in terms of therapeutic alliance, with some studies suggesting that veterans felt less comfortable in using tele-therapy. Several studies suggested it was harder for clinicians to read non-verbal communication in tele-therapy, but this did not affect their ability to build rapport. Technological issues were encountered, but these were not found to impede therapy processes or outcomes.

### Discussion

Tele-therapy provides a viable alternative to in-person therapies and has the potential to increase access to therapy for veterans. Tele-therapy should continue to be evaluated and scrutinised in order to establish the most effective methods of delivery.

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

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Journal of Traumatic Stress

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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,  $ds = 0.24$ – $0.55$ . 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.

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<https://www.onlinelibrary.wiley.com/doi/abs/10.1002/jts.22343>

## **Does It Help? The Contribution of Wives' Ways of Giving Support to Their Veteran Husbands' Posttraumatic Stress Symptoms and Functional Impairment.**

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Journal of Traumatic Stress

First published: 12 December 2018

<https://doi.org/10.1002/jts.22343>

In this study, we aimed to understand female partners' ways of giving support to their male military veteran partners' adjustment. Specifically, we examined the direct and moderating contributions female partners' ways of giving support—active engagement, protective buffering, or overprotection—make on their male partners' posttraumatic stress symptoms (PTSS) and functional impairment. Our hypotheses were that (a) female partners' active engagement would be negatively correlated with male veterans' PTSS and positively associated with veterans' functioning, (b) female partners' protective buffering and overprotection would be positively correlated with veterans' PTSS and negatively associated with veterans' functioning, and (c) female partners' ways of giving support would moderate the association between their secondary PTSS and male partners' adjustment. Participants were 300 male Israeli veterans of the 2006 Israel–Lebanon War and their female partners, all of whom completed self-report questionnaires. Active engagement did not contribute to female partners' or veterans' adjustment. In addition, whereas the correlations showed both female partners' protective buffering and overprotection were associated with male veterans' adjustment, the regression analysis showed only protective buffering made a direct,  $\eta^2 = .040$  and  $.053$ , and moderating contribution to veterans' adjustment,  $\eta^2 = .019$  and  $.016$ . Results revealed that when the level of protective buffering was high, female partners' secondary PTSS was associated more positively and strongly with veterans' PTSS than when protective buffering was low. The discussion reviews the complexity of giving support in couples when the veteran has PTSS.

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<https://www.onlinelibrary.wiley.com/doi/abs/10.1002/jts.22347>

## **Attention Deficit Hyperactivity Disorder and Risk of Posttraumatic Stress and Related Disorders: A Prospective Longitudinal Evaluation in U.S. Army Soldiers.**

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Journal of Traumatic Stress

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Cross-sectional associations between attention deficit hyperactivity disorder (ADHD) and posttraumatic stress disorder (PTSD) have been observed, but longitudinal studies assessing this association are lacking. This prospective study evaluated the association between predeployment ADHD and postdeployment PTSD among U.S. Army soldiers. Soldiers who deployed to Afghanistan were surveyed before deployment (T0) and approximately 1 month (T1), 3 months (T2), and 9 months (T3) after their return. Logistic regression was performed to estimate the association between predeployment ADHD and postdeployment (T2 or T3) PTSD among 4,612 soldiers with data at all waves and no record of stimulant medication treatment during the study. To evaluate specificity of the ADHD–PTSD association, we examined associations among predeployment ADHD, postdeployment major depressive episode (MDE), generalized anxiety disorder (GAD), and suicidal ideation. Weighted prevalence of ADHD predeployment was 6.1% (SE = 0.4%). Adjusting for other risk factors, predeployment ADHD was associated with risk of postdeployment PTSD, adjusted odds ratio (AOR) = 2.13, 95% CI [1.51, 3.00],  $p < .001$ , including incidence among soldiers with no predeployment history of PTSD, AOR = 2.50, 95% CI [1.69, 3.69],  $p < .001$ . ADHD was associated with postdeployment MDE, AOR = 2.80, 95% CI [2.01, 3.91],  $p < .001$ , and GAD, AOR = 3.04, 95% CI [2.10, 4.42],  $p < .001$ , but not suicidal ideation. Recognition of associations between predeployment ADHD and postdeployment PTSD, MDE, and GAD may inform targeted prevention efforts. Future research should examine whether treatment of ADHD is protective against PTSD and related disorders in trauma-exposed individuals.

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<https://www.onlinelibrary.wiley.com/doi/abs/10.1002/jts.22338>

### **A Randomized Controlled Trial of Group Cognitive Behavioral Treatment for Veterans Diagnosed With Chronic Posttraumatic Stress Disorder.**

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Journal of Traumatic Stress

First published: 29 November 2018

<https://doi.org/10.1002/jts.22338>

Relative to advances in the literature that have examined individual treatment approaches for posttraumatic stress disorder (PTSD), scientific knowledge about group treatment approaches has lagged, resulting in no currently available group treatment for PTSD despite the frequency with which this format is used. Our goal was to build upon the existing literature by examining the efficacy of a group cognitive-behavioral treatment (GCBT) for PTSD relative to group present-centered treatment (GPCT). The sample consisted of 198 male veterans with PTSD who were recruited at two Department of Veteran Affairs medical centers and randomly assigned to either GCBT ( $n = 98$ ) or GPCT ( $n = 100$ ); both treatments were 14 sessions. Assessments occurred at baseline, midtreatment, posttreatment, and 3-, 6-, and 12-month follow-ups. Findings indicated significant reductions in PTSD severity and PTSD diagnostic status following treatment for both GCBT,  $d = 0.97$ , and GPCT,  $d = 0.61$ . In addition, we observed significant reductions for depression symptoms, anxiety symptoms, and functional impairment for both group treatments as well as a reduction in the percentage of veteran participants who met diagnostic status for co-occurring major depression disorder and generalized anxiety disorder. Notably, these treatment gains were maintained at 12-month follow-up. Contrary to expectations, there were no significant differences between treatment conditions. Veterans diagnosed with PTSD were successfully treated using a group approach. Consistent with a growing body of evidence, the findings also suggest GPCT is as equally efficacious as group trauma-focused treatment. The trial was registered at [clinicaltrials.gov](https://clinicaltrials.gov) (NCT01544088).

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<https://onlinelibrary.wiley.com/doi/abs/10.1111/cpsp.12266>

### **Evidence-based Protocols: Merits, Drawbacks, and Potential Solutions.**

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Clinical Psychology Science and Practice

First published: 12 December 2018

<https://doi.org/10.1111/cpsp.12266>

Considerable evidence supports the utility of evidence-based protocols in clinical practice in treating a range of psychological symptoms. However, there are significant



barriers to their use. We briefly review theoretical models underlying evidence-based practice and how these relate to use of evidence-based treatment protocols. We then discuss the merits of evidence-based protocols. Common concerns about limitations to using evidence-based protocols in clinical practice follow. Challenges in dissemination and implementation of evidence-based protocols are then reviewed. In addition, current/potential solutions are presented alongside these challenges, to provide suggested avenues for improving the integration of evidence-based protocols into routine clinical practice in a broader range of practice settings moving forward.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22350>

### **Factor Structure and Psychometric Properties of the Peritraumatic and Posttraumatic Emotions Questionnaires Among Active Duty Military Personnel With Posttraumatic Stress Disorder.**

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Journal of Traumatic Stress

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<https://doi.org/10.1002/jts.22350>

The Peritraumatic Emotions Questionnaire (Peri-TEQ) and Posttraumatic Emotions Questionnaire (Post-TEQ) are self-report measures of emotions experienced during and after a traumatic event, respectively. The factor structure and psychometric properties of the Peri- and Post-TEQ were investigated among 474 military personnel with posttraumatic stress disorder (PTSD) following deployment. Exploratory factor analysis and confirmatory factor analysis were conducted to test the factor structure of the scales. Internal consistency, composite reliability, convergent validity, and discriminant validity were also assessed. Four factors were identified for the Peri-TEQ (Fear, Humiliation, Anger, and Sadness), and three factors were identified for the Post-TEQ (Fear, Anger-Hurt, and Humiliation). The full scales and all subscales demonstrated adequate-to-good internal consistency, Cronbach's  $\alpha$ s = .722–.893. The subscales demonstrated adequate-to-good composite reliability, Cronbach's  $\alpha$ s = .763–.861. The Peri- and Post-TEQ demonstrated good convergent validity with measures of PTSD symptoms,  $r$ s = .229–.601,  $p$ s < .001, and depressive symptoms,  $r$ s = .284–.470,  $p$ s <



.001, and good discriminate validity with measures of resilience,  $ps = .116-.940$ , and unit cohesion, Peri-TEQ,  $p = .304$  and Post-TEQ,  $r = -.123$ ,  $p = .008$ . The Humiliation subscales demonstrated good convergent validity with guilt cognitions,  $rs = .315-.341$ ,  $ps < .001$ , and the Anger subscales demonstrated good convergent validity with state anger,  $rs = .260-.347$ ,  $ps < .001$ . The Peri- and Post-TEQ are reliable, valid self-report measures of emotions during and in response to remembering a trauma. The results support the use of these measures in research investigating trauma-related emotions.

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<https://www.sciencedirect.com/science/article/abs/pii/S0306460318310141>

## **Opioid and sedative misuse among veterans wounded in combat.**

Michelle L. Kelley, Adrian J. Bravo, Victoria R. Votaw, Elena Stein, Jason C. Redman, Katie Witkiewitz

Addictive Behaviors

Available online 10 December 2018

<https://doi.org/10.1016/j.addbeh.2018.12.007>

### Highlights

- Combat wounded veterans may be at risk for prescription opioid and sedative misuse.
- Opioid (46.2%) and sedative misuse (21.7%) 11 and 9 times higher than in civilians.
- Sleep problems and alcohol use scores might help identify veterans who are at most risk.

### Abstract

#### Background

Military veterans wounded in combat are a high-risk group for emotional and physical distress, which may be exacerbated by misuse of prescription opioids and sedatives. The goal of the current study was to examine the prevalence and correlates of prescription opioid and sedative misuse among veterans wounded in combat.

#### Method

We recruited veterans from the Combat Wounded Coalition ( $n = 212$ ; 84% non-Hispanic White; 97.6% male) to complete an online survey of mental health and substance use disorder symptoms, assessed via the DSM-5 Self-Rated Level 1 Cross-Cutting Symptoms Measure, the Posttraumatic Stress Disorder (PTSD) Checklist for DSM-5, the Pain Enjoyment General Activity Scale, and the Alcohol Use Disorders Identification

Test (AUDIT). Prescription opioid and sedative misuse was assessed by frequency of use in the past year that was not currently prescribed or using more than prescribed.

### Results

Participants reported high rates of past year prescription opioid misuse (46.2%) and sedative misuse (21.7%). Misuse of both opioids and sedatives was associated with the most distress, including greater depression, anger, sleep disturbance, AUDIT scores, PTSD symptoms, suicidality, and pain interference. In multivariable multinomial logistic regression analyses, greater sleep disturbance (OR = 1.73) was associated with greater odds of sedative misuse versus no misuse. Higher AUDIT scores were associated with greater risk of sedative misuse (OR = 1.16) versus opioid misuse only.

### Conclusions

Military veterans wounded in combat have high rates of prescription opioid misuse and sedative misuse. Sleep problems and AUDIT scores might help identify veterans who are at most risk for opioid and sedative misuse.

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<https://www.emeraldinsight.com/doi/abs/10.1108/IJSSP-07-2018-0114>

## **Examining United States military sexual misconduct policy processes.**

Chelsea Sandra Lee Arnold

International Journal of Sociology and Social Policy

Accepted: 25 November 2018

<https://doi.org/10.1108/IJSSP-07-2018-0114>

### Purpose

Sexual misconduct (sexual assault and sexual harassment) in the US military is a long-standing problem. The military has implemented many policies and programs to address sexual misconduct in its ranks. The purpose of this paper is to examine how the processes of military sexual misconduct policy and programs have evolved since the 1940s.

### Design/methodology/approach

Punctuated equilibrium and multiple streams theories were the guiding frameworks for this process analysis of the policies and programs implemented to address military sexual misconduct based on existing literature, news media and press.

## Findings

Three punctuations are found in military sexual misconduct policy that demonstrate large-scale departures from the periods of equilibrium as the result of either a significant sexual misconduct allegation or new survey findings revealing sexual misconduct prevalence rates. In between these major-issue defining events, incremental policy change has occurred resulting in a period of stasis or return to the status quo requiring correction. Despite returns to stasis, each policy punctuation has built on the prior punctuation, generating new military directives, policies and programs.

## Originality/value

Using the lenses of punctuated equilibrium and multiple stream theories, this paper shows how the processes of US military sexual misconduct policies and programs have evolved. The US military and militaries globally can utilize these policy frameworks to help predict future patterns of military sexual misconduct and improve responses to these problems.

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<https://www.sciencedirect.com/science/article/pii/S0887618518300550>

## **Intolerance of uncertainty and DSM-5 PTSD symptoms: Associations among a treatment seeking veteran sample.**

Amanda M. Raines, Mary E. Oglesby, Jessica L. Walton, Gala True, C. Laurel Franklin

Journal of Anxiety Disorders

Volume 62, March 2019, Pages 61-67

<https://doi.org/10.1016/j.janxdis.2018.12.002>

## Highlights

- Explored relationships between intolerance of uncertainty (IU) and PTSD symptoms.
- IU was significantly associated with PTSD avoidance and hyperarousal symptoms.
- Prospective IU, rather than inhibitory IU, accounted for these unique associations.
- Findings support IU as a transdiagnostic risk and maintenance factor.

## Abstract

Intolerance of uncertainty (IU), defined as an inability to tolerate the unpleasant response triggered by the observed absence of information, has received increased empirical attention in recent years. The contribution of this cognitive behavioral

construct to the etiology and maintenance of various anxiety disorders has become increasingly recognized. However, the relationship between IU and other affective disorders, including posttraumatic stress disorder (PTSD), remains largely unexplored. The current study sought to examine the relationship between IU and overall PTSD symptom and cluster severity using an outpatient sample of veterans (N = 116) assessed using the Diagnostic and Statistical Manual of Mental Disorders, Fifth edition (DSM-5) PTSD symptom structure. Results revealed that IU was significantly associated with overall PTSD symptom severity, above and beyond relevant covariates. Further, IU was significantly associated with the PTSD avoidance and hyperarousal clusters. Prospective IU, rather than inhibitory IU, accounted for these unique associations. These findings add to a growing body of literature establishing IU as a transdiagnostic risk factor and point to the importance of future research on the role of IU in contributing to and/or maintaining PTSD symptoms.

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<https://www.sciencedirect.com/science/article/pii/S0887618517304188>

**PTSD symptoms are differentially associated with general distress and physiological arousal: Implications for the conceptualization and measurement of PTSD.**

Grant N. Marshall, Lisa H. Jaycox, Charles C. Engel, Andrea S. Richardson, ... Brian P. Marx

Journal of Anxiety Disorders  
Volume 62, March 2019, Pages 26-34  
<https://doi.org/10.1016/j.janxdis.2018.10.003>

Highlights

- Relations between a PTSD symptom clusters and PTSD symptoms were examined with respect to general distress and fear.
- Each PTSD symptom cluster and 17 of 20 individual PTSD symptoms were more strongly associated with general distress than with fear.
- Yet, moderate to strong associations were also found between fear and both PTSD clusters and symptoms..
- Findings are not fully consistent with either of two prominent models of the position of PTSD with respect to external domains of psychopathology..

## Abstract

### Background

The primary purpose of this study was to examine the place of posttraumatic stress disorder (PTSD) vis-à-vis the external dimensions of general distress and physiological arousal.

### Methods

Using data collected from veterans of the wars in Iraq and Afghanistan (N = 1350), latent variable covariance structure modeling was employed to compare correlations of PTSD symptom clusters and individual PTSD symptoms with general distress and physiological arousal.

### Results

Each PTSD symptom cluster, and 17 of 20 individual PTSD symptoms were more strongly associated with general distress than with physiological arousal. However, moderate to strong associations were also found between physiological arousal and both PTSD clusters and symptoms.

### Limitations

Findings are based on self-reported data elicited from a single sample of veterans with substantial PTSD symptoms. Replication, particularly by clinician interview, is necessary. Generalizability to other traumatized populations is unknown.

### Conclusions

Results offer support, with caveats, for viewing PTSD as a distress disorder. Findings are not consistent with the position that PTSD is a hybrid disorder with some features reflecting hyperarousal and others indicative of general distress. Results have implications for the conceptualization and measurement of PTSD.

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<https://www.sciencedirect.com/science/article/pii/S0887618518303669>

## **Which patients initiate cognitive processing therapy and prolonged exposure in department of veterans affairs PTSD clinics?**

Craig S. Rosen, Nancy C. Bernardy, Kathleen M. Chard, Barbara Clothier, ... Nina A. Sayer

### Highlights

- Only a minority of patients in VA PTSD clinics initiates CPT or PE.
- Most patients, including those getting CPT or PE, had comorbid conditions and disability for PTSD.
- Patients who were hospitalized were 29% less likely to begin CPT or PE.
- Veterans who were male, older, or Hispanic were less likely to initiate CPT or PE.

### Abstract

The United States Department of Veterans Affairs (VA) provides Cognitive Processing Therapy (CPT) and Prolonged Exposure therapy (PE) for PTSD at all of its facilities, but little is known about systematic differences between patients who do and do not initiate these treatments. VA administrative data were analyzed for 6,251 veterans receiving psychotherapy over one year in posttraumatic stress disorder (PTSD) specialty clinics at nine VA medical centers. CPT and PE were initiated by 2,173 (35%) patients. Veterans' probability of initiating either CPT or PE (considered together) was 29% lower (adjusted odds ratio = .61) if they had a psychiatric hospitalization within the same year, and 15% lower (AOR = .78) if they had service-connected disability for PTSD. Veterans' probability of starting CPT or PE was 19% lower (AOR = .74) if they were Hispanic or Latino, 10% lower (AOR = .84), if they were male rather than female, and 9% lower (AOR = .87) if they were divorced, separated or widowed rather than currently married. Probability of receiving CPT or PE was also lower if veterans had more co-occurring psychiatric diagnoses (AOR per diagnosis = .88), were older (AOR per every five years = .95), or lived further away from the VA clinic (AOR per every ten miles = .98). Nonetheless, most patients initiating CPT or PE had two or more comorbidities and were service-connected for PTSD. Observed gender, age and ethnic differences in initiation of CPT and PE appear unrelated to clinical suitability and warrant further study.

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<http://psycnet.apa.org/record/2018-33924-001>

### **Theodicy and spiritual distress among veterans managing posttraumatic stress.**

Harris, J. I., Usset, T., & Cheng, Z. H.

2018; Spirituality in Clinical Practice, 5(4), 240-250.  
<http://dx.doi.org/10.1037/scp0000170>

Research on posttraumatic stress disorder (PTSD) in military veterans has increasingly converged on the conclusion that several types of spiritual distress (guilt, shame, loss of meaning and purpose, disruption in relationship with a higher power, and moral distress) are related to mental health outcomes in cross-sectional, longitudinal, and cross-lag studies. While theorists have suggested that theological and cognitive explanations for evil (i.e., theodicy) may play a role in this relationship, no studies have examined the relationships between theodicy, spiritual distress, and PTSD in veterans. In this study of 214 veterans seeking spiritually integrated care for PTSD and moral injury, retribution theodicy (i.e., a belief that evil is punishment for sins in a just world) emerged as a statistically significant predictor of spiritual distress after controlling for symptoms of PTSD and depression. Implications for further research in PTSD and moral injury are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

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<https://academic.oup.com/hsw/advance-article/doi/10.1093/hsw/hly036/5245894>

### **Identifying Aspects of Sameness to Promote Veteran Reintegration with Civilians: Evidence and Implications for Military Social Work.**

Derrick Kranke Jerry Floersch Aram Dobalian

Health & Social Work

Published: 14 December 2018

<https://doi.org/10.1093/hsw/hly036>

A significant yet fixable gap in practice that exists among post 9/11 veterans reintegrating in society is the framing of these veterans as a group with attributes consisting of “differentness.” Herein we define differentness as possessing attributes that are uncommon among the general population. The term “differentness” is applied to the experiences of veterans because some report that nonmilitary civilians cannot fully appreciate or understand the veteran perspective because they “haven’t been there,” or “they just don’t get it” (Greden et al., 2010). In addition, some veterans consider themselves “different” from the rest of society because they do not feel valued for their service, as evidenced by real or perceived inequities in health treatment, employment opportunities, and other everyday activities. Some believe that as civilians, they will

never have as meaningful a role as they did while serving in the military (Kranke, Saia, Gin, Heslin, & Dobalian, 2016). Here, we propose a practice paradigm shift among veterans that would also focus on the attributes of “sameness” rather than differentness alone. Expanding differentness to include sameness implies a focus on shared experiences. Recognizing the attributes of sameness with nonmilitary groups would likely help veterans feel a sense of normality, and therefore, they would have a smoother path into civilian society and become more optimistic about their ability to improve their socioeconomic circumstances.

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<https://www.sciencedirect.com/science/article/pii/S0887618518300550>

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Intolerance of uncertainty (IU), defined as an inability to tolerate the unpleasant response triggered by the observed absence of information, has received increased empirical attention in recent years. The contribution of this cognitive behavioral construct to the etiology and maintenance of various anxiety disorders has become increasingly recognized. However, the relationship between IU and other affective disorders, including posttraumatic stress disorder (PTSD), remains largely unexplored. The current study sought to examine the relationship between IU and overall PTSD symptom and cluster severity using an outpatient sample of veterans (N = 116) assessed using the Diagnostic and Statistical Manual of Mental Disorders, Fifth edition (DSM-5) PTSD symptom structure. Results revealed that IU was significantly associated with overall PTSD symptom severity, above and beyond relevant covariates.



Further, IU was significantly associated with the PTSD avoidance and hyperarousal clusters. Prospective IU, rather than inhibitory IU, accounted for these unique associations. These findings add to a growing body of literature establishing IU as a transdiagnostic risk factor and point to the importance of future research on the role of IU in contributing to and/or maintaining PTSD symptoms.

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<https://academic.oup.com/sleep/advance-article/doi/10.1093/sleep/zsy257/5250906>

## **Combat exposure, post-traumatic stress symptoms, and health-related behaviors: The role of sleep continuity and duration.**

Jeffrey M Osgood, PhD Patrick H Finan, PhD Sarah J Hinman, BS Christine J So, MA Phillip J Quartana, PhD

Sleep

Published: 17 December 2018

<https://doi.org/10.1093/sleep/zsy257>

### Study Objectives

Aggression, substance misuse, and other health risk behaviors are common among combat veterans. We examined whether sleep quality and quantity predict the association between combat exposure, post-traumatic stress symptoms, and adverse health-related behaviors.

### Methods

Soldiers (N= 2420) from a brigade combat team completed surveys assessing combat experiences, and psychological and behavioral health factors, approximately three months following deployment to Afghanistan in 2011.

### Results

Respondents were 93.5% male; 73% were age 18–29 years old. The response rate was 80% (3076/3832); 94% (2876/3076) of the soldiers who attended the recruitment briefings consented to participate in this research. Complete data were available across the variables used in this study for up to 2420 Soldiers. Sleep continuity disturbance accounted for the association of combat exposure with post-traumatic stress symptoms and aggression, alcohol use, and risky behavior. Moreover, for soldiers who reported sleep duration of < 6 hours per day, the indirect association of combat exposure and

post-traumatic stress on aggression, alcohol use, risky behavior, and opioid use was strongest.

### Conclusions

This study is the first to model sleep problems as a predictor of the association between combat exposure and post-traumatic stress symptoms and frequently reported health-related behavior problems. Sleep disturbance is highly prevalent among Warfighters. While not fully preventable in operational contexts, these problems can be effectively mitigated post-deployment with appropriate policy and intervention resources. Improving the sleep characteristics of combat-exposed soldiers following deployment should reduce subsequent post-traumatic stress and related health compromising behavior, thereby enhancing force readiness.

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<https://www.sciencedirect.com/science/article/pii/S0010440X18302074>

### **Predictors of the co-occurrence of posttraumatic stress disorder and depressive disorder in psychiatric outpatients.**

Ji Young Choi

Comprehensive Psychiatry

Volume 89, February 2019, Pages 40-45

<https://doi.org/10.1016/j.comppsy.2018.12.005>

### Highlights

- We explored predictors of co-occurring depressive and posttraumatic stress disorder.
- Three variables were associated with a greater likelihood of disorder co-occurrence.
- These were repetitive nature of current trauma, number of lifetime traumatic events, and childhood maltreatment.
- Cumulative characteristics of trauma are a key vulnerability factor for comorbidity.
- Long-term therapeutic interventions for at-risk individuals may be beneficial.

### Introduction

We explored the predictors of co-occurring depressive disorder (DD) in individuals with posttraumatic stress disorder (PTSD) in an outpatient psychiatric setting.

### Methods

Participants (N = 170; mean age = 40.78, SD = 16.15 years; 58.8% women) included 71

adult patients who met the criteria for a PTSD diagnosis and 99 adult patients who met the criteria for a comorbid PTSD/DD diagnosis. Potential predictors included trauma types (focusing on trauma characteristics), history of previous traumatic experiences (i.e., the number of lifetime traumatic events before current trauma and childhood maltreatment), and post-trauma variables (i.e., elapsed time since the current traumatic event and the severity of PTSD symptoms).

## Results

A logistic regression analysis—including demographic variables, trauma types, history of previous traumatic experiences, and post-trauma variables that showed significant differences between the two groups—was conducted. The effects of repeated trauma (OR = 13.18, 95% CI [3.44, 50.48],  $p < .001$ ), the number of lifetime traumatic events (OR = 1.04, 95% CI [1.01, 1.51],  $p = .044$ ), and childhood maltreatment (OR = 1.23, 95% CI [1.01, 1.51],  $p = .004$ ) were associated with a greater likelihood of concurrent PTSD/DD.

## Conclusion

Cumulative characteristics such as maltreatment and the number of lifetime traumatic events before the current trauma as well as repetitive properties of the most recent trauma present a key risk factor for co-occurring PTSD/DD.

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<https://jnnp.bmj.com/content/early/2018/12/15/jnnp-2018-319315>

## **SMART-CPT for veterans with comorbid post-traumatic stress disorder and history of traumatic brain injury: a randomised controlled trial.**

Jak AJ, Jurick S, Crocker LD, et al

Journal of Neurology, Neurosurgery, and Psychiatry

Published Online First: 15 December 2018

doi: 10.1136/jnnp-2018-319315

## Objective

To better concurrently address emotional and neuropsychological symptoms common in veterans with comorbid post-traumatic stress disorder (PTSD) and history of traumatic brain injury (TBI), we integrated components of compensatory cognitive training from the Cognitive Symptom Management and Rehabilitation Therapy (CogSMART) programme into cognitive processing therapy (CPT) for PTSD to create a hybrid

treatment, SMART-CPT (CogSMART+CPT). This study compared the efficacy of standard CPT with SMART-CPT for treatment of veterans with comorbid PTSD and history of TBI reporting cognitive symptoms.

#### Methods

One hundred veterans with PTSD, a history of mild to moderate TBI and current cognitive complaints were randomised and received individually delivered CPT or SMART-CPT for 12 weeks. Participants underwent psychological, neurobehavioural and neuropsychological assessments at baseline, on completion of treatment and 3 months after treatment.

#### Results

Both CPT and SMART-CPT resulted in clinically significant reductions in PTSD and postconcussive symptomatology and improvements in quality of life. SMART-CPT resulted in additional improvements in the neuropsychological domains of attention/working memory, verbal learning/memory and novel problem solving.

#### Conclusion

SMART-CPT, a mental health intervention for PTSD, combined with compensatory cognitive training strategies, reduces PTSD and neurobehavioural symptoms and also provides added value by improving cognitive functioning.

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<https://www.sciencedirect.com/science/article/pii/S0165032718317701>

#### **Gatekeeper training for suicidal behaviors: A systematic review.**

Naohiro Yonemoto, Yoshitaka Kawashima, Kaori Endo, Mitsuhiko Yamada

Journal of Affective Disorders

Available online 19 December 2018

<https://doi.org/10.1016/j.jad.2018.12.052>

#### Background

Gatekeeper training (GKT) is a common intervention aiming to prevent suicidal behavior. We investigated updated evidence for the effectiveness of GKT in suicide prevention using data from randomized controlled trials (RCTs) and intervention studies, and we also describe variations in existing GKT programs.

## Methods

We performed a systematic review. The literature search was conducted using PubMed, PsycINFO, CINAHL, the Cochrane databases, and reference lists from previous reviews. RCTs or intervention studies utilizing prospective or quasi-experimental designs were included.

## Results

The search terms identified 343 articles. Ten randomized clinical trials and six intervention studies were identified as eligible for inclusion. Among the eligible studies, a number of different types of GKT were identified, including Question, Persuade, and Refer, Applied Suicide Intervention Skills Training, OSPI, Youth Aware of Mental Health, and approaches based on e-learning. For the RCTs, the effects of GKT remained unclear in relation to knowledge, appraisals, and self-efficacy after training, though some supportive evidence was found in the uncontrolled pre-post studies. The overall quality for each RCT was rated as either low or unclear.

## Limitations

We could not perform a meta-analysis because comparable outcomes could not be identified across studies.

## Conclusions

The effects of GKT remain unclear. There are many variations in GKT and there is a need to replicate studies in target populations. Future research should examine the effectiveness of a standardized GKT program using high-quality RCTs which include the evaluation of pre-specified primary outcomes in comparison with appropriate control groups.

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## Links of Interest

VA Still Arbitrarily Cutting Caregivers From Program, Even As It Aims To Expand

<https://www.npr.org/2018/12/18/677346997/va-still-arbitrarily-cutting-caregivers-from-program-even-as-it-aims-to-expand>

HIV-positive airmen sue Pentagon, Air Force to stop their discharges

<https://www.airforcetimes.com/news/your-air-force/2018/12/20/hiv-positive-airmen-sue-pentagon-air-force-to-stop-their-discharges/>

VA secretary promises not to let suicide prevention funds go unspent again

<https://www.militarytimes.com/news/pentagon-congress/2018/12/20/va-secretary-promises-not-to-let-suicide-prevention-funds-go-unspent-again/>

My Husband Was Killed in Niger. His Death Only Became Real to Me When I Saw His Coffin

<https://www.nytimes.com/2018/12/21/magazine/niger-ambush-bryan-michelle-black.html>

Privatized military housing is plagued with 'shoddy workmanship, raw sewage, rotten wood and chronic leaks'

<https://www.militarytimes.com/pay-benefits/2018/12/21/privatized-military-housing-is-plagued-with-shoddy-workmanship-raw-sewage-rotten-wood-and-chronic-leaks/>

Court advances lawsuit from PTSD-affected Army veterans with 'bad paper' discharges

<https://www.militarytimes.com/news/your-military/2018/12/24/court-advances-lawsuit-from-ptsd-affected-army-veterans-handed-less-than-honorable-discharges/>

Reducing Suicide Risk: The Role of Psychotherapy

<http://www.psychiatrytimes.com/special-reports/reducing-suicide-risk-role-psychotherapy>

Promoting better understanding, treatment of traumatic brain injury

<https://health.mil/News/Articles/2018/12/26/Promoting-better-understanding-treatment-of-traumatic-brain-injury>

The military is preparing to host a conference to discuss sexual assault on college campuses

<https://www.militarytimes.com/news/your-army/2018/12/27/the-military-is-preparing-to-host-a-conference-to-discuss-sexual-assault-on-college-campuses/>

Vets interested in STEM degrees could get more GI Bill money in 2019

<https://rebootcamp.militarytimes.com/news/education/2018/12/30/vets-interested-in-stem-degrees-could-get-more-gi-bill-money-in-2019/>

Can medical marijuana for veterans move forward in 2019?

<https://www.militarytimes.com/news/pentagon-congress/2018/12/28/can-medical-marijuana-for-veterans-move-forward-in-2019/>

Massachusetts judge sides with 'bad paper' veterans denied bonuses

<https://www.stripes.com/news/massachusetts-judge-sides-with-bad-paper-veterans-denied-bonuses-1.562703>

Poll asks troops and veterans their thoughts on sex discrimination, women in combat, mixed-gender training and more

<https://www.stripes.com/news/poll-asks-troops-and-veterans-their-thoughts-on-sex-discrimination-women-in-combat-mixed-gender-training-and-more-1.562898>

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## Resource of the Week: [Psychological Health by the Numbers](#)

From the Psychological Health Center of Excellence (PHCoE):

The screenshot shows the website for the Psychological Health Center of Excellence (PHCoE), formerly the Deployment Health Clinical Center. The page is titled "Psychological Health by the Numbers" and is part of the "RESEARCH & ANALYTICS" section. The main content area lists several key metrics:

- Mental Health Disorder Prevalence:** Period prevalence of mental health disorders within the active duty service member (ADSM) and activated Guard and reserves (G/R) populations, 2005-2016.
- Mental Health Outpatient Utilization:** Metrics on outpatient care by disorder among ADSM and G/R populations, 2005-2017 (total care receiving population, total outpatient encounters, and encounters per patient).
- Mental Health Inpatient Utilization:** Metrics on inpatient care by disorder among ADSM and G/R populations, 2005-2017 (total hospitalizations, total bed days, and average bed days per hospitalization).
- Mental Health Care Follow-up Post Hospitalization:** Patient-level metric assessing mental health care follow-up among ADSMs who were discharged from a mental health-related hospitalization in 2015.

The website also features a navigation menu with categories like "ABOUT PHCoE", "READINESS & EARLY INTERVENTION", "CLINICAL GUIDANCE", "RESEARCH & ANALYTICS", "EDUCATION & TRAINING", "RESOURCE CENTER", and "NEWS, BLOG & MEDIA". A "Military Crisis Line" logo is also visible, with the phone number 1-800-273-8255 and the text "PRESS 1".

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