

CDP



Research Update -- May 2, 2019

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- Links of Interest
- Resource of the Week: Health and Mental Health Needs of Children in US Military Families (American Academy of Pediatrics)

<https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2731312>

Efficacy of Integrated Exposure Therapy vs Integrated Coping Skills Therapy for Comorbid Posttraumatic Stress Disorder and Alcohol Use Disorder: A Randomized Clinical Trial.

Norman SB, Trim R, Haller M, et al.

JAMA Psychiatry

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Key Points

Question

Is integrated prolonged exposure therapy tolerable and more efficacious than present-centered integrated coping skills therapy for reducing posttraumatic stress disorder symptoms and alcohol use in patients with comorbid posttraumatic stress disorder and alcohol use disorder?

Findings

In this randomized clinical trial of 119 patients, exposure therapy reduced posttraumatic stress disorder symptoms significantly more than coping skills therapy after treatment and at 3- and 6-month follow-ups. Participants in both treatment arms had reductions in heavy drinking days over time.

Meaning

Integrated prolonged exposure therapy was well tolerated and had greater efficacy for reducing posttraumatic stress disorder symptoms than present-centered integrated coping skills therapy.

Abstract

Importance

Co-occurrence of posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD) is common and associated with psychiatric and functional problems. Understanding

whether exposure therapy is tolerable and efficacious for treating PTSD and AUD is critical to ensure that best practice treatments are available.

Objective

To compare the efficacy of integrated (ie, targeting both PTSD and alcohol use) prolonged exposure (I-PE) therapy with present-centered integrated coping skills (I-CS) therapy, a more commonly available treatment, in reducing PTSD symptoms and alcohol use.

Design, Setting, and Participants

This prospective randomized clinical trial with masked assessments considered 186 veterans seeking Veterans Affairs mental health services. A total of 119 veterans with PTSD and AUD were randomized. Data were collected from February 1, 2013, to May 31, 2017, before treatment, after treatment, and at 3- and 6-month follow-ups. Intention-to-treat analyses were performed.

Interventions

Veterans underwent I-PE (Concurrent Treatment of PTSD and Substance Use Disorder Using Prolonged Exposure) or I-CS (Seeking Safety) therapy.

Main Outcomes and Measures

A priori planned outcomes were PTSD symptoms (Clinician Administered PTSD Scale for DSM-5) and percentage of heavy drinking days (Timeline Follow-Back) before treatment, after treatment, and at 3- and 6-month follow-ups.

Results

A total of 119 veterans (mean [SD] age, 41.6 [12.6] years; 107 [89.9%] male) were randomized. Linear mixture models found that PTSD symptoms decreased in both conditions, with a significantly greater decrease for I-PE treatment compared with I-CS treatment (treatment × time interaction, -2.83 ; $F_{3,233.1} = 4.92$; Cohen $d = 0.41$; $P = .002$). The percentage of heavy drinking days improved in both conditions but was not statistically different between I-PE and I-CS treatment (treatment × time interaction, 1.8% ; $F_{3,209.9} = 0.18$; Cohen $d = 0.04$; $P = .91$).

Conclusions and Relevance

The I-PE arm had a greater reduction in PTSD symptoms than the I-CS arm and comparable drinking decreases. The study provides evidence that exposure therapy is more efficacious in treating PTSD than a more commonly available integrated treatment without exposure for comorbid PTSD and AUD.

<https://journals.sagepub.com/doi/abs/10.1177/0022167819841702>

Beyond Transition: Personal and Social Transformation Through Co-Inquiry Among Military-Connected Students.

Kent, S. M., & Buechner, B. D.

Journal of Humanistic Psychology

First Published April 19, 2019

<https://doi.org/10.1177/0022167819841702>

Social reintegration of veterans following military service is a complex, nonlinear, and highly individualized phenomenon, yet much of the existing literature on transition of veterans represents a narrow and limited perspective of transition and trauma—mostly written from an external (nonveteran) perspective. We present an alternative based on concepts of personal and social transformation through collaborative, veteran-led social science research designed from an interdisciplinary Adlerian (social systems) perspective. Participants are military-connected students, defined as service members, veterans, family members, and mental health practitioners experienced in working with military and veteran populations. Research projects described were designed by the students, and these typically involved informal data gathering and self-reflection, combined with extensive review of current interdisciplinary literature in the military psychology field. A case study of informal participative research with a cohort of female Navy Chief Petty Officers by the first author is presented as an example. Conclusions and recommendations support further extension of this cohort-driven adult learning model as a means of combining personal growth and social transformation by including military, veteran, and family perspectives in research and literature directed toward veterans' social and mental health programs and policies.

<https://link.springer.com/article/10.1007/s10826-019-01405-9>

Potential Mediating Role of Parenting Competence in the Relationship Between Posttraumatic Stress Disorder and Family Functioning Post-9/11 Veteran Parents.

Laifer, L.M., Blackburn, A.M., Goetter, E.M. et al.

Objectives

Repeated, extended deployments in support of OEF/OIF/OND have important implications for not only veterans, but also their family members. While this topic is beginning to garner more attention, more research is needed on the relationship between symptoms of posttraumatic stress disorder (PTSD), parenting factors, and family functioning among OEF/OIF/OND veterans. The present study aimed to: (1) examine the relationship between specific PTSD symptom clusters and family functioning among a sample of $N = 191$ treatment-seeking veteran parents who served after September 11, 2001; and (2) examine the mediating role of parenting sense of competence in this relationship.

Method

Participants completed the PTSD Check List (PCL), the Parenting Sense of Competence Scale (PSOC), and the Family Assessment Device (FAD) as part of their initial evaluation in an outpatient mental health clinic.

Results

Numbing and avoidance symptoms of PTSD (Criterion C; PCL_c) were associated with more problematic family functioning ($r = .164$, $p < .05$). There was a strong negative relationship between parenting competence and problematic family functioning ($r = -.514$, $p < .001$). Examination of the indirect effect of PSOC on the association between PCL_c and FAD based on 4000 bootstrapped samples revealed a significant indirect effect (point estimate = 0.0092; BCa CI = 0.0035, 0.0170), suggesting that decreased parenting sense of competence might mediate the relationship between numbing/avoidance symptoms and problematic family functioning.

Conclusions

Future studies confirming the central role of parenting in the relationship between PTSD symptoms and family functioning are warranted.

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usz062/5475516>

Prospective Memory in Service Members with Mild Traumatic Brain Injury.

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Military Medicine

Published: 20 April 2019

<https://doi.org/10.1093/milmed/usz062>

Introduction

Prospective memory (PM) is the ability to remember the intention to perform an action in the future. Following mild traumatic brain injury (mTBI), the brain structures supporting such PM may be compromised. PM is essential for remembering activities specific to TBI survivors that promote recovery, such as following doctors' orders, taking necessary medications, completing physical rehabilitation exercises, and maintaining supportive social relationships. Since the year 2000, more than 315,897 US Service Members are reported to have sustained an mTBI¹, yet little has been done to address possible PM concerns. Therefore, identifying impaired PM and interventions that may ameliorate such deficits is important. The primary aim of this study was to determine whether task encoding using implementation intentions leads to better PM performance than encoding using rote rehearsal in Service Members with mTBI (n = 35) or with bodily injuries but no TBI (n = 8) at baseline and 6 months later.

Materials and Method

Participants were randomized to one of the two encoding conditions. They were asked to remember to complete a series of four tasks over the course of a 2-hour event-related potential session and to contact a staff member during a specified 2-hour window later that day. PM performance was assessed based on completion of each task at the appropriate time. IRB approval was obtained from The Catholic University of America, Walter Reed National Military Medical Center, and Ft. Belvoir Community Hospital.

Results

Service Members with mTBI using implementation intentions outperformed those using rote rehearsal. The effect of injury type and the interaction between encoding condition and injury type did not yield differences that were statistically significant.

Conclusions

The results suggest that implementation intentions may be a useful PM remediation strategy for those who have sustained mTBI. Future research should validate these findings in a larger sample

<https://psycnet.apa.org/record/2019-20027-001>

Factors associated with high functioning despite distress in post-9/11 veterans.

McCaslin, S. E., Cloitre, M., Neylan, T. C., Garvert, D. W., Herbst, E., & Marmar, C.

Rehabilitation Psychology

Advance online publication.

<http://dx.doi.org/10.1037/rep0000271>

Objective:

This study aimed to identify modifiable factors associated with perceived functioning among veterans with high symptoms of posttraumatic stress disorder (PTSD).

Method:

Two hundred fifty-one post-9/11 veterans completed a survey of psychosocial symptoms and functioning; a subset participated in a follow-up survey (n = 109). Latent profile analysis (LPA) at baseline identified groups that differed by level of functioning (high/low). Items utilized in the LPA analysis were derived from the World Health Organization Quality of Life—Bref self-report measure. Veterans with high PTSD symptoms in both groups were compared and logistic regression was utilized to predict group membership.

Results:

Veterans with high functioning/high symptoms (n = 45) had significantly lower alcohol use and sleep problems, and higher postdeployment social support, posttraumatic growth, and optimism than veterans with low functioning/high symptoms (n = 100). Fewer sleep difficulties and higher postdeployment social support and optimism were associated with membership in the high functioning/high symptom group.

Conclusions:

These findings support the importance of identifying factors that can facilitate higher social, occupational, and general functional capacity for those with high levels of PTSD symptomatology. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

<https://journals.sagepub.com/doi/abs/10.1177/0020764019842327>

Cultural and service factors related to mental health beliefs among post-9/11 veterans.

Krill Williston, S., Roemer, L., & Vogt, D. S.

Journal of Social Psychiatry

First Published April 17, 2019

<https://doi.org/10.1177/0020764019842327>

Background and aims:

The primary purpose of this study was to examine cultural and demographic predictors of dimensions of anticipated stigma and negative mental health beliefs, known barriers to mental health care utilization, among post-9/11 veterans.

Methods:

A cross-sectional survey methodology was used to assess 132 post-9/11 veterans. Bivariate correlations were used to examine associations between military cultural values (self-reliance and emotional control), demographic variables (gender and service characteristics) and dimensions of anticipated stigma and negative beliefs about mental health. Descriptive statistics were used to examine item-level agreement on scales of stigma, mental health beliefs and cultural values to more fully describe these beliefs in this population.

Results:

Descriptive findings revealed that the most highly endorsed dimension of stigma was anticipated stigma from coworkers. Correlational findings indicated that only exaggerated self-reliance, not emotional control, was positively associated with higher negative beliefs about treatment and treatment-seeking, and not other dimensions of negative beliefs about mental health. Active duty service members and those who deployed reported higher negative beliefs about treatment-seeking, emotional control and self-reliance. In addition, men reported higher negative beliefs about treatments, treatment-seeking and self-reliance than women.

Conclusion:

These results highlight the importance of addressing concerns about self-reliance and mental health treatment in stigma-reduction interventions especially among male, deployed, and active duty service members to reduce stigma and stigma-related barriers to care.

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usz070/5475521>

Cross-Sectional Study of Sexual Behavior, Alcohol Use, and Mental Health Conditions Associated With Sexually Transmitted Infections Among Deploying Shipboard US Military Personnel.

Judith Harbertson, Paul T Scott, Hector Lemus, Nelson L Michael, Braden R Hale

Military Medicine

Published: 20 April 2019

<https://doi.org/10.1093/milmed/usz070>

Introduction

Limited comprehensive data exist on risk behavior associated with sexually transmitted infections (STI) among ship-assigned US military personnel during the predeployment time period (PDT). This study examined whether sexual risk behaviors, alcohol use, involuntary drug consumption (IDC), posttraumatic stress disorder (PTSD), and depression during the 12 months prior to deployment were associated with provider-diagnosed STIs in this population.

Materials and Methods

Using cross-sectional data collected during 2012–2014 among sexually active personnel, multivariable regression assessed factors associated with STIs among all men ($n = 1,831$). Stratified analyses were conducted among men who have sex with women (MSW, $n = 1,530$), men who have sex with men or men and women (MSM, $n = 83$), and excluded those not reporting sexual partner gender ($n = 218$).

Results

Among MSW, transactional sex (AOR 3.8, 95% CI 1.5–9.4) meeting sexual partners at work (AOR 4.3, 95% CI 2.0–9.2), IDC (AOR 6.6, 95% CI 3.0–14.5), and incomplete mental health assessments (AOR 4.4, 95% CI 1.6–12.0) were significantly associated with STIs after adjustment. Among all men, those who identified as MSM (AOR 4.6, 95% CI 1.9–11.2) and drug screen positive (AOR 3.3, 95% CI 1.3–8.6) were significantly more likely to report an STI.

Conclusions

Previously unreported factors significantly associated with STIs at the PDT among MSW in the adjusted analysis were meeting sexual partners at work and IDC. IDC during the PDT warrants further exploration. These results can inform tailored STI reduction interventions among shipboard personnel and similarly aged civilians undergoing similar transition/travel experiences.

<https://www.sciencedirect.com/science/article/pii/S2352250X18302719>

Alcohol and Sleep-Related Problems.

Sean He, Brant P Hasler, Subhajit Chakravorty

Current Opinion in Psychology

Available online 19 April 2019

<https://doi.org/10.1016/j.copsy.2019.03.007>

Highlights

- Alcohol use is linked to disruption of architecture of electrophysiologic sleep.
- It has been affiliated with insomnia, short sleep and circadian abnormalities.
- Alcohol can aggravate breathing-related sleep problems during sleep.
- A link between alcohol use and complex insomnia phenotypes is also emerging.

Alcohol is one of the most commonly used psychoactive substances in the community. Many individuals use alcohol for its sleep-promoting effects. Nonetheless, alcohol disrupts sleep through multiple mechanisms, such as disrupting electrophysiologic sleep architecture, triggering insomnia, and contributing to abnormalities of circadian rhythms and short sleep duration (SSD) in cross-sectional studies. Alcohol also increases breathing-related sleep events such as snoring and oxygen desaturation, especially in those with pre-existing problems. Emerging data demonstrate that insomnia may co-exist with SSD and circadian abnormalities. Future studies should unravel these tentative associations in individuals who misuse alcohol.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22393>

Examination of Treatment Effects on Hazardous Drinking Among Service Members With Posttraumatic Stress Disorder.

Dondanville, K. A., Wachen, J. S., Hale, W. J., Mintz, J. , Roache, J. D., Carson, C. , Litz, B. T., Yarvis, J. S., Young-McCaughan, S. , Peterson, A. L., Resick, P. A. for the STRONG STAR Consortium

Journal of Traumatic Stress

First published: 28 March 2019

<https://doi.org/10.1002/jts.22393>

Posttraumatic stress disorder (PTSD) and alcohol use disorder are frequently comorbid and present significant treatment challenges. Unfortunately, since the September 11, 2001, terrorist attacks in the United States, the rates of PTSD and hazardous drinking among active duty service members have increased significantly. Previous research on PTSD has typically excluded participants with current substance abuse. However, there is some research examining independent treatments for PTSD and substance abuse provided consecutively, concurrently, or as enhancements to other treatment. The current study examined the association between current hazardous drinking and PTSD treatment among 108 active duty service members with PTSD in a randomized controlled trial of group cognitive processing therapy and group present-centered therapy. Total scores above 8 on the Alcohol Use Disorders Identification Test defined hazardous alcohol use. At baseline, 25.0% of the sample was categorized as hazardous drinkers, and the hazardous and nonhazardous drinking groups did not differ in PTSD symptom severity, $F(1, 106) = 0.08$, $p = .777$, $d = 0.06$. Over the course of treatment, the two groups also did not differ significantly in PTSD symptom severity change on the PTSD Checklist, $F(1, 106) = 1.20$, $p = .280$, $d = 0.33$. Treatment for PTSD did not exacerbate hazardous drinking, and the hazardous drinking group showed significant reductions in drinking following PTSD treatment. Limitations and implications for treatment considerations are discussed.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22385>

Associations Between Trauma-Related Rumination and Symptoms of Posttraumatic Stress and Depression in Treatment-Seeking Female Veterans.

Arditte Hall, K. A., Davison, E. H., Galovski, T. E., Vasterling, J. J. and Pineles, S. L.

Journal of Traumatic Stress

First published: 22 April 2019

<https://doi.org/10.1002/jts.22385>

Trauma-related rumination is a cognitive style characterized by repetitive negative thinking about the causes, consequences, and implications of a traumatic experience. Frequent trauma-related rumination has been linked to posttraumatic stress disorder (PTSD) and depression in civilian samples but has yet to be examined among military veterans. This study extended previous research by examining trauma-related rumination in female veterans who presented to a Veterans Affairs women's trauma recovery clinic (N = 91). The study had two main aims: (a) to examine associations between trauma-related rumination and specific PTSD symptoms, adjusting for the overlap between trauma-related rumination and other relevant cognitive factors, such as intrusive trauma memories and self-blame cognitions; and (b) to assess associations between trauma-related rumination, PTSD, and depression, adjusting for symptom comorbidity. At intake, patients completed a semistructured interview and self-report questionnaires. Primary diagnoses were confirmed via medical record review. Trauma-related rumination was common, with more than 80% of patients reporting at least sometimes engaging in this cognitive style in the past week. After adjusting for other relevant cognitive factors, trauma-related rumination was significantly associated with several specific PTSD symptoms, $rps = .33-.48$. Additionally, the severity of trauma-related rumination was associated with overall PTSD symptom severity, even after adjusting for comorbid depression symptoms, $rp2 = .35$. In contrast, the association between trauma-related rumination and depressive symptom severity was not significant after adjusting for comorbid PTSD symptoms, $rp2 = .008$. These results highlight trauma-related rumination as a unique contributing factor to the complex clinical presentation for a subset of trauma-exposed veterans.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22390>

Supporting a Spouse With Military Posttraumatic Stress: Daily Associations With Partners' Affect.

Carter, S. P., Giff, S. T., Campbell, S. B. and Renshaw, K. D.

Journal of Traumatic Stress
First published: 20 March 2019
<https://doi.org/10.1002/jts.22390>

Service members and veterans (SM/Vs) with posttraumatic stress disorder (PTSD) can receive significant benefits from social support by a spouse or romantic partner. However, little is known about how providing support impacts partners. This study sought to identify (a) how provision of support is associated with partners' daily negative and positive affect and (b) how SM/Vs' PTSD symptom severity might moderate such associations. In a 14-day daily-diary study that assessed 64 couples in which one member was an SM/V with PTSD symptoms, partners reported nightly on whether or not they provided instrumental support and/or emotional support that day as well as their current negative and positive affect. Multilevel modeling showed that the provision of emotional and instrumental support were both significantly related to partners' lower levels of negative affect, $f^2 = 0.09$, and higher levels of positive affect, $f^2 = 0.03$, on that same day but not the next day. The positive same-day effects were seen if any support was given, with no additive effects when both types of support were provided. Severity of SM/V PTSD moderated the association between provision of emotional support and lower same-day negative affect such that the association was significant only when PTSD symptoms were more severe. Overall, these findings indicate that support provision to a partner with PTSD is associated with improved affect for the romantic partner providing support. However, given that only same-day affect was associated with support, the findings may also suggest that positive affect increases the provision of support.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22380>

Defining and Measuring Moral Injury: Rationale, Design, and Preliminary Findings From the Moral Injury Outcome Scale Consortium.

Yeterian, J. D., Berke, D. S., Carney, J. R., McIntyre-Smith, A., St. Cyr, K., King, L., Kline, N. K., Phelps, A., Litz, B. T.

Journal of Traumatic Stress
First published: 04 April 2019
<https://doi.org/10.1002/jts.22380>

In the current paper, we first describe the rationale for and methodology employed by an international research consortium, the Moral Injury Outcome Scale (MIOS) Consortium, the aim of which is to develop and validate a content-valid measure of moral injury as a multidimensional outcome. The MIOS Consortium comprises researchers and clinicians who work with active duty military service members and veterans in the United States, the United Kingdom, the Netherlands, Australia, and Canada. We describe the multiphase psychometric development process being conducted by the Consortium, which will gather phenomenological data from service members, veterans, and clinicians to operationalize subdomains of impact and to generate content for a new measure of moral injury. Second, to illustrate the methodology being employed by the Consortium in the first phase of measure development, we present a small subset of preliminary results from semistructured interviews and questionnaires conducted with care providers (N = 26) at three of the 10 study sites. The themes derived from these initial preliminary clinician interviews suggest that exposure to potentially morally injurious events is associated with broad psychological/behavioral, social, and spiritual/existential impacts. The early findings also suggest that the outcomes associated with acts of commission or omission and events involving others' transgressions may overlap. These results will be combined with data derived from other clinicians, service members, and veterans to generate the MIOS.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22366>

Intolerance of Uncertainty Moderates the Association Between Potentially Morally Injurious Events, and Suicide Ideation and Behavior Among Combat Veterans.

Zerach, G. and Levi-Belz, Y.

Journal of Traumatic Stress

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<https://doi.org/10.1002/jts.22366>

Exposure to potentially morally injurious events (PMIEs) among combat veterans has been acknowledged as significant stressful combat events that may lead to mental health problems, including self-injurious thoughts and behavior (SITB). However, few studies have examined the risk and protective factors that can explain the conditions in which PMIEs may contribute to the development and maintenance of SITB. In the current study, we aimed to examine the association between PMIEs and SITB among combat veterans and explore the moderating roles of intolerance of uncertainty (IU) in

this association. A volunteer sample of 191 Israeli combat veterans was recruited during 2017. Participants completed validated self-report questionnaires in a cross-sectional study. Results indicated that two separate measures of PMIEs, the Perceived Perpetration by Oneself and Others subscale of the Moral Injury Events Scale (MIES) and the Causes subscale of the Moral Injury Questionnaire (MIQ–Causes), were positively associated with higher levels of SITB. Moreover, beyond the contributions of reserve duty, posttraumatic stress symptoms, and depressive symptoms, MIQ–Causes scores significantly predicted current SITB. Importantly, under low and average levels of inhibitory IU, significant positive effects were revealed for the MIQ–Causes on current SITB, $R^2 = .34$. Although veterans exposed to PMIEs are more prone to SITB, even years after their release from military service, their IU may temper the link between experiences of PMIEs and SITB.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22367>

Temporal Associations Between Moral Injury and Posttraumatic Stress Disorder Symptom Clusters in Military Veterans.

Currier, J. M., McDermott, R. C., Farnsworth, J. K. and Borges, L. M.

Journal of Traumatic Stress

First published: 04 February 2019

<https://doi.org/10.1002/jts.22367>

War zone veterans who experience posttraumatic stress disorder (PTSD) symptoms might struggle with co-occurring cognitive, emotional, and behavioral expressions of suffering that align with conceptual definitions of moral injury (MI). However, given that PTSD is a multidimensional condition, disentangling the apparent interplay with MI may inform clinical practice and research. This study incorporated a cross-lagged design to explore temporal associations between self- and other-directed outcomes related to MI and severity of DSM-5 PTSD symptom clusters while accounting for depressive symptoms. Drawing on the Expressions of Moral Injury Scale–Military Version in a community sample of 182 previously deployed veterans, MI-related outcomes were linked with severity of PTSD symptom clusters at two assessments spaced apart by 6 months, $r_s = .58-.62$. Of possible models for conceptualizing the temporal nature of these associations, structural equation modeling analyses revealed a cross-lagged primary MI model best fit veterans' responses. Within this model, veterans' self-directed MI at Time 1 predicted greater PTSD symptoms at the 6-month follow-up. However, an

equivalent cross-lagged path also emerged between Time 1 PTSD Cluster D symptoms and self-directed MI at Time 2, suggesting the value of a reciprocal MI model for this symptom domain. In contrast, other-directed outcomes of MI were not linked with PTSD in the presence of other variables. Overall, these findings support the prognostic value of assessing for MI-related outcomes among veterans who might be struggling with PTSD symptomatology, particularly with respect to self-directed problems associated with enduring moral distress.

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usz078/5475543>

The Impact of Trust, Satisfaction, and Perceived Quality on Preference for Setting of Future Care Among Veterans With PTSD.

Elizabeth Haro, Michael Mader, Polly H Noël, Hector Garcia, Dawne Vogt, Nancy Bernardy, Mary Bollinger, Mary Jo V Pugh, Erin P Finley

Military Medicine

Published: 20 April 2019

<https://doi.org/10.1093/milmed/usz078>

Introduction

Among US veterans, posttraumatic stress disorder (PTSD) is a high-prevalence condition; more than a million veterans of all combat eras are service-connected for this condition. Research on factors driving veterans' decision-making regarding preferred setting for PTSD care has been limited. The purpose of this study was to understand factors associated with preferences for setting of future PTSD care among veterans service-connected for PTSD.

Materials and Methods

We conducted a cross-sectional mailed survey among veterans with service connection for PTSD in Texas and Vermont identified from the Veterans Services Network Corporate Mini Master File (VETSNET). Survey items were intended to elucidate PTSD healthcare decision-making and queried utilization, perceived need for care, and satisfaction and preferences for VA, community, and/or military setting for receipt of future PTSD care. Logistic regression was used to identify factors associated with preference for care setting. UT Health San Antonio's Institutional Review Board determined this quality improvement project to be non-research.

Results

Veterans (n = 2,327) were surveyed with an overall response rate of 37.1%. Most veterans (72.4%) identified VA as a preferred site for their future PTSD care; a substantial, but smaller, number of veterans identified being interested in receiving care in community (39.9%) and military (12.7%) settings. Factors associated with preferences for future care setting included demographics (e.g., ethnicity, income), availability of healthcare coverage, prior experiences of care, and attitudes related to perceived quality of care and trust in VA.

Conclusions

These findings suggest that it is important to retain foundational mental health services within VA, as well as to continue to invest in building provider and network capacity in community settings, to ensure alignment with veteran preferences for care setting.

<https://link.springer.com/article/10.1007/s11606-019-04862-6>

Complementary and Integrated Health Approaches: What Do Veterans Use and Want.

Taylor, S.L., Hoggatt, K.J. & Kligler, B. J

Journal of General Internal Medicine

First Online: 22 April 2019

<https://doi.org/10.1007/s11606-019-04862-6>

Objectives

Non-pharmacological treatment options for common conditions such as chronic pain, anxiety, and depression are being given increased consideration in healthcare, especially given the recent emphasis to address the opioid crisis. One set of non-pharmacological treatment options are evidence-based complementary and integrative health (CIH) approaches, such as yoga, acupuncture, and meditation. The Veterans Health Administration (VHA), the nation's largest healthcare system, has been at the forefront of implementing CIH approaches, given their patients' high prevalence of pain, anxiety, and depression. We aimed to conduct the first national survey of veterans' interest in and use of CIH approaches.

Methods

Using a large national convenience sample of veterans who regularly use the VHA, we conducted the first national survey of veterans' interest in, frequency of and reasons for use of, and satisfaction with 26 CIH approaches (n = 3346, 37% response rate) in July 2017.

Results

In the past year, 52% used any CIH approach, with 44% using massage therapy, 37% using chiropractic, 34% using mindfulness, 24% using other meditation, and 25% using yoga. For nine CIH approaches, pain and stress reduction/relaxation were the two most frequent reasons veterans gave for using them. Overall, 84% said they were interested in trying/learning more about at least one CIH approach, with about half being interested in six individual CIH approaches (e.g., massage therapy, chiropractic, acupuncture, acupressure, reflexology, and progressive relaxation). Veterans appeared to be much more likely to use each CIH approach outside the VHA vs. within the VHA.

Conclusions

Veterans report relatively high past-year use of CIH approaches and many more report interest in CIH approaches. To address this gap between patients' level of interest in and use of CIH approaches, primary care providers might want to discuss evidence-based CIH options to their patients for relevant health conditions, given most CIH approaches are safe.

<https://onlinelibrary.wiley.com/doi/full/10.1002/da.22890>

Speech-based markers for posttraumatic stress disorder in US veterans.

Marmar, CR, Brown, AD, Qian, M, et al.

Depression & Anxiety

First published: 22 April 2019

<https://doi.org/10.1002/da.22890>

Background

The diagnosis of posttraumatic stress disorder (PTSD) is usually based on clinical interviews or self-report measures. Both approaches are subject to under- and over-reporting of symptoms. An objective test is lacking. We have developed a classifier of

PTSD based on objective speech-marker features that discriminate PTSD cases from controls.

Methods

Speech samples were obtained from warzone-exposed veterans, 52 cases with PTSD and 77 controls, assessed with the Clinician-Administered PTSD Scale. Individuals with major depressive disorder (MDD) were excluded. Audio recordings of clinical interviews were used to obtain 40,526 speech features which were input to a random forest (RF) algorithm.

Results

The selected RF used 18 speech features and the receiver operating characteristic curve had an area under the curve (AUC) of 0.954. At a probability of PTSD cut point of 0.423, Youden's index was 0.787, and overall correct classification rate was 89.1%. The probability of PTSD was higher for markers that indicated slower, more monotonous speech, less change in tonality, and less activation. Depression symptoms, alcohol use disorder, and TBI did not meet statistical tests to be considered confounders.

Conclusions

This study demonstrates that a speech-based algorithm can objectively differentiate PTSD cases from controls. The RF classifier had a high AUC. Further validation in an independent sample and appraisal of the classifier to identify those with MDD only compared with those with PTSD comorbid with MDD is required.

<https://link.springer.com/article/10.1007/s11325-019-01840-4>

Predictors of cognitive behavioral therapy outcomes for insomnia in veterans with post-traumatic stress disorder.

El-Solh, A.A., O'Brien, N., Akinnusi, M. et al.

Sleep and Breathing

First Online: 25 April 2019

<https://doi.org/10.1007/s11325-019-01840-4>

Background

Insomnia is a well-recognized co-morbid condition in veterans with post-traumatic stress disorder (PTSD) with negative personal and social consequences. Cognitive behavioral

therapy (CBT) is considered an efficacious treatment, yet little attention has been devoted to treatment response in this population. The aim of this study was to identify factors that may predict clinical response to CBT for insomnia (CBT-I) in veterans with PTSD.

Methods

A retrospective chart review of 136 veterans with PTSD-related insomnia was conducted. Epworth Sleepiness Score (ESS), PTSD Checklist (PCL), and Insomnia Severity Index (ISI) were assessed at baseline. We converted prescribed antidepressant and hypnotic dosages before and after CBT-I to dose equivalent of fluoxetine diazepam, respectively. A 6-point reduction or greater in ISI scores at 6-month follow-up visit was defined as CBT-I responsiveness.

Results

CBT-I responsiveness was observed in 47% of veterans with PTSD. Seventy-seven percent completed treatment. Lack of perceived benefit was the most given reason for failure to return for follow-up. In contrast to hypnotics, antidepressants usage decreased in those who had experienced benefit from CBT-I ($p = 0.001$). Younger age, non-white race, and use of hypnotics prior to behavioral therapy were independently associated with lack of response to CBT-I.

Conclusions

While CBT-I ameliorates insomnia in veterans with PTSD, the use of hypnotics prior to instituting behavioral therapy may negatively affect the response rate to CBT-I. Future studies should examine whether racial and cultural influences on the generation of insomnia in veterans with PTSD affects the response to CBT-I.

<https://link.springer.com/article/10.1007/s10826-019-01402-y>

The Mental Health of Military-Connected Children: A Scoping Review.

Cramm, H., McColl, M.A., Aiken, A.B. et al.

Journal of Child and Family Studies

First Online: 22 April 2019

<https://doi.org/10.1007/s10826-019-01402-y>

Objectives

Children growing up in military families are naturally exposed to certain elements of the military family lifestyle, which has been characterized by a unique triad of mobility, family separation, and risk. The extent to which this lifestyle may affect mental health across developmental phases among those children is unclear. The purpose of this scoping review was to identify and describe the mental health of children growing up in military-connected families across development.

Methods

This scoping review of the available literature was conducted using the Arksey and O'Malley's five-step structured process.

Results

A total of 3278 articles were found from databases searched (PsycInfo, CINAHL, EMBASE, ERIC, and Medline). A total of 86 were selected for inclusion. Most research was produced in the United States of America (n = 74). Findings endorsed that children's mental health may be impacted directly and indirectly by the family separation, mobility, and risk associated with the military lifestyle.

Conclusions

The majority of studies examining mental health impacts of family separation and deployment indicate significant deleterious effects on children. Studies examining the impact of mobility indicate mixed findings related to mental health impact, and those investigating risk related to parental injury, PTSD, and civilian parent mental health suggest a negative impact on child mental health.

<https://www.sciencedirect.com/science/article/pii/S0165178118315269>

Predictors of dropout from a randomized clinical trial of cognitive processing therapy for female veterans with military sexual trauma-related PTSD.

Nicholas Holder, Ryan Holliday, Jessica Wiblin, James P. LePage, Alina Surís

Psychiatry Research

Volume 276, June 2019, Pages 87-93

<https://doi.org/10.1016/j.psychres.2019.04.022>

Highlights

- This study identified predictors of dropout from CPT, a psychotherapy for PTSD.
- Greater negative cognitions (NCs) about self-blame were protective against dropout.
- Greater NCs about self predicted attending fewer than six CPT sessions.
- Strategies to address or leverage these factors may help reduce dropout.

Abstract

Many veterans do not complete evidence-based treatments (EBTs) for posttraumatic stress disorder (PTSD). Veterans with military sexual trauma (MST)-related PTSD were shown to have higher than average rates of dropout from PTSD treatment in a national study of EBT implementation. Although predictors of dropout from EBTs have been identified, these factors are largely unmodifiable (e.g., age, service era). The purpose of the present study was to identify dynamic psychosocial predictors of dropout among female veterans from cognitive processing therapy (CPT). Data were utilized from 56 female veterans who participated in a randomized clinical trial investigating the effectiveness of CPT for MST-related PTSD. Dropout was defined continuously (i.e., number of sessions attended) and dichotomously (i.e., attending six or more sessions). Potential predictors included sociodemographic factors, psychotherapist fidelity, PTSD-related service connection, psychiatric symptom severity (i.e., PTSD, depression), trauma-related negative cognitions (about self, self-blame, world), and treatment expectations. Higher trauma-related negative cognitions about self-blame and lower trauma-related negative cognitions about self were protective against dropout. The current study generated testable hypotheses for further research on dynamic predictors of dropout from CPT in female veterans with MST-related PTSD. With replication, results may assist with identifying pre-treatment strategies to reduce dropout in this clinical population.

<https://www.cambridge.org/core/journals/behavioural-and-cognitive-psychotherapy/article/does-traumafocused-exposure-therapy-exacerbate-symptoms-among-patients-with-comorbid-ptsd-and-substance-use-disorders/AB9F6F099564CCFD50EBED700FFAB10E>

Does trauma-focused exposure therapy exacerbate symptoms among patients with comorbid PTSD and substance use disorders?

Lancaster, C., Gros, D., Mullarkey, M., Badour, C., Killeen, T., Brady, K., & Back, S.

Background:

Although exposure-based therapy is a well-established, effective treatment for post-traumatic stress disorder (PTSD), some practitioners report reluctance to implement it due to concerns that it may exacerbate symptoms of PTSD and commonly comorbid disorders, such as substance use disorders (SUD).

Aim:

This study compared the exacerbation of psychological symptoms among participants with comorbid PTSD and SUD who received either SUD treatment alone or SUD treatment integrated with exposure therapy for PTSD.

Method:

Participants (N = 71) were treatment-seeking, military Veterans with comorbid PTSD and SUD who were randomized to 12 individual sessions of either (1) an integrated, exposure-based treatment (Concurrent Treatment of PTSD and Substance Use Disorders using Prolonged Exposure; COPE); or (2) a non-exposure-based, SUD-only treatment (Relapse Prevention; RP). We examined between-group differences in the frequency of statistically reliable exacerbations of PTSD, SUD and depression symptoms experienced during treatment.

Results:

At each of the 12 sessions, symptom exacerbation was minimal and generally equally likely in either treatment group. However, an analysis of treatment completers suggests that RP participants experienced slightly more exacerbations of PTSD symptoms during the course of treatment.

Conclusions:

This study is the first to investigate symptom exacerbation throughout trauma-focused exposure therapy for individuals with comorbid PTSD and SUD. Results add to a growing literature which suggests that trauma-focused, exposure-based therapy does not increase the risk of symptom exacerbation relative to non-exposure-based therapy.

<https://neuro.psychiatryonline.org/doi/full/10.1176/appi.neuropsych.19020036>

Moral Injury and PTSD: Often Co-Occurring Yet Mechanistically Different.

Haleigh A. Barnes, Robin A. Hurley, and Katherine H. Taber

The Journal of Neuropsychiatry and Clinical Neurosciences

2019 31:2, A4-103

<https://doi.org/10.1176/appi.neuropsych.19020036>

The concept of moral injury has recently emerged in the research literature as a separate aspect of trauma exposure, distinct from posttraumatic stress disorder (PTSD) (15). Moral injury is not classified as a mental disorder. It is a dimensional problem that can have profound effects on critical domains of emotional, psychological, behavioral, social, and spiritual functioning (15–18).

The definitions of moral injury have evolved considerably since its introduction in the 1990s, although a consensus definition has not yet emerged (11, 16, 18–22). The original definition, which was based on work with Vietnam era veterans, focused on failures by leaders. This type of moral injury required that three circumstances be present: “a betrayal of what’s right, by someone who holds legitimate authority, in a high-stakes situation” (20). A later definition of moral injury, which was based on work with Iraq and Afghanistan era veterans, focused on moral failures by the individual (16). This type of moral injury requires that the individual has experienced a potentially injurious event by “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations” and the moral/ethical violation resulted in “lasting psychological, biological, spiritual, behavioral, and social impact” (16). As this definition makes clear, it is important to separate experiencing a potentially morally injurious event from developing moral injury. This is similar to PTSD. Experiencing a trauma (criterion A) does not inevitably lead to developing PTSD. Whether a moral injury develops is determined by how the individual interprets the potentially injurious event. The appraisal process determines whether the event generates significant dissonance with the individual’s belief system and worldview (11, 16, 22–25).

<https://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201800408>

Factors Associated With Receipt of Cognitive-Behavioral Therapy or Prolonged Exposure Therapy Among Individuals With PTSD.

Carissa van den Berk Clark, Rachel Moore, Scott Secrest, Peter Tuerk, Sonya Norman, Ursula Myers, Patrick J. Lustman, F. David Schneider, Jacqueline Barnes, Randy Gallamore, Muhammad Ovais, James Alex Plurad, and Jeffrey F. Scherrer

Psychiatric Services

Published Online: 23 Apr 2019

<https://doi.org/10.1176/appi.ps.201800408>

Objective:

The aim of this study was to systematically review variables associated with initiation of trauma-centered cognitive-behavioral therapy (TC-CBT) among individuals with posttraumatic stress disorder (PTSD).

Methods:

PubMed, PsycINFO, Web of Science, Published International Literature on Traumatic Stress (PILOTS), and Scopus were searched in a systematic manner up to 2018, and 26 relevant studies were recovered and analyzed.

Results:

The average weighted initiation rate was 6% in larger hospital systems with a high rate of trauma and 28% in outpatient mental health settings (range 4%–83%). Older age (odds ratio [OR]=1.56, 95% confidence interval [CI]=0.51–1.61), female gender (OR=1.18, 95% CI=1.08–1.27), black or other racial-ethnic minority group (OR=1.16, 95% CI=1.03–1.28), Veterans Affairs PTSD service connection status (OR=2.30, 95% CI=2.18–2.42), mental health referral (OR=2.28, 95% CI=1.05–3.50), greater staff exposure to TC-CBT (OR=2.30, 95% CI=2.09–2.52), adaptability of TC-CBT to staff workflow (OR=4.66, 95% CI=1.60–7.72), greater PTSD severity (OR=1.46, 95% CI=1.13–1.78), and comorbid depression (OR=1.21, 95% CI=1.14–1.29) increased the likelihood of TC-CBT initiation, whereas delayed treatment reduced the likelihood of TC-CBT initiation (OR=0.93, 95% CI=0.92–0.95). Qualitative studies showed that mental health beliefs (stigma and lack of readiness), provider organizational factors (low availability, privacy issues), and patient lack of time (logistics) were perceived as barriers to initiation by patients and providers.

Conclusions:

TC-CBT initiation increased among patients who were older and female. Initiation was also higher among providers who had more exposure to TC-CBT in their work environment and when TC-CBT fit into their existing workflow.

<https://www.cambridge.org/core/journals/behaviour-change/article/what-every-therapist-needs-to-know-about-couple-therapy/AE3C394192DAA880CE48D3B72EA6C081>

What Every Therapist Needs to Know About Couple Therapy.

Halford, W., & Pepping, C.

Behaviour Change

Published online: 26 April 2019

doi:10.1017/bec.2019.12

This invited paper is a review of the significance of couple relationships to the practice of all therapists. The article begins with a summary of the evidence on the centrality of committed couple relationships to the lives and wellbeing of adults, and the association of the quality of the parents' couple relationship on the wellbeing of children. We argue that the well-established reciprocal association between individual problems and couple relationship problems means that all therapists need to pay attention to how a couple relationship might be influencing a client's functioning, even if the relationship is not the presenting problem. There is an outline the evolution of current approaches to behavioural couple therapy, and the current state of the art and science of couple therapy. We present an analysis of the evidence for couple therapy as a treatment for relationship distress, as well as couple-based treatments for individual problems. This is followed by a description of the distinctive challenges in working with couples and how to address those challenges, and recommendations about how to address the needs of diverse couple relationships. Finally, we propose some core therapist competencies needed to work effectively with couples.

<https://www.sciencedirect.com/science/article/pii/S2050052119300198>

Military Sexual Trauma and Sexual Health in Women Veterans: A Systematic Review.

Carey S. Pulverman, Alicia Y. Christy, Ursula A. Kelly

Sexual Medicine Reviews

Available online 24 April 2019

<https://doi.org/10.1016/j.sxmr.2019.03.002>

Introduction

Sexual trauma during military service is prevalent among women veterans and is associated with multiple negative physical and mental health sequelae. The high prevalence of military sexual trauma (MST), sexual harassment and assault during military service, has prompted the Veterans Health Administration to enact several policies to address the detrimental health impacts of this experience. MST also negatively impacts veterans' sexual health, yet the field lacks a systematic review of the relationship between MST and sexual health among women veterans.

Aim

To systematically review the existing research on the impact of MST on sexual health in women veterans.

Methods

The published literature examining MST and sexual health in women veterans prior to July 19, 2018, was reviewed according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines for systematic reviews. Articles were abstracted and evaluated for risk of bias.

Main Outcome Measures

6 articles were identified that met inclusion criteria; they generally evidenced a low risk of bias and thus a high quality of evidence. Results indicated that MST is associated with sexual dysfunction and low sexual satisfaction among women veterans. Other mental health concerns were also commonly comorbid with female sexual dysfunction in this population. This body of literature is small and methodologically limited by over-reliance on observational study design, use of non-validated and single-item measures of sexual health, and failure to comprehensively assess trauma history, including sexual and non-sexual trauma.

Conclusions

Sexual dysfunction is a salient health issue for women veterans who experienced MST. Additional research is needed with improved designs, validated measures of sexual function, and comprehensive assessment of trauma to learn about the specific impact of

MST on women veterans' sexual health. We present recommendations for future directions in terms of research, clinical practice, education, and policy.

<https://psycnet.apa.org/record/2019-20814-001>

Examination of the structural relations between posttraumatic stress disorder symptoms and reckless/self-destructive behaviors.

Contractor, A. A., Weiss, N. H., Dolan, M., & Mota, N.

International Journal of Stress Management.

Advance online publication

<http://dx.doi.org/10.1037/str0000133>

Posttraumatic stress disorder (PTSD) symptoms commonly co-occur with reckless and self-destructive behaviors (RSDBs; e.g., substance use, aggression). To better understand comorbidity mechanisms between RSDBs and PTSD symptom clusters (best-fitting PTSD model), this study examined their latent-level relations. Methodologically, the current study used a cross-sectional approach administering self-report surveys (PTSD Checklist for Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, measuring PTSD severity and the Posttrauma Risky Behaviors Questionnaire measuring RSDBs) to a convenience sample. The study description (45–60 min survey to develop a posttrauma reckless behaviors measure), compensation, and eligibility information was posted on Amazon's Mechanical Turk platform. A sample of 417 trauma-exposed community participants averaging 35.92 years of age (56.60% female) was recruited. Confirmatory factor analyses revealed that the seven-factor PTSD hybrid model provided optimal fit to the data. Wald χ^2 tests of parameter constraint results indicated the strongest relation of the RSDB factor with PTSD's Externalizing Behaviors factor ($r = .70$) and weakest relation with PTSD's Avoidance factor ($r = .37$); PTSD's Anhedonia factor ($r = .53$) had a stronger relation to the RSDB factor compared with PTSD's Anxious Arousal factor ($r = .43$). Results support the construct validity of the PTSD hybrid model factors in relation to RSDBs. Additionally, results indicate that PTSD's Positive Affect factor may be strongly embedded in the PTSD–RSDB relation, supporting the emotion dysregulation viewpoint and trauma interventions addressing emotion dysregulation (including for positive emotions). Lastly, our study results provide additional psychometric support for the Posttrauma Risky Behaviors Questionnaire. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

<https://neuro.psychiatryonline.org/doi/abs/10.1176/appi.neuropsych.18090208>

Cognitive Impairment and Predicting Response to Treatment in an Intensive Clinical Program for Post-9/11 Veterans With Posttraumatic Stress Disorder.

Kaloyan S. Tanev, Lydia E. Federico, Douglas P. Terry, Erika L. Clark, and Grant L. Iverson

The Journal of Neuropsychiatry and Clinical Neurosciences

Published Online: 25 Apr 2019

<https://doi.org/10.1176/appi.neuropsych.18090208>

Objective:

This study examined whether objectively measured pretreatment cognitive impairment predicted worse response to treatment for posttraumatic stress disorder. Participants were 113 veterans and active duty service members who participated in a new multidisciplinary 2-week intensive clinical program that included individual trauma-focused cognitive-behavioral therapy, group psychotherapy, psychoeducation, skills-building groups, and complementary and alternative medicine treatments (mean age: 39.7 years [SD=8.5]; 20% women).

Methods:

Prior to treatment, participants completed a brief computerized cognitive battery (CNS Vital Signs) and were operationalized as having cognitive impairment if they scored in the ≤ 5 th percentile on two or more of five core cognitive domains. Participants completed measures of traumatic stress, depression, cognitive self-efficacy, and satisfaction with their ability to participate in social roles before and after treatment.

Results:

There were no significant correlations between pretreatment individual cognitive test scores and change in the clinical outcome measures. One-half of the study sample (49.6%) met criteria for cognitive impairment. In a mixed multivariate analysis of variance, the interaction between cognitive impairment and time was not significant ($F=0.83$, $df=4$, 108 , $p=0.51$), indicating that the pre- to posttreatment changes in outcome scores were not significantly different for the cognitively impaired group compared with the cognitively intact group. The multivariate main effect for time was significant ($F=36.75$, $df=4$, 108 , $p<0.001$). Follow-up univariate tests revealed significant

improvement in traumatic stress, depression, cognitive self-efficacy, and satisfaction with social roles after treatment.

Conclusions:

Cognitive impairment was not associated with worse response to treatment in veterans with severe and complex mental health problems. Veterans with and without cognitive impairment reported large improvements in symptoms and functioning after treatment.

Links of Interest

Recent series of campus suicides raise complicated questions for VA

<https://www.militarytimes.com/news/pentagon-congress/2019/04/25/recent-series-of-campus-suicides-raise-complicated-questions-for-va/>

Frustrations mount over lack of progress on preventing veterans' suicide

<https://www.militarytimes.com/news/pentagon-congress/2019/04/30/frustrations-mount-over-lack-of-progress-on-preventing-veterans-suicide/>

Prolonged exposure therapy is more effective in treating veterans with PTSD, alcohol use disorder

<https://www.news-medical.net/news/20190424/Prolonged-exposure-therapy-is-more-effective-in-treating-veterans-with-PTSD-alcohol-use-disorder.aspx>

'Something needs to change,' says mom of baby girl who died at babysitter's base home

<https://www.militarytimes.com/pay-benefits/2019/04/26/something-needs-to-change-says-mom-of-baby-girl-who-died-at-babysitters-base-home/>

No new child care facilities in Navy budget as thousands are relegated to waitlist

<https://www.stripes.com/news/us/no-new-child-care-facilities-in-navy-budget-as-thousands-are-relegated-to-waitlist-1.579138>

Consumer Magazine Gives Military Commissaries High Marks

<https://www.military.com/daily-news/2019/04/26/consumer-magazine-gives-military-commissaries-high-marks.html>

What is cognitive behavioral therapy and how does it work?

<https://www.nbcnews.com/better/lifestyle/what-cognitive-behavioral-therapy-how-does-it-work-ncna975811>

Virtual Reality as Therapy for Pain

<https://www.nytimes.com/2019/04/29/well/live/virtual-reality-as-therapy-for-pain.html>

Smarter Ways to Deal with Pain

<https://psychcentral.com/lib/smarter-ways-to-deal-with-pain/>

8 Common CBT-Based Therapies—and How They Could Power Up Your Mental Health

<https://www.menshealth.com/health/a27229836/cbt-therapy/>

Resource of the Week: [Health and Mental Health Needs of Children in US Military Families](#)

From the American Academy of Pediatrics:

Children in US military families share common experiences and unique challenges, including parental deployment and frequent relocation. Although some of the stressors of military life have been associated with higher rates of mental health disorders and increased health care use among family members, there are various factors and interventions that have been found to promote resilience. Military children often live on or near military installations, where they may attend Department of Defense–sponsored child care programs and schools and receive medical care through military treatment facilities. However, many families live in remote communities without access to these services. Because of this wide geographic distribution, military children are cared for in both military and civilian medical practices. This clinical report provides a background to military culture and offers practical guidance to assist civilian and military pediatricians caring for military children.

CLINICAL REPORT Guidance for the Clinician in Rendering Pediatric Care

American Academy
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Health and Mental Health Needs of Children in US Military Families

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