

CDP



Research Update -- March 22, 2018

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- Resource of the Week: Examination of Recent Deployment Experience Across the Services and Components (RAND Corporation)

<https://www.ingentaconnect.com/content/springer/jcogp/2018/00000032/00000001/art0001>

Training in Evidence-Based Psychological Practice at the Master's Level.

Lack, Caleb W.; Doan, Robert

Journal of Cognitive Psychotherapy
Volume 32, Number 1, 2018, pp. 3-14(12)
DOI: <https://doi.org/10.1891/0889-8391.32.1.3>

Although a wealth of evidence supports the use of evidence-based psychological practice (EBPP) for clients with diverse difficulties, from anxiety and depression to behavioral problems, the majority of training in EBPP takes place at the doctoral and postdoctoral level. This is problematic given that there are many more master's level mental health professionals than doctoral ones, especially in rural and low-income areas. This article outlines a model for a 60-hour training program that focuses on preparing master's students to become competent in the practice of EBPP in a relatively short period of time, while at the same time meeting requirements for licensure in most states. Course sequence, course content, clinical experience, and supervision issues are all addressed, as are challenges to implementation of the model.

<https://www.sciencedirect.com/science/article/pii/S0022395617312001>

Postconcussive symptoms (PCS) following combat-related traumatic brain injury (TBI) in Veterans with post traumatic stress disorder (PTSD): Influence of TBI, PTSD, and depression on symptoms measured by the Neurobehavioral Symptom Inventory (NSI).

Katherine E. Porter, Murray B. Stein, Brian Martis, Kimberly M. Avallone, Lauren B. McSweeney, Erin R. Smith, Naomi M. Simon, Sean Gargan, Israel Liberzon, Charles W. Hoge, Sheila A.M. Rauch

Journal of Psychiatric Research
Available online 10 March 2018
<https://doi.org/10.1016/j.jpsychires.2018.03.004>

Mild traumatic brain injury (mTBI) is commonly reported in recent combat Veterans. While the majority resolve, some Veterans develop postconcussive symptoms (PCS). Previous research suggests these symptoms are not specific to head injury and are often associated with psychiatric symptoms. The current study examines the relative contributions of posttraumatic stress, depressive symptoms, and TBI on postconcussive symptoms, and explores whether the relationship remains after controlling for symptom overlap. Two hundred eighteen combat Veterans from Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), and Operation New Dawn (OND) provided the data for this study as part of a baseline evaluation for inclusion into larger treatment study for posttraumatic stress disorder (PTSD). Participants completed the Brief Traumatic Brain Injury Screen (BTBIS), Neurobehavioral Symptom Inventory (NSI), PTSD Checklist-Stressor Version (PCL-S), Beck Depression Inventory-II (BDI-II). Significant differences in NSI total score between individuals with and without history of TBI were not found. A series of regression analyses demonstrated that Depression and PTSD were significant predictors of NSI score even after removal of NSI symptoms that overlap with PTSD or depression. TBI status was also a significant predictor of PCS in most models, but its relative contribution was much smaller than that of depression and PTSD. Within PTSD symptoms, hyperarousal cluster was a significant predictor of NSI scores. Findings demonstrate that depression and PTSD are related to PCS beyond similarities in construct. Further, within a primarily PTSD treatment-seeking population, these psychiatric symptoms appear to be a stronger contributor than TBI.

<https://www.sciencedirect.com/science/article/pii/S0887618517304267>

The Relationship between Posttraumatic and Depressive Symptoms during Virtual Reality Exposure Therapy with a Cognitive Enhancer.

Melissa Peskin, Katarzyna Wyka, Judith Cukor, Megan Olden, Margaret Altemus, Francis S. Lee, JoAnn Difede

Journal of Anxiety Disorders

Available online 10 March 2018

<https://doi.org/10.1016/j.janxdis.2018.03.001>.

Two studies suggest that reductions in posttraumatic symptoms (Aderka et al., 2013) and cognitions (Zalta et al., 2014) precede reductions in depressive symptoms during prolonged exposure (PE) therapy for posttraumatic stress disorder (PTSD) in female

assault survivors. The present study explored the temporal relationship between posttraumatic and depressive symptoms in a randomized trial of D-Cycloserine (DCS) versus placebo augmented virtual reality exposure (VRE) therapy for chronic World Trade Center-related PTSD following the September 11, 2001 terrorist attacks. Twenty-five male and female participants were randomly assigned to receive either 100 mg DCS (N = 13) or placebo (N = 12) 90 minutes before 12 weekly VRE sessions. Participants contributed a total of 280 weekly PTSD Checklist (PCL; Weathers et al., 1993) and Beck Depression Inventory-second edition (BDI-II; Beck et al., 1996) symptom scores. Two sets of mediation analyses for longitudinal mixed models assessed the effects of 1) lagged PCL on BDI-II (Model 1), and 2) lagged BDI-II on PCL (Model 2) in the VRE-DCS and VRE-Placebo treatment groups, respectively. Results revealed reciprocal relations between posttraumatic and depressive symptoms during VRE treatment, although reductions in posttraumatic symptoms led to subsequent reductions in depressive symptoms to a greater extent than the converse. These effects were stronger in the DCS-enhanced group. Findings suggest that VRE primarily decreases posttraumatic symptoms, which in turn leads to decreased depressive symptoms, and that DCS may strengthen these effects.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12444/full>

Veteran Participation in Intensive Suicide Research Protocols: No Evidence of Iatrogenic Effects.

Poindexter, E. K., Nazem, S., Barnes, S. M., Hostetter, T. A. and Smith, P. N.

Suicide and Life-Threatening Behavior

First published: 7 March 2018

DOI: 10.1111/sltb.12444

Suicide research remains fraught with ethical and methodological issues, including researchers' reservations about conducting intensive suicide research protocols due to potential iatrogenic effects and liability concerns. Such issues significantly impede scientific inquiry related to suicide. To date, no research has explored potential iatrogenic effects of intensive, nontreatment suicide research among Veterans. This study aimed to fill this gap. It was hypothesized that participation in suicide-specific protocols would not significantly increase risk among Veterans. Veterans completed self-reports, structured interviews, and rigorous suicide-specific tasks (Study A, N = 34; Study B, N = 18; Study C, N = 119). Findings indicated there were no significant

differences in pre- and postassessment suicide risk variables (all p s > .05). Estimated mean change for “urge to harm self” was -0.24 (95% confidence interval [CI]: $-0.60, 0.13$), -0.28 (CI: $-0.56, 0.01$), and -0.01 (CI: $-0.09, 0.07$) and “intent to harm self” was -0.18 (95% CI: $-0.45, 0.10$), 0 (CI: $-0.17, 0.17$), and 0.01 (CI: $-0.04, 0.06$) for Studies A, B, and C, respectively. Results indicated the respective protocols did not produce iatrogenic effects. The current findings are discussed with attention to safety-monitoring techniques that may reduce iatrogenic effects and considerations for future researchers.

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22595/full>

Streamlining screening of emotional function in Veterans with traumatic brain injury.

Flaherty JM, Spencer RJ, Drag LL, Pangilinan PH, Bieliauskas LA.

Journal of Clinical Psychology

First published: 6 March 2018

DOI: 10.1002/jclp.22595

Objectives

This study examined how depression, anxiety, and sleep items from the Neurobehavioral Symptom Inventory (NSI) predict results from longer inventories.

Method

This was a retrospective review from 484, predominantly male (96.1%) Veterans, mean age 29.7 years, who underwent brief neuropsychological screening during a comprehensive, multidisciplinary evaluation for mild traumatic brain injury (TBI). Participants completed the NSI, insomnia severity index (ISI), and hospital anxiety and depression scale (HADS).

Results: Overall,

97.1% who endorsed “severe”/“very severe” anxiety on the NSI had significant anxiety on the HADS; 85% reporting “severe”/“very severe” depression on the NSI, had significant depression on the HADS; and 97.7% reporting “severe”/“very severe” sleep problems on the NSI, had significant sleep difficulties on the ISI.

Conclusion

Close correspondence between “severe”/“very severe” symptoms on the NSI and

lengthier checklists suggests additional checklists may be eliminated and individuals can be referred for mental health treatment. NSI reports of “mild”/“moderate” require further screening.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22259/full>

Symptoms of Posttraumatic Stress Rather Than Mild Traumatic Brain Injury Best Account for Altered Emotional Responses in Military Veterans.

Marquardt, C. A., Goldman, D. J., Cuthbert, B. N., Lissek, S. and Sponheim, S. R.

Journal of Traumatic Stress

First published: February 2018

DOI: 10.1002/jts.22259

Emotional dysfunction is evident in posttraumatic stress disorder (PTSD), yet it is unclear what aspects of the disorder most directly relate to aberrant emotional responding. Also, the frequent co-occurrence of blast-related mild traumatic brain injuries (mTBIs) among recently deployed U.S. military personnel complicates efforts to understand the basis for emotional disruption. We studied a cross-sectional sample (enriched for PTSD and mTBI) of 123 U.S. veterans of wars in Iraq and Afghanistan. We measured subjective affective evaluations and peripheral psychophysiological responses to images with pleasant, neutral, unpleasant, and combat-related aversive content. When compared with other postdeployment participants, those who had combat-related PTSD rated pleasant image content as less positive (math formula = $\beta = .04$) and less arousing (math formula = $\beta = .06$), and exhibited heightened physiological responsivity to combat image content (math formula = $\beta = .07$). Symptoms of PTSD were associated with elevated skin conductance responses ($\beta = .28$), reduced heart rate deceleration ($\beta = .44$ to $.47$), and increased corrugator facial muscle electromyography ($\beta = .47$). No effects for blast-related mTBI were observed across any affective modulation measures. These findings point to a greater impact of PTSD symptomatology than blast-related mTBI on emotional functioning and highlight the utility of dimensional assessments of psychopathology for understanding the effects of combat-stress conditions on adjustment to civilian life.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12447/full>

A Preliminary Validation Study of Two Ultra-Brief Measures of Suicide Risk: The Suicide and Perceived Burdensomeness Visual Analog Scales.

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Suicide & Life-Threatening Behavior

First published: 7 March 2018

DOI: 10.1111/sltb.12447

The advent of rapid-acting suicide-focused interventions and longitudinal research designs employing high-frequency, repeated measurement of suicide risk has resulted in a need to quantify suicide risk during very brief windows of time (e.g., minutes, hours, days). This has rapidly outpaced traditional methods for assessing suicide risk, which often focus on measuring indicators of suicide risk during much broader intervals of time (e.g., weeks to months). Valid and practical methods for rapidly assessing suicide risk during small time intervals are therefore needed. This study reports a preliminary examination of the Suicide Visual Analog Scale (S-VAS) and the Perceived Burdensomeness Visual Analog Scale (PB-VAS) in a clinical sample of suicidal adults. Results support the convergent validity, predictive validity, responsiveness, and clinical utility of both scales, suggesting the S-VAS and PB-VAS are valid methods for rapidly quantifying two dimensions of suicide risk.

<http://journals.sagepub.com/doi/abs/10.1177/0886260518758331>

Abusive Relationship and Its Associated Factors Between Deployed and Un-Deployed Veterans in College.

Hosik Min

Journal of Interpersonal Violence

Article first published online: March 5, 2018

<https://doi.org/10.1177/0886260518758331>

This study is to examine the effect of student veteran status on abusive relationships, namely, emotional, physical, and sexual abuse. In addition, this study divided student veterans into two groups, deployed and un-deployed veterans, to see whether two

groups demonstrate different results on abusive relationships. Logistic regression models were employed as a statistical strategy using the 2011-2014 American College Health Association National College Health Assessment II (ACHA-NCHA-II) data. The results found that deployed veterans were more likely to experience physical abuse, while un-deployed veterans were more likely to experience emotional abuse. Student veterans did not show any significant relationship with sexual abuse regardless deployment experience. It would be appropriate to consider the results of this study to address abusive relationships among student veterans, which help them to not only adjust college life but also succeed in careers and have healthy family relationships.

<https://link.springer.com/article/10.1007/s10916-018-0926-5>

A Systematic Literature Review of Technologies for Suicidal Behavior Prevention.

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Journal of Medical Systems

First Online: 05 March 2018

DOI <https://doi.org/10.1007/s10916-018-0926-5>

Suicide is the second cause of death in young people. The use of technologies as tools facilitates the detection of individuals at risk of suicide thus allowing early intervention and efficacy. Suicide can be prevented in many cases. Technology can help people at risk of suicide and their families. It could prevent situations of risk of suicide with the technological evolution that is increasing. This work is a systematic review of research papers published in the last ten years on technology for suicide prevention. In September 2017, the consultation was carried out in the scientific databases PubMed, ScienceDirect, PsycINFO, The Cochrane Library and Google Scholar. A general search was conducted with the terms “prevention” AND “suicide” AND “technology. More specific searches included technologies such as “Web”, “mobile”, “social networks”, and others terms related to technologies. The number of articles found following the methodology proposed was 90, but only 30 are focused on the objective of this work. Most of them were Web technologies (51.61%), mobile solutions (22.58%), social networks (12.90%), machine learning (3.23%) and other technologies (9.68%). According to the results obtained, although there are technological solutions that help the prevention of suicide, much remains to be done in this field. Collaboration among

technologists, psychiatrists, patients, and family members is key to advancing the development of new technology-based solutions that can help save lives.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12450/full>

How Many People Are Exposed to Suicide? Not Six.

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Suicide and Life-Threatening Behavior

First published: 7 March 2018

DOI: 10.1111/sltb.12450

It has long been stated that six people are left behind following every suicide. Despite a lack of empirical evidence, this has been extensively cited for over 30 years. Using data from a random-digit dial survey, a more accurate number of people exposed to each suicide is calculated. A sample of 1,736 adults included 812 lifetime suicide-exposed respondents who reported age and number of exposures. Each suicide resulted in 135 people exposed (knew the person). Each suicide affects a large circle of people, who may be in need of clinician services or support following exposure.

<https://onlinelibrary.wiley.com/doi/full/10.1002/jclp.22598>

Moral injury process and its psychological consequences among Israeli combat veterans.

Gadi Zerach, Yossi Levi- Belz

Journal of Clinical Psychology

First published: 12 March 2018

<https://doi.org/10.1002/jclp.22598>

1 Objectives

We aim to examine the link between exposure to potentially morally injurious events (PMIEs) and posttraumatic stress disorder symptoms (PTSS). We also aim to explore

the mediating roles of depressive attributions, trauma- related guilt and shame, and self- disgust in the relationship between PMIEs and PTSS among combat veterans.

2 Method

A volunteers' sample of 191 Israeli combat veterans responded to self- report questionnaires in a cross- sectional design study.

3 Results

More than one- fifth of the sample reported experiencing PMIEs but only betrayal based experience was related to PTSS. Importantly, betrayal based experience was associated with depressive attributions which increased the level of trauma- related distressing guilt, intrinsic shame and self- disgust, which in turn were associated with high levels of PTSS.

4 Conclusions

PMIEs, and especially betrayal based experiences, are related to PTSS among Israeli veterans. Depressive attributions, trauma- related distressing guilt, intrinsic shame, and self- disgust might serve as possible mechanisms for the links between PMIEs and PTSS.

<https://onlinelibrary.wiley.com/doi/full/10.1002/jclp.22594>

Patterns of psychological health problems and family maltreatment among United States Air Force members.

Michael F. Lorber, Shu Xu, Richard E. Heyman, Amy M. Smith Slep, Theodore P. Beauchaine

Journal of Clinical Psychology

First published: 12 March 2018

<https://doi.org/10.1002/jclp.22594>

1 Objectives:

We sought to identify subgroups of individuals based on patterns of psychological health problems (PH; e.g., depressive symptoms, hazardous drinking) and family maltreatment (FM; e.g., child and partner abuse).

2 Method:

We analyzed data from very large surveys of United States Air Force active duty members with romantic partners and children.

3 Results:

Latent class analyses indicated six replicable patterns of PH problems and FM. Five of these classes, representing ~98% of survey participants, were arrayed ordinally, with increasing risk of multiple PH problems and FM. A sixth group defied this ordinal pattern, with pronounced rates of FM and externalizing PH problems, but without correspondingly high rates/levels of internalizing PH problems.

4 Conclusions:

Ramifications of these results for intervention are discussed.

<http://bmjopen.bmj.com/content/8/3/e018735>

Influence of military component and deployment-related experiences on mental disorders among Canadian military personnel who deployed to Afghanistan: a cross-sectional survey.

David Boulos, Deniz Fikretoglu

BMJ Open

2018;8:e018735

doi: 10.1136/bmjopen-2017-018735

Objective

The primary objective was to explore differences in mental health problems (MHP) between serving Canadian Armed Forces (CAF) components (Regular Force (RegF); Reserve Force (ResF)) with an Afghanistan deployment and to assess the contribution of both component and deployment experiences to MHP using covariate-adjusted prevalence difference estimates. Additionally, mental health services use (MHSU) was descriptively assessed among those with a mental disorder.

Design

Data came from the 2013 CAF Mental Health Survey, a cross-sectional survey of serving personnel (n=72 629). Analyses were limited to those with an Afghanistan deployment (population n=35 311; sampled n=4854). Logistic regression compared

MHP between RegF and ResF members. Covariate-adjusted prevalence differences were computed.

Primary outcome measure

The primary outcomes were MHP, past-year mental disorders, identified using the WHO's Composite International Diagnostic Interview, and past-year suicide ideation.

Results

ResF personnel were less likely to be identified with a past-year anxiety disorder (adjusted OR (AOR)=0.72 (95% CI 0.58 to 0.90)), specifically both generalised anxiety disorder and panic disorder, but more likely to be identified with a past-year alcohol abuse disorder (AOR=1.63 (95% CI 1.04 to 2.58)). The magnitude of the covariate-adjusted disorder prevalence differences for component was highest for the any anxiety disorder outcome, 2.8% (95% CI 1.0 to 4.6); lower for ResF. All but one deployment-related experience variable had some association with MHP. The 'ever felt responsible for the death of a Canadian or ally personnel' experience had the strongest association with MHP; its estimated covariate-adjusted disorder prevalence difference was highest for the any (of the six measured) mental disorder outcome (11.2% (95% CI 6.6 to 15.9)). Additionally, ResF reported less past-year MHSU and more past-year civilian MHSU.

Conclusions

Past-year MHP differences were identified between components. Our findings suggest that although deployment-related experiences were highly associated with MHP, these only partially accounted for MHP differences between components. Additional research is needed to further investigate MHSU differences between components.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usx200/4934210>

Prevalence of Pain Diagnoses and Burden of Pain Among Active Duty Soldiers, FY2012.

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Military Medicine

Published: 14 March 2018

<https://doi.org/10.1093/milmed/usx200>

Introduction

Soldiers are at risk for acute and chronic pain due to the mental and physical challenges of military duties and ongoing training for force readiness. With the burden of pain on any individual attributable across pain sources, a broad perspective that goes beyond prior characterizations of pain is important. We aim to further the understanding of pain's effects among non-deployed active duty soldiers and the Military Health System (MHS), by describing prevalence of 10 painful conditions, reported pain levels, duration of pain and impact of pain on military duty limitations.

Methods

Data are from the MHS Data Repository including outpatient MHS direct care encounters, claims for outpatient purchased care from civilian providers, and vital records, for all soldiers continuously enrolled in TRICARE and not deployed in FY 2012. Ten pain-related diagnostic categories were conceptually derived for this analysis and identified using ICD-9-CM diagnostic codes. We report the FY 2012 prevalence at the soldier-level (N = 297,120) for each pain category as a primary diagnosis, as well as in any diagnostic position, and at the soldier-level for reported pain level, duration, and military duty limitations. Institutional Review Board approval was obtained prior to analyses.

Results

Overall, 63% of soldiers had at least one pain diagnosis and 59% had a primary pain diagnosis during FY 2012. Back and neck pain (22%), non-traumatic joint disorders (28%), and other musculoskeletal pain (30%) were the most frequent categories for primary diagnosis. Nearly two-thirds of soldiers had a primary pain diagnosis in more than one category, and 23% in four or more categories. Moderate or severe pain levels were reported at least once during the year by 55% of soldiers who had a primary pain diagnosis. In the subsample of soldiers with primary pain in the first quarter, duration and chronicity of pain diagnoses varied by pain category: the back and neck pain category was the most common for both persistent pain occurring in each quarter of FY 2012 (23%) and chronic pain lasting for at least 3 mo (62%). In most pain categories, the majority of soldiers were released without duty limitations.

Conclusion

These data provide a deeper understanding of pain diagnoses and burden of pain among active duty soldiers. A substantial proportion of soldiers with pain diagnoses were seen for pain self-reported as only mild, or that did not result in significant restrictions in military duty limitations. However, given the prevalence of multiple pain diagnoses and common reports of moderate or severe pain and long duration, complex interventions may be required to minimize the effect of pain on force readiness. This

encounters-based analysis is likely an underestimate of presence of pain, and does not include contextual factors that could better describe the true effect of pain among this population.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usx128/4934288>

Psychosocial Risk Factors and Other Than Honorable Military Discharge: Providing Healthcare to Previously Ineligible Veterans.

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Military Medicine

Published: 14 March 2018

<https://doi.org/10.1093/milmed/usx128>

Introduction

In response to a strong focus on suicide prevention for all veterans, the Department of Veterans Affairs (VA) recently revised policy to provide emergency mental healthcare for veterans who received Other Than Honorable (OTH) discharges from the military. This current study takes a preliminary step toward identifying demographic, historic, military, clinical, and social characteristics of veterans with OTH discharges.

Materials and Methods

N = 1,172 Iraq/Afghanistan-era veterans were evaluated between 2005 and 2016 in the multi-site VA Mid-Atlantic Mental Illness, Research, Education and Clinical Center (MIRECC) Study of Post-Deployment Mental Health (PDMH Study).

Results

Veterans with OTH discharges constituted 2.7% of our sample, approximating the estimated rate in the overall U.S. veteran population. Compared to veterans discharged under honorable conditions, veterans with OTH discharges were more likely to be younger and have greater odds of reporting family history of drug abuse and depression. Further, veterans with OTH discharges reported a lower level of social support and were more likely to be single, endorse more sleep problems, score higher on measures of drug misuse, have a history of incarceration, and meet diagnostic criteria for major depressive disorder. A subsequent matching analysis provided further

evidence of the association between OTH discharge and two risk factors: drug misuse and incarceration.

Conclusion

These findings elucidate potential factors associated with veterans with OTH discharges, particularly substance abuse and criminal justice involvement. Results also indicate higher incidence of risk factors that often accompany suicidal ideation and should be a highlighted component of healthcare delivery to this vulnerable cohort of veterans.

<https://link.springer.com/article/10.1007/s10943-018-0597-z>

Spiritual Fitness for Military Veterans: A Curriculum Review and Impact Evaluation Using the Duke Religion Index (DUREL).

Kate H. Thomas, Justin T. McDaniel, David L. Albright, Kari L. Fletcher, Harold G. Koenig

Journal of Religion and Health

First Online: 13 March 2018

<https://doi.org/10.1007/s10943-018-0597-z>

Suicide rates among military veterans exceed those found in the general population. While the exact reasons for these high rates are unknown, contributing factors may include the military's perceived rejection of patient identities, creating barriers to mental health care within the clinical sector and a mandate for prevention programs. Spiritual fitness has emerged over the last decade as an important concept in human performance optimization and is included among holistic approaches to developing and maintaining mentally fit fighting forces. In attempts to better understand the role that spiritual fitness and religion play in mitigating and/or reducing suicide risk among veterans, the aims of this study were twofold (1) to assess the utility of the Duke Religion Index as a psychometric instrument for use with veterans completing spiritual fitness training and (2) to offer a post-intervention process evaluation of the spiritual fitness module from one resilience program offered to military veterans of Iraq and Afghanistan in 2016. Twenty-eight attendees at the JRWI Wellness Resilient Leadership Retreat completed post-retreat surveys to assess their satisfaction with the coursework and specifically, to assess the spiritual fitness module of the resiliency retreat's curriculum. In total, the research team reviewed 25 completed post-intervention survey

responses (89.3% response rate). Descriptive statistics indicated that respondents (n = 25) were subjectively religious, defined as belief in a higher power practiced in ritualized ways. Over half of program participants indicated they (a) attended religious meetings at least once a week and (b) engaged in private religious activity—such as meditation—at least once a day. Results showed that most program participants reported that the spiritual fitness skills learned during the resilient leadership program were useful (88%) ($Z = 3.000$, $p < 0.001$). Additionally, most program participants reported their interest in spiritual exploration was affirmed, renewed, or raised as a result of attending the peer-led resilient leadership program (76%) ($Z = 6.000$, $p = 0.015$). Culturally informed prevention programs that emphasize spiritual fitness are indicated for use in veteran outreach and well-being programs. More detailed research is needed to assess curriculum specifics.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usy003/4934294>

Absence of a Link Between Childhood Parental Military Service on Depression and Anxiety Disorders Among College Students.

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Military Medicine

Published: 14 March 2018

<https://doi.org/10.1093/milmed/usy003>

Background

Current prevalence estimates are 15% for depression and 20% for anxiety disorders among college students. These disorders are known to negatively impact academic achievement and persistence. It is important to understand the effects of parental military service on the mental health of children across development. The purpose of this study is to examine the influence of being raised in a military household on current and historical depression and anxiety disorders among college students.

Methods

The Patient Health Questionnaire-2, the Generalized Anxiety Disorder-7 questionnaire, and history of previous depression or anxiety diagnoses were used to determine mental health outcomes. Survey questions regarding parental military service and its nature and demographic covariates comprised the remainder of the instrument. Participants

were 299 college students aged 18 yr and over and enrolled in a large, urban-based, state research university.

Results

There was a positive correlation between parental military service and the odds of having been previously diagnosed with or treated for depression (OR = 1.97, $r = 0.126$, $p \leq 0.05$). However, after multivariate adjustment for demographic covariates, statistical significance was not maintained.

Conclusion

These findings continue to draw attention to potential health disparities associated with growing up in a military household. However, these results also suggest that children of military families exhibit significant resilience and that parental military service may not be a reliable predictor of mental health issues among college students after accounting for the influence of demographic factors. These findings may have implications for health care providers who treat dependents of military service members.

<https://link.springer.com/article/10.1007/s11920-018-0878-y>

Lifelong Learning for Clinical Practice: How to Leverage Technology for Telebehavioral Health Care and Digital Continuing Medical Education.

Hilty, D.M., Turvey, C. & Hwang, T.

Current Psychiatry Reports

March 2018, 20:15

<https://doi.org/10.1007/s11920-018-0878-y>

Purpose of Review

Psychiatric practice continues to evolve and play an important role in patients' lives, the field of medicine, and health care delivery. Clinicians must learn a variety of clinical care systems and lifelong learning (LLL) is crucial to apply knowledge, develop skills, and adjust attitudes. Technology is rapidly becoming a key player—in delivery, lifelong learning, and education/training.

Recent Findings

The evidence base for telepsychiatry/telemental health via videoconferencing has been growing for three decades, but a greater array of technologies have emerged in the last

decade (e.g., social media/networking, text, apps). Clinicians are combining telepsychiatry and these technologies frequently and they need to reflect on, learn more about, and develop skills for these technologies. The digital age has solidified the role of technology in continuing medical education and day-to-day practice.

Summary

Other fields of medicine are also adapting to the digital age, as are graduate and undergraduate medical education and many allied mental health organizations. In the future, there will be more online training, simulation, and/or interactive electronic examinations, perhaps on a monthly cycle rather than a quasi-annual or 10-year cycle of recertification.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usy005/4934214>

Developing a Measure to Assess Emotions Associated with Never Being Deployed.

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Military Medicine

Published: 14 March 2018

<https://doi.org/10.1093/milmed/usy005>

Background

Much research has focused on stress related to deployments; however, a substantial proportion of soldiers never deploy. In a study of 1.3 million veterans, suicide risk was higher among veterans who had never deployed. Thus, not being deployed may have an impact on soldiers' well-being; however, no measures exist to assess emotions regarding non-deployment. We aimed to develop and test an original measure of non-deployment emotions.

Methods

We examined the Non-Deployment Emotions (NDE) questionnaire, a novel four-item measure of guilt, unit value, unit camaraderie, and unit connectedness in a sample of never-deployed male and female US Army Reserve/National Guard (USAR/NG) soldiers (N = 174). Data are from Operation: SAFETY (Soldiers and Families Excelling Through the Years), an ongoing survey-based study examining the health of USAR/NG

soldiers and their partners. The protocol was approved by the Institutional Review Board at the State University of New York at Buffalo. The relationship between each of the items was examined by calculating correlation and alpha coefficients. Latent class analyses tested for the existence of distinct levels of negative emotions related to non-deployment. Negative binomial regression models examined the cross-sectional associations between NDE summary score and each of the following outcomes, separately: anger, anxiety, depression, and post-traumatic stress.

Findings

More than half of never-deployed USAR/NG soldiers expressed negative emotions for having not been deployed. "Guilt," "value," "camaraderie," and "connectedness" were each positively correlated with each other ($p < 0.001$) and the internal consistency reliability was high (male soldier $\alpha = 0.90$, female soldier $\alpha = 0.93$). Latent class analyses revealed a superior three-class model with well-delineated class membership (entropy = 0.93): "Class 1" (low NDE; 47.6%), "Class 2" (moderate NDE; 33.8%), and "Class 3" (high NDE; 18.6%). Regression models demonstrated that greater non-deployment emotions were independently associated with more severe anger (RR = 1.02, 95% CI: 1.01, 1.03, $p < 0.001$), anxiety (RR = 1.06, 95% CI: 1.01, 1.11, $p < 0.05$), depression (RR = 1.06, 95% CI: 1.01, 1.11, $p < 0.05$), and PTSD (RR = 1.10, 95% CI: 1.04, 1.16, $p < 0.01$).

Discussion

Findings demonstrate that negative emotions regarding non-deployment are prevalent among never-deployed USAR/NG soldiers and that these emotions are related to a mental health. The NDE provides a measure of "guilt," "value," "camaraderie," and "connectedness" specific to non-deployed soldiers and is able to well discriminate between soldiers that have low, moderately, and highly negative non-deployment emotions. These findings suggest that all military personnel, regardless of deployment status, could be at risk for negative outcomes. As with any survey-based study, there is a potential for response bias; however, given the range of responses collected with the NDE, social desirability is unlikely. Further work is needed to confirm our findings in other components of the military and to examine soldiers in the rear detachment.

<http://journals.sagepub.com/doi/abs/10.1177/1097184X18761779>

Pain and Masculinity: A Cohort Comparison between Mexican American Vietnam and Post-9/11 Combat Veterans.

Roberto Cancio

Men and Masculinities

Article first published online: March 14, 2018

<https://doi.org/10.1177/1097184X18761779>

Using twenty-six interviews with Mexican American veterans, this study analyzes cohort effects between Vietnam War veterans to Iraq and/or Afghanistan veterans on the meanings and experiences of pain from combat, masculinity, and how ethnicity affects expressions of pain. Although there were relative similarities between the cohorts, differences arose because of age. Vietnam veterans understood their pain to be long-lasting and have built coping mechanisms around a lifetime of pain, as opposed to younger veterans who have not yet solidified coping strategies. Machismo plays a dynamic part in the expression and daily experience with pain for young veterans, as opposed to older veterans who enjoy relaxed gendered obligations based on their age. Finally, older veterans used family as a base of social support, as opposed to younger veterans who found support from peer-mentor programs. In addition, respondents indicated that machismo acted more as guiding principle and offered them motivations to seek help, and not necessarily barriers to health. Overall, both cohorts are governed by strict gender standards and expressions influenced by their ethnic identity. Findings suggest that the study of race/ethnicity and age plays a fundamental framework from which to understand the experiences and behaviors of pain.

<https://link.springer.com/article/10.1007/s10608-018-9905-x>

Cognitive Reappraisal and Expressive Suppression of Negative Emotion in Combat-Related Posttraumatic Stress Disorder: A Functional MRI Study.

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Cognitive Therapy and Research

First Online: 16 March 2018

<https://doi.org/10.1007/s10608-018-9905-x>

Difficulties in the regulation of emotion are hypothesized to play a key role in the development and maintenance of posttraumatic stress disorder (PTSD). The current study used functional magnetic resonance imaging (fMRI) to assess neural activity

during task preparation and image presentation during different emotion regulation strategies, cognitive reappraisal and expressive suppression, in PTSD. Patients with combat-related PTSD (n = 18) and combat-exposed controls (n = 27) were instructed to feel, reappraise or suppress their emotional response prior to viewing combat-related images during fMRI, while also providing arousal ratings. In the reappraise condition, patients showed lower medial prefrontal neural activity during task preparation and higher prefrontal neural activity during image presentation, compared with controls. No difference in neural activity was observed between the groups during the feel or suppress conditions, although patients rated images as more arousing than controls across all three conditions. By distinguishing between preparation and active regulation, and between reappraisal and suppression, the current findings reveal greater complexity regarding the dynamics of emotion regulation in PTSD and have implications for our understanding of the etiology and treatment of PTSD.

<https://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201700213>

Primary Care-Mental Health Integration in the Veterans Affairs Health System: Program Characteristics and Performance.

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Psychiatric Services

Published online: March 15, 2018

<https://doi.org/10.1176/appi.ps.201700213>

Objectives:

The Veterans Health Administration (VHA) has achieved substantial national implementation of primary care–mental health integration (PC-MHI) services. However, little is known regarding program characteristics, variation in characteristics across settings, or associations between program fidelity and performance. This study identified core elements of PC-MHI services and evaluated their associations with program characteristics and performance.

Methods:

A principal-components analysis (PCA) of reports from 349 sites identified factors associated with PC-MHI fidelity. Analyses assessed the correlation among factors and between each factor and facility type (medical center or community-based outpatient

clinic), primary care population size, and performance indicators (receipt of PC-MHI services, same-day access to mental health and primary care services, and extended duration of services).

Results:

PCA identified seven factors: core implementation, care management (CM) assessments and supervision, CM supervision receipt, colocated collaborative care (CCC) by prescribing providers, CCC by behavioral health providers, participation in patient aligned care teams (PACTs) for special populations, and treatment of complex mental health conditions. Sites serving larger populations had greater core implementation scores. Medical centers and sites serving larger populations had greater scores for CCC by prescribing providers, CM assessments and supervision, and participation in PACTs. Greater core implementation scores were associated with greater same-day access. Sites with greater scores for CM assessments and supervision had lower scores for treatment of complex conditions.

Conclusions:

Outpatient clinics and sites serving smaller populations experienced challenges in integrated care implementation. To enhance same-day access, VHA should continue to prioritize PC-MHI implementation. Providing brief, problem-focused care may enhance CM implementation.

<https://www.frontiersin.org/articles/10.3389/fpsy.2018.00104/abstract>

Emotional responses to suicidal patients: Factor Structure, Construct and Predictive Validity of the Therapist Response Questionnaire-Suicide Form.

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Frontiers in Psychiatry
doi: 10.3389/fpsy.2018.00104

Background

Mental health professionals have a pivotal role in suicide prevention. However, they also often have intense emotional responses, or countertransference, during encounters with suicidal patients. Previous studies of the Therapist Response Questionnaire-Suicide Form (TRQ-SF), a brief novel measure aimed at probing a distinct set of

suicide-related emotional responses to patients found it to be predictive of near-term suicidal behavior among high suicide-risk inpatients. The purpose of this study was to validate the TRQ-SF in a general outpatient clinic setting.

Methods

Adult psychiatric outpatients (N = 346) and their treating mental health professionals (N=48) completed self-report assessments following their first clinic meeting. Clinician measures included the TRQ-SF, general emotional states and traits, therapeutic alliance and assessment of patient suicide risk. Patient suicidal outcomes and symptom severity were assessed at intake and one-month follow-up. Following confirmatory factor analysis of the TRQ-SF, factor scores were examined for relationships with clinician and patient measures and suicidal outcomes.

Results

Factor analysis of the TRQ-SF confirmed three dimensions: 1) affiliation, 2) distress, and 3) hope. The three factors also loaded onto a single general factor of negative emotional response towards the patient that demonstrated good internal reliability. The TRQ-SF scores were associated with measures of clinician state anger and anxiety and therapeutic alliance, independently of clinician personality traits after controlling for the state-and patient-specific measures. The total score and three subscales were associated in both concurrent and predictive ways with patient suicidal outcomes, depression severity, and clinicians' judgement of patient suicide risk, but not with global symptom severity, thus indicating specifically suicide-related responses.

Conclusions

The TRQ-SF is a brief and reliable measure with a 3-factor structure. It demonstrates construct validity for assessing distinct suicide-related countertransference to psychiatric outpatients. Mental health professionals' emotional responses to their patients are concurrently indicative and prospectively predictive of suicidal thoughts and behaviors. Thus, the TRQ-SF is a useful tool for the study of countertransference in the treatment of suicidal patients, and may help clinicians make diagnostic and therapeutic use of their own responses to improve assessment and intervention for individual suicidal patients.

<https://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201700130>

Denial of Suicide Attempt Among Hospitalized Survivors of a Self-Inflicted Gunshot Wound.

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Psychiatric Services

Published online: March 15, 2018

<https://doi.org/10.1176/appi.ps.201700130>

Objective:

Evidence suggests that suicide attempts by self-inflicted gunshot wound (GSW) are underreported and may in turn affect disposition following hospitalization. This study aimed to evaluate the clinical characteristics and use of services among individuals who do not disclose suicidal intent following a self-inflicted GSW.

Methods:

Electronic medical record data from 128 survivors of self-inflicted GSWs at a level 1 trauma center were analyzed to identify factors associated with nondisclosure of a suicide attempt to medical staff.

Results:

Results indicated that 29% of patients denied that a self-inflicted GSW was a suicide attempt, and 43% of patients who denied suicidal intent were identified by the psychiatric consultation and liaison service as presenting under circumstances suspicious of a suicide attempt. Logistic regression analyses indicated that patients who denied having attempted suicide were 10.86 times more likely to be discharged to home than patients who disclosed suicidal intent. In a multiple regression model, no clinical or demographic characteristics were significantly associated with nondisclosure of suicide intent.

Conclusions:

Patients' nondisclosure of suicidal intent following a self-inflicted GSW may present a barrier to care for patients whose injuries are the result of a suicide attempt. Implications for reducing barriers to care for a high-risk population are discussed, including the impact of nondisclosure on future treatment and the potential utility of brief interventions for suicide risk reduction.

Links of Interest

CBT vs Pain Education for Chronic Pain in Low-Income Clinics

<https://www.clinicalpainadvisor.com/chronic-pain/chronic-pain-low-income-clinics-pain-education-vs-cognitive-behavioral-therapy-usual-care/article/750882/>

Nightmares are common but underreported in US military personnel

<https://www.sciencedaily.com/releases/2018/03/180315091305.htm>

Brief CBT yields consistent outcomes in suicidal patients despite severity level

<https://www.healio.com/psychiatry/suicide/news/online/{6d235fd-ecf8-457d-9ed4-873e0386bc52}/brief-cbt-yields-consistent-outcomes-in-suicidal-patients-despite-severity-level>

Military providers seek tailored approach to treating PTSD

<https://health.mil/News/Articles/2018/03/14/Military-providers-seek-tailored-approach-to-treating-PTSD>

Do service dogs really help with PTSD? A new study has answers

<https://rebootcamp.militarytimes.com/news/transition/2018/03/16/do-service-dogs-really-help-with-ptsd-a-new-study-has-answers/>


How Military Veterans Can Turn Their Skills into a Corporate Career

<https://hbr.org/2018/03/how-military-veterans-can-turn-their-skills-into-a-corporate-career>

Resource of the Week: [Examination of Recent Deployment Experience Across the Services and Components](#) (RAND Corporation)

Over the past 15 years, deployments have represented a key aspect of military service, with many service members completing multiple tours. Given the disruption that deployments pose, it is not surprising that they are associated with numerous service member and family outcomes. Therefore, accrued deployment experience constitutes a relevant metric not only for measuring military experience, but also for measuring service member and family well-being. In this research, the authors compare deployment experience across the services and components. They also examine the transitions of soldiers between Army components to determine whether the Army retains soldiers with the largest

amounts of deployment experience. Enlisted personnel made up the bulk of those who have deployed, as do personnel from the active component of their service. Most service members who deployed were married at the time; about half had children. Average time spent in a single deployment varies across the services. Consequently, the same amount of total time deployed could have different impacts depending on how that total deployment experience was accumulated. Also, service members' individual resilience to deployments may vary. Given such variation, deployment experience may need to be managed differently across services and personnel. Tracking deployment experience carefully, in terms of total number of deployments and total time deployed, would likely assist in managing these differences.



Examination of Recent Deployment Experience Across the Services and Components

Jennie W. Wenger, Caoilann O'Connell, Linda Cottrell

Key findings

- Between 9/11 and September 2015, 2.77 million service members served on more than 5.4 million deployments.
- Soldiers across the Army's components have provided the majority of the deployments.
- The Selected Reserve provides one way to retain some of the Army's deployment experience.

SUMMARY ■ Over the past 15 years, deployments have represented a key aspect of U.S. military service, with many service members completing multiple tours. Given the disruption that they pose, it is not surprising that deployments are associated with numerous service member and family outcomes. For example, spouses of deployed service members reported that their children experienced behavioral and peer-related problems during deployments (Meadows et al., 2016). Therefore, accrued time deployed constitutes a relevant metric for measuring military experience, but also for measuring service member and family well-being. In this research, we compare deployments (in terms of the total number of deployments, and the total amount of time deployed) across the services and components. We also examine the transitions of soldiers between Army components to determine whether the Army retains soldiers with the largest amounts of deployments.¹

To date, all of the services have contributed substantially to the 3.1 million troop-years of deployments since September 2001. The Army has provided the bulk of deployment experience. The vast majority of soldiers who have deployed over the past 15 years are no longer serving in the Army. However, the Selected Reserve (SELRES) continues to retain deployments acquired in the Regular Army about one-quarter of the deployment experience in the SELRES was acquired by soldiers who deployed while serving in the Regular Army. Also, a substantial proportion of the soldiers with the most intensive deployment experience (those who have served at least three deployments) remain in the Army.

Since previous studies have shown the correlations between deployments and service member and family well-being, it is important to characterize not only the deployments, but also the service members who deploy. Enlisted personnel made up the bulk of those who have deployed, as did personnel from the active component of their service. Most service members who deployed were married at the time; nearly half had children. Average time spent in a single deployment varies across the services. A typical deployment for soldiers in the Regular Army lasted about 12 months, whereas other active service members' deployments are about five to seven months.² Very short deploy-

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