

CDP



Research Update -- June 13, 2024

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<https://pubmed.ncbi.nlm.nih.gov/38847619/>

U.S. Army mortality surveillance in active duty soldiers, 2014-2019.

Kaplansky, G. F., & Toussaint, M.

MSMR

2024; 31(5), 2–8

Mortality surveillance is an important activity for capturing information on a population's health. This retrospective surveillance analysis utilizes administrative data sources to describe active duty U.S. Army soldiers who died from 2014 to 2019, and calculate mortality rates, assess trends by category of death, and identify leading causes of death within subpopulations. During the surveillance period, 2,530 soldier deaths were reported. The highest crude mortality rates observed during the 6-year surveillance period were for deaths by suicide, followed by accidental (i.e., unintentional injury) deaths. The crude mortality rates for natural deaths decreased significantly over the 6-year period, by an average of 6% annually. The leading causes of death were suicide by gunshot wound, motor vehicle accidents, suicide by hanging, neoplasms, and cardiovascular events. Significant differences were observed in the leading causes of death in relation to demographic characteristics, which has important implications for the development of focused educational campaigns to improve health behaviors and safe driving habits. Current public health programs to prevent suicide should be evaluated, with new approaches for firearm safety considered.

https://www.rand.org/pubs/research_reports/RRA1363-9.html

The State of Health and Health Care for LGBTQ+ Veterans: Differences Among Sexual and Gender Minority Veterans, by Identity and State Policy Climate, 2015–2021.

Megan S. Schuler, Michael S. Dunbar, Elizabeth Roth, Joshua Breslau

RAND Corporation

Published Jun 4, 2024

The U.S. government has affirmed commitments to improving health and well-being for lesbian, gay, bisexual, transgender, queer, and other sexual and gender minority (LGBTQ+) veterans, who may have distinct needs and challenges when accessing timely and appropriate health care. To date, there are limited data about potential health disparities among LGBTQ+ veterans that examine differences by both sexual identity and gender identity. Understanding the nature and magnitude of disparities among LGBTQ+ veterans is critical for targeted efforts to improve their health and well-being.

The authors of this report use nationally representative data from 2015–2021 from the Behavioral Risk Factor Surveillance System to compare the age-adjusted prevalence of health-related outcomes across multiple domains (health care access and affordability, general health, substance use, and chronic conditions) for sexual and gender minority veterans with that of their heterosexual and cisgender veteran peers. LGBTQ+ veterans showed poorer health-related outcomes in multiple domains than their heterosexual and cisgender peers, including in terms of healthcare affordability, mental health, chronic cardiovascular conditions, and chronic respiratory conditions. The authors also examine associations between state LGBTQ+ policy climates and health-related outcomes among LGBTQ+ veterans. Among LGBTQ+ veterans, living in a state with a more favorable (versus negative) LGBTQ+ policy climate was associated with several health indicators (e.g., having health insurance, lower smoking rates). The authors then discuss implications for ongoing efforts to improve health and well-being for LGBTQ+ veterans, including sustained actions to ensure that all LGBTQ+ veterans are able to access necessary care and use the full scope of benefits for which they are eligible.

<https://doi.org/10.1080/16506073.2024.2360042>

The therapist role in parent-led cognitive behavioral therapy for children after trauma: treating trauma from a distance.

Næss, A., Haabrekke, K. J., Päivärinne, H. M., Skjærvø, I., Martinsen, M., & Ormhaug, S. M.

Cognitive Behaviour Therapy
Published online: 05 Jun 2024

This article examines the therapist experience of their role in providing Stepped Care Cognitive-Behavioral-Therapy for Children after Trauma (SC-CBT-CT), a semi-homebased, parent-led trauma-treatment for children (7–12). Previous research has

documented that parent-led, therapist-assisted psychological interventions are an acceptable and effective type of service delivery. Yet, the therapist perspective on their role when providing parent-led treatments has received limited research attention. Attention is therefore directed to the therapist experience of engaging parents, establishing relationships, and working with children's trauma narratives from a distance—through the engagement of parents. The data material consists of semi-structured interviews with SC-CBT-CT therapists. To identify patterns of experience, thought, and viewpoints in the overall data, a stepwise thematic analysis approach was applied. Two core themes emerged: 1) Perceptions of therapeutic control and therapeutic presence when engaging parents to lead their own children through an exposure-based program; 2) Establishment and maintenance of therapeutic alliances with and between parents and children. Although parents are inherently well-positioned to engage with their own children about trauma, the article highlights that treatment adherence, progression, and perseverance is contingent upon systematic therapist guidance, monitoring, and availability for support and problem-solving.

<https://doi.org/10.1080/00332747.2024.2352883>

Suicide-Specific Cognitions and Suicidal Behavior in U.S. Military Veterans.

Fischer, I. C., Nichter, B., Trachik, B., Bryan, C. J., & Pietrzak, R. H.

Psychiatry

Published online: 04 Jun 2024

Background

U.S. military veterans may be reluctant to disclose suicidal thoughts and behaviors. Suicide-specific cognitions, which generally avoid direct mention of suicide, may be reliable indicators of risk among those reluctant to disclose such thoughts and behaviors.

Methods

Data from a population-based, cross-sectional study of 2,430 U.S. military veterans were analyzed to examine the associations between the Brief Suicide Cognitions Scale (B-SCS), suicidal ideation, and suicide planning.

Results

After adjusting for age, sex, number of adverse childhood experiences, cumulative

trauma burden, depressive symptom severity, and lifetime history of suicide attempt, total scores on the B-SCS (excluding the item mentioning suicide) were uniquely associated with suicidal ideation (odds ratio [OR] = 1.23, 95% confidence interval [CI] = 1.15–1.32) and suicide planning (OR = 1.27, 95%CI = 1.18–1.37). Exploratory post-hoc analyses revealed that difficulties with solving and coping with one's problems were uniquely linked to these outcomes.

Conclusions

Assessment of suicide-specific cognitions may help to enhance suicide detection and prevention in veterans, especially in those who may not directly disclose thoughts of suicide. Intervention efforts to bolster perceived deficits in coping and problem-solving may help mitigate suicide risk in this population.

<https://doi.org/10.4088/JCP.23m15164>

Daily and Cumulative Sleep Duration as Predictors of Suicidal Desire and Intent: An Ecological Momentary Assessment Study.

Rogers, M. L., & Bozzay, M. L.

The Journal of Clinical Psychiatry
2024; 85(2), 23m15164

Objective:

Shorter sleep duration has been linked to increased suicidal ideation (SI). However, limited research has examined the relationship between nightly sleep duration and short-term fluctuations in suicide risk, as well as the potential clinical utility of leveraging indices of recent (ie, past 3 days) patterns of sleep duration as a marker of acute suicide risk. This study examined associations between nightly and cumulative sleep duration and suicidal desire and intent utilizing ecological momentary assessment (EMA) in a high risk sample of community-based adults.

Methods:

A sample of 237 community based adults with severe SI provided daily indices of self-reported sleep duration and ratings of suicidal desire and intent 6 times per day for 14 consecutive days of EMA monitoring. Data collection took place between February and May 2019.

Results:

Between-person nightly sleep duration and cumulative sleep duration were negatively associated with suicidal desire (Bs = -3.48 and -4.78) and intent (Bs = -1.96 and -2.46). At the within person level, nightly sleep duration was negatively related to suicidal desire (Bs = -0.51 and -0.47) and intent. Within person cumulative sleep duration, on the other hand, was unrelated to both suicidal desire and intent (Bs = -0.26 and -0.09).

Conclusion:

Our findings highlight the clinical utility of examining individual differences in sleep duration as a marker for suicide-related outcomes, as well as deviations from one's typical nightly sleep as a potential acute predictor of suicide-related outcomes, in addition to information about recent duration over one or more nights of sleep. Limitations and future directions are discussed.

<https://doi.org/10.1016/j.jad.2024.06.004>

Collaboration matters: A randomized controlled trial of patient-clinician collaboration in suicide risk assessment and intervention.

M Lohani, CJ Bryan, JS Elsey, S Dutton, SP Findley, SA Langnecker, K West, JC Baker

Journal of Affective Disorders

Available online 3 June 2024

Highlights

- Higher clinician-led collaboration via Narrative assessment reduces suicide risk.
- Narrative assessment paired with Safety Plan Intervention reduces suicidal thoughts.
- Narrative assessment paired with a Crisis Response Plan reduces suicidal thoughts.
- Collaborative risk assessments can enhance safety planning-type interventions.

Abstract

Background

Clinician collaboration can help high-risk individuals to manage their suicidal crises. However, limited research has directly examined how higher patient-clinician collaboration during assessment and intervention can effectively reduce suicidal

ideation. This novel randomized clinical trial compared a high vs. low level of patient-clinician collaboration by pairing commonly used assessment (Structured Interview vs. Narrative Assessment) and intervention approaches (Safety Planning Intervention vs. Crisis Response Planning). We hypothesized that the interventions involving higher (than lower) patient-clinician collaboration during assessment (Narrative Assessment) or intervention (Crisis Response Planning) would lead to larger reductions in suicidal ideation.

Methods

Eighty-two participants with a history of suicide ideation and/or attempts were randomly assigned to one of the four interventions varying in patient-clinician collaboration. After attrition, sixty-six participants completed the study. Suicidal ideation via ecological momentary assessment was measured 14 days before and 14 days after treatment.

Results

Although the severity of suicidal ideation decreased in all groups, the two groups that included highly collaborative assessment had larger pre-post reductions in suicidal ideation (Narrative Assessment+Safety Plan; $d_{\text{within}} = 0.26$, and Narrative Assessment+Crisis Response Plan; $d_{\text{within}} = 0.19$) than the groups that included a checklist-based assessment (Structured Interview).

Limitations

Longer follow-up periods with a larger sample would have provided an understanding of the durability of intervention effects.

Conclusion

Results suggest that the inclusion of higher patient-clinician collaboration techniques during suicide risk assessment can effectively reduce suicidal thoughts. Thus, clinician-led collaborative risk assessment approaches can enhance the effects of safety planning-type interventions among patients with elevated risk for suicide versus checklist-based assessment approaches.

<https://doi.org/10.1016/j.jpsychires.2024.05.054>

The Effects of Religiosity, Spirituality, and Sense of Purpose on Posttraumatic Stress Disorder Treatment Outcomes Among Veterans.

KM Fry, DC Bennett, EM Roberge, CM McClain, K Rugo-Cooke, J Brewczynski, C Pryor

Journal of Psychiatric Research
Available online 2 June 2024

Background

Religion/spirituality (R/S) is an important and commonly used resource for coping with difficult experiences and has been shown to reduce the development of posttraumatic stress disorder (PTSD) symptoms following a trauma. However, it is not clear how R/S affects response to treatment of PTSD.

Objective

The aim of this paper was to understand how Veterans' R/S and sense of purpose were related to clinical outcomes when engaging in Cognitive Processing Therapy (CPT) or Prolonged Exposure (PE). It was predicted that Veterans identifying as R/S would have a higher sense of purpose, be more likely to complete treatment, and have greater symptom change during treatment.

Method

The study included 91 military Veterans from a VA Medical Center outpatient PTSD Clinical Team who initiated CPT or PE and responded to a question about the importance of R/S in their lives at intake. Results: Forty nine percent of the Veterans in this sample reported R/S were important to them and had mixed feelings about whether their life had a clear sense of purpose. Neither R/S nor sense of purpose were associated with treatment completion or response to PTSD treatment.

Conclusion

These findings suggest that once PTSD has developed, R/S or sense of purpose may not play a significant role in completion of or response to evidence-based psychotherapies (EBPs) for PTSD. EBPs for PTSD are equally effective for Veterans identifying as R/S and those who do not, which may be reflective of administering EBPs in a culturally responsive manner.

<https://doi.org/10.1016/j.jad.2024.06.019>

Changes in emotion regulation difficulties and PTSD symptom severity in an intensive treatment program for PTSD.

JB Tharaud, J Murphy, DL Smith, ZE Valdespino-Hayden, P Held

Journal of Affective Disorders

Available online 4 June 2024

Highlights

- Emotion regulation improved across an intensive treatment program for PTSD.
- Baseline emotion regulation was not associated with PTSD symptom severity.
- Emotion regulation was associated with PTSD symptom severity across treatment.
- The clarity subscale was not uniquely associated with PTSD symptom severity.
- All other subscales were uniquely associated with PTSD symptom severity.

Abstract

Background

Greater difficulties in emotion regulation (ER) and decreased use of adaptive ER strategies have been associated with higher levels of posttraumatic stress disorder (PTSD) symptoms. To date, limited research has explored whether ER improves with PTSD treatment or whether such improvements are linked with improvements in PTSD symptoms.

Methods

Veterans and service members with PTSD (N = 223) participated in a 2-week intensive treatment program (ITP) based in Cognitive Processing Therapy (CPT). ER was measured using the Difficulties in Emotion Regulation Short Form (DERS-SF) at baseline and on days 4 and 9 of treatment. PTSD symptoms were reported on the PTSD Symptom Checklist for DSM-5 (PCL-5) at baseline, on days 3, 5, 6, and 8 of treatment, and at post-treatment.

Results

DERS-SF scores decreased during treatment (Mchange = 5.12, d = 0.38). Baseline DERS-SF did not predict overall PCL-5 scores across timepoints ($p = .377$). However, scores on the DERS-SF over time were significantly associated with PCL-5 improvement over the course of treatment ($p < .001$, $R^2b = 0.07$). Finally, improvement in all subscores of the DERS-SF across time except clarity were significantly associated with improvement in PCL-5 over time.

Limitations

Additional treatment components in the ITP beyond CPT may have contributed to ER improvements. Conclusions are also limited by the use of self-report data.

Conclusions

An intensive CPT-based treatment program for veterans and service members can lead to improved ER in two weeks. ER improvements are associated with PTSD symptom severity during the ITP.

<https://nato-veterans.org/the-role-of-military-service-in-human-life-and-behavior/>

The Role of Military Service in Human Life and Behavior.

Ugur Orak, Ph.D.

NATO Veterans Initiative – NAVI

March 6, 2024

Highlights

- Although military structures and enlistment characteristics have evolved over time, military service continues to be a profoundly transformative experience for individuals worldwide.
- Military service functions as a powerful agent of socialization for individuals, leading to the acquisition of new values, skill sets, and identities, which results in a range of behavioral and emotional consequences.
- Military service can have both positive and negative effects on individuals' lives and behaviors, depending on their experiences and challenges during and after service.
- Recognizing the significance of military service in shaping individuals' lives and behaviors is important and has far-reaching implications for the well-being of servicemembers, public safety, and national security.

<https://doi.org/10.1037/pas0001315>

Applying the PTSD Checklist–Civilian and PTSD Checklist for DSM-5 crosswalk in a traumatic brain injury sample: A veterans affairs traumatic brain injury model systems study.

Wyant, H. N., Silva, M. A., Agtarap, S., Klocksieben, F. A., Smith, T., Nakase-Richardson, R., & Miles, S. R.

Psychological Assessment
2024; 36(6-7), 425–432

This study evaluates the use of the crosswalk between the PTSD Checklist–Civilian (PCL-C) and PTSD Checklist for DSM-5 (PCL-5) designed by Moshier et al. (2019) in a sample of service members and veterans (SM/V; N = 298) who had sustained a traumatic brain injury (TBI) and were receiving inpatient rehabilitation. The PCL-C and PCL-5 were completed at the same time. Predicted PCL-5 scores for the sample were obtained according to the crosswalk developed by Moshier et al. We used three measures of agreement: intraclass correlation coefficient (ICC), mean difference between predicted and observed scores, and Cohen’s κ to determine the performance of the crosswalk in this sample. Subgroups relevant to those who have sustained a TBI, such as TBI severity, were also examined. There was strong agreement between the predicted and observed PCL-5 scores (ICC = .95). The overall mean difference between predicted and observed PCL-5 scores was 0.07 and not statistically significant (SD = 8.29, $p = .89$). Significant mean differences between predicted and observed PCL-5 scores calculated between subgroups were seen in Black participants (MD = -4.09, SD = 8.41, $p = .01$) and those in the Year 5 follow-up group (MD = 1.77, SD = 7.14, $p = .03$). Cohen’s κ across subgroups had a mean of $\kappa = 0.76$ (.57–1.0), suggesting that there was moderate to almost perfect diagnostic agreement. Our results suggest the crosswalk created by Moshier et al. can be applied to SM/V who have suffered a TBI. (PsyInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.4088/JCP.23m15174>

What's Gender Got to Do With It: Accounting for Differences in Incident Guideline Discordant Prescribing for PTSD Among Women and Men Veterans.

Stewart Steffensmeier, K. R., Hadlandsmyth, K., Bernardy, N., Ball, D., Johnson, N. L., Van Tiem, J., & Lund, B. C.

The Journal of Clinical Psychiatry
Published: June 5, 2024

Objectives:

Women veterans are more likely than men veterans to receive medications that Department of Veterans Affairs clinical practice guidelines recommend against to treat posttraumatic stress disorder (PTSD). To understand this difference, we examined potential confounders in incident prescribing of guideline discordant medications (GDMs) in veterans with PTSD.

Methods:

Veterans receiving care for PTSD during 2020 were identified using Veterans Health Administration administrative data. PTSD diagnosis was established by the presence of at least 1 ICD-10 coded outpatient encounter or inpatient hospitalization during the calendar year 2020. Incident GDM prescribing was assessed during 2021, including benzodiazepines, antipsychotics, select anticonvulsants, and select antidepressants. Log-binomial regression was used to estimate the difference in risk for GDM initiation between men and women, adjusted for patient, prescriber, and facility-level covariates, and to identify key confounding variables.

Results:

Of 704,699 veterans with PTSD, 16.9% of women and 10.1% of men initiated a GDM, an increased risk of 67% for women [relative risk (RR) = 1.67; 95% CI, 1.65–1.70]. After adjustment, the gender difference decreased to 1.22 (95% CI, 1.20–1.24) in a fully specified model. Three key confounding variables were identified: bipolar disorder (RR = 1.60; 95% CI, 1.57–1.63), age (<40 years: RR = 1.20 [1.18–1.22]; 40–54 years: RR = 1.13 [1.11–1.16]; ≥65 years: RR = 0.64 [0.62–0.65]), and count of distinct psychiatric medications prescribed in the prior year (RR = 1.14; 1.13–1.14).

Conclusions: Women veterans with PTSD were 67% more likely to initiate a GDM, where more than half of this effect was explained by bipolar disorder, age, and prior psychiatric medication. After adjustment, women veterans remained at 22% greater risk for an incident GDM, suggesting that other factors remain unidentified and warrant further investigation.

<https://doi.org/10.1089/jwh.2024.0022>

Understanding Women's Transitions from Military to Department of Veterans Affairs Care.

Kristin M. Mattocks, Lisa L. Shenette, Lorrie Walker, Nancy Maher, and Sally Haskell

Journal of Women's Health

Published Online: 5 June 2024

Background:

Over the past two decades, increasing numbers of women have served in the military, with women now comprising 17.3% of active-duty personnel and 21.4% of National Guard and reserves. During military service, women often incur painful musculoskeletal (MSK) injuries related to carrying heavy loads and wearing ill-fitting gear. While women may receive initial care for these injuries under the auspices of the Department of Defense (DoD), these injuries often linger and further treatment is required as women transition to Department of Veterans Affairs (VA) care. However, little is known about this transition process, and whether women are given adequate information and support regarding how to access VA care after their military service has ended.

Research Design:

To better understand these issues, we interviewed 65 women veterans with military service-related MSK injuries about their transition from DoD to VA care.

Results:

Six major themes emerged from the interviews. Those themes were: (1) Military injuries are often related to ill-fitting gear or carrying heavy loads; (2) Stigma/discrimination related to military injuries; (3) Limited assistance with transition between DoD and VA to manage ongoing injuries and pain; (4) Women have a difficult time managing perceptions and expectations of their weight after military service; (5) Childcare is a substantial burden for veterans in self-care; and (6) veterans desire peer-support services to help them stay healthy.

Conclusions:

Based on these findings, DoD and VA should continue to work together to develop programs to educate and support women as they transition from military to VA care. Furthermore, VA should consider developing peer support programs for women Veterans who may require additional support to maintain health, especially among

Veteran mothers who have complex family responsibilities that may limit their ability to focus on their own health.

<https://doi.org/10.1080/08995605.2024.2356497>

Securing success: Exploring attachment dynamics and psychological safety for adaptive behaviors in a military context.

Timea David & Hsi-An Shih

Military Psychology

Published online: 05 Jun 2024

Providing safety is a key function for leaders for those under their command in a military context, and research to date has focused on various aspects of leaders' personalities and leadership styles to investigate the outcomes for their followers. The present research aims to complement this view by adopting a follower-centric approach and exploring the individual and team-level effects of attachment and psychological safety. Drawing on attachment theory, we developed and tested a model that explicates how employees' attachment projections are mediated by psychological safety to influence adaptive behaviors and team performance positively. We collected multi-source survey data from a Navy department to test our model. Our findings suggest that attachment to leaders can indirectly enhance adaptive behaviors through individual psychological safety. This research underscores the critical role of attachment dynamics and resulting safety perceptions in shaping adaptive behaviors among military personnel, emphasizing their significance as social resources.

<https://doi.org/10.1016/j.wsif.2024.102920>

“Spouses have a huge role” in preventing firearm suicide among women veterans: Partners' perspectives, experiences, and needs.

Lindsey L. Monteith, Evan R. Polzer, Carly M. Rohs, Suzanne M. Thomas, ... Lisa A. Brenner

Highlights

- Interviewed women Veterans' partners regarding firearm lethal means safety (LMS).
- Participants were unaware that firearms are the leading suicide method among women Veterans.
- Voiced willingness to be involved in firearm LMS, though few had done so.
- Desired guidance and information to facilitate suicide prevention and LMS.
- Knowledge and resources are needed to incorporate partners into firearm LMS efforts.

Abstract

Many women Veterans have access to firearms owned by their partners; therefore, understanding partners' perspectives, experiences, and needs regarding firearm lethal means safety (LMS) is essential. Twenty-five partners of women Veterans with a history of household firearm access participated in this mixed methods study. Nearly all participants expressed that if their partner was suicidal, they would be willing to take steps to reduce their partner's firearm access and to participate in firearm LMS discussions with their partner's healthcare provider. However, only a subset reported engaging in such behaviors. Participants reported needing information and guidance regarding actionable firearm LMS strategies (e.g., safe storage locations). Firearm LMS can be facilitated by supporting women Veterans' partners in recognizing and responding to suicide risk and providing them with guidance and tools to support reducing firearm access when suicide risk is elevated.

<https://doi.org/10.1097/HTR.0000000000000959>

Psychiatric Disorders Are Common Among Older US Veterans Prior to Traumatic Brain Injury.

Albrecht, J. S., Gardner, R. C., Bahorik, A. L., Xia, F., & Yaffe, K.

The Journal of Head Trauma Rehabilitation
May 24, 2024

Objective:

To estimate the impact of traumatic brain injury (TBI) on prevalence of posttraumatic stress disorder (PTSD), depression, and alcohol and substance use disorders.

Setting:

A random sample of Veteran's Health Administration data.

Participants:

A total of 14 116 veterans aged ≥ 55 with incident late-life TBI between October 1, 1999, and September 31, 2021, were matched 1:3 on age and TBI date to 42 678 veterans without TBI.

Design:

Retrospective cohort study.

Main measures:

PTSD, depression, and alcohol and substance use disorders were identified using diagnostic codes. Participants were censored after the first diagnosis during the year before and the year after the TBI or matched date. Prevalence rates of PTSD, depression, alcohol, and substance use disorders were compared before and after incident TBI or matched date using Poisson regression.

Results:

Pre-TBI prevalence rates of disorders were higher among those with TBI relative to those without TBI. Pre-TBI PTSD prevalence rates (per 1000 person-years) were 126.3 (95% CI, 120.2-132.4) compared to 21.5 (95% CI, 20.1-22.9) in the non-TBI cohort. In adjusted models, TBI was not associated with an increase in the prevalence of any of the studied disorders.

Conclusions:

Prevalence rates of depression, PTSD, and alcohol and substance use disorders were 5 to 10 times higher among older veterans before incident TBI. We did not observe an increase in the prevalence of these disorders after incident TBI. Older veterans with these disorders may be at increased risk for TBI.

<https://doi.org/10.1001/jamahealthforum.2024.1262>

Experience of Personal Loss Due to Drug Overdose Among US Adults.

Kennedy-Hendricks, A., Ettman, C. K., Gollust, S. E., Bandara, S. N., Abdalla, S. M., Castrucci, B. C., & Galea, S.

JAMA Health Forum

May 31, 2024

Key Points

Question

What is the magnitude of personal overdose loss (ie, knowing someone who died of a drug overdose) in the US, and what are the policy implications of this loss?

Findings

In this cross-sectional study of 2326 US adults, 32% reported knowing someone who died of a drug overdose. Experiencing personal overdose loss was associated with greater odds of endorsement of addiction as an important policy issue.

Meaning

The findings suggest that mobilizing the large portion of the US population that has experienced drug overdose loss may be an avenue to facilitating greater policy change.

Abstract

Importance

Since 1999, over 1 million people have died of a drug overdose in the US. However, little is known about the bereaved, meaning their family, friends, and acquaintances, and their views on the importance of addiction as a policy priority.

Objectives

To quantify the scope of the drug overdose crisis in terms of personal overdose loss (ie, knowing someone who died of a drug overdose) and to assess the policy implications of this loss.

Design, Setting, and Participants

This cross-sectional study used data from a nationally representative survey of US adults (age ≥ 18 years), the fourth wave of the COVID-19 and Life Stressors Impact on Mental Health and Well-Being (CLIMB) study, which was conducted from March to April 2023.

Main Outcomes and Measures

Respondents reported whether they knew someone who died of a drug overdose and

the nature of their relationship with the decedent(s). They also reported their political party affiliation and rated the importance of addiction as a policy issue. Logistic regression models estimated the associations between sociodemographic characteristics and political party affiliation and the probability of experiencing a personal overdose loss and between the experience of overdose loss and the perceived salience of addiction as a policy issue. Survey weights adjusted for sampling design and nonresponse.

Results

Of the 7802 panelists invited to participate, 2479 completed the survey (31.8% response rate); 153 were excluded because they did not know whether they knew someone who died of a drug overdose, resulting in a final analytic sample of 2326 (51.4% female; mean [SD] age, 48.12 [0.48] years). Of these respondents, 32.0% (95% CI, 28.8%-34.3%) reported any personal overdose loss, translating to 82.7 million US adults. A total of 18.9% (95% CI, 17.1%-20.8%) of all respondents, translating to 48.9 million US adults, reported having a family member or close friend die of drug overdose. Personal overdose loss was more prevalent among groups with lower income (<\$30 000: 39.9%; ≥\$100 000: 26.0%). The experience of overdose loss did not differ across political party groups (Democrat: 29.0%; Republican: 33.0%; independent or none: 34.2%). Experiencing overdose loss was associated with a greater odds of viewing addiction as an extremely or very important policy issue (adjusted odds ratio, 1.37; 95% CI, 1.09-1.72) after adjustment for sociodemographic and geographic characteristics and political party affiliation.

Conclusions and Relevance

This cross-sectional study found that 32% of US adults reported knowing someone who died of a drug overdose and that personal overdose loss was associated with greater odds of endorsing addiction as an important policy issue. The findings suggest that mobilization of this group may be an avenue to facilitate greater policy change.

[https://doi.org/10.1016/S2215-0366\(24\)00133-0](https://doi.org/10.1016/S2215-0366(24)00133-0)

Incidence of antidepressant discontinuation symptoms: a systematic review and meta-analysis.

Jonathan Henssler, Yannick Schmidt, Urszula Schmidt, Guido Schwarzer, Tom Bschor, Christopher Baethge

The Lancet

Published: June 05, 2024

Background

Antidepressant discontinuation symptoms are becoming an increasingly important part of clinical practice, but the incidence of antidepressant discontinuation symptoms has not been quantified. An estimate of antidepressant discontinuation symptoms incidence could inform patients and clinicians in the discontinuation of treatment, and provide useful information to researchers in antidepressant treatments. We aimed to assess the incidence of antidepressant discontinuation symptoms in patients discontinuing both antidepressants and placebo in the published literature.

Methods

We systematically searched Medline, EMBASE, and CENTRAL from database inception until Oct 13, 2022 for randomised controlled trials (RCTs), other controlled trials, and observational studies assessing the incidence of antidepressant discontinuation symptoms. To be included, studies must have investigated cessation or tapering of an established antidepressant drug (excluding antipsychotics, lithium, or thyroxine) or placebo in participants with any mental, behavioural, or neurodevelopmental disorder. We excluded studies in neonates, and those using antidepressants for physical conditions such as pain syndromes due to organic disease. After study selection, summary data extraction, and risk of bias evaluation, data were pooled in random-effects meta-analyses. The main outcome was the incidence of antidepressant discontinuation symptoms after discontinuation of antidepressants or placebo. We also analysed the incidence of severe discontinuation symptoms. Sensitivity and meta-regression analyses tested a selection of methodological variables.

Findings

From 6095 articles screened, 79 studies (44 RCTs and 35 observational studies) covering 21 002 patients were selected (72% female, 28% male, mean age 45 years [range 19.6–64.5]). Data on ethnicity were not consistently reported. 16 532 patients discontinued from an antidepressant, and 4470 patients discontinued from placebo. Incidence of at least one antidepressant discontinuation symptom was 0.31 (95% CI 0.27–0.35) in 62 study groups after discontinuation of antidepressants, and 0.17 (0.14–0.21) in 22 study groups after discontinuation of placebo. Between antidepressant and placebo groups of included RCTs, the summary difference in incidence was 0.08 [0.04–0.12]. The incidence of severe antidepressant discontinuation symptoms after discontinuation of an antidepressant was 0.028 (0.014–0.057) compared with 0.006 (0.002–0.013) after discontinuation of placebo. Desvenlafaxine, venlafaxine, imipramine, and escitalopram were associated with higher frequencies of

discontinuation symptoms, and imipramine, paroxetine, and either desvenlafaxine or venlafaxine were associated with a higher severity of symptoms. Heterogeneity of results was substantial.

Interpretation

Considering non-specific effects, as evidenced in placebo groups, the incidence of antidepressant discontinuation symptoms is approximately 15%, affecting one in six to seven patients who discontinue their medication. Subgroup analyses and heterogeneity figures point to factors not accounted for by diagnosis, medication, or trial-related characteristics, and might indicate subjective factors on the part of investigators, patients, or both. Residual or re-emerging psychopathology needs to be considered when interpreting the results, but our findings can inform clinicians and patients about the probable extent of antidepressant discontinuation symptoms without causing undue alarm.

<https://doi.org/10.1177/00221678241256143>

A Focus Group Study of Equine-Assisted Activities and Therapy for Military Veterans Reintegrating Into Civilian Life.

Highfill, M. C., Cassidy, J., Lee, K., Pollio, E. W., Kotamarti, V. S., O'Brien, J. M., Sharky, R., McDonald, K., Pollio, D., & North, C. S.

Journal of Humanistic Psychology

First published online June 6, 2024

Many veterans returning to civilian life face medical and mental health issues. As there is a stigma of using mental health services, equine-assisted activities and therapy (EAAT) has been considered a nonconventional intervention to support the mental health and well-being of veterans. In this qualitative study, 14 focus groups with 67 participants and program volunteers and staff of a veteran-led EAAT program were conducted to explore perspectives among current and past participants in the program. Five themes emerged: (a) benefits of EAAT, (b) connections with horses, (c) program engagement, (d) equestrian experience related to military experience, and (e) recommendations for the program. In spite of emotional and physical challenges, they indicated that they felt stronger, confident, and fulfilled. The participants developed meaningful relationships with the horses and developed horsemanship skills. Some participants connected their involvement in the program to their past military experience

based on interactions with peers in a group setting. Recommendations made by the participants included efforts to increase community awareness and expand the program by including families and adding therapeutic and aftercare components. Findings from this study suggest relevance for care of veterans reintegrating to civilian life from the point of view of individuals participating in EAAT.

<https://doi-org.usu01.idm.oclc.org/10.1002/jts.23049>

State of the Science: Treatment of comorbid posttraumatic stress disorder and substance use disorders.

Sudie E. Back, Amber M. Jarnecke, Sonya B. Norman, Angela J. Zaur, Denise A. Hien

Journal of Traumatic Stress
First published: 10 June 2024

Posttraumatic stress disorder (PTSD) and substance use disorders (SUDs) co-occur at high rates, with research showing that up to nearly 60% of individuals with PTSD also suffer from an alcohol and/or drug use disorder. PTSD/SUD is complex; associated with adverse health, social, and economic outcomes; and can be challenging to treat. Over the past decade, the landscape of treatment research addressing PTSD/SUD has significantly expanded. Ongoing efforts aimed at developing and evaluating novel treatments for PTSD/SUD, encompassing both psychotherapy and pharmacotherapy approaches, are steadily advancing. As such, this State of the Science paper reviews the literature on the latest scientific advances in treating PTSD/SUD. Clinical practice guidelines for the treatment of PTSD/SUD are discussed, along with evidence-based psychotherapies and emerging interventions. Rigorously conducted clinical trials demonstrate that individual, manualized, trauma-focused treatments are the most efficacious psychotherapies to use among individuals with PTSD/SUD. Moreover, patients do not need to be abstinent to initiate or benefit from evidence-based PTSD treatment. To date, no medications have been established for this comorbidity. We highlight ongoing research on novel treatments for PTSD/SUD, such as new forms of integrated trauma-focused psychotherapies, pharmacological augmentation strategies, and technology-based enhancements. Finally, promising future directions for the field are discussed.

<https://doi.org/10.1002/jts.23063>

A functional approach to defining and repairing moral injury: Evidence, change agents, clinical strategies, and lessons learned.

Brett T. Litz

Journal of Traumatic Stress
First published: 04 June 2024

This is a conceptual overview of a premeeting institute (PMI) I presented at the 39th International Society for Traumatic Stress Studies (ISTSS) annual meeting in November 2023 entitled, “A Functional Approach to Repairing Moral Injury and Traumatic Loss in Context: Evidence, Change Agents, Clinical Strategies, and Lessons Learned.” This paper was invited by the co-chairs of the Scientific Program Committee, Isaac Galatzer-Levy and Katharina Schultebrucks. I first describe the aims of the PMI and then summarize the foundational assumptions that led me to expand adaptive disclosure and create adaptive disclosure–enhanced (AD-E). The foundational assumptions are that (a) moral injury is a unique measurable potential clinical problem, (b) moral injury damages the sustaining building blocks to personal and collective humanity, and (c) repairing moral injury requires corrective humanizing and virtuous experiences and connections. I then provide an overview of AD-E and describe two new change agents— loving–kindness meditation and letter writing—that augment the original AD in service of promoting corrective experiences in the social world that are valued, valuing, and promote the experience of belonging.

<https://doi.org/10.1111/jsr.14269>

Posttraumatic stress disorder and insomnia in US military veterans: Prevalence, correlates, and psychiatric and functional burden.

Michael F. Georgescu, Ian C. Fischer, May A. Beydoun, Elissa McCarthy, Jason C. DeViva, Robert H. Pietrzak

Journal of Sleep Research
First published: 07 June 2024

Military veterans have high rates of psychiatric conditions such as posttraumatic stress disorder, which can complicate the clinical management of insomnia. Population-based data are lacking on the prevalence, characteristics and mental health burden of veterans with co-occurring posttraumatic stress disorder and insomnia. The current cross-sectional study analysed data from a nationally representative sample of 4069 US veterans examining the prevalence and comorbidity between posttraumatic stress disorder and insomnia, and their associations with psychiatric and medical comorbidities, suicidality, and psychosocial functioning. Results revealed that 4.0% of US veterans screened positive for posttraumatic stress disorder + insomnia, 7.4% for insomnia only, and 3.2% for posttraumatic stress disorder only. Compared with controls, higher odds of major depressive disorder and generalized anxiety disorder were observed in the posttraumatic stress disorder + insomnia and posttraumatic stress disorder only groups. Moreover, compared with the control group, posttraumatic stress disorder + insomnia and posttraumatic stress disorder only groups had higher odds of current suicidal ideation, while the posttraumatic stress disorder + insomnia group had also higher odds of attempting suicide. Relative to the posttraumatic stress disorder only group, the posttraumatic stress disorder + insomnia group scored substantially lower on measures of cognitive, emotional and social functioning ($d = 1.05, 1.04$ and 0.87 , respectively). This study provides contemporary data regarding current prevalence, correlates, and psychiatric and functional burden of posttraumatic stress disorder + insomnia among US veterans. The results underscore the importance of assessing, monitoring and treating posttraumatic stress disorder and insomnia as part of the efforts to mitigate suicide risk and promote multi-domain functioning in this population.

<https://doi.org/10.1080/08995605.2024.2357993>

Evaluation of the critical warzone experiences scale among Gulf War I-era veterans: Associations with PTSD symptoms, depressive symptoms, and suicidal thoughts and behaviors.

Kimrel, N. A., Blakey, S. M., Miller, D. R., Patel, T. A., Mann, A. J. D., Pugh, M. J., ... Calhoun, P. S.

Military Psychology

Published online: 07 Jun 2024

Prior research has established the psychometric properties of the Critical Warzone Experiences (CWE) scale among post-9/11 Iraq/Afghanistan-era veterans; however, the

psychometric properties of the CWE among Gulf War I-era veterans have not yet been established. The first objective of the present study was to examine the psychometric properties of the CWE among Gulf War I-era veterans. The second objective was to test the hypothesis that the CWE would have a significant indirect effect on suicidal thoughts and behaviors via posttraumatic stress disorder (PTSD) and depressive symptoms. To test these hypotheses, a survey packet that included the CWE and measures of PTSD symptoms, depressive symptoms, and suicidal thoughts and behaviors was administered to 1,153 Gulf War I-era veterans. Consistent with prior research in post-9/11 Iraq/Afghanistan-era veterans, the CWE exhibited good internal consistency ($\alpha = .85$), a unidimensional factor structure (RMSEA = .056, CFI = .959, SRMR = .033; average factor loading = .69), and good concurrent validity with PTSD ($r = .47$, $p < .001$) and depressive ($r = .31$, $p < .001$) symptoms among Gulf War I-era veterans. Additionally, as hypothesized, a significant indirect effect from the CWE to suicidal thoughts and behaviors via PTSD and depressive symptoms ($\beta = .35$, $p < .001$) was also observed. Taken together, our findings provide strong support for using the CWE with Gulf War I-era veterans.

<https://doi.org/10.1016/j.ypmed.2024.108036>

Moral injury among women military veterans and demand for cigarettes: A behavioral economic investigation using a hypothetical purchase task.

JT McDaniel, R Redner, JN Haun, P McCowen, ST Higgins

Preventive Medicine

Available online 7 June 2024, 108036

Highlights

- Recent data suggests that women veterans smoke at greater rates than men.
- Moral injury is common in veterans, but has not been linked to smoking yet.
- We examined demand for cigarettes among women veterans by moral injury status.
- Women with probable moral injury had significantly higher demand for cigarettes.
- Future research with larger samples is needed to characterize this relationship.

Abstract

Objectives

Unlike the United States general population, veteran women – as opposed to veteran men – have greater smoking prevalence; yet, little is known regarding factors that influence smoking in veteran women. The purpose of this study was to begin examining the relationship between a psychological concept known as moral injury and demand for cigarettes among veteran women.

Methods

Veteran women who smoke ($n = 44$) were recruited for this cross-sectional study from Amazon MTurk, Reddit, and a veteran-serving non-profit organization in June–July 2023. Consenting participants received \$2 for completing the cigarette purchase task (CPT), Fagerstrom Test for Nicotine Dependence (FTND), and the military version of the Moral Injury Symptom Scale (MISS-M-SF). We examined five CPT demand indices and calculated a modified exponential demand model stratified by moral injury severity status (i.e., probable vs. unlikely).

Results

Probable morally injured women exhibited significantly higher relative reinforcing value (RRV) for smoking than unlikely morally injured women ($F_{1, 920} = 9.16, p = 0.003$). Average cigarette consumption at \$0 (i.e., Q_0) was 48.56% higher ($M = 22.24$ vs. $M = 13.55$) in probable compared to unlikely morally injured women ($p = 0.04$, Hedge's $g = 0.74$). FTND scores were significantly correlated with P_{max} (i.e., demand elasticity point) and O_{max} (i.e., maximum expenditure) values in both populations ($r_s = 0.42$ – $0.68, p_s < 0.05$).

Conclusions

We provide preliminary evidence of the relatively high RRV of smoking in morally injured veteran women. Continued research is needed to refine the characterization of this relationship.

<https://doi.org/10.1212/WNL.0000000000209417>

Neuropsychological Profiles of Deployment-Related Mild Traumatic Brain Injury: A LIMBIC-CENC Study.

de Souza, N. L., Lindsey, H. M., Dorman, K., Dennis, E. L., Kennedy, E., Menefee, D. S., Parrott, J. S., Jia, Y., Pugh, M. J. V., Walker, W. C., Tate, D. F., Cifu, D. X., Bailie, J. M., Davenport, N. D., Martindale, S. L., O'Neil, M., Rowland, J. A., Scheibel, R. S., Sponheim, S. R., Troyanskaya, M., ... Esopenko, C.

Neurology

2024; 102(12), e209417

Background and objectives:

Traumatic brain injury (TBI) is a concern for US service members and veterans (SMV), leading to heterogeneous psychological and cognitive outcomes. We sought to identify neuropsychological profiles of mild TBI (mTBI) and posttraumatic stress disorder (PTSD) among the largest SMV sample to date.

Methods:

We analyzed cross-sectional baseline data from SMV with prior combat deployments enrolled in the ongoing Long-term Impact of Military-relevant Brain Injury Consortium-Chronic Effects of Neurotrauma Consortium prospective longitudinal study. Latent profile analysis identified symptom profiles using 35 indicators, including physical symptoms, depression, quality of life, sleep quality, postconcussive symptoms, and cognitive performance. It is important to note that the profiles were determined independently of mTBI and probable PTSD status. After profile identification, we examined associations between demographic variables, mTBI characteristics, and PTSD symptoms with symptom profile membership.

Results:

The analytic sample included 1,659 SMV (mean age 41.1 ± 10.0 years; 87% male); among them 29% ($n = 480$) had a history of non-deployment-related mTBI only, 14% ($n = 239$) had deployment-related mTBI only, 36% ($n = 602$) had both non-deployment and deployment-related mTBI, and 30% ($n = 497$) met criteria for probable PTSD. A 6-profile model had the best fit, with separation on all indicators ($p < 0.001$). The model revealed distinct neuropsychological profiles, representing a combination of 3 self-reported functioning patterns: high (HS), moderate (MS), and low (LS), and 2 cognitive performance patterns: high (HC) and low (LC). The profiles were (1) HS/HC: $n=301$, 18.1%; (2) HS/LC: $n=294$, 17.7%; (3) MS/HC: $n=359$, 21.6%; (4) MS/LC: $n=316$, 19.0%; (5) LS/HC: $n=228$, 13.7%; and (6) LS/LC: $n=161$, 9.7%. SMV with deployment-related mTBI tended to be grouped into lower functioning profiles and were more likely to meet criteria for probable PTSD. Conversely, SMV with no mTBI exposure or non-deployment-related mTBI were clustered in higher functioning profiles and had a lower likelihood of meeting criteria for probable PTSD.

Discussion:

Findings suggest varied symptom and functional profiles in SMV, influenced by injury context and probable PTSD comorbidity. Despite diagnostic challenges, comprehensive assessment of functioning and cognition can detect subtle differences related to mTBI and PTSD, revealing distinct neuropsychological profiles. Prioritizing early treatment based on these profiles may improve prognostication and support efficient recovery.

<https://doi.org/10.1111/sltb.13070>

Determining who military service members deem credible to discuss firearm safety for suicide prevention.

Bond, A. E., Mocerri-Brooks, J., Bandel, S. L., Crifasi, C., Bryan, C. J., Capron, D. W., Bryan, A. O., & Anestis, M. D.

Suicide and Life-Threatening Behavior
Volume 54, Issue 3, June 2024, Pages 584-592

Objectives

To examine rankings of credible sources for discussing secure storage within a representative sample of firearm-owning service members, and examine how combinations of demographic variables impact the ranking of credible sources.

Methods

The probability-based sample was collected with the help of Ipsos. Participants were US service members who owned a firearm at the time of the survey (n = 719).

Results

The total sample ranked service members, Veterans, and members of law enforcement as the most credible sources and faith leaders, casual acquaintances, and celebrities as the least credible sources. Black men ranked the NRA as a highly credible source whereas Black females ranked the NRA as one of the least preferred sources. Regardless of political preference, those who lived in non-metropolitan rural environments ranked members of law enforcement as highly credible sources. Those who lived in non-metropolitan rural and urban settings and identified as liberal ranked the National Shooting Sports Foundation as a highly credible source.

Conclusions

Law enforcement officers, military members, and Veterans are ranked as highly credible sources by most subgroups of firearm-owning service members. Leveraging these voices in firearm safety conversations is necessary, may increase adherence to secure storage recommendations, and ultimately reduce suicide.

Links of Interest

Gaming Fraud: Protecting yourself and your family in the online world of gaming

<https://news.va.gov/131856/gaming-fraud-protection-against-world-of-gaming/>

Behavioral Health Management in Austere Environments - Joint Trauma System
Shining a Beacon for Non-Specialty Medical Personnel

<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/Behavioral-Health-Management-in-Austere-Environments--Joint-Trauma-System-Shining-a-Beacon-for-Non-Specialty-Medical-Personnel>

White House Shares Government, Private Sector, Academic, and Non-Profit Actions to Accelerate Progress on Mental Health Research

<https://www.whitehouse.gov/ostp/news-updates/2024/06/03/white-house-shares-government-private-sector-academic-and-non-profit-actions-to-accelerate-progress-on-mental-health-research/>

Weekly Mind Reader: Sleep Studies Reveal Suicide Risk Indicators

<https://www.psychiatrist.com/news/weekly-mind-reader-sleep-studies-reveal-suicide-risk-indicators/>

Why FDA Panel Rejected MDMA for PTSD Treatment

<https://www.psychiatrist.com/news/why-fda-panel-rejected-mdma-for-ptsd-treatment/>

I Am Curious About Cannabis Edibles—What Should I Know?

<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2818892>

Viewpoint: VA/Department of Defense Clinical Practice Guideline for PTSD and ASD: A Tool to Optimize Patient Care for Trauma Survivors

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2818943>

Black women face extraordinary maternal mental health challenges

<https://thehill.com/maternal-mental-health/4624168-black-women-maternal-mental-health-challenges/>

Military spouses can recoup up to \$1,000 in business costs after moves

<https://www.militarytimes.com/pay-benefits/mil-money/2024/06/10/military-spouses-can-recoup-up-to-1000-in-business-costs-after-moves/>

Resource of the Week: [CDP 2024 EBP Conference Presentations Archive](#)



The Center for Deployment Psychology hosted our fourth annual Evidence-Based Psychotherapy conference, online via Zoom, 9 May 2024 with optional pre-meeting institutes: Prolonged Exposure Therapy, Motivational Interviewing Skills, and Cognitive Behavioral Therapy for Insomnia 7-8 May 2024. This year, our theme was Come As You Are: Complex Presentations and Transdiagnostic Approaches..

The EBP Conference is designed for behavioral health providers from all disciplines, including psychologists, psychiatrists, clinical social workers, counselors, marriage and family therapists, and nurse practitioners. The conference should be of particular interest to those involved in the dissemination and implementation of evidence-based psychotherapies, such as internship and resident training directors and faculty, clinical supervisors and consultants, clinic managers, academic instructors who teach other behavioral health providers to provide best practices and evidence-based care as well as front line providers.

If you weren't able to join us for the live event, we are happy to be able to provide recordings of each of the presentations. Click on any of the below titles to view a video of the presentation. Please note, the below recordings are for informational purposes only and do NOT include CE credits.

- [The Relevance of Emotional-Centered Problem-Solving Therapy \(EC-PST\) for Veteran and Active Duty Populations](#) by Arthur Nezu, Ph.D. ABPP, and Christine Nezu, Ph.D., ABPP
- [Motivational Interviewing and Acceptance and Commitment Therapy: A Panel Discussion of Theoretical and Practical Considerations for Integration](#) By Onna Brewer, Ph.D., Marian Frick Rigsbee, LCSW, MAC, & Michelle Draper, Ph.D., ABPP
- [Massed Delivery of Transdiagnostic Treatment for Military Service Members and Veterans](#) by Mansi Mehta, Ph.D., Julie Chrysoferidis, Ph.D., Natalie Hellman, Ph.D., & Andrew Sherrill, Ph.D.
- [A Case for Modular Design: Tailoring Therapeutic Approaches in Child Therapy](#) by Khristine Heflin, LCSW
- [Strategy for Change: Using Conceptualization to Drive Evidence-Based Treatment Choices in Complex Cases](#) by Aaron Brinen, Psy.D.
- [Treatment of Trauma-Related Nightmares in a Complex Case](#) by Courtney J. Bolstad, Ph.D.
- [Treating Trauma in High-Risk, Multi-Diagnostic Clients: The Dialectical Behavior Therapy Prolonged Exposure \(DBT-PE\) Protocol for PTSD in Action](#) by Sara Schmidt, Ph.D.

Shirl Kennedy

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