

CDP



Research Update -- June 20, 2019

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June Is PTSD Awareness Month

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<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2735127>

Comparative Efficacy and Acceptability of Pharmacological, Psychotherapeutic, and Combination Treatments in Adults With Posttraumatic Stress Disorder: A Network Meta-analysis.

Merz J, Schwarzer G, Gerger H.

JAMA Psychiatry

Published online June 12, 2019

doi:10.1001/jamapsychiatry.2019.0951

Key Points

Question

Is there evidence for the superiority of pharmacological, psychotherapeutic, or combination treatment in treating adults with posttraumatic stress disorder?

Findings

This network meta-analysis including 12 randomized clinical trials comprising 922 participants with 23 comparisons demonstrated similar findings for the 3 approaches at the end of treatment, but long-term benefits of psychotherapeutic and combined treatments were superior to pharmacological treatments across 6 randomized clinical trials that reported follow-up data.

Meaning

The available evidence is sparse and appears not to support the use of pharmacological therapy as first-line treatment for posttraumatic stress disorder; furthermore, this study suggests that direct comparisons reporting long-term outcomes for all 3 types of therapy are needed.

Abstract

Importance

Posttraumatic stress disorder (PTSD) is a prevalent mental disorder, with a high risk of chronicity, comorbidity, and functional impairment; PTSD is complicated to treat, and the debate on the best treatment approach is ongoing.

Objective

To examine comparative outcomes and acceptability of psychotherapeutic and pharmacological treatments and their combinations in adults with PTSD.

Data Sources

Embase, MEDLINE, PsycINFO, Cochrane Controlled Trials Register, and PSYNDX were searched for studies published from January 1, 1980, to February 28, 2018. Reference lists of included studies and of previously published guidelines and systematic reviews were also searched.

Study Selection

Of 11 417 records identified, 12 published randomized clinical trials (RCTs) comprising 922 participants, contributing 23 direct comparisons between psychotherapeutic and pharmacological treatments or their combinations were included.

Data Extraction and Synthesis

Standardized mean differences (SMDs) and odds ratios were aggregated using random-effects network and pairwise meta-analyses. Risk of bias and indirectness was rated for each study, and network confidence was rated using the Confidence in Network Meta-Analysis framework.

Main Outcomes and Measures

The primary outcome was the comparative benefit between 2 treatment approaches to PTSD symptom improvement, and secondary outcome was the comparative acceptability of the treatment approaches, as indicated by patient dropout rates before treatment termination.

Results

No treatment approach was found to be superior at the end of treatment (for all, 95% CI included 0). At the last follow-up, psychotherapeutic treatments showed greater benefit than pharmacological treatments in both network (SMD, -0.83 ; 95% CI, -1.59 to -0.07) and pairwise (SMD, -0.63 ; 95% CI, -1.18 to -0.09 , 3 RCTs) meta-analyses. No difference was found between combined treatments and psychotherapeutic treatments at long-term follow-up, and combined treatments were associated with better outcomes than pharmacological treatments in the network meta-analysis (SMD, -0.96 ; 95% CI, -1.87 to -0.04), but not in the pairwise meta-analysis, which included 2 RCTs (SMD, -1.02 ; 95% CI, -2.77 to 0.72). No evidence was found for differential acceptability of the 3 treatment approaches.

Conclusions and Relevance

These results suggest superiority of psychotherapeutic treatments over pharmacological treatments; network, but not pairwise, meta-analyses suggest superiority of combined treatments over pharmacological treatments in improving PTSD symptom severity in the long term. The scarcity of reported long-term findings hampers definite conclusions and

demonstrates the need for robust evidence from large-scaled comparative trials providing long-term follow-up data.

<https://link.springer.com/article/10.1007/s11920-019-1042-z>

Severity and Symptom Trajectory in Combat-Related PTSD: a Review of the Literature.

Michael L. Able, David M. Benedek

Current Psychiatry Reports

First Online: 06 June 2019

<https://doi.org/10.1007/s11920-019-1042-z>

Purpose of Review

Combat-related posttraumatic stress disorder is increasingly recognized as having a variable course in returning veterans. Relatively few studies have identified predictors of illness duration or severity in this population. This review sought to synthesize the existing literature.

Recent Findings

The existing literature remains limited and heterogeneous. However, several studies identified hyperarousal and pre-deployment dissociation as predictive of disease severity, and re-experiencing as predictive of suicidality in veterans with combat-related PTSD. No other pre-, peri-, or posttraumatic psychosocial predictors of individual symptoms or overall disease severity have been identified in replicated studies.

Summary

Important clinical factors to explore in the assessment of PTSD in combat veterans may now include hyperarousal and a history of dissociation as these may predict disease severity, and re-experiencing as this has been identified as a significant predictor of suicidality. Further study into this topic may reveal biological or more sensitive psychosocial markers predicting illness severity and prognosis.

<https://link.springer.com/article/10.1007/s40501-019-00176-w>

Dealing With Complexity and Comorbidity: Comorbid PTSD and Substance Use Disorders.

Jessica C. Tripp, Jennifer L. Jones, Sudie E. Back, Sonya B. Norman

Current Treatment Options in Psychiatry

First Online: 31 May 2019

<https://doi.org/10.1007/s40501-019-00176-w>

Purpose of review

Posttraumatic stress disorder (PTSD) and substance use disorders (SUD) are highly comorbid, and the presence of both disorders is associated with lower treatment effect sizes and higher dropout from treatment than one disorder alone. This review examines recent research on treatments for patients with comorbid PTSD/SUD, as well as recent work on psychological mechanisms that may contribute to both disorders.

Recent findings

Several studies have shown that trauma-focused treatments, such as Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE), are effective for reducing PTSD and do not cause exacerbation of substance use in patients with comorbid SUD. A few studies have examined pharmacotherapies for PTSD/SUD, but to date there is not one medication that appears to have clear efficacy for individuals with PTSD/SUD. Several mechanisms such as anxiety sensitivity, trauma-related cognitions, and pain may contribute to both PTSD and SUD.

Summary

Although trauma-focused treatments show promising results for PTSD/SUD, preconceptions regarding potential concurrent treatment risks influence provider adoption. Because many patients do not have a goal of total abstinence from substances, future research on the impact of continued use on trauma-focused treatment outcomes is needed. Additional trials of medications in conjunction with psychotherapy are indicated.

<https://www.sciencedirect.com/science/article/pii/S2451865418301911>

Testing a variable-length Cognitive Processing Therapy intervention for posttraumatic stress disorder in active duty military: Design and methodology of a clinical trial.

Jennifer Schuster Wachen, Katherine A. Dondanville, Stacey Young-McCaughan, Jim Mintz...for the STRONG STAR Consortium

Contemporary Clinical Trials Communications

Available online 23 May 2019

<https://doi.org/10.1016/j.conctc.2019.100381>

Combat-related trauma exposures have been associated with increased risk for posttraumatic stress disorder (PTSD) and comorbid mental health conditions. Cognitive Processing Therapy (CPT) is a 12-session manualized cognitive-behavioral therapy that has emerged as one of the leading evidence-based treatments for combat-related PTSD among military personnel and veterans. However, rates of remission have been less in both veterans and active duty military personnel compared to civilians, suggesting that studies are needed to identify strategies to improve upon outcomes in veterans of military combat. There is existing evidence that varying the number of sessions in the CPT protocol based on patient response to treatment improves outcomes in civilians. This paper describes the rationale, design, and methodology of a clinical trial examining a variable-length CPT intervention in a treatment-seeking active duty sample with PTSD to determine if some service members would benefit from a longer or shorter dose of treatment, and to identify predictors of length of treatment response to reach good end-state functioning. In addition to individual demographic and trauma-related variables, the trial is designed to evaluate factors related to internalizing/externalizing personality traits, neuropsychological measures of cognitive functioning, and biological markers as predictors of treatment response. This study attempts to develop a personalized approach to achieving positive treatment outcomes for service members suffering from PTSD. Determining predictors of treatment response can help to develop an adaptable treatment regimen that returns the greatest number of service members to full functioning in the shortest amount of time.

Patient-reported use of medical cannabis for pain, anxiety, and depression symptoms: Systematic review and meta-analysis.

Jesse D. Kosiba, Stephen A. Maisto, Joseph W. Ditte

Social Science & Medicine

Volume 233, July 2019, Pages 181-192

<https://doi.org/10.1016/j.socscimed.2019.06.005>

Highlights

- Systematically reviewed studies why patients use medical cannabis.
- Pain was a common reason for medical cannabis use (64%).
- Anxiety (50%) and depression (34%) were also common reasons for use.
- Prevalence rates were heterogeneous; no apparent publication bias.
- Review offers specific directions for future research.

Abstract

Rationale

Certifications for medical cannabis are generally restricted to a small number of specific medical conditions, yet patients frequently report symptoms of pain, anxiety, and depression as reasons for use. This is a critical concern for researchers, healthcare providers, and policymakers, yet research in this area is currently obstructed by the lack of a focused review or empirical synthesis on patient-reported reasons for medical cannabis use.

Objectives and Method

The first aim of this project was to conduct the first systematic review and meta-analysis of empirical studies of patient-reported symptoms of pain, anxiety, and depression as reasons for medical cannabis use. The second aim was to conduct an empirical assessment of the methodological quality of extant research, test for publication bias, and test sex composition and quality scores of individual studies as possible sources of observed heterogeneity.

Results

Meta-analytic results indicated that pain (64%), anxiety (50%), and depression/mood (34%) were common reasons for medical cannabis use. No evidence for publication bias was detected, despite heterogeneity in prevalence rates. A comprehensive assessment of study quality identified a number of specific methodological limitations of

the existing research, including challenges in patient recruitment, use of restrictive sampling frames, and a lack of randomized recruitment methods and validated assessment measures.

Conclusion

Findings are discussed with regard to possible explanations for current results, clinical considerations, and areas of future research that are needed to move the field forward.

<https://www.liebertpub.com/doi/10.1089/tmj.2018.0058>

Videoconferencing Psychotherapy and Depression: A Systematic Review.

Micha Blake Berryhill, Nathan Culmer, Nelle Williams, Anne Halli-Tierney, Alex Betancourt, Hannah Roberts, and Michael King

Telemedicine and e-Health

June 2019 ahead of print

<http://doi.org/10.1089/tmj.2018.0058>

Introduction:

Depression is the leading cause of disability in the world. Despite the prevalence of depression, a small proportion of individuals seek mental health services. A cost-effective method for increasing access to mental health services is the implementation of telemental-health programs. This review aims to summarize the state of the field on the efficacy and effectiveness of videoconferencing psychotherapy (VCP) for the treatment of depression.

Materials and Methods:

Systematic literature searches were performed using PsychINFO, PubMed, and EMBASE. Specific inclusion criteria were used to identify controlled and uncontrolled studies evaluating VCP for the treatment of depression. Data extraction included study assessment quality, research design, sample size, intervention details, outcome results, intervention effect size, and statistical differences between VCP and in-person (IP) therapy.

Results:

Of the 1,424 abstracts screened, 92 articles were critically reviewed. Thirty-three articles were included in the review, with 14 randomized controlled studies, 4 controlled

nonrandomized studies, and 15 uncontrolled studies. Sample size ranged from 1 to 243 participants. Twenty-one studies reported statistically significant reductions in depressive symptoms following VCP, and the median effect size for studies ranged from medium to the very large range. Most controlled studies reported no statistical differences between VCP and IP groups receiving the same intervention.

Conclusions:

VCP for the treatment of depression is a promising method for delivering mental health services. More rigorous research is needed to evaluate VCP on depression in various contexts and participants.

<https://www.nature.com/articles/s41386-019-0431-7>

Sleep in the United States Military.

Cameron H. Good, Allison J. Brager, Vincent F. Capaldi & Vincent Mysliwiec

Neuropsychopharmacology

Published: 11 June 2019

<https://doi.org/10.1038/s41386-019-0431-7>

The military lifestyle often includes continuous operations whether in training or deployed environments. These stressful environments present unique challenges for service members attempting to achieve consolidated, restorative sleep. The significant mental and physical derangements caused by degraded metabolic, cardiovascular, skeletomuscular, and cognitive health often result from insufficient sleep and/or circadian misalignment. Insufficient sleep and resulting fatigue compromises personal safety, mission success, and even national security. In the long-term, chronic insufficient sleep and circadian rhythm disorders have been associated with other sleep disorders (e.g., insomnia, obstructive sleep apnea, and parasomnias). Other physiologic and psychologic diagnoses such as post-traumatic stress disorder, cardiovascular disease, and dementia have also been associated with chronic, insufficient sleep. Increased co-morbidity and mortality are compounded by traumatic brain injury resulting from blunt trauma, blast exposure, and highly physically demanding tasks under load. We present the current state of science in human and animal models specific to service members during- and post-military career. We focus on mission requirements of night shift work, sustained operations, and rapid re-entrainment to time zones. We then propose targeted pharmacological and non-pharmacological countermeasures to

optimize performance that are mission- and symptom-specific. We recognize a critical gap in research involving service members, but provide tailored interventions for military health care providers based on the large body of research in health care and public service workers.

<https://academic.oup.com/sleep/advance-article-abstract/doi/10.1093/sleep/zsz094/5513337>

Sleep and timing of death by suicide among U.S. Veterans 2006–2015: analysis of the American Time Use Survey and the National Violent Death Reporting System.

Michaela S McCarthy, Claire Hoffmire, Lisa A Brenner, Sarra Nazem

Sleep

Published: 10 June 2019

<https://doi.org/10.1093/sleep/zsz094>

Study Objectives

Suicide is a top public health priority, and U.S. Veterans are recognized to be at particularly elevated risk. Sleep disturbances are an independent risk factor for suicide; recent empirical data suggest that nocturnal wakefulness may be a key mechanism underlying this association. Given higher rates of sleep disturbances among U.S. Veterans compared with civilians, we examined associations between nocturnal wakefulness and timing of death by suicide in U.S. Veterans and civilians to determine whether temporal suicide patterns differed.

Methods

The American Time Use Survey and the National Violent Death Reporting System were analyzed (2006–2015) to determine whether sleep and temporal suicide patterns differed between age-stratified groups (18–39, 40–64, and ≥65) of U.S. Veterans and civilians. Observed temporal suicide patterns were reported and standardized incidence ratios (SIRs) calculated to compare the percentage of suicides observed with those expected, given the proportion of the population awake, across clock hours.

Results

The raw proportion of Veteran suicides peaks between the hours of 1000–1200; however, the peak prevalence of suicide after accounting for the population awake is between 0000 and 0300 hr ($p < .00001$, $\phi = .88$). The highest SIR was at midnight; U.S.

Veterans were eight times more likely to die by suicide than expected given the population awake (SIR = 8.17; 95% CI = 7.45–8.94).

Conclusions

Nocturnal wakefulness is associated with increased risk for suicide in U.S. Veterans. Overall patterns of observed suicides by clock hour were similar between U.S. Veterans and civilians. However, Veteran-specific SIRs suggest differences in magnitude of risk by clock hour across age groups. Future research examining female and Post-9/11 U.S. Veterans is warranted.

<https://www.frontiersin.org/articles/10.3389/fneur.2019.00674/abstract>

Relationships between Sleepiness, Mood, and Neurocognitive Performance in Military Personnel.

Frontiers in Neurology

doi: 10.3389/fneur.2019.00674

Accepted: 10 Jun 2019

Neurocognitive computerized assessment tools (NCATs) were developed to assist military clinicians with the tracking of recovery from injury and return to full duty decisions with a recent focus on the setting of post-concussion evaluations. However, there is limited data on the impact of deployment on neurocognitive functioning, sleepiness, and mood in healthy, non-concussed Service members.

Automated Neuropsychological Assessment Metrics version 4 TBI Military (ANAM) data was obtained for a sample of active duty deployed personnel (n=72) without recent history of mild traumatic brain injury (mTBI). A linear regression was conducted to examine the effects of sleepiness and mood state on neurocognitive performance. The overall multivariate regression was statistically significant. Negative mood states were the most salient predictors of neurocognitive performance with higher levels of endorsement associated with lower scores. The findings support measures of negative mood state, but not sleepiness, as relevant predictors of neurocognitive performance as measured by the ANAM. These results indicate that mood needs to be considered when reviewing neurocognitive data to ensure that appropriate clinical decisions are made; in particular for return-to-duty decisions in deployed settings after concussion recovery.

[https://journals.lww.com/greenjournal/Abstract/publishahead/Sexual Assault in the Military and Increased Odds.97683.aspx](https://journals.lww.com/greenjournal/Abstract/publishahead/Sexual_Assault_in_the_Military_and_Increased_Odds.97683.aspx)

Sexual Assault in the Military and Increased Odds of Sexual Pain Among Female Veterans.

Pulverman, Carey S., PhD; Creech, Suzannah K., PhD; Mengeling, Michelle A., PhD; Torner, James C., PhD; Syrop, Craig H., MD, MHCD; Sadler, Anne G., PhD, RN

Obstetrics & Gynecology

June 11, 2019

doi: 10.1097/AOG.0000000000003273

OBJECTIVE:

To examine whether the relationship between childhood sexual abuse and sexual function in civilian women is also found among female veterans, and to consider the additional effects of sexual assault in the military.

METHODS:

Using a retrospective cohort design, participants (N=1,004) from two midwestern Department of Veterans Affairs medical centers and associated clinics completed a telephone-assisted interview on sexual assault, sexual pain, and mental health. Binary logistic regression was used to compare the rates of sexual pain between women with no sexual assault history, histories of childhood sexual abuse alone, histories of sexual assault in the military alone, and histories of childhood sexual abuse and sexual assault in the military.

RESULTS:

Female veterans with histories of childhood sexual abuse and sexual assault in the military reported the highest rates of sexual pain ($\chi^2(3)=40.98$, $P<.001$), posttraumatic stress disorder (PTSD, $\chi^2(3)=88.18$, $P<.001$), and depression ($\chi^2(3)=56.07$, $P<.001$), followed by women with sexual assault in the military histories alone, women with childhood sexual abuse histories alone, and women with no sexual assault. Female veterans with histories of childhood sexual abuse and sexual assault in the military were 4.33 times more likely to report sexual pain, 6.35 times more likely to report PTSD, and 3.91 times more likely to report depression than female veterans with no sexual assault.

CONCLUSION:

The relationship between sexual assault and sexual pain in female veterans is distinct from their civilian peers. For female veterans, sexual assault in the military is more

detrimental to sexual function (specifically sexual pain) than childhood sexual abuse alone, and the combination of childhood sexual abuse and sexual assault in the military confers the greatest risk for sexual pain. Given this difference in sexual health, treatments for sexual dysfunction related to a history of childhood sexual abuse in civilian women may not be adequate for female veterans. Female veterans may require a targeted treatment approach that takes into account the particular nature and consequences of sexual assault in the military.

<https://academic.oup.com/alcalc/advance-article/doi/10.1093/alcalc/agz045/5513863>

Effect of Selective Serotonin Reuptake Inhibitors on Healthcare Utilization in Patients with Post-Traumatic Stress Disorder and Alcohol Use Disorder.

Andrew C Naglich, Sara Bozeman, E Sherwood Brown, Bryon Adinoff

Alcohol and Alcoholism

Published: 11 June 2019

<https://doi.org/10.1093/alcalc/agz045>

Aims

The objective of this study is to address equivocation in estimates of selective serotonin reuptake inhibitor initiation (SSRI) effect on all-cause and alcohol-related ER visits, and medical or psychiatric admissions within 2 years of initial Post-Traumatic Stress Disorder (PTSD) diagnosis in patients with PTSD and Alcohol Use Disorder (AUD).

Methods

This study is a quasi-experimental, new-user-design cohort study of 3235 patients seen at the VA North Texas Healthcare System between January 1, 2000 and December 31, 2016. High dimensional propensity score (HDPS) techniques were used to estimate likelihood of SSRI initiation within 30 days of first PTSD diagnosis. Propensity scores were used to calculate weights for likelihood of SSRI initiation which were used to control for baseline covariates in estimations of SSRI medication effect on odds of each outcome occurring.

Results

Compared to those who did not receive SSRIs, patients prescribed an SSRI within 30 days showed significantly lower odds of alcohol-related ER visits (OR=0.668, 95%CI =

0.476 to 0.938, $P = 0.02$) and alcohol-related medical admissions ($OR=0.583$, $95\%CI = 0.399$ to 0.851 , $P = 0.005$).

Limitations

Inconsistent assessment of PTSD severity necessitated the use of HDPS models to control for baseline confounding. Our study design mimicked intent-to-treat trial design and therefore could not control for SSRI initiations after the 30-day grace period following initial PTSD diagnosis.

Conclusions

SSRI initiation in patients with AUD and PTSD is associated with significantly reduced odds of alcohol-related medical hospitalization and alcohol-related ER visits within 2 years of first PTSD diagnosis. Additional studies are needed to verify these results.

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usz129/5513839>

Examining the Factor Structure of the Moral Injury Events Scale in a Veteran Sample.

Cameron B Richardson, Ryan P Chesnut, Nicole R Morgan, Julia A Bleser, Daniel F Perkins, Dawne Vogt, Laurel A Copeland, Erin Finley

Military Medicine

Published: 11 June 2019

<https://doi.org/10.1093/milmed/usz129>

Introduction

Interest in moral injury has burgeoned over the last decade as an increasing number of professionals recognize that current conceptualizations of trauma are not sufficient to explain some of the challenges that military service members face. The Moral Injury Events Scale (MIES) was the first instrument developed to measure exposure to military events that could produce moral injury (Nash et al., 2013). Two previously published validation studies that focused on service members still in uniform reveal some discrepancies regarding the scale's factor structure. Bryan and colleagues (2016) documented a three-factor solution (i.e., transgressions-others, transgressions-self, and betrayal), while Nash and colleagues (2013) noted a two-factor solution (i.e., perceived transgressions and perceived betrayals).

Materials and Methods

With an interest in further scale validation, the present study utilized survey data from a group of veterans recently separated from service, to test the fitness of the two- or three-factor model and to examine the invariance of the scale across gender and branch. The investigators followed the policies governing the protection of human subjects as prescribed by ICF Institutional Review Board.

Results

Findings revealed a two-factor structure that differed from previous factor solutions (transgressions-self and transgressions-others) and was invariant across gender and branch. High intercorrelations among the MIES items that addressed exposure and reaction to events suggested that these experiences tend to co-occur. Removal of the event items did not significantly impact model fit.

Conclusions

The factor structure identified in the present study aligns with current theoretical conceptualizations of moral injury. The inability to distinguish between event and reaction items and the lack of impact on the factor structure when event items were removed from the model suggest the MIES is more accurately described as a measure of moral pain as compared to a measure of potentially morally injurious experiences (PMIEs). Given that all events associated with moral injury have impinged upon welfare, justice, rights, and fairness considerations, one could argue that little would be gained by focusing attention on the development of a measure of PMIEs. Given the lack of convergence in factor structure across samples, future directions may profit from a focus on further clarifying the temporal stability of the MIES factor structure.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/cpp.2372>

Self-compassion, self-forgiveness, suicidal ideation, and self-harm: A systematic review.

Seonaid Cleare, Andrew Gumley, Rory C. O'Connor

Clinical Psychology & Psychotherapy

First published: 02 May 2019

<https://doi.org/10.1002/cpp.2372>

Self-compassion has been implicated in the aetiology and course of mental health with evidence suggesting an association between greater self-compassion and lower emotional distress. However, our understanding of the nature and extent of the relationship between self-compassion and self-harm (self-injury regardless of suicidal intent) or suicidal ideation remains unclear. This review, therefore, aimed to critically evaluate the extant literature investigating this relationship. To do so, a systematic search, including terms synonymous with self-compassion, was conducted on three main psychological and medical databases (Web of Science, PsycINFO, and Medline). Only studies investigating self-compassion or self-forgiveness and self-harm or suicidal ideation were found to be relevant to the review. Eighteen studies were included in the final narrative synthesis. Heterogeneity of studies was high, and the majority of studies were quantitative and cross-sectional ($n = 16$) in design. All studies reported significant associations between higher levels of self-forgiveness or self-compassion and lower levels of self-harm or suicidal ideation. Several studies suggested that self-compassion or self-forgiveness may weaken the relationship between negative life events and self-harm. In conclusion, this review highlights the potential importance of self-compassion in the aetiology of suicidal thoughts and self-harm. We discuss the clinical and research implications.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/cpp.2381>

General change mechanisms in the early treatment phase and their associations with the outcome of cognitive behavioural therapy in patients with different levels of motivational incongruence.

Sebastian Gmeinwieser, York Hagmayer, Christoph Pieh, Thomas Probst

Clinical Psychology & Psychotherapy

First published: 23 May 2019

<https://doi.org/10.1002/cpp.2381>

Early general change mechanisms (GCMs) have been shown to be associated with psychotherapy outcome but it remains unclear which specific patients benefit from which GCM. This study explored whether the patients' characteristic motivational incongruence moderates the effect of GCMs in the early treatment phase on the outcome. Three early GCMs (interpersonal experiences, intrapersonal experiences, and problem activation) were evaluated after five therapy-preparing sessions by patients and therapists. On the basis of previous work, we assumed that the association between

intrapersonal experiences and outcome is moderated by incongruence. A total of 524 patients completing outpatient cognitive behavioural therapy (CBT) were investigated. The patient-reported outcome measure was psychological symptom severity. The patients' motivational incongruence was assessed with the incongruence questionnaire short form at baseline. Results showed that therapists' ratings of all three early GCMs and patients' ratings of early problem actuation were not associated with CBT outcome. By contrast, positive patients' ratings of early interpersonal and early intrapersonal experiences were beneficial for CBT outcome (both $p < .05$). Only the association between patients' ratings of early intrapersonal experiences and CBT outcome was moderated by incongruence ($p < .05$). The higher the patients' baseline incongruence was, the more beneficial early intrapersonal experiences in the patients' perspective were for a good outcome. These findings entail that increasing early intrapersonal experiences from the patients' perspective is particularly important in patients with motivational incongruence but working on early interpersonal experiences in the patients' perspective is important in patients with all levels of incongruence to reach a good CBT outcome.

<https://journals.sagepub.com/doi/abs/10.1177/1542305019848656>

A Scoping Review of Ethical Considerations in Spiritual/Religious Counseling and Psychotherapy.

Sally I. Maximo

Journal of Pastoral Care & Counseling

First Published June 12, 2019

<https://doi.org/10.1177/1542305019848656>

Four overarching themes from this scoping review were identified, namely: (a) clients' right for autonomy and self-determination; (b) cultural sensitivity; (c) practitioner competency issues; and (d) recommended guidelines for ethical practice. These themes were aligned with the moral principles that guide professional ethical practice. A competency-based model was designed based on findings to enhance counselor/clinician competencies by enhancing sensitivity to spiritual and religious sentiments, which allows greater responsiveness to the clients' needs, values and preferences.

<https://www.ncbi.nlm.nih.gov/pubmed/31120834>

Am J Occup Ther. 2019 May/Jun;73(3):7303205040p1-7303205040p9. doi: 10.5014/ajot.2019.027599

Occupational Challenges in Military Service Members With Chronic Mild Traumatic Brain Injury.

Cogan AM, Haines CE, Devore MD, Lepore KM, Ryan M

OBJECTIVE:

The purpose of this study was to identify the needs of military service members with chronic symptoms after mild traumatic brain injury (mTBI) that fall within the scope of occupational therapy practice.

METHOD:

In this qualitative descriptive study, service members with a history of mTBI (N = 12) participated in semistructured interviews about their injury history, symptoms, daily routines, challenges, and plans.

RESULTS:

Two main themes were identified: occupational changes and plans for the future. Occupational changes contains six subthemes: (1) rest and sleep, (2) activities of daily living and instrumental activities of daily living, (3) work, (4) social participation, (5) play and leisure, and (6) education. Plans for the future contains three subthemes: (1) supports, (2) barriers, and (3) fears.

CONCLUSION:

Occupational therapists who work with this population should consider all areas of occupation, especially sleep, during assessment and treatment planning. Some clients may require additional support for preparing for civilian life.

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<https://www.ncbi.nlm.nih.gov/pubmed/30776710>

Psychiatry Res. 2019 Apr;274:7-11. doi: 10.1016/j.psychres.2019.02.025. Epub 2019 Feb 11

Examining the impact of different types of military trauma on suicidality in women veterans.

Khan AJ, Li Y, Dinh JV, Donalson R, Hebenstreit CL4, Maguen S

Suicide rates amongst women veterans are significantly higher than rates for their civilian counterparts. However, risk factors for suicide among women veterans remain unclear. The current study examined the impact of exposure to a number of military stressors (e.g., perceived life threat, killing in combat, military sexual trauma) on suicidal ideation (SI) in women veterans. A total of 403 women veterans responded to mailed self-report surveys, 383 (ages 24-70 years) returned fully completed surveys and were included in analyses, and 16% of those included endorsed current SI. Rates of endorsement for military stressors were as follows: 43% being wounded, 34% loss of someone close, 36% perceived life threat, 30% witnessing a killing or injury, 4% seeing injured or dead bodies, 4% killing in combat, 65% military sexual harassment, and 33% military sexual assault. A logistic regression analysis was conducted with all of the military stressors entered simultaneously to determine the effect on SI. Life threat and sexual harassment had the strongest associations with SI compared to other military stressors. These findings suggest that particular military stressors may play an especially important role in SI in women veterans. Implications and future research considerations are discussed.

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<https://www.ncbi.nlm.nih.gov/pubmed/30183554>

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PTSD From a Suicide Attempt: Phenomenological and Diagnostic Considerations.

Stanley IH, Boffa JW, Joiner TE

OBJECTIVE:

A suicide attempt is at least somewhat life-threatening by definition and is, for some, traumatic. Thus, it is possible that some individuals may develop posttraumatic stress disorder (PTSD) from a suicide attempt.

METHOD:

In this article, we consider whether one's suicide attempt could fulfill Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria for a PTSD Criterion A event and contribute to the development of attendant PTSD symptoms (e.g., flashbacks, avoidance, shame/guilt, nightmares); discuss theoretical models of PTSD as they relate to suicide attempts; reflect on factors that might influence rates of suicide attempt-related PTSD; highlight methodological limitations that have hampered our understanding of suicide attempt-related PTSD; and posit areas for future scientific and clinical inquiry.

RESULTS:

Strikingly, the degree to which a suicide attempt leads to PTSD is unknown.

CONCLUSIONS:

We conclude with a call for research to systematically assess for suicide attempts alongside other potentially traumatic experiences (e.g., combat exposure, rape) that are included in standardized PTSD assessments.

<https://www.healio.com/psychiatry/journals/jpn/%7B73163d43-6aec-49d9-b393-b687ab1f2948%7D/veterans-prospective-attitudes-about-mental-health-treatment-using-telehealth>

Veterans' Prospective Attitudes About Mental Health Treatment Using Telehealth.

Elizabeth M. Goetter, PhD; Allyson M. Blackburn, BA; Eric Bui, PhD, MD; Lauren M. Laifer, BA; Naomi Simon, MD, MSc

Journal of Psychosocial Nursing and Mental Health Services

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<https://doi.org/10.3928/02793695-20190531-02>

The current study examined Veterans' attitudes about the potential use of telepsychiatry for mental health treatment in routine clinical settings. Data were collected from Veteran

outpatients (N = 253) who completed a series of self-report screening measures as part of their initial evaluation at an outpatient clinic providing care to Veterans with deployment-related mental health problems. Using a de-identified data repository, symptoms of post-traumatic stress disorder (PTSD), depression, anxiety, and stress, as well as attitudes and level of comfort with receiving treatment through telehealth were assessed. Overall interest in telepsychiatry was mixed, with 25.7% of patients being “not at all comfortable” and 13.4% being “extremely comfortable” using telepsychiatry from home. Approximately one third (32.8%) of participants indicated a clear preference for telepsychiatry compared to in-person mental health visits. There were no differences in telepsychiatry preferences by symptom severity, demographic variables, rural versus urban location, or endorsed barriers to care. Although telepsychiatry may be a viable means of increasing access, patient preference should be considered, as a substantial percentage of Veterans in this study preferred in-person visits.

<https://onlinelibrary.wiley.com/toc/15736598/2019/32/3>

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[Introduction to the Special Issue on Moral Injury: Conceptual Challenges, Methodological Issues, and Clinical Applications.](#)

Brett T. Litz, Patricia K. Kerig

[Moral Injury: An Integrative Review.](#)

Brandon J. Griffin, Natalie Purcell, Kristine Burkman, Brett T. Litz, Craig J. Bryan, Martha Schmitz, Claudia Villierme, Jessica Walsh, Shira Maguen

[Defining and Measuring Moral Injury: Rationale, Design, and Preliminary Findings From the Moral Injury Outcome Scale Consortium.](#)

Julie D. Yeterian, Danielle S. Berke, Jessica R. Carney, Alexandra McIntyre-Smith, Katherine St. Cyr, Lisa King, Nora K. Kline, Andrea Phelps, Brett T. Litz, Members of the Moral Injury Outcomes Project Consortium

[Is and Ought: Descriptive and Prescriptive Cognitions in Military-Related Moral Injury.](#)

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[Temporal Associations Between Moral Injury and Posttraumatic Stress Disorder Symptom Clusters in Military Veterans.](#)

Joseph M. Currier, Ryon C. McDermott, Jacob K. Farnsworth, Lauren M. Borges

[Moral Injury and Spiritual Struggles in Military Veterans: A Latent Profile Analysis.](#)

Joseph M. Currier, Joshua D. Foster, Steven L. Isaak

[Associations Among Exposure to Potentially Morally Injurious Experiences, Spiritual Injury, and Alcohol Use Among Combat Veterans.](#)

Allison R. Battles, Michelle L. Kelley, Jeremy D. Jinkerson, Hannah C. Hamrick, Brittany F. Hollis

[Moral Injury, Substance Use, and Posttraumatic Stress Disorder Symptoms Among Military Personnel: An Examination of Trait Mindfulness as a Moderator.](#)

Rachel L. Davies, Mark A. Prince, Adrian J. Bravo, Michelle L. Kelley, Tori L. Crain

[Intolerance of Uncertainty Moderates the Association Between Potentially Morally Injurious Events and Suicide Ideation and Behavior Among Combat Veterans.](#)

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[Development and Evaluation of the Perpetration-Induced Distress Scale for Measuring Shame and Guilt in Civilian Populations.](#)

Sarah E. Steinmetz, Matt J. Gray, Joshua D. Clapp

[Development and Validation of the Moral Injury Scales for Youth.](#)

Shannon D. Chaplo, Patricia K. Kerig, Cecilia Wainryb

[Commentary on the Special Issue on Moral Injury: Advances, Gaps in Literature, and Future Directions.](#)

Yuval Neria, Alison Pickover

[Commentary on the Special Issue on Moral Injury: Unpacking Two Models for Understanding Moral Injury.](#)

William P. Nash

Links of Interest

Calling suicide shameful is the wrong call, these authors say

<https://www.marinecorpstimes.com/newsletters/daily-news-roundup/2019/06/14/calling-suicide-shameful-is-the-wrong-call/>

Study finds VA prescribes far more opioids to rural veterans than urban counterparts

<https://www.stripes.com/news/us/study-finds-va-prescribes-far-more-opioids-to-rural-veterans-than-urban-counterparts-1.585937>

DoD council will examine how 'wholesale' changes in military health care affect troops' families

<https://www.militarytimes.com/pay-benefits/2019/06/13/dod-council-will-examine-how-wholesale-changes-in-military-health-care-affect-troops-families/>

Medical cuts could cause irreversible damage

<https://www.militarytimes.com/opinion/commentary/2019/06/13/medical-cuts-could-cause-irreversible-damage/>

Marine lieutenant investigated for racist social media posts

<https://taskandpurpose.com/marine-officer-investigation>

Marine lance corporal getting booted for 'advocating supremacist ideology'

<https://www.marinecorpstimes.com/news/your-marine-corps/2019/06/12/marine-lance-corporal-is-getting-booted-for-advocating-supremacist-ideology/>

New VA Policy Aims to Stop Veterans from Hiding Guns in Wheelchairs

<https://www.military.com/daily-news/2019/06/13/new-va-policy-aims-stop-veterans-hiding-guns-wheelchairs.html>

The Changing Face of America's Veterans

<https://www.washingtonpost.com/post-live-2019-american-veterans/>

Sexual assaults at military academies could be handled outside the chain of command

<https://www.militarytimes.com/news/pentagon-congress/2019/06/13/sexual-assaults-at-military-academies-could-be-handled-outside-the-chain-of-command/>

'Sexual Assault Stinks,' says tone deaf Air Force cartoon skunk

<https://www.airforcetimes.com/off-duty/military-culture/2019/06/12/sexual-assault-stinks-says-tone-deaf-air-force-cartoon-skunk/>

This Army daughter realizes her dream of military service — despite her dependent medical record

<https://www.militarytimes.com/2019/06/13/this-army-daughter-realizes-her-dream-of-military-service-despite-her-dependent-medical-record/>

Same Day Mental Health services for Veterans

<https://www.blogs.va.gov/VAntage/61032/same-day-mental-health/>

Could a simple shot be a breakthrough treatment for PTSD?

<https://www.cbsnews.com/news/sgb-could-a-simple-shot-be-a-breakthrough-treatment-for-ptsd-60-minutes-2019-06-12/>

PTSD in Veterans: A Look at Prevalence

<https://pro.psychcentral.com/ptsd-in-veterans-a-look-at-prevalence/>

Panel Says U.S. Military Recruitment Pool Must Broaden

<https://news.usni.org/2019/06/17/panel-says-u-s-military-recruitment-pool-must-broaden>

Bill Would Give Vets With 'Bad Paper' Discharges Better Appeal Options

<https://www.military.com/daily-news/2019/06/17/bill-would-give-vets-bad-paper-discharges-better-appeal-options.html>

Resource of the Week: [Treatment Essentials -- PTSD Treatment Options](#)

From the VA's National Center for PTSD:

There are a number of treatments for PTSD proven to work. The PTSD Treatment Decision Aid will help you and your patients find the treatment that works best for them. Our Treatment Essentials page outlines effective treatment options, PTSD apps and other materials you can use to promote patient engagement.

Psychotherapy

- [Overview of Psychotherapy for PTSD](#)
Reviews the psychotherapy recommendations of the 2017 VA/DoD Clinical Practice Guideline for PTSD, including discussion of the research underlying unanimous support of cognitive behavioral therapies.
- [Cognitive Processing Therapy for PTSD](#)
Explains the theoretical model and session content of Cognitive Processing Therapy (CPT), including a review of effectiveness research for individual and group modalities as well as studies including special populations and comorbidities
- [Prolonged Exposure for PTSD](#)
Explains the theoretical model and session content of Prolonged Exposure (PE), including a review of effectiveness research and studies including special populations and comorbidities.
- [Eye Movement Desensitization and Reprocessing \(EMDR\)](#)
Explains the theoretical model and session content of Eye Movement Desensitization and Reprocessing (EMDR), including a review of effectiveness research as studies including comorbidities.
- [Treating Survivors in the Acute Aftermath of Traumatic Events](#)
Describes the complexity of therapy decisions following traumatic events, such as: the nature of events, phases of coping, assessment and evaluation, and intervention information noting specific techniques for acute stress.
- [2017 Clinical Practice Guideline for the Management of PTSD](#)
The updated VA/DoD CPG includes objective, evidence-based information on the management of PTSD and related conditions, including diagnosis, treatment, and follow-up recommendations.
- [Dissemination of Evidence-Based Psychotherapy for PTSD in Veterans Affairs](#)
An overview of VA's efforts to disseminate and evaluate utilization practices of Cognitive Processing Therapy and Prolonged Exposure for treatment of PTSD.

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