

CDP



Research Update -- October 31, 2019

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https://www.ptsd.va.gov/publications/ctu_docs/ctu_v13n5.pdf

Clinician's Trauma Update Online

National Center for PTSD
October 2019

The National Center for PTSD's goal is to keep professionals up-to-date with the latest in trauma research and how it can be applied.

CTU-Online includes brief updates on the latest clinically relevant research. Content on treatment and assessment is emphasized. Publications on other topics are included if the content has significant clinical implications.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22437>

Five-Year Impacts of Family Stressors and Combat Threat on the Mental Health of Afghanistan and Iraq War Veterans.

Wesley Sanders, Brian N. Smith, Annie B. Fox, Dawne Vogt

Journal of Traumatic Stress
First published: 21 August 2019
<https://doi.org/10.1002/jts.22437>

It has been well established that warfare-related stress puts service members at risk for a range of mental health problems after they return from deployment. Less is known about service members' experience of family stressors during deployment. The aims of this study were to (a) evaluate whether family stressors would contribute unique variance to posttraumatic stress disorder (PTSD) and depressive symptoms above and beyond combat threat during deployment and (b) examine whether family stressors would amplify the negative effects of combat threat on postmilitary mental health 5 years postdischarge. Study participants reported their experience of objective and subjective family stressors and combat threat during deployment. Objective family stressors demonstrated unique associations with PTSD and depression symptoms and remained significant after accounting for ongoing family stressors reported at follow-up. A significant interaction was found between objective family stressors and combat threat on PTSD symptoms, $r = -.10$. Although the association between combat threat and PTSD was significant for participants who reported high, $B = 0.04$; and low, $B = 0.09$, exposure to family stressors, the steeper slope for those exposed to fewer family stressors indicates a stronger effect of combat threat. Follow-up analyses revealed that veterans who experienced high amounts of family stress and high levels of combat threat reported significantly worse PTSD symptoms than those who reported low family stress, $t(256) = 3.98$, $p < .001$. Findings underscore the importance of attending to the role that family stressors experienced during deployment play in service members' postmilitary mental health.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22438>

An Empirical Crosswalk for the PTSD Checklist: Translating DSM-IV to DSM-5 Using a Veteran Sample.

Moshier, S. J., Lee, D. J., Bovin, M. J., Gauthier, G. , Zax, A. , Rosen, R. C., Keane, T. M. and Marx, B. P.

Journal of Traumatic Stress

First published: 18 October 2019

<https://doi.org/10.1002/jts.22438>

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) introduced numerous revisions to the fourth edition's (DSM-IV) criteria for posttraumatic stress disorder (PTSD), posing a challenge to clinicians and researchers who wish to

assess PTSD symptoms continuously over time. The aim of this study was to develop a crosswalk between the DSM-IV and DSM-5 versions of the PTSD Checklist (PCL), a widely used self-rated measure of PTSD symptom severity. Participants were 1,003 U.S. veterans (58.7% with PTSD) who completed the PCL for DSM-IV (the PCL-C) and DSM-5 (the PCL-5) during their participation in an ongoing longitudinal registry study. In a randomly selected training sample (n = 800), we used equipercentile equating with loglinear smoothing to compute a “crosswalk” between PCL-C and PCL-5 scores. We evaluated the correspondence between the crosswalk-determined predicted scores and observed PCL-5 scores in the remaining validation sample (n = 203). The results showed strong correspondence between crosswalk-predicted PCL-5 scores and observed PCL-5 scores in the validation sample, ICC = .96. Predicted PCL-5 scores performed comparably to observed PCL-5 scores when examining their agreement with PTSD diagnosis ascertained by clinical interview: predicted PCL-5, $\kappa = 0.57$; observed PCL-5, $\kappa = 0.59$. Subsample comparisons indicated that the crosswalk's accuracy did not differ across characteristics including gender, age, racial minority status, and PTSD status. The results support the validity of this newly developed PCL-C to PCL-5 crosswalk in a veteran sample, providing a tool with which to interpret and translate scores across the two measures.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22441>

Depression Suppresses Treatment Response for Traumatic Loss–Related Posttraumatic Stress Disorder in Active Duty Military Personnel.

Jacoby, V. M., Hale, W. , Dillon, K. , Dondanville, K. A., Wachen, J. S., Yarvis, J. S., Litz, B. T., Mintz, J. , Young-McCaughan, S. , Peterson, A. L., Resick, P. A., for the STRONG STAR Consortium

There are multiple well-established evidence-based treatments for posttraumatic stress disorder (PTSD). However, recent clinical trials have shown that combat-related PTSD in military populations is less responsive to evidence-based treatments than PTSD in most civilian populations. Traumatic death of a close friend or colleague is a common deployment-related experience for active duty military personnel. When compared with research on trauma and PTSD in general, research on traumatic loss suggests that it is related to higher prevalence and severity of PTSD symptoms. Experiencing a traumatic loss is also related to the development of prolonged grief disorder, which is highly comorbid with depression. This study examined the association between having traumatic loss–related PTSD and treatment response to cognitive processing therapy in

active duty military personnel. Participants included 213 active duty service members recruited across two randomized clinical trials. Results showed that service members with primary traumatic loss–related PTSD (n = 44) recovered less from depressive symptoms than those who reported different primary traumatic events (n = 169), $B = -4.40$. Tests of mediation found that less depression recovery suppressed recovery from PTSD symptoms in individuals with traumatic loss–related PTSD, $B = 3.75$. These findings suggest that evidence-based treatments for PTSD should better accommodate loss and grief in military populations.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22450>

Associations Among Childhood Trauma, Childhood Mental Disorders, and Past-Year Posttraumatic Stress Disorder in Military and Civilian Men.

Syed Sheriff, R., Van Hooff, M., Malhi, G., Grace, B. and McFarlane, A.

Journal of Traumatic Stress

First published: 07 October 2019

<https://doi.org/10.1002/jts.22450>

To identify early life factors associated with posttraumatic stress disorder (PTSD), we investigated the association between childhood trauma and mental disorders with International Classification of Diseases (ICD)-diagnosed past-year PTSD in employed military and civilian men. Data were derived from the 2010 Australian Defence Force (ADF) Mental Health Prevalence and Wellbeing Study (N = 1,356) and the 2007 Australian Bureau of Statistics (ABS) National Survey of Mental Health and Wellbeing Study (N = 2,120) and analyzed using logistic regression and generalized structural equation modeling. After controlling for demographics, PTSD was associated with childhood anxiety, adjusted odds ratio (AOR) = 3.94, 95% CI [2.36, 6.58]; and depression, AOR = 7.01, 95% CI [2.98, 16.49], but not alcohol use disorders, in the ADF. In civilians, PTSD was associated with childhood anxiety only, AOR = 7.06, 95% CI [3.50, 14.22]. These associations remained significant after controlling for childhood and adult trauma in both populations and service factors and deployment, combat, or adult trauma in the ADF. In both populations, PTSD was associated with more than three types of childhood trauma: AOR = 2.97, 95% CI [1.53, 5.75] for ADF and AOR = 5.92, 95% CI [3.00, 11.70] for ABS; and childhood interpersonal, but not noninterpersonal, trauma: AOR = 3.08, 95% CI [1.61, 5.90] for ADF and AOR = 6.63, 95% CI [2.74, 16.06] for ABS. The association between childhood trauma and PTSD

was fully mediated by childhood disorder in the ADF only. Taking a lifetime perspective, we have identified that the risk of PTSD from childhood trauma and disorder is potentially predictable and, therefore, modifiable.

<https://www.sciencedirect.com/science/article/abs/pii/S0376871619304247>

A randomized controlled trial evaluating integrated versus phased application of evidence-based psychotherapies for military veterans with comorbid PTSD and substance use disorders.

Shannon M. Kehle-Forbes, Shirley Chen, Melissa A. Polusny, Kevin G. Lynch, ... David W. Oslin

Drug and Alcohol Dependence

Available online 21 October 2019

<https://doi.org/10.1016/j.drugalcdep.2019.107647>

Highlights

- Integrating MET and PE was not more effective than phasing the treatments.
- Both approaches yielded meaningful reductions in problematic drinking and drug use.
- PTSD symptom reduction was more modest than typically achieved with PE.
- Treatment dropout was high; few participants attended all treatment sessions.

Abstract

Objective

Recent clinical practice guidelines recommend the delivery of evidence-based psychotherapies for both substance use disorder (SUD) and posttraumatic stress disorder (PTSD) within the same treatment episode for patients with SUD/PTSD comorbidity. This randomized clinical trial evaluated the comparative effectiveness of integrating versus phasing evidence-based psychotherapies for SUD and PTSD among veterans with co-occurring SUD/PTSD. Method: 183 veterans with DSM-IV PTSD and SUD at two VA Medical Centers were randomized to one of two psychotherapies during which Motivational Enhancement Therapy [MET] for SUD and Prolonged Exposure [PE] for PTSD were either phased or integrated throughout treatment. Primary outcomes as evaluated by blinded assessors were percent days with drug use or heavy drinking and PTSD symptomology. We hypothesized integrated MET/PE (n = 95) would yield better SUD and PTSD-related outcomes at posttreatment than phased MET/PE (n = 88).

Results

In intent-to-treat analyses (n=183), both treatment groups achieved clinically (d=0.46 – 1.06) and statistically significant reductions in SUD (p < 0.01) and PTSD (p < 0.01) symptomology; the time by treatment interactions were not significant. Post-hoc analyses could not confirm statistical non-inferiority; between-group effect sizes suggest a lack of clinically-meaningful differences between the two treatment approaches (d=0.08 – 0.27).

Conclusions

Our hypothesis that integrated MET/PE would result in better outcomes than phased MET/PE across a range of PTSD and SUD measures was not supported; both strategies for combining two single-disorder treatments for co-occurring SUD/PTSD yielded significant symptom reduction.

<https://www.sciencedirect.com/science/article/abs/pii/S0145213419304041>

It all adds up: Addressing the roles of cumulative traumatic experiences on military veterans.

Arielle A.J. Scoglio, Steven D. Shirk, Carolyn Mazure, Crystal L. Park, ... Shane W. Kraus

Child Abuse & Neglect

Volume 98, December 2019

<https://doi.org/10.1016/j.chiabu.2019.104227>

Background

Posttraumatic stress symptoms are common after discharge from military service in male and female Post-9/11 veterans, many of whom experienced combat.

Objective

This is a study of the impacts of childhood and adult assaults are studied both separately and together on the level of posttraumatic stress symptoms in male and female Post-9/11 veterans (N = 850) after discharge from military service.

Participants and setting

This cross-sectional secondary analysis uses data from the baseline interviews of the Survey of Experiences of Returning Veterans (SERV) cohort study.

Methods

Childhood sexual and physical abuse, adult sexual and physical assault, and combat exposure were the main exposures of interest and the primary outcome measurement was the Posttraumatic Symptom Checklist-Civilian, assessing symptom severity post discharge from military service.

Results

Our sample reported high rates of childhood abuse, adult victimization, combat exposure, and posttraumatic stress symptoms. Tested separately, models including different types of victimization had both unique ($f^2 = 0.30$) and cumulative ($f^2 = 0.32$) effects on severity of posttraumatic stress symptoms in male and female veterans.

Conclusions

Our results underscore the importance of assessing childhood and adult trauma history in returning veterans in addition to traumas they experienced during their service. These findings highlight the importance of focusing on building resilience in our military servicemembers.

<https://www.sciencedirect.com/science/article/abs/pii/S0165178119314040>

A Preliminary Examination of the Association between Drinking as a Typical Coping Strategy and Level of Acute Alcohol Consumption Prior to a Suicide Attempt.

Jami M. Gauthier, Ashley B. Cole, Courtney L. Bagge

Psychiatry Research

Available online 21 October 2019

<https://doi.org/10.1016/j.psychres.2019.112626>

Highlights

- Coping motives and past-year heavy drinking increase odds of acute heavy drinking
- Social and enhancement motives are not associated with acute heavy drinking

- Intervening on these related drinking behaviors could reduce suicide attempts

Abstract

Drinking to cope is associated with suicide ideation and attempts. Event-based research shows drinking, particularly when alcohol is consumed in large quantities, increases the intensity of suicidal thoughts and immediate risk for attempt. Such findings suggest those who typically drink to cope may be especially likely to drink heavily in the hours preceding a suicide attempt. In the first examination of the association between regular use of alcohol as a coping strategy and acute alcohol consumption prior to a suicide attempt, participants included 130 patients hospitalized for a recent attempt. The number of drinks consumed in the acute period preceding the attempt, as well as past-year heavy drinking frequency, typical drinking motives, and depressive symptoms were assessed. The unique impacts of coping motives on odds of consuming any alcohol, and of using specific amounts of alcohol in the acute period, were determined through binary and multinomial logistic regressions. Results demonstrated that commonly drinking for coping motives increased the odds of heavy drinking—but not of using alcohol at low levels – during the acute period. Results held after adjusting for relevant covariates. Clinicians should assess drinking motives and prioritize prevention of drinking to cope to reduce risk of alcohol-related suicide attempts.

<https://www.sciencedirect.com/science/article/abs/pii/S000399931931305X>

Management of Concussion and Mild Traumatic Brain Injury: A Synthesis of Practice Guidelines.

Noah D. Silverberg, Mary Alexis Iaccarino, William J. Panenka, Grant L. Iverson, ...
Michael McCrea

Archives of Physical Medicine and Rehabilitation

Available online 23 October 2019

<https://doi.org/10.1016/j.apmr.2019.10.179>

At least 3 million Americans sustain a mild traumatic brain injury (mTBI) each year, and 1 in 5 have symptoms that persist beyond one month. Standards of mTBI care have evolved rapidly, with numerous expert consensus statements and clinical practice guidelines published in the last five years. This Special Communication synthesizes recent expert consensus statements and evidenced-based clinical practice guidelines

for civilians, athletes, military, and pediatric populations for clinicians practicing outside of speciality mTBI clinics, including primary care providers. The article offers guidance on key clinical decisions in mTBI care and highlights priority interventions that can be initiated in primary care to prevent chronicity.

<https://www.ncbi.nlm.nih.gov/pubmed/31652023>

J Trauma Stress. 2019 Oct 25. doi: 10.1002/jts.22459 [Epub ahead of print]

Typologies of Combat Exposure and Their Effects on Posttraumatic Stress Disorder and Depression Symptoms.

Kelber MS, Smolenski DJ, Workman DE, Morgan MA, Garvey Wilson AL, Campbell MS, Evatt DP, Belsher BE.

The present study identified distinct classes of U.S. military service members based on their combat experiences and examined mental health outcomes and longitudinal growth curves of posttraumatic stress disorder (PTSD) and depression symptoms associated with each class. Participants were 551 active duty service members who screened positive for PTSD and/or depression based on DSM-IV-TR criteria. All participants completed the Combat Experiences Scale at baseline as well as PTSD and depression measures at baseline and at 3-, 6-, and 12-month follow-ups. A latent class analysis identified four classes of service members based on their combat experiences: limited exposure, medical exposure, unit exposure, and personal exposure. Service members in the personal exposure class were characterized by a distinct mental health profile: They reported a higher level of PTSD symptoms at baseline and a higher prevalence of traumatic brain injury and PTSD diagnoses during the course of the study. The limited exposure class was more likely to receive diagnoses of depression and adjustment disorders. All classes except the medical exposure class demonstrated a slight decrease in PTSD and depression symptoms over time. However, participants in the limited exposure class had a larger decrease in PTSD and depression symptoms earlier in care but did not demonstrate superior long-term symptom improvements at 12 months compared to the other groups. These results inform PTSD development models and have implications for the screening and clinical management of combat-exposed service members.

Published 2019. This article is a U.S. Government work and is in the public domain in the USA.

<https://www.ncbi.nlm.nih.gov/pubmed/31638881>

Subst Abus. 2019 Oct 22:1-7. doi: 10.1080/08897077.2019.1671944 [Epub ahead of print]

Exploration of the association of selected pain diagnoses with risky alcohol use among active duty soldiers.

Reif S, Adams RS, Ritter GA, Larson MJ.

Background:

Pain and its consequences remain of concern, particularly in high-risk occupations such as the military. Alcohol is a legal and accessible means of self-medication, and risky alcohol use is associated with potentially serious consequences. This exploratory analysis aimed to better understand the association of selected pain diagnoses with risky alcohol use among soldiers returning from deployment.

Methods:

Analysis of data from active duty soldiers returning from Afghanistan or Iraq deployments in fiscal years 2008-2011 who completed Department of Defense health questionnaires after deployment (n = 267,100). Each questionnaire included self-reported alcohol consumption and items yielding AUDIT-C screening scores. Military Health System data were used to identify diagnoses of pain-related conditions.

Results:

About 70% of soldiers had none of the selected pain diagnoses either pre- or post-deployment. 10% had incident pain diagnoses (only post-deployment), 7% had persistent pain diagnoses (both pre- and post-deployment), and 13% had remitted pain diagnoses (only pre-deployment). On the AUDIT-C, 39% screened positive for at-risk drinking and 6% were likely to have severe alcohol problems. Half of the respondents reported any binge drinking; 20% at least monthly binge drinking. Logistic regression analyses found reduced odds of risky alcohol use post-deployment in association with incident and persistent pain diagnoses, compared to no pain diagnoses pre- or post-deployment.

Conclusions:

Pain diagnoses, binge drinking, and risky alcohol use were prevalent among this

sample of Army soldiers. An inverse relationship was found between pain diagnosis (incident, persistent) and risky alcohol use post-deployment. Attention should continue to be paid to risky alcohol use in this population, yet these exploratory findings do not suggest that soldiers with the pain diagnoses used in this study are at greater risk. Combat exposure, traumatic brain injury, and psychological health were more important predictors, and should continue to warrant enhanced alcohol screening.

<https://www.ncbi.nlm.nih.gov/pubmed/30816736>

Psychol Aging. 2019 Jun;34(4):467-474. doi: 10.1037/pag0000334 Epub 2019 Feb 28.

Impact of combat exposure on mental health trajectories in later life: Longitudinal findings from the VA Normative Aging Study.

Lee H, Aldwin CM, Choun S, Spiro A

Cross-sectional studies have shown contradictory results concerning the impact of combat exposure on mental health in later life. We examined whether combat exposure influences trajectories of mental health symptoms in older male veterans using longitudinal data collected from 1985 to 1991 in the Veterans Affairs Normative Aging Study (N = 1,105, age range = 40-86 years in 1985). Noncombat veterans showed little systematic change in depressive and anxiety symptoms with age, whereas combat veterans showed U-shaped nonlinear changes, with higher levels in midlife decreasing until the mid-60s and then increasing again in the 70s and 80s. These findings support the notion that military service, and especially combat exposure, is a hidden variable in aging research. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

Links of Interest

West Point Cadet Revealed His Suicide Plan on Snapchat

<https://www.military.com/daily-news/2019/10/23/west-point-cadet-revealed-his-suicide-plan-snapchat.html>

Helping veterans age well after military service

<https://www.militarytimes.com/opinion/commentary/2019/10/24/helping-veterans-age-well-after-military-service/>

Question and Verify: TRICARE Authorized Civilian Mental Health Facility Referrals
<https://www.pdhealth.mil/news/blog/question-and-verify-tricare-authorized-civilian-mental-health-facility-referrals>

Dogs trained in Maryland prison change veterans' lives
<https://www.stripes.com/news/veterans/dogs-trained-in-maryland-prison-change-veterans-lives-1.604884>

Veteran's suicide at Florida cemetery raises additional concerns over VA outreach, response
<https://www.militarytimes.com/news/pentagon-congress/2019/10/28/veterans-suicide-at-florida-cemetery-raises-additional-concerns-over-va-outreach-response/>

First responders struggle with PTSD caused by the emergencies, deaths, tragedies they face every day
https://www.washingtonpost.com/health/first-responders-struggle-with-ptsd-caused-by-the-emergencies-deaths-tragedies-they-face-every-day/2019/10/25/9c4c9a0e-d4b8-11e9-9610-fb56c5522e1c_story.html

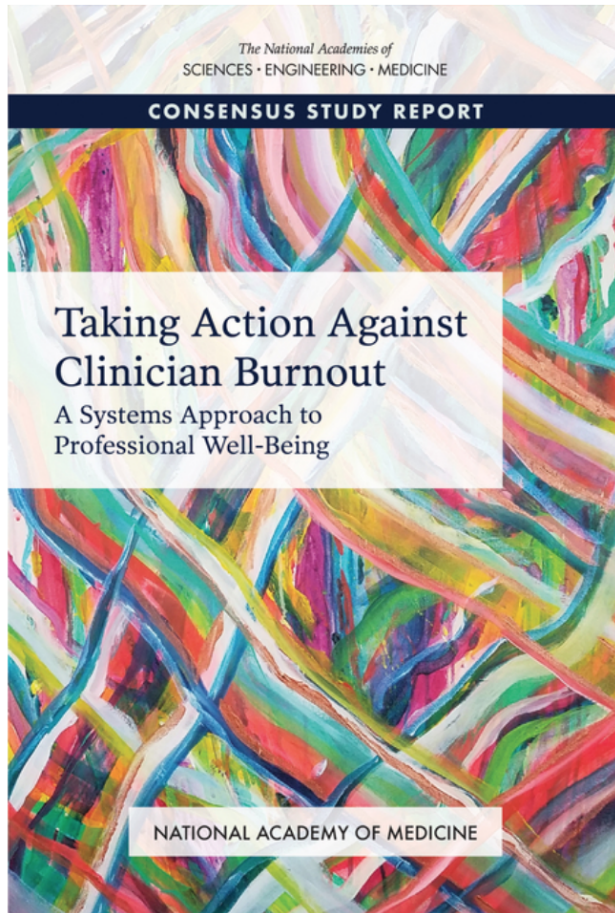
Resource of the Week -- [Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being](#)

New, from the National Academy of Medicine; National Academies of Sciences, Engineering, and Medicine; [Committee on Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being](#) :

Patient-centered, high-quality health care relies on the well-being, health, and safety of health care clinicians. However, alarmingly high rates of clinician burnout in the United States are detrimental to the quality of care being provided, harmful to individuals in the workforce, and costly. It is important to take a systemic approach to address burnout that focuses on the structure, organization, and culture of health care.

Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being builds upon two groundbreaking reports from the past twenty years, To Err Is Human: Building a Safer Health System and Crossing the Quality Chasm: A New Health System for the 21st Century, which both called attention to the issues around patient safety and quality of care. This report explores the

extent, consequences, and contributing factors of clinician burnout and provides a framework for a systems approach to clinician burnout and professional well-being, a research agenda to advance clinician well-being, and recommendations for the field.



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