Research Update -- March 17, 2022

What's Here:

- Less dropout from prolonged exposure sessions prescribed at least twice weekly: A meta-analysis and systematic review of randomized controlled trials.
- Cannabis use among U.S. military veterans with subthreshold or threshold posttraumatic stress disorder: Psychiatric comorbidities, functioning, and strategies for coping with posttraumatic stress symptoms.
- "Will it work for me?" Developing patient-friendly graphical displays of posttraumatic stress disorder treatment effectiveness.
- Barriers and Facilitators to Peer-Supported Implementation of Mental Health Mobile Applications with Veterans in Primary Care.
- Applying polyvictimization theory to veterans: Associations with substance use and mental health.
- Risk factors for decline in cognitive performance following deployment-related mild traumatic brain injury: A preliminary report.
- Understanding Heart Rate Reactions to Post-Traumatic Stress Disorder (PTSD) Among Veterans: A Naturalistic Study.
- Demographic, military, and health comorbidity variables by mild TBI and PTSD status in the LIMBIC-CENC cohort.
- Cognitive behavioral therapy for insomnia in patients with mental disorders and comorbid insomnia: A systematic review and meta-analysis.

- Acceptance and forgiveness therapy for veterans with moral injury: spiritual and psychological collaboration in group treatment.
- Associations between courses of posttraumatic stress disorder and physical health conditions among Canadian military personnel.
- Associations among clinical variables and anger differ by early life adversity among post-9/11 veterans.
- Aggression and violent behavior in the military: Self-reported conflict tactics in a sample of service members and veterans seeking treatment for posttraumatic stress disorder.
- Impact of treatment setting and format on symptom severity following cognitive processing therapy for posttraumatic stress disorder (PTSD).
- Feasibility and Acceptability of Group-Facilitated Prolonged Exposure Therapy for PTSD in VA Residential Rehabilitation Treatment Programs.
- Experience of Intimate Partner Violence and Associated Psychiatric, Neurobehavioral, and Functional Burden in Male and Female Veterans: Implications for Treatment.
- We know CBT-I works, now what?
- Suicide Ideation and Social Support Trajectories in National Guard and Reserve Servicemembers.
- Association of Traumatic Brain Injury With Mortality Among Military Veterans Serving After September 11, 2001.
- A review of the pathology and treatment of TBI and PTSD.
- The management and rehabilitation of post-acute mild traumatic brain injury.
- Neurocognitive performance predicts future partner violence among U.S. Iraq- and Afghanistan-deployed army soldiers and veterans.
- Concerns of relationship mistreatment, emotional abuse, and physical abuse in deployed military medical personnel: Prevalence and risk factors.
- The effect of combat exposure on financial problems.
- Links of Interest
- Resource of the Week: MedlinePlus Health Check Tools (National Library of Medicine)

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https://doi.org/10.1002/jts.22822

Less dropout from prolonged exposure sessions prescribed at least twice weekly: A meta-analysis and systematic review of randomized controlled trials.

Daniel B. Levinson, Tate F. Halverson, Sarah M. Wilson, Rongwei Fu

Journal of Traumatic Stress
First published: 12 March 2022

Trauma-focused psychotherapies, such as prolonged exposure (PE), are strongly recommended to treat posttraumatic stress disorder due to their effects in reducing symptoms. However, such therapies may also suffer from high dropout rates. To investigate how clients might benefit from trauma-focused therapy while minimizing dropout, we conducted a meta-analysis of 1,508 adults from 35 randomized controlled trials (RCTs) of outpatient PE programs to evaluate treatment frequency as a predictor of dropout. When an RCT prescribed PE sessions at least twice weekly compared to less frequently, the dropout rate was significantly lower at 21.0%, 95% CI [13.9%, 30.4%], compared to 34.0%, 95% CI [28.9%, 39.4%], OR = 0.52, 95% CI [0.30, 0.89], p = .018. It was not possible to draw causal conclusions, as only one RCT compared two PE treatment frequencies head-to-head. Nonetheless, the findings remained significant after controlling for study characteristics. These data invite reconsideration of the common practice of weekly psychotherapy in favor of twice-weekly sessions in standard outpatient treatment.

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https://doi.org/10.1002/jts.22823

Cannabis use among U.S. military veterans with subthreshold or threshold posttraumatic stress disorder: Psychiatric comorbidities, functioning, and strategies for coping with posttraumatic stress symptoms.

Melanie L. Hill, Mallory Loflin, Brandon Nichter, Peter J. Na, Sarah Herzog, Sonya B. Norman, Robert H. Pietrzak

Journal of Traumatic Stress
First published: 11 March 2022

Cannabis use is common among individuals with posttraumatic stress disorder (PTSD) symptoms, but its impact on psychiatric symptoms and functioning in this population is unclear. To clarify the clinical and functional correlates of cannabis use in individuals with PTSD symptoms, we analyzed data from the 2019–2020 National Health and Resilience in Veterans Study, a nationally representative survey of U.S. military veterans. Participants with current subthreshold or full PTSD ($N = 608$) reported on their past-6-month cannabis use and current psychiatric symptoms, functioning, treatment utilization, and PTSD symptom management strategies. Veterans with subthreshold/full PTSD who used cannabis more than weekly were more likely to screen positive for co-occurring depression, anxiety, and suicidal ideation than those who did not use cannabis, ORs = 3.4–3.8, or used cannabis less than weekly, ORs = 2.7–3.7. Veterans who used cannabis more than weekly also scored lower in cognitive functioning than veterans with no use, $d = 0.25$, or infrequent use, $d = 0.71$, and were substantially more likely to endorse avoidance coping strategies, ORs = 8.2–12.2, including substance use, OR = 4.4, and behavioral disengagement, ORs = 2.7–9.1, to manage PTSD symptoms. Despite more psychiatric and functional problems, veterans with frequent cannabis use were not more likely to engage in mental health treatment, ORs = 0.87–0.99. The results suggest enhanced cannabis use screening, interventions targeting risky use, and strategies promoting treatment engagement may help ameliorate more severe clinical presentations associated with frequent cannabis use among veterans with subthreshold/full PTSD.

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https://doi.org/10.1002/jts.22808

“Will it work for me?” Developing patient-friendly graphical displays of posttraumatic stress disorder treatment effectiveness.

Jessica L. Hamblen, Kathleen M. Grubbs, Bernard Cole, Paula P. Schnurr, Juliette M. Harik

Journal of Traumatic Stress
First published: 08 March 2022

The goal of this study was to create simple visual displays to help patients understand the benefits of evidence-based treatment for posttraumatic stress disorder (PTSD). We

reviewed randomized trials of the most effective individual, trauma-focused psychotherapies and first-line antidepressants for adults with PTSD. The analytic sample included 65 treatment arms from 41 trials. We used binomial logistic regression to estimate the proportion of participants who lost their PTSD diagnosis at posttreatment and created a sample icon array to display these estimates. We provide a range of estimates (0–100) based on varying the percentage of the sample with a military affiliation. The percentage of participants who no longer met the diagnostic criteria for PTSD among civilian populations was 64.3% for trauma-focused treatment, 56.9% for SSRI/SNRI, and 16.7% for waitlist/minimal attention. For military populations, the proportions of participants who no longer met the diagnostic criteria were 44.2%, 36.7%, and 8.1%, respectively. We present icon arrays for 0%, 7%, 50%, and 100% military affiliation displaying 100 icons, a portion of which were shaded to indicate the number of participants that no longer met the PTSD criteria following treatment. After evidence-based treatment, between one third and two thirds of participants no longer met the PTSD criteria. Providers can use the icon array developed in this study with patients to facilitate communication regarding PTSD treatment effectiveness.

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https://doi.org/10.1007/s41347-021-00198-3

Barriers and Facilitators to Peer-Supported Implementation of Mental Health Mobile Applications with Veterans in Primary Care.

Alexandra L. Montena, Kyle Possemato, Eric Kuhn, Eve B. Carlson, Mark McGovern, Jennifer Smith & Daniel Blonigen

Journal of Technology in Behavioral Science
Published: 12 February 2021

Mental health disorders are highly prevalent among veterans in primary care, yet most of these patients do not receive adequate treatment due to provider time constraints, patient travel costs, and stigma associated with mental health care. Mobile health (mHealth) can overcome these impediments to care access; however, poor patient engagement with mHealth limits its routine implementation. Peer specialists may increase patient engagement with mHealth by offering supportive accountability and support through shared experiences. This study sought to identify barriers and facilitators of peer-supported mHealth implementation with veteran primary care patients. Qualitative interviews, guided by the Consolidated Framework of Implementation Research ([CFIR] Damschroder et al., 2009), were conducted with 28

key informants (17 peer specialists and 11 primary care providers) from 14 sites participating in a Department of Veterans Affairs national evaluation of peers in primary care. Thematic analysis was used to identify CFIR determinants to peer-supported mHealth implementation. CFIR barrier domains included Inner Setting (e.g., lack of implementation infrastructure, limited peer training on mHealth, and ineffective promotion of mHealth) and Characteristics of Individuals (e.g., lack of knowledge of the peer role and limited tech literacy). CFIR facilitator domains comprised Intervention Characteristics (e.g., strong support for peers in this role), Characteristics of Individuals (e.g., role alignment with a holistic care approach), and Outer Setting (e.g., emphasizing app benefits, the importance of app demonstrations, and follow-up encounters). The findings inform the development of a strategy for implementing peer-supported mental health mobile apps with veterans in primary care.

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https://doi.org/10.1037/adb0000781

Applying polyvictimization theory to veterans: Associations with substance use and mental health.

Davis, J. P., Lee, D. S., Saba, S., Fitzke, R. E., Ring, C., Castro, C. C., & Pedersen, E. R.

Psychology of Addictive Behaviors
2022 Mar; 36(2): 144-156

Objective:
Prior work has linked exposure to multiple types of trauma (i.e., polyictimization) to increased risk of negative behavioral health outcomes compared with exposure to any single event. However, few studies have attempted to understand how polyvictimization theory relates specifically to veterans' experiences and behavioral health outcomes. The present study assessed heterogeneity in reports of childhood trauma, combat trauma, and military sexual trauma.

Method:
We recruited 1,230 veterans outside of traditional Veterans Health Administration settings to participate in a study assessing behavioral health. On average, participants were 34.5 years old with the majority identifying as White (79.3%) and male (88.7%). We used latent class analysis to extract classes of traumatic experience exposure including childhood trauma, combat trauma, and military sexual trauma.

Results:
Five classes emerged: (a) high all; (b) moderate combat trauma, high military sexual trauma; (c) high combat trauma, moderate military sexual harassment; (d) moderate childhood trauma and combat trauma; and (e) combat trauma only. Overall, veterans in profiles that endorsed multiple trauma types (i.e., polyvictimization) evidenced greater symptoms of depression, posttraumatic stress disorder, and hazardous alcohol or cannabis use. Further, women were overly represented in profiles that included multiple victimization typologies, especially when profiles included elevated endorsement of military sexual trauma.

Conclusion:
A polyvictimization framework was partially supported, with differential effects on behavioral health outcomes noted across trauma experiences. (PsycInfo Database Record (c) 2022 APA, all rights reserved).

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https://doi.org/10.1080/13554794.2021.2002912

Risk factors for decline in cognitive performance following deployment-related mild traumatic brain injury: A preliminary report.

Troyanskaya, M., Pastorek, N. J., Wilde, E. A., Tombridge, K. A., Day, A. M., Levin, H. S., & Scheibel, R. S.

Neurocase
2021 Dec; 27(6): 457-461

Thorough identification of risk factors for delayed decline in cognitive performance following combat-related mild traumatic brain injury (mTBI) is important for guiding comprehensive post-deployment rehabilitation. In a sample of veterans who reported at least one deployment-related mTBI, preliminary results indicate that factors including a history of loss of consciousness over 1 min, current obesity and hypertension, and Black race were more prevalent in those with decreased scores on a measure of memory function. These factors should be considered by clinicians and researchers working with current and former military personnel.

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https://doi.org/10.1177/00187208211034024

Understanding Heart Rate Reactions to Post-Traumatic Stress Disorder (PTSD) Among Veterans: A Naturalistic Study.

Sadeghi, M., Sasangohar, F., McDonald, A. D., & Hegde, S.

Human Factors
2022 Feb; 64(1): 173-187

Objective:
We collected naturalistic heart rate data from veterans diagnosed with post-traumatic stress disorder (PTSD) to investigate the effects of various factors on heart rate.

Background:
PTSD is prevalent among combat veterans in the United States. While a positive correlation between PTSD and heart rate has been documented, specific heart rate profiles during the onset of PTSD symptoms remain unknown.

Method:
Veterans were recruited during five cycling events in 2017 and 2018 to record resting and activity-related heart rate data using a wrist-worn device. The device also logged self-reported PTSD hyperarousal events. Regression analyses were performed on demographic and behavioral covariates including gender, exercise, antidepressants, smoking habits, sleep habits, average heart rate during reported hyperarousal events, age, glucocorticoids consumption, and alcohol consumption. Heart rate patterns during self-reported PTSD hyperarousal events were analyzed using Auto Regressive Integrated Moving Average (ARIMA). Heart rate data were also compared to an open-access non-PTSD representative case.

Results:
Of 99 veterans with PTSD, 91 participants reported at least one hyperarousal event, with a total of 1023 events; demographic information was complete for 38 participants who formed the subset for regression analyses. The results show that factors including smoking, sleeping, gender, and medication significantly affect resting heart rate. Moreover, unique heart rate patterns associated with PTSD symptoms in terms of stationarity, autocorrelation, and fluctuation characteristics were identified.

Conclusion:
Our findings show distinguishable heart rate patterns and characteristics during PTSD hyperarousal events.

Application:
These findings show promise for future work to detect the onset of PTSD symptoms.

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https://doi.org/10.1080/02699052.2022.2033847

Demographic, military, and health comorbidity variables by mild TBI and PTSD status in the LIMBIC-CENC cohort.

Maya E. O’Neil, Amma Agyemang, William C. Walker, Terri K. Pogoda, Daniel W. Klyce, Paul B. Perrin, Nancy H. Hsu, Huong Nguyen, Angela P. Presson & David X. Cifu

Brain Injury
Published online: 05 Feb 2022

Objective
To describe associations of demographic, military, and health comorbidity variables between mild traumatic brain injury (mTBI) history and posttraumatic stress disorder (PTSD) status in a sample of Former and current military personnel.

Setting
Participants recruited and tested at seven VA sites and one military training facility in the LIMBIC-CENC prospective longitudinal study (PLS), which examines the long-term mental health, neurologic, and cognitive outcomes among previously combat-deployed U.S. Service Members and Veterans (SM/Vs).

Participants
A total of 1,540 SM/Vs with a history of combat exposure. Data were collected between 1/1/2015 through 3/31/2019.

Design
Cross-sectional analysis using data collected at enrollment into the longitudinal study cohort examining demographic, military, and health comorbidity variables across PTSD and mTBI subgroups.

Main Measures
PTSD Checklist for DSM-5 (PCL-5), mTBI diagnostic status, Patient Health Questionnaire 9-item (PHQ-9), Pittsburgh Sleep Quality Index (PSQI), AUDIT-C, and other self-reported demographic, military, and health comorbidity variables.

Results
Ten years following an index date of mTBI exposure or mid-point of military deployment, combat-exposed SM/Vs with both mTBI history and PTSD had the highest rates of depression symptoms, pain, and sleep apnea risk relative to SM/Vs without both of these conditions. SM/Vs with PTSD, irrespective of mTBI history, had high rates of obesity, sleep problems, and pain.

Conclusion
The long-term symptom reporting and health comorbidities among SM/Vs with mTBI history and PTSD suggest that ongoing monitoring and intervention is critical for addressing symptoms and improving quality of life.

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https://doi.org/10.1016/j.smrv.2022.101597

Cognitive behavioral therapy for insomnia in patients with mental disorders and comorbid insomnia: A systematic review and meta-analysis.

Elisabeth Hertenstein, Ersilia Trinca, Marina Wunderlin, Carlotta L. Schneider, ... Christoph Nissen

Sleep Medicine Reviews
Volume 62, April 2022

Almost 70% of patients with mental disorders report sleep difficulties and 30% fulfill the criteria for insomnia disorder. Cognitive behavioral therapy for insomnia (CBT-I) is the first-line treatment for insomnia according to current treatment guidelines. Despite this circumstance, insomnia is frequently treated only pharmacologically especially in patients with mental disorders. The aim of the present meta-analysis was to quantify the effects of CBT-I in patients with mental disorders and comorbid insomnia on two outcome parameters: the severity of insomnia and mental health.

The databases PubMed, CINHAL (Ebsco) und PsycINFO (Ovid) were searched for randomized controlled trials on adult patients with comorbid insomnia and any mental disorder comparing CBT-I to placebo, waitlist or treatment as usual using self-rating questionnaires as outcomes for either insomnia or mental health or both. The search resulted in 1994 records after duplicate removal of which 22 fulfilled the inclusion criteria and were included for the meta-analysis. The comorbidities were depression (eight studies, 491 patients), post-traumatic stress disorder (PTSD, four studies, 216 patients), alcohol dependency (three studies, 79 patients), bipolar disorder (one study, 58 patients), psychosis (one study, 50 patients) and mixed comorbidities within one study (five studies, 189 patients). The effect sizes for the reduction of insomnia severity post treatment were 0.5 (confidence interval, CI, 0.3–0.8) for patients with depression, 1.5 (CI 1.0–1.9) for patients with PTSD, 1.4 (CI 0.9–1.9) for patients with alcohol dependency, 1.2 (CI 0.8–1.7) for patients with psychosis/bipolar disorder, and 0.8 (CI 0.1–1.6) for patients with mixed comorbidities. Effect sizes for the reduction of insomnia severity were moderate to large at follow-up.

Regarding the effects on comorbid symptom severity, effect sizes directly after treatment were 0.5 (CI 0.1–0.8) for depression, 1.3 (CI 0.6–1.9) for PTSD, 0.9 (CI 0.3–1.4) for alcohol dependency in only one study, 0.3 (CI −0.1 – 0.7, insignificant) for psychosis/bipolar, and 0.8 (CI 0.1–1.5) for mixed comorbidities. There were no significant effects on comorbid symptoms at follow-up.

Together, these significant, stable medium to large effects indicate that CBT-I is an effective treatment for patients with insomnia and a comorbid mental disorder, especially depression, PTSD and alcohol dependency. CBT-I is also an effective add-on treatment with the aim of improving mental health in patients with depression, PTSD, and symptom severity in outpatients with mixed diagnoses. Thus, in patients with mental disorders and comorbid insomnia, given the many side effects of medication, CBT-I should be considered as a first-line treatment.

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https://doi.org/10.1080/08854726.2022.2032982

Acceptance and forgiveness therapy for veterans with moral injury: spiritual and psychological collaboration in group treatment.

Patricia U. Pernicano, Jennifer Wortmann & Kerry Haynes

Journal of Health Care Chaplaincy
Published online: 08 Feb 2022

The authors developed Acceptance and Forgiveness Therapy (AFT), a psychospiritual group intervention that guides veterans with moral injury experientially from a trauma-focused (damaged, broken, guilty, unforgivable, hopeless, unacceptable) to restorative (worthy, connected, hopeful, forgiven, responsible) view of self. A mental health (MH)-trained chaplain and MH provider, as co-leaders, provide psychoeducation, facilitate therapeutic interaction, and encourage home practice. The curriculum includes evidence-driven psychological interventions, spiritually oriented practices, and metaphor, story, and art to illustrate concepts and facilitate self-expression. Scores on the Brief Symptom Inventory-18 and Acceptance and Action Questionnaire-2 showed decreased distress and increased flexibility. Post-group drawings reflect renewed purpose, greater self-acceptance, and meaningful engagement with others. Retention rate across seven group administrations ranged from 50% to 100%. Outcomes suggest AFT is a promising practice for veteran moral injury meriting further study and implementation.

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https://doi.org/10.1016/j.janxdis.2022.102543

Associations between courses of posttraumatic stress disorder and physical health conditions among Canadian military personnel.

Jordana L. Sommer, Natalie Mota, James M. Thompson, Gordon JG Asmundson, ... Renée El-Gabalawy

Journal of Anxiety Disorders
Volume 87, April 2022

Highlights

- Physical health conditions are common among those with PTSD compared to no PTSD.
- Except diabetes, conditions were most common among new onset or persistent/recurrent PTSD.
- After adjustment, new onset PTSD was associated with increased odds of all conditions, except ulcers and cancer.

Abstract
Background
Posttraumatic stress disorder (PTSD) and physical health conditions commonly co-occur and are both prevalent among military personnel. This study examined how courses of PTSD (no PTSD, remitted, new onset, persistent/recurrent) are associated with physical health conditions, among a population-based sample of Canadian military personnel.

Method
We analyzed data from the 2002 Canadian Community Health Survey-Mental Health and Well-being-Canadian Forces supplement (CCHS-CF) and the 2018 Canadian Armed Forces Members and Veterans Mental Health Follow-Up Survey (CAFVMHS; N = 2941). Multivariable logistic regressions examined associations between PTSD courses (reference = no PTSD) and physical health conditions.

Results
In general, physical health conditions were more prevalent among symptomatic PTSD courses compared to no PTSD. After adjustment, new onset PTSD was associated with increased odds of all physical health conditions with the exception of ulcers and cancer (AOR range: 1.41–2.31) and remitted PTSD was associated with increased odds of diabetes (AOR = 2.31).

Conclusion
Results suggest that new onset PTSD may be most strongly associated with physical health conditions. Findings may inform targeted screening and intervention methods among military personnel with PTSD and physical health conditions.

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https://doi.org/10.1002/cpp.2722

Associations among clinical variables and anger differ by early life adversity among post-9/11 veterans.

Anna G. Etchin, Vincent Corbo, Emma Brown, Catherine B. Fortier, Jennifer R. Fonda, William P. Milberg, Alyssa Currao, Regina E. McGlinchey

Clinical Psychology & Psychotherapy
First published: 06 February 2022

Maladaptive anger and aggression are common in US military veterans and increase risk for impaired social relationships and functioning, justice-involvement and violence. Early life (before age 18) adversity predisposes veterans to later life psychopathology, though the link to increased later life anger is unclear. We analysed cross-sectional data of 158 post-9/11 veterans from the Translational Research Center for Traumatic Brain Injury and Stress Disorders study with and without a history of early life adversity (ns = 109 and 49, respectively). We explored the relationship among major clinical variables and current veteran anger (Dimensions of Anger Reactions) and whether the associations with these variables differed among participants with and without a history of retrospective self-reported early life adversity (Childhood Trauma Questionnaire). In the overall sample, posttraumatic stress disorder (PTSD) and depression severities had the strongest associations with current veteran anger (βs = 0.261 and 0.263; p-values = 0.0022 and 0.0103, respectively). In the subsample without early life adversity, only PTSD severity was significantly associated with anger (β = 0.577, p = 0.0004). In the early life adversity subsample, this strong association weakened and was no longer significant (β = 0.168, p = 0.1007); instead, anxiety and depression severities showed moderate associations with anger (βs = 0.243 and 0.287, p-values = 0.0274 and 0.0130, respectively). Findings suggest that clinicians should screen veterans with history of early life adversity for depression and anxiety when anger is present.

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https://doi.org/10.1016/j.avb.2022.101734

Aggression and violent behavior in the military: Self-reported conflict tactics in a sample of service members and veterans seeking treatment for posttraumatic stress disorder.

Casey L. Straud, Patricia A. Resick, Edna B. Foa, Sudie E. Back, ... Alan L. Peterson

Aggression and Violent Behavior
Available online 6 February 2022

Highlights

- Psychological aggression (85%) was more prevalent than physical aggression (11%).
- Shouting/yelling, insulting/swearing, and stomping off were commonly endorsed.
- Most participants reported engaging in psychological aggression on a weekly basis or more.

- About 1/10 participants reported engaging in physical aggression on a weekly basis or more.

Abstract
Irritability, angry outbursts, and aggression are common among individuals with posttraumatic stress disorder (PTSD). Although aggression can be a problem among many individuals with PTSD, research suggests that the relationship between PTSD and aggression might be particularly relevant among military/veteran populations as compared to civilians. The current study examined psychological and physical aggression in a large sample of treatment-seeking military service members and veterans (N = 1434) enrolled in nine PTSD clinical trials. A baseline assessment using a modified version of the Revised Conflict Tactics Scales evaluated aggression toward others in the past month. The results indicated that psychological aggression was more prevalent than physical aggression among military personnel with PTSD. Overall, 84.7% reported engaging in weekly psychological aggression, and 11.4% reported weekly physical aggression. Shouting at someone, insulting someone, and stomping off during a disagreement were the most frequent forms of psychological aggression endorsed. The findings provide a detailed account of the point prevalence and nature of various self-reported aggressive behaviors in military personnel with PTSD.

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https://doi.org/10.1016/j.beth.2022.01.014

Impact of treatment setting and format on symptom severity following cognitive processing therapy for posttraumatic stress disorder (PTSD).

Craig J. Bryan, Hilary A. Russell, AnnaBelle O. Bryan, David C. Rozek, ... Anu Asnaani

Behavior Therapy
Available online 7 February 2022

Highlights

- Weekly CPT and daily CPT with and without recreational therapy were compared.
- PTSD symptoms significantly reduced in all groups.
- Daily CPT with recreational therapy had higher PTSD symptoms during follow-up.
- Recreational therapy was not associated with better treatment outcomes.

Abstract
Preliminary data suggests cognitive processing therapy (CPT) significantly reduces posttraumatic stress disorder (PTSD) symptom severity among military personnel and veterans when delivered over 12 days and combined with daily recreational activities (Bryan et al., 2018). The present study aimed to examine how therapy pace (i.e., daily versus weekly sessions) and setting (i.e., clinic versus recreational) impacts change in PTSD symptom severity. Forty-five military personnel and veterans diagnosed with PTSD chose to receive CPT (1) daily at a recreational facility with recreational programming, (2) daily on a university campus without recreational programming, and (3) weekly on a university campus without recreational programming. PTSD symptom severity was assessed with the Clinician Administered PTSD Scale for DSM-5 (CAPS-5) and the Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5). Reductions in CAPS-5 and PCL-5 scores were large and statistically significant across all three settings (Cohen's ds > 2.1). As compared to reductions in CAPS-5 and PCL-5 scores in daily therapy at a recreational facility (CAPS-5: d=1.63-2.40; PCL-5: d=1.99-2.17), reductions in CAPS-5 and PCL-5 scores were significantly larger in daily therapy on campus (CAPS-5: t(80)=-2.9, p=.005, d=2.23-2.69; PCL-5: t(78)=2.6, p=.010, d=2.54-4.43) but not weekly therapy on campus (CAPS-5: t(80)=0.2, p=.883, d=1.04-2.47; PCL-5: t(78)=1.0, p=.310, d=1.77-3.44). Participants receiving daily therapy on campus and weekly therapy on campus also had higher rates of clinically significant improvement and good end-state functioning. Results support the effectiveness of CPT across multiple treatment settings and formats and suggest that daily CPT may be less effective when delivered in combination with recreational activities.

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https://doi.org/10.1016/j.beth.2022.02.004

Feasibility and Acceptability of Group-Facilitated Prolonged Exposure Therapy for PTSD in VA Residential Rehabilitation Treatment Programs.

Rebecca K. Sripada, Jessica L. Rodriguez, Theodore P. Wright, Jessica A. Hyland, ... Sheila A.M. Rauch

Behavior Therapy
Available online 22 February 2022

Highlights

- Few patients in VA residential PTSD programs receive individual Prolonged Exposure.

- Residential programs deliver most therapy in group instead of individual format.
- This pilot study tested the feasibility of Group-facilitated PE among 39 patients.
- Intent-to-treat analysis showed that the intervention was feasible and acceptable.
- Adapted interventions may improve access and efficiency in the residential setting.

Abstract
Prolonged Exposure therapy (PE) is a first-line treatment for posttraumatic stress disorder (PTSD); however, few VA patients receive this treatment. One of the barriers to PE receipt is that it is only available in an individual (one-on-one) format, whereas many VA mental health clinics provide the majority of their psychotherapy services in group format. In particular, PTSD residential rehabilitation treatment programs (RRTPs) offer most programming in group format. Consequently, strategies are needed to improve the scalability of PE by adapting it to fit the delivery setting. The current study was designed to pilot test a group-facilitated format of PE in RRTPs. Thirty-nine Veterans who were engaged in care in the PTSD RRTP at a Midwestern VA were recruited to participate in a Group-facilitated PE protocol. Participants engaged in twelve 90-minute sessions of Group PE over the course of 6 weeks, plus six 60-minute individual sessions for imaginal exposure. Group treatment followed the PE model and consisted of psychoeducation, treatment rationale, and in vivo exposure to reduce trauma-related avoidance and thereby improve PTSD symptoms. PTSD symptoms were measured via the PTSD Checklist for DSM-5 (PCL-5) and depression symptoms were measured via the Patient Health Questionnaire (PHQ-9) at baseline, endpoint (6 weeks), and at 2-month follow-up. Thirty-nine individuals initiated Group-facilitated PE and 34 completed treatment. The average number of group sessions attended was 11 out of 12. Acceptability ratings were high. Mean change (improvement) in the intent-to-treat sample at 2-month follow-up was 20.0 points on the PCL-5 (CI 18.1, 21.9; Cohen's d = 1.1) and 4.8 points on the PHQ-9 (CI 4.1, 5.5, d = .8). These results suggest that adapted evidence-based interventions for PTSD can improve treatment access and efficiency for the RRTP setting. A group-based approach has the potential to improve the scalability of PTSD treatment by reducing required resources. A fully-powered trial is now needed to test the effectiveness of Group-facilitated PE in the RRTP setting.

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https://doi.org/10.1080/10926771.2022.2038756

Experience of Intimate Partner Violence and Associated Psychiatric, Neurobehavioral, and Functional Burden in Male and Female Veterans: Implications for Treatment.

Sahra Kim, Alyssa Currao, Jennifer R. Fonda, Katherine M. Iverson, Alexandra Kenna, Meghan E. Pierce, Brigitta M. Beck, Ricardo E. Jorge & Catherine B. Fortier

Journal of Aggression, Maltreatment & Trauma
Published online: 10 Feb 2022

Intimate partner violence (IPV) is prevalent among Veterans. Injuries to head, neck, and face are frequent and elevate risk for traumatic brain injury (TBI). IPV also increases risk for mental health morbidity. A better understanding of IPV’s impact on health and functioning is needed among Veterans to inform assessment and intervention. This study identified lifetime IPV in post-9/11 Veterans and examined the associations between lifetime IPV and health and functioning. A sample of 813 post-9/11 Veterans completed a comprehensive assessment of psychiatric, neurobehavioral and functional outcomes. Thirty-eight percent of female and 22% of male Veterans experienced IPV during their lifetime. Veterans with IPV experience had higher prevalence of TBI, pain, and psychiatric conditions (posttraumatic stress disorder [PTSD], mood, anxiety, substance use). Lifetime IPV experience, PTSD, mood disorder, and pain were significantly associated with functional disability in men and women (β’s = .12–.44; ps < .05); the effect was larger for women. Given the clinical complexity of Veterans with a history of IPV, we propose the need for novel, transdiagnostic treatments. The STEP-Home workshop is a skills-based intervention with preliminary effectiveness in treating combat-related TBI and commonly co-occurring psychiatric disorders in post-9/11 Veterans that could expand evidence-based treatments for IPV.

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https://doi.org/10.12703/r/11-4

We know CBT-I works, now what?

Muench, A., Vargas, I., Grandner, M. A., Ellis, J. G., Posner, D., Bastien, C. H., Drummond, S. P., & Perlis, M. L.

Faculty Reviews
Published online 2022, Feb 1

Cognitive behavioral therapy for insomnia (CBT-I) has been shown to be efficacious and now is considered the first-line treatment for insomnia for both uncomplicated insomnia and insomnia that occurs comorbidly with other chronic disorders (comorbid insomnia).

The purposes of this review are to provide a comprehensive summary of the efficacy data (for example, efficacy overall and by clinical and demographic considerations and by CBT-I formulation) and to discuss the future of CBT-I (for example, what next steps should be taken in terms of research, dissemination, implementation, and practice).

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https://doi.org/10.1080/00332747.2021.2004785

Suicide Ideation and Social Support Trajectories in National Guard and Reserve Servicemembers.

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Psychiatry
Published online: 09 Feb 2022

Objective:
Since 2004 increased rates of suicide have been noted in the US Armed Forces. We examined the association of social support (SS) trajectories and suicide ideation (SI) over a four-year period in Reserve Component (RC) servicemembers (National Guard and Reserve). We also examined baseline mental health measures, as predictors of the identified trajectories.

Methods:
Structured interviews were conducted with a nationally representative sample of 1,582 RC servicemembers at baseline and three follow-up waves. Latent growth mixture modeling identified SS trajectories and the association with follow-up SI. Multinomial logistic regression analyses were used to predict SS trajectories using baseline measures of demographics and mental health.

Results:
We identified four trajectories of SS and their associated prevalence of follow-up SI: low (n = 60, 3.8%; SI = 30.5%), medium (n = 229, 14.5%; SI = 14.1%), high–low (n = 66, 4.2%; SI = 13.6%), and high–high (n = 1,227, 77.5%; SI = 4.2%). There were significant differences in follow-up SI prevalence between each pair of SS trajectories except between the medium-SS and high-low-SS trajectories. Baseline SI, post-traumatic stress disorder (PTSD), depression, binge drinking, and mental health diagnosis were

associated with increased likelihood of being on a low-SS or medium-SS trajectory. Baseline PTSD discriminated being on the high-high-SS and high-low-SS trajectories.

Conclusion:
Results support four trajectories of social support and that individuals with low or decreasing SS are likely to have greater follow-up SI. Baseline mental health assessments can identify these risk trajectories.

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https://doi.org/doi:10.1001/jamanetworkopen.2021.48150

Association of Traumatic Brain Injury With Mortality Among Military Veterans Serving After September 11, 2001.

Howard JT, Stewart IJ, Amuan M, Janak JC, Pugh MJ

JAMA Network Open
February 11, 2022

Key Points
Question
Is exposure to traumatic brain injury associated with excess mortality after service in US veterans after the September 11, 2001, terrorist attacks (9/11), and what are the mortality rates among post-9/11 veterans compared with the total US population?

Findings
In this cohort study of data on 2 516 189 military veterans, post-9/11 military veterans experienced excess all-cause and cause-specific mortality compared with the total US population. The numbers of excess deaths were greater among those exposed to traumatic brain injury.

Meaning
These results suggest that post-9/11 military veterans have higher mortality, especially among veterans exposed to traumatic brain injury compared with the general US population and that a focus on what puts veterans at risk for increased mortality is warranted.

Abstract

Importance

Emerging evidence suggests that harmful exposures during military service, such as traumatic brain injury (TBI), may contribute to mental health, chronic disease, and mortality risks.

Objective

To assess the mortality rates and estimate the number of all-cause and cause-specific excess deaths among veterans serving after the September 11, 2001, terrorist attacks (9/11) with and without exposure to TBI.

Design, Setting, and Participants

This cohort study analyzed administrative and mortality data from January 1, 2002, through December 31, 2018, for a cohort of US military veterans who served during the Global War on Terrorism after the 9/11 terrorist attacks. Veterans who served active duty after 9/11 with 3 or more years of care in the Military Health System or had 3 or more years of care in the Military Health System and 2 or more years of care in the Veterans Health Administration were included for analysis. The study used data from the Veterans Affairs/Department of Defense Identity Repository database, matching health records data from the Military Health Service Management Analysis and Reporting tool, the Veterans Health Administration Veterans Informatics and Computing Infrastructure, and the National Death Index. For comparison with the total US population, the study used the Centers for Disease Control and Prevention WONDER database. Data analysis was performed from June 16 to September 8, 2021.

Exposure

Traumatic brain injury.

Main Outcomes and Measures

Multivariable, negative binomial regression models were used to estimate adjusted all-cause and cause-specific mortality rates for the post-9/11 military veteran cohort, stratified by TBI severity level, and the total US population. Differences in mortality rates between post-9/11 military veterans and the total US population were used to estimate excess deaths from each cause of death.

Results

Among 2 516 189 post-9/11 military veterans (2 167 736 [86.2%] male; and 45 324 [1.8%] American Indian/Alaska Native, 160 178 [6.4%], Asian/Pacific Islander, 259 737 [10.3%] Hispanic, 387 926 [15.4%] non-Hispanic Black, 1 619 834 [64.4%] non-Hispanic White, and 43 190 [1.7%] unknown), 17.5% had mild TBI and 3.0% had moderate to

severe TBI; there were 30 564 deaths. Adjusted, age-specific mortality rates were higher for post-9/11 military veterans than for the total US population and increased with TBI severity. There were an estimated 3858 (95% CI, 1225-6490) excess deaths among all post-9/11 military veterans. Of these, an estimated 275 (95% CI, −1435 to 1985) were not exposed to TBI, 2285 (95% CI, 1637 to 2933) had mild TBI, and 1298 (95% CI, 1023 to 1572) had moderate to severe TBI. Estimated excess deaths were predominantly from suicides (4218; 95% CI, 3621 to 4816) and accidents (2631; 95% CI, 1929 to 3333). Veterans with moderate to severe TBI accounted for 33.6% of total excess deaths, 11-fold higher than would otherwise be expected.

Conclusions and Relevance
This military veteran cohort experienced more excess mortality compared with the total US population than all combat deaths from 9/11/01 through 9/11/21, concentrated among individuals exposed to TBI. These results suggest that a focus on what puts veterans at risk for accelerated aging and increased mortality is warranted.

See also: Traumatic Brain Injury and Veteran Mortality After the War in Afghanistan (Invited Commentary)

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https://doi.org/10.1016/j.expneurol.2022.114009

A review of the pathology and treatment of TBI and PTSD.

Molly Monsour, Dominique Ebedes, Cesario V. Borlongan

Experimental Neurology
Available online 9 February 2022

This literature review focuses on the underlying pathophysiology of TBI and PTSD symptoms, while also examining the plethora of stem cell treatment options to ameliorate these neuronal and functional changes. As more veterans return suffering from TBI and/or PTSD, it is vital that researchers discover novel therapies to mitigate the detrimental symptoms of both diagnoses. A variety of stem cell treatments have been studied and offer hopeful options for TBI and PTSD recovery.

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https://doi.org/10.1080/02699052.2022.2033848

The management and rehabilitation of post-acute mild traumatic brain injury.

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Brain Injury
Published online: 12 Feb 2022

Description
In June 2021, the U.S. Department of Veterans Affairs (VA) and U.S. Department of Defense (DoD) approved a joint clinical practice guideline for the management and rehabilitation care for those who have symptoms in the post-acute period following mild traumatic brain injury (mTBI). This synopsis describes some of the clinically important recommendations.

Methods
In January 2020, VA and DoD leaders assembled a joint VA/DoD guideline development team of multidisciplinary clinical stakeholders that developed key questions, systematically searched and evaluated the literature, created two 1-page algorithms, and refined 19 recommendations using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) system. The process closely conformed to the National Academy of Medicine's tenets for trustworthy clinical practice guidelines.

Recommendations
This synopsis describes clinically important recommendations for the management and rehabilitation of mTBI. Outpatient primary care providers are the target audience for this synopsis and guideline. The current recommendations are an update from the 2016 VA/DoD Clinical Practice Guidelines for the Management of Concussion-Mild Traumatic Brain Injury.

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https://doi.org/10.1037/vio0000408

Neurocognitive performance predicts future partner violence among U.S. Iraq- and Afghanistan-deployed army soldiers and veterans.

Chiu, C., Gnall, K., Pless Kaiser, A., Taft, C. T., Franz, M. R., Lee, L. O., & Vasterling, J. J.

Psychology of Violence
Advance online publication

Objective:
Intimate partner violence (IPV) constitutes a major U.S. national health concern and disproportionately affects military families. Prior research, which has been conducted primarily in civilian populations, suggests that relative neurocognitive weaknesses may increase risk for IPV. This prospective study examined the associations between postdeployment neurocognitive performance and subsequent IPV (5–13 years later) among warzone veterans in the context of psychological health and traumatic brain injury (TBI).

Method:
Participants were 217 warzone veterans from a nationally dispersed sample of service members and veterans who had previously deployed to the Iraq war zone and their intimate partners. Warzone veterans had previously completed performance-based neurocognitive assessments at a postdeployment assessment. An average of 8 years later, participants completed structured psychiatric interviews and psychometric surveys assessing TBI history, post-traumatic stress disorder (PTSD), depression, alcohol use, and IPV perpetration.

Results:
Regression analyses revealed that relatively greater psychopathology and history of TBI were significantly associated with more frequent warzone veteran IPV psychological perpetration. Furthermore, relatively poorer postdeployment neurocognitive performance predicted higher subsequent psychological and physical IPV perpetration, adjusting for demographics, psychological health, and TBI.

Conclusions:
Our findings highlight the importance of identifying both psychological/behavioral and neurocognitive correlates of IPV among warzone veterans. An integrative understanding of IPV risk can help inform both IPV prevention and treatment efforts for warzone veterans. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

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https://doi.org/10.1016/j.avb.2022.101735

Concerns of relationship mistreatment, emotional abuse, and physical abuse in deployed military medical personnel: Prevalence and risk factors.

Chelsea J. McMahon, Sarah Zwetzig, Bailee Schumann, Casey L. Straud, ... Alan L. Peterson

Aggression and Violent Behavior
Available online 16 February 2022

Highlights

- Most deployed military medical personnel endorsed very low emotional or physical abuse concerns.
- Caucasian service members were more likely to endorse emotional abuse concerns compared to other racial groups.
- Male service members were more likely to report physical abuse concerns compared to females.
- Service members who identified as Christian were more likely to endorse concerns of physical abuse compared other religion groups.
- A probable posttraumatic stress disorder diagnosis was not a risk factor for either emotional or physical abuse.

Abstract

The aims of this study were to identify self-reported point-prevalence rates of concerns about relationship mistreatment, emotional abuse, and physical abuse among military medical personnel and to evaluate demographic and military risk factors associated with these concerns. Participants (N = 721) were U.S. Air Force military medical personnel (61.4% male) deployed to Iraq between 2004 and 2011 who reported being either married or engaged. Most of the sample expressed at least some concern for mistreatment (79.0%), emotional abuse (70.8%), or physical abuse (66.3%) in their relationship. Caucasians were more likely to endorse emotional abuse concerns compared with other racial groups (p = .04). Men (p = .02) and service members who identified as Christians (p = .03) were more likely to endorse physical abuse concerns compared to their respective counterparts. Results suggest that relationship abuse concerns may be more common than expected among deployed military medical personnel. Demographic factors were associated with abuse concerns and military service characteristics and probable posttraumatic stress disorder diagnosis were not associated with abuse concerns. Future research should examine abuse concerns in population-based studies of military personnel and evaluate the longitudinal trajectory of

outcomes associated with relationship abuse among active duty military personnel across the deployment cycle.

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https://doi.org/10.1016/j.iref.2022.02.042

The effect of combat exposure on financial problems.

Adam Ackerman, Ben Porter

International Review of Economics & Finance
Volume 79, May 2022, Pages 241-257

Highlights

- Combat exposure increases the predicted probability of financial decline.
- Multiple exposures further increase the predicted probability of financial decline.
- Health capital can lessen the impact of combat exposure on financial decline.

Abstract
This paper examines whether combat exposure leads to financial problems among surviving deployed veterans. We use restricted panel data for the years 2001 through 2016 from 64,508 deployed Millennium Cohort Study participants, and we accommodate real-world uncertainty with an information theoretic, semi-parametric Generalized Maximum Entropy model. The average predicted probability of developing a new major financial problem (such as bankruptcy) and greater financial distress increases 0.44 percentage points (21 percent relative to the mean probability) following a single combat exposure and increases 0.90 percentage points (43 percent relative to the mean probability) following multiple combat exposures. Simulation results identify policy-relevant characteristics to target before a veteran deploys. The results point toward veterans with poorer pre-deployment mental or physical health, veterans in enlisted ranks, and veterans between the ages of 26 and 36 as being less resilient to the effects of combat exposure on financial problems.

Links of Interest

Commands are deferring alcohol treatment for troops in need: IG report
https://www.airforcetimes.com/news/pentagon-congress/2022/03/14/commands-are-deferring-alcohol-treatment-for-troops-in-need-ig-report/

Coping when current events bring up past trauma
https://blogs.va.gov/VAntage/100996/coping-when-current-events-bring-up-past-trauma/

Resource of the Week: MedlinePlus Health Check Tools

From My MedlinePlus Weekly Newsletter:

> MedlinePlus has more than 100 health check tools. Assess your health with interactive tools such as calculators, quizzes, and questionnaires. You can check your risk for heart disease, calculate your ideal weight and body mass, find out how many calories your favorite exercise burns, take a pet allergy quiz, and much more.

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Go to: A B C D E F G H I J K L M N O P Q R S T U V W XYZ

A

Acoustic Neuroma

- Do You Need a Hearing Test? NIH (National Institute on Deafness and Other Communication Disorders)

Alcohol

- Alcohol Calorie Calculator NIH (National Institute on Alcohol Abuse and Alcoholism)
- Calculators NIH (National Institute on Alcohol Abuse and Alcoholism)
- Interactive Worksheets and More NIH (National Institute on Alcohol Abuse and Alcoholism)

Alcohol Use Disorder (AUD)

- Alcohol Use Screening (Department of Veterans Affairs)
- Calculators NIH (National Institute on Alcohol Abuse and Alcoholism)
- Interactive Worksheets and More NIH (National Institute on Alcohol Abuse and Alcoholism)

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