

CDP



Research Update -- January 16, 2020

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https://www.ptsd.va.gov/publications/ctu_docs/ctu_v13n6.pdf

Clinician's Trauma Update Online

December 2019 Issue: Vol. 13(6)

National Center for PTSD (VA)

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://www.tandfonline.com/doi/full/10.1080/02699931.2019.1710467>

“What has been is what will be”? Autobiographical memory and prediction of future events in depression.

Reuma Gadassi Polack, Tanya B. Tran & Jutta Joormann

Cognition and Emotion

Published online: 06 Jan 2020

<https://doi.org/10.1080/02699931.2019.1710467>

Depression is associated with negative autobiographical thinking regarding the past and the future. The association between the two temporal dimensions, however, has not been examined. In the present study, 32 participants diagnosed with Major Depressive Disorder (MDD) and 32 controls completed a cued-recall task. Participants rated memories for positivity, frequency of occurrence to themselves/others, and expected recurrence, and listed planned social events and expected participation and enjoyment of these events. Memories of individuals diagnosed with MDD (vs. controls) were rated as more negative by both participants and objective coders. Individuals diagnosed with MDD were more negative in their evaluation of past events and in future expectations compared to controls. For both groups, expected recurrence of positive past events was associated with the frequency of these events occurring to oneself. For individuals diagnosed with MDD, however, expected recurrence of negative past events was

associated exclusively with the frequency of these events occurring to self and not to others. Expectations for past events' recurrence predicted increased expected participation and enjoyment from social events in both groups. These results suggest that memory in MDD is associated with more negative future expectations, which may affect mood and motivation.

<https://journals.sagepub.com/doi/full/10.1177/1524839919881478>

Smoking Among U.S. Service Members Following Transition From Military to Veteran Status.

Nieh, C., Powell, T. M., Gackstetter, G. D., & Hooper, T. I.

Health Promotion Practice

2020; 21(1_suppl), 165S-175S

<https://doi.org/10.1177/1524839919881478>

Smoking rates among U.S. Service members and veterans have been consistently higher than in civilian populations. While much has been published about tobacco use in both military and veteran populations, smoking patterns during transition from military to veteran status remains unclear. We studied military members participating in the Millennium Cohort Study, who separated from their respective Services between baseline and first follow-up survey ($N = 5,510$). Two generalized estimating equation models were used to examine any association between smoking status and time to military separation (days between baseline survey and separation), as well as smoking during transition and reason for separation. Reason for separation was categorized into three groups: (1) not meeting military standards or judicial-related reasons, (2) drugs-/alcohol-related misconduct, and (3) other types of separation including retirement, pregnancy, and so on. Statistical models accounted for baseline smoking and demographic/military/health behavioral/mental health characteristics. Overall, we observed a decline in smoking prevalence over time (19.5%, 16.7%, 15.2%, and 12.6%, respectively). However, we found a 22% increase in the odds of smoking among those who stayed in the military between 3 months and 1 year, compared to those who stayed 2+ years. Additionally, participants separating for standard/judicial reason(s) showed 69% increased smoking compared to those with other reasons for separation. The time period immediately prior to Service separation and certain types of separation were associated with increased odds of smoking. Thus, smoking cessation interventions

should target Service members during this transition period to potentially reduce smoking prevalence after separation.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.22919>

Training for a new environment: Using military operational concepts in counseling veterans.

Christopher Morse

Journal of Clinical Psychology
First published: 07 January 2020
<https://doi.org/10.1002/jclp.22919>

Since September 11, 2001, the United States has engaged in an extended period of military conflict, resulting in 4.1 million men and women serving in support of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn. Whereas not all servicemembers experience mental health issues, many have experienced difficulties with readjusting to the civilian world, often requiring mental health services both inside and outside of the Department of Veterans Affairs. Issues related to stigma and military culture contribute to barriers not only for veterans seeking treatment but for clinicians providing services who may lack experience with military culture. This article provides a framework to use military concepts in clinical sessions to further therapeutic engagement with the military/veteran client.

<https://www.tandfonline.com/doi/full/10.1080/16506073.2019.1682654>

Evaluating approaches to marketing cognitive behavioral therapy: does evidence matter to consumers?

Casey A. Schofield, Gabriella T. Ponzini & Sara J. Becker

Cognitive Behaviour Therapy
Published online: 10 Jan 2020
<https://doi.org/10.1080/16506073.2019.1682654>

Direct-to-consumer marketing initiatives may improve utilization of evidence-based therapy. An important decision in such marketing efforts is how to effectively present scientific evidence supporting these treatments to potential consumers (if at all). This OSF preregistered study experimentally tested whether the language used to describe research evidence supporting cognitive behavioral therapy (CBT) for anxiety disorders affected consumer treatment attitudes and intentions. Adult participants (N = 303) recruited via mTurk were first assessed for their understanding of the term “evidence-based.” They were then randomized to read a description of CBT employing either: formal research language (e.g., “large-scale clinical trials have demonstrated...”), informal language about research support derived from prior qualitative work (e.g., “people have better results...”), or no information about research. Perceptions of CBT (including credibility and expectancy) and likelihood of pursuing CBT (pull demand) were assessed. Results indicated that only half the sample understood the meaning of the term “evidence-based.” The conditions that discussed research support outperformed the control condition on CBT perceptions, credibility, general expectancies, and perceived effectiveness. Post-hoc comparisons provided some evidence that qualitatively-derived language was more effective than formal research language for promoting positive perceptions of CBT. Implications for marketing content are discussed.

<https://journals.sagepub.com/doi/abs/10.1177/0192513X19894366>

Coparenting across the Deployment Cycle: Observations from Military Families with Young Children.

DeVoe, E. R., Ross, A. M., Spencer, R., Drew, A., Acker, M., Paris, R., & Jacoby, V.

Journal of Family Issues

First Published December 26, 2019

<https://doi.org/10.1177/0192513X19894366>

Contemporary service members and their partners have adapted their coparenting to respond to the specific transitions and disruptions associated with wartime deployment cycles and evolving child development. This qualitative study draws upon interviews with service member and home front parents of very young children to characterize their coparenting experiences throughout the deployment cycle. Parents described varied approaches as they considered their children’s developmental capacities, the fluidity of demands throughout deployment, and the service member’s well-being during

reintegration. A common theme was the key role of home front parents in facilitating the service member–child relationship through communication and maintaining the presence of the deployed parent in the child’s everyday life. Reintegration challenges included redistribution of coparenting roles, the pacing of the service member into family roles, and concerns related to the returning parent’s distress. Study findings highlight areas of coparenting throughout the deployment cycle that can be supported through prevention and intervention efforts.

<https://www.ncbi.nlm.nih.gov/pubmed/31873996>

Intravenous Ketamine for Adults with Treatment-Resistant Depression or Post-Traumatic Stress Disorder: A Review of Clinical Effectiveness, Cost-Effectiveness and Guidelines.

Editors

Li KX, Loshak H.

Source

Ottawa (ON): Canadian Agency for Drugs and Technologies in Health; 2019 Oct. CADTH Rapid Response Reports.

Excerpt

Treatment-resistant depression (TRD) is a condition that affects patients with depression who have not achieved an adequate response to conventional antidepressant therapies.¹ TRD is commonly defined as major depressive disorder (MDD) with at least two prior treatment failures given adequate dose and duration.² For patients with bipolar disorder, TRD is defined as a minimum of one prior treatment failure.² Compared to non-treatment resistant MDD, TRD is associated with reduced quality of life, social and occupational impairment, comorbidities, and higher likelihood of prior suicide attempts.¹ Patients with TRD are twice as likely to be hospitalized than patients with non-treatment resistant MDD; and increased hospitalization is associated with substantially increased resource utilization.^{1,2} Risk factors for TRD include old age, divorced or widowed marital status, and concomitant psychiatric disorders such as anxiety and personality disorders.² Post-traumatic stress disorder (PTSD) occurs as a response to a traumatic event or extreme stressor (such as military combat, sexual assault, torture, being kidnapped, severe car accidents, and natural disasters).³ Patients experience symptoms that may include emotional impairment due to depression, anxiety, flashbacks, insomnia, feelings of guilt of having survived, and

difficulty concentrating.³ In 2008, the Canadian lifetime prevalence rate of PTSD was estimated to be 9.2%.⁴ Antidepressants including selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) are commonly prescribed agents for depression, while electroconvulsive therapy (ECT) is the gold standard and a late-line therapy for TRD.^{5,6} Ketamine is a N-methyl-d-aspartate (NMDA) receptor antagonist that leads to increased synaptic plasticity and may elicit a rapid antidepressant response in individuals with depression.⁷ In Canada, a number of formulations of ketamine are approved for general anesthesia.⁸ However, antidepressant effects of ketamine have been observed in animal models of depression and in human studies of depression, and ketamine has showed potential as a novel, rapid-acting therapeutic option for patients with TRD and PTSD.^{9,10} The purpose of this report is to update the previous 2017 CADTH report¹¹ and to examine the clinical effectiveness, cost-effectiveness and evidence-based guidelines on the use of intravenous ketamine for adults with TRD or PTSD.

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<https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2758111>

Ramifications of the VA MISSION Act of 2018 on Mental Health: Potential Implementation Challenges and Solutions. (Viewpoint)

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JAMA Psychiatry

Published online December 26, 2019

doi:10.1001/jamapsychiatry.2019.3883

US veterans face severe mental health needs; there have been more than 6000 suicides annually from 2008 to 2016, a 25.9% jump in suicides from 2005 to 2016, a suicide rate 1.5-fold higher than nonveterans, and higher suicide rates for veterans accessing Department of Veterans Affairs (VA) facilities vs those not using VA services, veterans overall, and nonveterans.¹ On June 6, 2018, the Veterans Affairs Maintaining Internal Systems and Strengthening Integrated Outside Networks (VA MISSION) Act of 2018 came into law as S 2372.² The VA MISSION Act passed after former VA Secretary David Shulkin, MD, called suicide prevention his top clinical priority, stating that just 6 of 20 veterans who have committed suicide each day accessed VA care in the past year. In January 2018, President Donald Trump issued an executive order for

the VA and the Departments of Defense and Homeland Security to coordinate seamless access to treatment for service members transitioning into veteran status to prevent suicides.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/sltb.12611>

Depression, Acquired Capability for Suicide, and Attempted Suicide.

Ferriman, M., O'Gorman, J., Hawgood, J. and Rimkeviciene, J.

Suicide and Life-Threatening Behavior

First published: 26 December 2019

<https://doi.org/10.1111/sltb.12611>

Objective

The study sought to replicate, with a community sample and different measures of the critical variables, the finding of Chu et al. (Cognitive Therapy and Research, 2016, 40, 22) in a military sample that suicide attempts were more frequent for those reporting higher numbers of depressive episodes if acquired capability for suicide (ACS) was also high.

Method

An online survey (N = 251) collected data on episodes and severity of depression, number of suicide attempts, and a questionnaire measure of ACS.

Results

The interaction effect reported by Chu et al. (Cognitive Therapy and Research, 2016, 40, 22) was replicated, but depended on using the Fearlessness of Death component of ACS and the number and not the severity of depressive episodes.

Conclusion

The moderating effect of ACS on the relation between depression and suicide attempts can be demonstrated beyond a military and predominately male sample. Limitations of the study are noted.

<https://academic.oup.com/painmedicine/advance-article-abstract/doi/10.1093/pm/pnz338/5687291>

Pain Management Telementoring, Long-term Opioid Prescribing, and Patient-Reported Outcomes.

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Pain Medicine

Published: 26 December 2019

<https://doi.org/10.1093/pm/pnz338>

Objective

Benefits of primary care provider (PCP) participation in pain management telementoring have been reported; however, no studies have examined within-patient changes in dose or discontinuation of long-term opioid therapy (LOT). The objectives of this nonrandomized study were to evaluate the relationship between telementoring participation and 1) LOT dose reduction and 2) LOT discontinuation and to 3) explore the relationship between LOT dose changes and patient-reported outcomes.

Methods

PCPs were recruited from a US Army medical center. Intervention group PCPs (N = 12) attended telementoring sessions; control group providers (N = 13) did not. Morphine equivalent daily doses (MEDD) for patients of study providers (N = 396) were extracted from the study site's opioid database. The intervention group was subdivided based on number of sessions attended (i.e., active and low participation). Intent-to-treat and as-treated analyses were conducted using generalized estimating equations. Separate analyses evaluated the association between within-patient changes in MEDD and pain impact, depression, and anxiety (N = 40).

Results

Intent-to-treat analysis revealed no significant difference in MEDD reduction; however, a higher proportion of patients of intervention PCPs discontinued LOT (25% ± 3.6%) compared with control PCPs (16% ± 3.6%, $P < 0.05$). As-treated analyses revealed differences in MEDD reduction between active (13.2 ± 3.0) and low-participating (2.6 ± 3.0) PCPs ($P < 0.01$). Further, a higher proportion of patients of actively participating PCPs discontinued LOT (29% ± 4.9%) compared with control PCPs (16% ± 3.6%, $P = 0.01$). We found no evidence that decreased MEDD was associated with poorer self-reported outcomes within patients.

Conclusions

Pain management telementoring supports PCPs' efforts to reduce reliance on LOT for chronic pain management and highlights the need for actively engaged PCP pain champions.

<https://watermark.silverchair.com/prz027.pdf>

Mental Health and Aging Veterans: How the Veterans Health Administration Meets the Needs of Aging Veterans.

Kelly A. O'Malley, PhD, Latrice Vinson, PhD, Anica Pless Kaiser, PhD, Zachary Sager, MD, MA, and Kate Hinrichs, PhD

Public Policy & Aging Report, 2019

Vol. XX, No. XX, 1–5

doi:10.1093/ppar/prz027

The Veterans Health Administration (VHA) is charged with fulfilling President Lincoln's promise, "to care for him who shall have borne the battle, and for his widow, and his orphan," by serving, honoring, and providing health care to America's veterans. This mission makes the VHA unique among health-care organizations in the United States. The VHA is committed to providing care for veterans with complex medical and mental health needs. Establishing programs and methods to meet these needs while considering shifting geographic and demographic variables among veterans and medical centers has, at times, been challenging. But these challenges have provided opportunities for innovation and the exploration of ways to address and overcome barriers. This article provides an overview of the veteran population and the complexity of medical and mental health issues faced by older adults and older veterans. It examines two VHA programs that meet the complex mental health needs of aging veterans, and highlights ways that VHA policy has supported innovations that address the mental health of aging veterans.

Mental Health Outcomes Among Military Service Members After Severe Injury in Combat and TBI.

David L Chin, PhD, John E Zeber, PhD

Military Medicine

Published: 31 December 2019

<https://doi.org/10.1093/milmed/usz440>

Introduction:

Studies examining the mental health outcomes of military personnel deployed into combat zones have focused on the risk of developing post-traumatic stress disorder conferred by mild or moderate traumatic brain injury (TBI). However, other mental health outcomes among veterans who sustained critical combat injuries have not been described.

Materials and Method:

We examined the associations of moderate and severe TBI and combat injury with the risk for anxiety and mood disorders, adjustment reactions, schizophrenia and other psychotic disorders, cognitive disorders, and post-traumatic stress disorder. We conducted a retrospective cohort study of U.S. military service members critically injured in combat during military operations in Iraq and Afghanistan from February 1, 2002, to February 1, 2011. Health care encounters from (1) the Department of Defense (DoD) Trauma Registry (TR), (2) acute and ambulatory care in military facilities, and (3) civilian facilities are reimbursed by Tricare. Service members who sustained severe combat injury require critical care. We estimated the risk of mental health outcomes using risk-adjusted logit models for demographic and clinical factors. We explored the relationship between TBI and the total number of mental health diagnoses.

Results:

Of the 4,980 subjects who met inclusion criteria, most injuries occurred among members of the Army (72%) or Marines (25%), with mean (SD) age of 25.5(6.1) years. The prevalence of moderate or severe TBI was 31.6% with explosion as the most common mechanism of injury (78%). We found 71% of the cohort was diagnosed with at least one poor mental health condition, and the adjusted risk conferred by TBI ranged from a modest increase for anxiety disorder (odds ratio, 1.27; 95% confidence interval [CI], 1.11–1.45) to a large increase for cognitive disorder (odds ratio, 3.24; 95% CI,

2.78–3.77). We found TBI was associated with an increased number of mental health diagnoses (incidence rate ratio, 1.52; 95% CI, 1.42–1.63).

Conclusions:

Combat-associated TBI may have a broad effect on several mental health conditions among critically injured combat casualties. Early recognition and treatment for trauma-associated mental health are crucial to improving outcomes among service personnel as they transition to post-deployment care in the DoD, Department of Veterans Affairs, or community health systems.

<https://academic.oup.com/painmedicine/advance-article-abstract/doi/10.1093/pm/pnz341/5690625>

Pain Care in the Department of Veterans Affairs: Understanding How a Cultural Shift in Pain Care Impacts Provider Decisions and Collaboration.

Kristin Mattocks, Marc I Rosen, John Sellinger, Tu Ngo, Brad Brummett, Diana M Higgins, Thomas E Reznik, Paul Holtzheimer, Alicia M Semiatin, Todd Stapley, Steve Martino

Pain Medicine

Published: 30 December 2019

<https://doi.org/10.1093/pm/pnz341>

Objective

Over the past decade, the Department of Veterans Affairs (VA) has experienced a sizeable shift in its approach to pain. The VA's 2009 Pain Management Directive introduced the Stepped Care Model, which emphasizes an interdisciplinary approach to pain management involving pain referrals and management from primary to specialty care providers. Additionally, the Opioid Safety Initiative and 2017 VA/Department of Defense (DoD) clinical guidelines on opioid prescribing set a new standard for reducing opioid use in the VA. These shifts in pain care have led to new pain management strategies that rely on multidisciplinary teams and nonpharmacologic pain treatments. The goal of this study was to examine how the cultural transformation of pain care has impacted providers, the degree to which VA providers are aware of pain care services at their facilities, and their perceptions of multidisciplinary care and collaboration across VA disciplines.

Methods

We conducted semistructured phone interviews with 39 VA clinicians in primary care, mental health, pharmacy, and physical therapy/rehabilitation at eight Veterans Integrated Service Network medical centers in New England.

Results

We identified four major themes concerning interdisciplinary pain management approaches: 1) the culture of VA pain care has changed dramatically, with a greater focus on nonpharmacologic approaches to pain, though many “old school” providers continue to prefer medication options; 2) most facilities in this sample have no clear roadmap about which pain treatment pathway to follow, with many providers unaware of what treatment to recommend when; 3) despite multiple options for pain treatment, VA multidisciplinary teams generally work together to ensure that veterans receive coordinated pain care; and 4) veteran preferences for care may not align with existing pain care pathways.

Conclusions

The VA has shifted its practices regarding pain management, with a greater emphasis on nonpharmacologic pain options. The proliferation of nonpharmacologic pain management strategies requires stakeholders to know how to choose among alternative treatments.

<https://www.sciencedirect.com/science/article/pii/S2451865419302728>

Rationale and Design of an Efficacy Study of Repeated Exposure Group PE for PTSD.

Janet C'de Baca, Diane Castillo, Bryann DeBeer, Clifford Qualls

Contemporary Clinical Trials Communications

Available online 30 December 2019

<https://doi.org/10.1016/j.conctc.2019.100509>

Introduction.

Among health problems in the Veteran population, the most common is posttraumatic stress disorder (PTSD) and its effect on the quality of life. Prolonged Exposure therapy, based on emotional processing theory, is a first-line treatment for reducing PTSD symptom severity when delivered in an individual format, and its efficacy is well

established. The primary objective of this study is to establish the efficacy of prolonged exposure delivered in a small 3-person group modality. Quality of life should improve with decreases in PTSD symptoms such as sleep disturbance, irritability, and hypervigilance. Stigma is associated with hesitation in seeking treatment and treatment dropout. A secondary objective is to measure the effect of group treatment on reducing the stigma surrounding PTSD.

Methods/design.

This study is a randomized controlled trial testing the efficacy of Group Prolonged Exposure (PE) for reducing PTSD symptom severity and improving quality of life in male Afghanistan and Iraq Veterans. All participants are randomly assigned to receive Group PE or Group Present-Centered Therapy (PCT) for 10-weekly, 90-minute sessions. Group PE focuses on processing trauma memories, while the goal of Group PCT is improved psychosocial functioning through management of current stressors. The primary outcome is improvement in CAPS-5 PTSD symptom severity scores and quality of life measures (WHO-QOL and SF-36) from pre-treatment to post-treatment, 3-months post-treatment, and 6-months post-treatment. A secondary outcome is reductions in perceived self-stigma of mental illness based on the Stigma Scale at baseline and follow-up points. This study is designed to expand access to this first-line treatment for PTSD by delivering PE in a small group modality while conforming to the individual PE protocol, with group treatment reducing perceived stigma of mental illness.

<https://www.scirp.org/journal/paperinformation.aspx?paperid=97470>

Analyzing Predictive Factors Associated with the Variable Rates of Prevalence of Post-Traumatic Stress Disorder among National Guard/Reserve Soldiers Compared to Active Duty Soldiers: A Pilot Study.

Philipps, S. and Berkowitz, M.

Psychology

2019; 10, 2224-2246

doi: 10.4236/psych.2019.1016141

Research Aim:

The aim for this study was to better understand the higher post-deployment prevalence of PTSD among National Guard/Reserve Soldiers compared to Active Duty Soldiers by analyzing the possible predictive factors associated with the variable rates. Since

September 11th, 2001, the United States Army has deployed a significantly larger percentage of National Guard and Reserve forces to combat zones in support of Operation Enduring Freedom and Operation Iraqi Freedom. The United States Office of Veterans Affairs has reported increased suicide rates and suicide risk for Post-traumatic Stress Disorder (PTSD) for Soldiers deployed in support of these conflicts in particular. Few studies have assessed the relationship between military component (Active Duty vs. Reserve Component) and PTSD prevalence and risk factors but many of the studies that exist have reported higher rates in Reserve Component Soldiers as compared to Active Duty Soldiers. This study identifies and discusses possible implications for these specific vulnerabilities.

Research Methods:

The Deployment Risk and Resilience Inventory were used to assess the service members' trauma-related experiences. The Connor-Davidson Resilience Scale was used to assess resiliency as a pre-existent factor inherent to the individual. The Treatment Reactions Scale was used to assess stigma for PTSD treatment. Statistical analysis of variance was performed using Graphpad Prism 6 Software to find if there were any statistical differences between prevalence rates. Linear regression analysis was used to determine correlations between predictive factors and PTSD within each component.

Trial Registration:

Philadelphia College of Osteopathic Medicine Institutional Review Board Protocol #H15-034X (April 13, 2015).

<https://psycnet.apa.org/record/2019-80727-003>

Mechanisms and moderators of intervention efficacy for soldiers with untreated alcohol use disorder.

Rodriguez, L. M., Neighbors, C., Walker, D., & Walton, T.

Journal of Consulting and Clinical Psychology
2020; 88(2), 137–148
<https://doi.org/10.1037/ccp0000471>

Objective:

This research evaluates changes in perceived military and civilian drinking norms as

mechanisms of the effects of a motivational enhancement therapy (MET) intervention on changes in alcohol consumption among active-duty military personnel with a substance use disorder. We also evaluate the value of providing tolerance and family history risk-related personalized feedback by testing whether those receiving feedback indicating higher risk reduce their drinking more than those receiving feedback indicating lower risk or receiving no feedback.

Method:

Participants (N = 242; Mage = 28 years; 92% male; 59% Caucasian) completed a baseline questionnaire and were randomly assigned to a MET or educational control condition. Both conditions were single session and took place over the telephone. Outcomes were assessed 3 and 6 months later. The study was preregistered at ClinicalTrials.gov (NCT01128140).

Results:

We found evidence that reductions in perceived norms for other military personnel, but not for civilians, mediated intervention efficacy on reductions in alcohol use. Further, the MET intervention was successful at reducing drinking among soldiers who reported higher levels of baseline tolerance and family history risk, but not successful at reducing drinking among those who reported low or medium levels of risk.

Conclusions:

Systematic evaluation of whether and how individual intervention components contribute to efficacy is a promising approach for refining and improving interventions. This research suggests that MET interventions may wish to target focal perceived norms and provides support for discussion of feedback indicating elevated risks due to tolerance and family history. (PsycINFO Database Record (c) 2020 APA, all rights reserved)

<https://link.springer.com/article/10.1007/s12207-019-09369-3>

Caregiver Issues and Concerns Following TBI: A Review of the Literature and Future Directions.

D. Erik Everhart, Alexandra J Nicoletta, Taylor M Zurlinden & Amy M Gencarelli

Psychological Injury and Law
Published 03 January 2020
<https://doi.org/10.1007/s12207-019-09369-3>

Survival following traumatic brain injury (TBI) has increased following advances in medical care. However, TBI survivors often experience significant deficits in cognitive function, psychological disturbance, and residual physical deficits. The caregivers for these survivors, who are often family members, may have limited capacity to provide the services and care that are required. Limitations in capacity may be attributable to poor preparation, increased burden, lack of appropriate resources, and lack of required support. Likewise, there are resultant consequences for the caregiver and the survivor. The purpose of this paper is to review issues associated with caregiver capacity including preparation, burden, burnout, and consequences. In the latter portion of the paper, assessment of caregiver readiness and understanding and intervention is described (as well as current limitations). The final portions of the paper describe future directions, the call for increased research, and medicolegal implications.

<https://link.springer.com/article/10.1007/s10862-019-09778-3>

Examining the Effectiveness of a Group-Based Behavioral Activation Treatment for Depression among Veterans.

Amanda M. Raines, Elizabeth A. Thomas, Jamie L. Tock, Thomas M. Hallinan, Shannon Hartley, Holly MacKenna, Joseph I. Constans & C. Laurel Franklin

Journal of Psychopathology and Behavioral Assessment
Published 02 January 2020
<https://doi.org/10.1007/s10862-019-09778-3>

To date, the utility of behavioral activation (BA) as a treatment for depression has been primarily demonstrated in an individual therapy format, with few empirical investigations exploring group-based delivery. In addition, little is known about the utility of such interventions within veterans, a population known to have increased rates of depression. To this end, the purpose of the proposed study was to examine the potential therapeutic benefits of BA delivered in a group-based format to an outpatient sample of veterans with a primary depressive diagnosis. The sample consisted of 32 veterans presenting for psychological services within a general mental health clinic at a large, Southeastern Veterans Affairs (VA) hospital. Depression and quality of life

symptoms were measured pre- and post- delivery of the Brief Behavioral Activation Treatment for Depression-Revised (BATD-R; Lejuez et al. Behavior Modification, 35(2), 111–161, 2011), a 10-session manualized protocol designed to address depressive symptoms by increasing patient contact with reinforcing environmental contingencies. Consistent with prediction, engagement in BATD-R led to reductions in depression symptoms and increases in overall life satisfaction from pre- to post-treatment. The present study provides preliminary support for the effectiveness of BATD-R delivered in a group-based format among an outpatient sample of veterans.

<https://www.sciencedirect.com/science/article/abs/pii/S0165178119312375>

Emotional avoidance and social support interact to predict depression symptom severity one year after traumatic exposure.

Courtney N. Forbes, Matthew T. Tull, Hong Xie, Nicole M. Christ, ... Xin Wang

Psychiatry Research

Volume 284, February 2020

<https://doi.org/10.1016/j.psychres.2020.112746>

Highlights

- Emotional avoidance predicts depression severity 12-months after traumatic exposure.
- High emotional avoidance with low social support predicts most severe depression.
- Low social support is a risk factor for depression following traumatic exposure.

Abstract

Individuals exposed to a traumatic event commonly develop symptoms of depression, a psychiatric disorder associated with a number of negative clinical and public health consequences. Both intrapersonal and interpersonal risk factors have been associated with heightened risk for depression following traumatic event exposure; however, less is known about how these risk factors may interact to predict trauma-exposed individuals' risk of subsequently developing depression symptoms. This study examined the interactive influence of emotional avoidance (an intrapersonal risk factor) and perceived social support (an interpersonal risk factor) on the development of depression symptoms over a one-year period among N = 46 individuals recruited shortly after visiting a hospital emergency department for treatment following exposure to a

traumatic event. Results revealed a significant main effect of emotional avoidance on 12-month depression symptoms. The main effect was qualified by an emotional avoidance by perceived social support interaction: the relation of emotional avoidance to 12-month depression symptoms was positive and significant only for individuals with low levels of perceived social support. Results highlight the need to consider both intrapersonal and interpersonal risk factors, as well as their interaction, when predicting which individuals may be most at risk to develop depression following traumatic event exposure.

<https://journals.sagepub.com/doi/abs/10.1177/0886260519897333>

Examining the Impact of Sexual Revictimization in a Sample of Veterans Undergoing Intensive PTSD Treatment.

Tirone, V., Smith, D., Steigerwald, V. L., Bagley, J. M., Brennan, M., Van Horn, R., ... Held, P.

Journal of Interpersonal Violence

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<https://doi.org/10.1177/0886260519897333>

Sexual revictimization refers to exposure to more than one incident of rape and is a known risk factor for poor mental health among civilians. This construct has been understudied among veterans. In addition, although individuals who have experienced revictimization generally have greater symptom severity than those who have experienced one rape, it is unclear whether these differences persist following treatment. This study examined differences between veterans who reported histories of revictimization (n = 111) or a single rape (n = 45), over the course of a 3-week intensive cognitive processing therapy (CPT)-based treatment program for veterans with posttraumatic stress disorder (PTSD). The sample consisted of predominately female (70.5%) post-9/11 veterans (82.7%). Self-reported PTSD and depression symptom severity were assessed regularly throughout the course of treatment. Controlling for non-interpersonal trauma exposure and whether veterans were seeking treatment for combat or military sexual trauma, sexual revictimization was generally associated with greater pretreatment distress and impairment. However, sexual revictimization did not impact rates of PTSD or depression symptom change over the course of intensive treatment, or overall improvement in these symptoms posttreatment. Our findings suggest that the rates of sexual revictimization are high among treatment-seeking

veterans with PTSD. Although veteran survivors of sexual revictimization tend to enter treatment with higher levels of distress and impairment than their singly victimized peers, they are equally as likely to benefit from treatment.

<https://www.sciencedirect.com/science/article/abs/pii/S1526590019308855>

Doctor recommendations are related to patient interest and use of behavioral treatment for chronic pain and addiction.

Alexandria Brunkow, Margeaux Cannon, Fiona S. Graff, Jessica L. Martin, ... Lisa M McAndrew

The Journal of Pain

Available online 3 January 2020

<https://doi.org/10.1016/j.jpain.2019.12.008>

Highlights

- Survey of treatment interest and receipt among 1050 respondents with chronic pain.
- Medication is received and recommended more than behavioral treatments (tx).
- Patients are interested in behavioral tx (e.g. CBT, health coaching, mindfulness).
- Doctor recommendations are associated with patient interest and receipt.
- Patients at risk of opioid misuse report interest in addiction tx and behavioral tx.

Abstract

The opioid crisis has highlighted the importance of improving patients' access to behavioral treatments for chronic pain and addiction. What is not known is if patients are interested in receiving these treatments. In this cross-sectional study, over 1000 participants with chronic pain were surveyed using an anonymous online questionnaire on Amazon Mechanical Turk (Mturk) to investigate participants' use of and interest in pharmacological and behavioral treatments for chronic pain and addiction. Participants also indicated whether their doctor had recommended these treatments. The majority of participants reported using medication for their pain (83.19%) and that their doctor recommended medication (85.05%), whereas fewer participants reported using (67.45%) and being recommended to (62.82%) behavioral treatments. We found 63.67% of participants screened positive for possible opioid misuse; those who screened positive were more interested in receiving behavioral treatments than those who did not screen positive. Participants who received treatment recommendations

were more likely to be interested in receiving those treatments as compared to participants who did not. The results suggest that recommendations for behavioral treatments and interest in those treatments are related. Results also suggest that patients endorsing behaviors consistent with opioid misuse are interested in behavioral treatments.

Perspective:

This study provides information around chronic pain patients' treatment interests, treatment receipt, and recommendation receipt for behavioral pain management and addiction treatment. This study could help facilitate communication between patients and doctors regarding available treatments for chronic pain and pain treatment-related addiction problems.

<https://www.aapb-biofeedback.com/doi/abs/10.5298/1081-5937-47.3.02>

Mindfulness Training Has Elements Common to Other Techniques.

Erik Peper, Richard Harvey, and I-Mei Lin

Biofeedback

Fall 2019, Vol. 47, No. 3, pp. 50-57

<https://doi.org/10.5298/1081-5937-47.3.02>

This article presents the argument that mindfulness-based meditation (MM) techniques are beneficial and share many of the same outcomes as similar mind-centered practices such as transcendental meditation, prayer, imagery, and visualization and body-centered practices such as progressive muscle relaxation (PMR), autogenic training (AT), and yoga. For example, many standardized mind-body techniques such as mindfulness-based stress reduction and mindfulness-based cognitive therapy (a) are associated with a reduction in symptoms of anxiety and depression, (b) can be mastered in relatively brief time frames, and (c) are relatively cost-effective. Functional magnetic resonance imaging studies suggest that MM, along with other mind-body techniques, can influence brain centers that regulate stress reactions (e.g., eliciting increased activity in cerebral areas related to attention and emotion regulation). Furthermore, MM and other mind-body techniques may provide benefit by mediating breathing processes that in turn regulate gamma aminobutyric acid, a major inhibitory neurotransmitter, which can quiet the overactivation of the sympathetic nervous system. This article compares the efficacy of mindfulness-based techniques to that of other self-

regulation techniques and identifies components shared between mindfulness-based techniques and several previous self-regulation techniques, including PMR, AT, and transcendental meditation. The authors conclude that most of the commonly used self-regulation strategies have comparable efficacy and share many elements. The authors propose that additional research is needed to explore shared mechanisms among the self-regulation techniques and to identify any factors that might favor using one technique over another.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6927749/>

Alcohol Use Disorder and Antisocial and Borderline Personality Disorders.

Helle, A. C., Watts, A. L., Trull, T. J., & Sher, K. J.

Alcohol Research: Current Reviews

Published online 2019 Dec 30

doi: 10.35946/arcr.v40.1.05

Alcohol use disorder (AUD) frequently co-occurs with other psychiatric disorders, including personality disorders, which are pervasive, persistent, and impairing. Personality disorders are associated with myriad serious outcomes, have a high degree of co-occurrence with substance use disorders, including AUD, and incur significant health care costs. This literature review focuses on co-occurring AUD and personality disorders characterized by impulsivity and affective dysregulation, specifically antisocial personality disorders and borderline personality disorders. Prevalence rates, potential explanations and causal models of co-occurrence, prognoses, and the status of existing treatment research are summarized. Several important future research considerations are relevant to these complex, co-occurring conditions. Research assessing mechanisms responsible for co-occurring AUD and antisocial personality disorder or borderline personality disorder will further delineate the underlying developmental processes and improve understanding of onset and courses. In addition, increased focus on the efficacy and effectiveness of treatments targeting underlying traits or common factors in these disorders will inform future prevention and treatment efforts, as interventions targeting these co-occurring conditions have relatively little empirical support.

Does concurrent medication usage affect patient response to internet-delivered cognitive behaviour therapy for depression and anxiety?

Michael Edmonds, Hugh McCall, Blake F. Dear, Nikolai Titov, Heather D. Hadjistavropoulos

Internet Interventions

Volume 19, March 2020

<https://doi.org/10.1016/j.invent.2019.100302>

Highlights

- Internet-delivered CBT reduced self-reported symptoms of anxiety and depression.
- 60% of patients reported taking psychotropic medication at pre-treatment.
- The most common medications were SSRIs (34%), anxiolytics (15%) and SNRIs (14%).
- Patients taking medication had similar completion rates to those not on medication.
- Patients taking medication reported similar reductions in symptoms over therapy.

Abstract

Background

There is growing interest in Internet-delivered cognitive behavioural therapy (ICBT) as an alternative to face-to-face therapy for anxiety and depression because it reduces barriers to accessing traditional treatment (e.g., travel distance, cost, stigma). Extensive research has demonstrated that ICBT is an effective treatment for anxiety and depression and that it produces effect sizes comparable to medication and face-to-face therapy. In routine practice, however, ICBT patients commonly receive simultaneous pharmacological treatment, and few studies have examined how medication affects patient outcomes.

Objective

The objective of this study was to explore whether use of psychotropic medications predicts outcomes or adherence among patients receiving ICBT for depression and anxiety in a large community sample.

Methods

This study used data from 1201 patients who received an 8-week course of ICBT for

anxiety and depression that included weekly therapist support as part of routine care. Patients reported medication usage and completed measures of depression and anxiety before treatment, after treatment, and at three-month follow-up.

Results

60% of patients at pre-treatment reported regularly taking psychotropic medication. Common classes of medication reported included: (i) selective serotonin reuptake inhibitors (34%); (ii) anxiolytics (15%); (iii) serotonin and norepinephrine reuptake inhibitors (14%); (iv) antipsychotics (8%); and (v) norepinephrine-dopamine reuptake inhibitors (7%). At post-treatment and three-month follow-up, overall medication usage reduced slightly to 55%, with the greatest reduction seen in anxiolytics. Logistic regression revealed that none of the classes of medication commonly reported at pre-treatment were associated with study completion rates. A recursive partitioning algorithm found that usage of tetracyclic medication was related to smaller pre-to-post reductions in anxiety symptoms and did not identify any medication types that were related to differences in depressive symptom change. Patients on medication tended to report higher levels of anxiety symptoms at intake and experienced somewhat more modest symptom reductions than patients not taking medications; nevertheless, they still experienced large reductions in depression and anxiety over the course of treatment.

Conclusions

These results show that medication usage is very common in a diverse community sample of patients seeking ICBT for anxiety and depression. Patients reporting medication usage at intake are likely to benefit from treatment approximately as much as patients not taking medication. These results support the continued referral of patients receiving psychotropic medication to ICBT programs for anxiety and depression. Program designers might also consider providing information about the common medications (SSRIs, SNRIs, anxiolytics) used by this population alongside CBT materials.

Links of Interest

Army Reserve leaders accused of mishandling sexual assault claims
<https://www.armytimes.com/news/your-army/2020/01/12/army-reserve-leaders-accused-of-mishandling-sexual-assault-claims/>

Marine vet wants 'Veteran' capitalized — it's 'a title and we earned it'

<https://www.militarytimes.com/off-duty/military-culture/2020/01/12/marine-vet-wants-veteran-capitalized-its-a-title-and-we-earned-it/>

Tampa entrepreneur texts the way to mental health

<https://stpetecatalyst.com/tampa-entrepreneur-texts-the-way-to-mental-health/>

Helping Military Teams Manage Acute Stress When It Matters Most

<https://www.pdhealth.mil/news/blog/helping-military-teams-manage-acute-stress-when-it-matters-most>

A war veteran's story of survivor's guilt — and redemption

<https://www.pbs.org/newshour/show/a-war-veterans-story-of-survivors-guilt-and-redemption>

Family of former West Point cadet who died by suicide files lawsuit claiming Portland VA provided negligent care

<https://www.stripes.com/news/us/family-of-former-west-point-cadet-who-died-by-suicide-files-lawsuit-claiming-portland-va-provided-negligent-care-1.614837>

Family and comrades bid farewell to Philadelphia Army vet Corey Michael Hadley at Bucks military funeral

<https://www.inquirer.com/news/corey-michael-hadley-funeral-philadelphia-army-vet-20200114.html>

Audit finds some military hospitals issued potentially dangerous amounts of opioids
<https://www.militarytimes.com/pay-benefits/2020/01/14/audit-finds-some-military-hospitals-issued-potentially-dangerous-amounts-of-opioids/>

(“At Madigan, they found one patient who was prescribed 12 pills per day of oxycodone, 12 pills per day of oxycodone-acetaminophen, 12 pills per day of hydromorphone, morphine sulfate, a fentanyl patch every three days and Ambien, a sleep aid that depresses the central nervous system and increases the risk for overdose.”)

Resource of the Week: [Supporting providers who serve Veterans with suicide prevention resources: VA's Suicide Risk Management Consultation Program \(SRM\)](#)

VA's Suicide Risk Management Consultation Program (SRM) provides one free hour of consultation services for community or VA providers who work with Veterans at risk for suicide.

SRM consultants collaborate with providers and offer tailored, one-on-one support for risk assessment, conceptualization of suicide risk, lethal means safety counseling, strategies for how to engage Veterans at high risk in their own treatment, best practices for documentation, and provider support after a suicide loss (postvention). SRM's expert consultation and resources promote best practices informed by research conducted in VA and in the community.



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