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Uniformed Services University

Research Update -- March 29, 2018

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https://www.ptsd.va.gov/professional/newsletters/research-quarterly/V29N1.pdf

PTSD Research Quarterly - Shared Decision-making for PTSD

National Center for PTSD (VA)

2018; Vol 29/No 1

Posttraumatic stress disorder (PTSD) can be treated effectively with a variety of interventions. Several different treatment approaches have received the strongest

possible recommendation in at least one of the current PTSD guidelines, including trauma-focused psychotherapies such as Prolonged Exposure, Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing (either as a collective group or as individual protocols) and specific antidepressant medications (Forbes et al., 2010; Department of Veterans Affairs [VA] & Department of Defense [DoD], 2017). The existence of multiple effective psychological and pharmacological interventions means that patients seeking treatment for PTSD have options.

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https://onlinelibrary.wiley.com/doi/full/10.1002/jclp.22609

Patients' perspectives on political self-disclosure, the therapeutic alliance, and the infiltration of politics into the therapy room in the Trump era.

Nili Solomonov Jacques P. Barber

Journal of Clinical Psychology
First published: 14 March 2018
https://doi.org/10.1002/jclp.22609

The primary aim of this study was to investigate the effects of the 2016 United States presidential election and ensuing political climate on patients' experiences in psychotherapy. A sample of 604 self-described Democrat and Republican patients from 50 states participated in the study. Results showed that most therapists disclosed their political stance (explicitly or implicitly) and most patients discussed politics with their therapists. 64% of Clinton supporters and 38% of Trump supporters assumed political similarity with their therapist. Stronger patient-reported alliance levels were found for patients who (a) perceived political similarity; (b) reported implicit therapist political disclosure; and (c) found in-session political discussions helpful. Additionally, Clinton (but not Trump) supporters reported significant pre-post-election decreases in expression of positive emotions and increases in both expression of negative emotions and engagement in discussions about socio-political topics. Our findings suggest that the current political climate infiltrates the therapeutic space and affects therapeutic process and content.

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https://www.tandfonline.com/doi/full/10.1037/mil0000195

American Military Veteran Entrepreneurs: A Comprehensive Profile of Demographic, Service History, and Psychosocial Characteristics.

Adrienne J. Heinz, Michael A. Freeman, Ilan Harpaz-Rotem, Robert H. Pietrzak

Military Psychology
Volume 29, 2017 - Issue 6, pps. 513-523
https://doi.org/10.1037/mil0000195

American military veterans are nearly twice as likely to be self-employed compared with nonveterans and are majority owners in 9% of all businesses nationwide. Despite their contribution to the broader economy and the potential for training programs to cultivate and foster successful self-employment and veteran-lead entrepreneurial ventures, research on veteran entrepreneurs remains limited. To gain a better understanding of the potential strengths and vulnerabilities of veteran entrepreneurs, the current study utilized data from a large, nationally representative sample to profile self-employed veterans (n = 230) and compare them with veterans who work as employees (n = 1,055) with respect to demographic, military service history, and psychosocial characteristics. Results indicated that self-employed veterans were older and more educated and more likely to utilize U.S. Department of Veteran's Affairs (VA) health care. Self-employed veterans were more likely to serve in Vietnam and to serve in the military for fewer years. No differences were noted in perceived military experience, level of combat exposure, or military branch served as a function of self-employment. Although reporting more lifetime traumas, self-employed veterans did not experience higher rates of current or lifetime psychopathology or lower perceived quality of life. Potential protective resilience-promoting factors may be associated with the higher levels of openness, extraversion, optimism, achievement-orientation (purpose in life), and greater need for autonomy and professional development observed among self-employed veterans. Moreover, self-employed veterans demonstrated higher levels of gratitude, community integration, and altruistic service to others. Findings have potential to inform human resources management strategies and vocational training and reintegration initiatives for veterans.

This study evaluated entrepreneurship among American military veterans and found that self-employed veterans, an important yet understudied subset of the U.S. economy, were older, more educated, served fewer years in the military, endured more lifetime traumas, and demonstrated evidence of psychological resilience when compared with veterans working as employees. Findings suggest the need for future research on

strengths and vulnerabilities of veteran entrepreneurs and can inform veteran human resources services programs that support self-employment among veterans, such as reintegration vocational counseling and training programs.

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https://www.tandfonline.com/doi/full/10.1037/mil0000176

A Systematic Review of the Biopsychosocial–Spiritual Health of Active Duty Women.

Meghan H. Lacks, Angela L. Lamson, Damon L. Rappleyea, Carmen V. Russoniello & Heather L. Littleton

Military Psychology
Volume 29, 2017 - Issue 6, pps. 570-580
https://doi.org/10.1037/mil0000176

Women make up approximately 15% of today's active duty (AD) military. Not only are more women volunteering for military service now than ever before in America's history, but due to recent policy changes, they are also allowed to apply for more jobs. Therefore, since the number of women in the military is continuing to rise and there are more job opportunities for women in the military, it is important to understand the unique health effects they experience that differ from civilian women and AD males. Although there is current literature on the biological, psychological, social, and spiritual health of veteran women, few researchers have explored the biopsychosocial–spiritual effects of military service on AD women. Thus, the purpose of this systematic review was to explore the existing research on the biopsychosocial–spiritual health factors associated with military service in AD women. The results of this study indicated that there is more data on the biological health compared to the psychological and social health of AD women. There is even less research demonstrating the interconnectedness among biological, psychological, social, and spiritual health with AD women. Future research recommendations and policy implications are provided.

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http://www.mdpi.com/2077-1444/9/3/86/htm

Measuring Symptoms of Moral Injury in Veterans and Active Duty Military with PTSD.

Harold G. Koenig M.D.

Religions
2018, 9(3), 86
doi:10.3390/rel9030086

The Moral Injury Symptom Scale-Military Version (MISS-M) is a 45-item measure of moral injury (MI) symptoms designed to use in Veterans and Active Duty Military with PTSD. This paper reviews the psychometric properties of the MISS-M identified in a previous report, discusses the rationale for the development of the scale, and explores its possible clinical and research applications. The MISS-M consists of 10 theoretically grounded subscales that assess the psychological and spiritual/religious symptoms of MI: guilt, shame, betrayal, moral concerns, loss of meaning/purpose, difficulty forgiving, loss of trust, self-condemnation, spiritual/religious struggles, and loss of religious faith/hope. The scale has high internal reliability, high test-retest reliability, and a factor structure that can be replicated. The MISS-M correlates strongly with PTSD severity, depressive symptoms, and anxiety symptoms, indicating convergent validity, and is relatively weakly correlated with social, spiritual, and physical health constructs, suggesting discriminant validity. The MISS-M is the first multidimensional scale that measures both the psychological and spiritual/religious symptoms of MI and is a reliable and valid measure for assessing symptom severity in clinical practice and in conducting research that examines the efficacy of treatments for MI in Veterans and Active Duty Military personnel.

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https://journals.lww.com/acsm-tj/Fulltext/2018/03150/The_Warrior_Wellness_Study___A_Randomized.1.aspx

The Warrior Wellness Study: A Randomized Controlled Exercise Trial for Older Veterans with PTSD.

Hall, Katherine S.; Morey, Miriam C.; Beckham, Jean C.; Bosworth, Hayden B.; Pebole, Michelle M.; Pieper, Carl F.; Sloane, Richard Less

Translational Journal of the American College of Sports Medicine
March 15, 2018 - Volume 3 - Issue 6 - p 43–51
doi: 10.1249/TJX.0000000000000056

Posttraumatic stress disorder (PTSD) affects up to 30% of military veterans. Older veterans, many of whom have lived with PTSD symptoms for several decades, report a number of negative health outcomes. Despite the demonstrated benefits of regular exercise on physical and psychological health, no studies have explored the effect of exercise in older veterans with PTSD. This article describes the development, design, and implementation of the Warrior Wellness exercise pilot study for older veterans with PTSD. Veterans ≥60 yr old with a Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition diagnosis of PTSD will be recruited and randomized to (a) Warrior Wellness, a 12-wk supervised, facility-based exercise intervention, or (b) usual care for 12 wk. Warrior Wellness is a theory- and evidence-based behavioral intervention that involves three sessions per week of multicomponent exercise training that targets strength, endurance, balance, and flexibility. Warrior Wellness focuses on satisfaction with outcomes, self-efficacy, self-monitoring, and autonomy. Factors associated with program adherence, defined as the number of sessions attended during the 12 wk, will be explored. Primary outcomes include PTSD symptoms and cardiovascular endurance, assessed at baseline and 12 wk. Compared with those in usual care, it is hypothesized that those in the Warrior Wellness condition will improve on these efficacy outcomes. The Warrior Wellness study will provide evidence on whether a short-term exercise intervention is feasible, acceptable, and effective among older veterans with PTSD, and explore factors associated with program adherence.

ClinicalTrials.gov Identifier: NCT02295995

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http://psycnet.apa.org/record/2018-10079-004

Something to talk about: Topics of conversation between romantic partners during military deployments.

Carter, S. P., Osborne, L. J., Renshaw, K. D., Allen, E. S., Loew, B. A., Markman, H. J., & Stanley, S. M.

Journal of Family Psychology
32(1), 22-30.
http://dx.doi.org/10.1037/fam0000373

Long-distance communication has been frequently identified as essential to military couples trying to maintain their relationship during a deployment. Little quantitative research, however, has assessed the types of topics discussed during such

communication and how those topics relate to overall relationship satisfaction. The current study draws on a sample of 56 Army couples who provided data through online surveys while the service member was actively deployed. These couples provided information on current marital satisfaction, topics discussed during deployment (problem talk, friendship talk, love talk), and how they communicated via synchronous media (e.g., phone calls, video calls) and letters during deployment. Nonparametric Friedman tests followed by paired t tests revealed that synchronous communication was primarily utilized for friendship talk, whereas letters included friendship talk and love talk in similar amounts. Both synchronous communication and letters included less problem talk than other topics. In mixed-level modeling, only topics of communication for synchronous media (not for letters) were related to relationship satisfaction. Love talk via synchronous media was related to higher relationship satisfaction, whereas problem talk via synchronous media was related to less relationship satisfaction. The current study offers the first quantitative assessment of topics within deployment communication media and associations with relationship satisfaction. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

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https://www.ncbi.nlm.nih.gov/pubmed/29553778

Psychol Addict Behav. 2018 Mar;32(2):224-229. doi: 10.1037/adb0000348

The burden of co-occurring alcohol use disorder and PTSD in U.S. Military veterans: Comorbidities, functioning, and suicidality.

Norman SB, Haller M, Hamblen JL, Southwick SM, Pietrzak RH

Alcohol use disorder (AUD) and posttraumatic stress disorder (PTSD) are among the most prevalent disorders in U.S. military veterans and often co-occur. To date, most studies have focused on treatment-seeking samples, although many veterans with AUD/PTSD do not seek treatment. We evaluated the prevalence of psychiatric comorbidities, functioning, and quality of life in a nationally representative sample of U.S. veterans (using data from the National Health and Resilience in Veterans Study) with AUD alone, PTSD alone, and comorbid AUD/PTSD to understand the incremental burden of having both disorders relative to either one. Among those with probable AUD, 20.3% met criteria for probable PTSD. Among those, with probable PTSD, 16.8% met criteria for probable AUD. Compared to veterans with AUD only, veterans with AUD/PTSD were more likely to screen positive for major depression (36.8% vs. 2.3%), generalized anxiety disorder (43.5% vs. 2.9%), suicidal ideation (39.1% vs. 7.0%); to

have attempted suicide (46.0% vs. 4.1%); and to be receiving mental health treatment (44.8% vs. 7.5%). They also scored lower on cognitive (d = 0.50), mental (d = 0.51) and physical (d = 0.21) functioning, and quality of life (Cohen d = 0.46). Veterans with comorbid AUD/PTSD were more than three times as likely as veterans with PTSD only to have attempted suicide in their lifetimes (odds ratio = 3.1, 95% confidence interval = 1.8-5.3; 46.0% vs. 22.8%); they did not differ on other measures. Results underscore the burden of co-occurring AUD and PTSD in U.S. veterans, and the importance of engaging these veterans in treatment.

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https://www.ncbi.nlm.nih.gov/pubmed/29553787

Rehabil Psychol. 2018 Feb;63(1):121-130. doi: 10.1037/rep0000165

Qualitative exploration of traumatic brain injury-related beliefs among U.S. military veterans.

King PR, Beehler GP, Vest BM2, Donnelly K, Wray LO

PURPOSE/OBJECTIVE:
Explore cognitive, affective, and experiential factors that inform veterans' traumatic brain injury (TBI)-related beliefs. Research Method/Design: Qualitative descriptive study of 22 veterans who received care for TBI at a VA Medical Center in the Northeastern United States using directed content analysis. Measures included a semistructured interview, demographic survey, the Alcohol Use Disorders Identification Test-Consumption Items (AUDIT-C), Patient Health Questionnaire-9 (PHQ-9), PTSD Checklist (PCL), Neurobehavioral Symptom Inventory (NSI), and Insomnia Severity Index (ISI).

RESULTS:
Results were organized according to Leventhal et al.'s (1997) illness perception model, including veterans' self-reports regarding: (a) knowledge of TBI, labels, and symptoms (identity); (b) etiology (cause); (c) the biopsychosocial impact of TBI (consequences); (d) symptom chronicity (timeline); and (e) recovery expectancy and management strategies (controllability). Participants identified common causes of TBI, as well as acute symptoms. Uncertainty was present with regard to TBI nomenclature, recovery expectancies and trajectories, and the impact of co-occurring mental health diagnoses.

CONCLUSIONS/IMPLICATIONS:
Opportunity exists to improve TBI-related education in the course of routine, patient-centered care. Clinicians should take into account the subjective beliefs and experiences, including co-occurring mental health conditions, that inform patients' illness representations to improve patient-provider communication and the quality of TBI care.

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http://psycnet.apa.org/record/2018-09962-005

Resilience training that can change the brain.

Tabibnia, G., & Radecki, D.

Consulting Psychology Journal: Practice and Research
70(1), 59-88.
http://dx.doi.org/10.1037/cpb0000110

In this article, we provide a review of the latest research on behavioral and cognitive strategies that cultivate resilience and change the brain. We begin with a primer on the neuroscience of emotions and stress and how the brain regulates them. Then we focus on two major pathways to building a resilient brain: (a) behavioral pathways (learnable behaviors and habits) and (b) cognitive pathways (learnable cognitive/linguistic strategies). For the former, we review behaviors that can directly down-regulate fear and stress, including facing fears and controlling stressors. We also review behaviors that can boost physical health and therefore resilience; these strategies include sleeping, exercising, and dietary restriction. In addition, we review social behaviors that can boost resilience, such as connecting socially and expressing gratitude. For the latter, we review cognitive pathways to resilience. These include emotion-regulation strategies such as verbal expression of emotion, affect labeling, and cognitive reappraisal. We also discuss cognitive-training approaches, including cognitive-bias modification, mindfulness training, and cognitive therapy. Finally, we discuss issues related to coaching resilience, including the neural bases of expectation, growth mind-set, and self-affirmation, three factors that can influence learning and effectiveness of the various strategies discussed in the article, and we close with a summary of the current understanding of resilience and the human brain. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

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https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usx115/4922538

Effectiveness of an Anger Intervention for Military Members with PTSD: A Clinical Case Series.

Richard Cash, Tracey Varker, PhD, Tony McHugh, PhD, Olivia Metcalf, PhD, Alexandra Howard, Delyth Lloyd, Jacqueline Costello, David Said, PhD, David Forbes, PhD

Military Medicine
Published: 23 March 2018
https://doi.org/10.1093/milmed/usx115

Objective
Problematic anger is a significant clinical issue in military personnel, and is further complicated by comorbid post-traumatic stress disorder (PTSD). Despite increasing numbers of military personnel returning from deployment with anger and aggression difficulties, the treatment of problematic anger has received scant attention. There are currently no interventions that directly target problematic anger in the context of military-related PTSD. The aim of this case series is to examine the effectiveness of an intervention specifically developed for treating problematic anger in current serving military personnel with comorbid PTSD.

Methods
Eight Australian Defence Force Army personnel with problematic anger and comorbid PTSD received a manualized 12-session cognitive behaviorally based anger intervention, delivered one-to-one by Australian Defence Force mental health clinicians. Standardized measures of anger, PTSD, depression, and anxiety were administered pre- and post-treatment.

Results
The initial mean severity scores for anger indicated a high degree of pre-treatment problematic anger. Anger scores reduced significantly from pre to post-treatment (d = 1.56), with 88% of participants exhibiting meaningful reduction in anger scores. PTSD symptoms also reduced significantly (d= 0.96), with 63% of participants experiencing a clinically meaningful reduction in PTSD scores. All of those who took part in the therapy completed all therapy sessions.

Conclusions
This brief report provides preliminary evidence that an intervention for problematic anger not only significantly reduces anger levels in military personnel, but can also significantly reduce PTSD symptoms. Given that anger can interfere with PTSD treatment outcomes, prioritizing anger treatment may improve the effectiveness of PTSD interventions.

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https://www.ncbi.nlm.nih.gov/pubmed/29555664

Hypertension. 2018 Mar 19. pii: HYPERTENSIONAHA.117.10496.
doi: 10.1161/HYPERTENSIONAHA.117.10496. [Epub ahead of print]

Associations of Initial Injury Severity and Posttraumatic Stress Disorder Diagnoses With Long-Term Hypertension Risk After Combat Injury.

Howard JT, Sosnov JA, Janak JC, Gundlapalli AV, Pettey WB, Walker LE, Stewart IJ.

The associations between injury severity, posttraumatic stress disorder (PTSD), and development of chronic diseases, such as hypertension, among military service members are not understood. We sought to (1) estimate the prevalence and incidence of PTSD within a severely injured military cohort, (2) assess the association between the presence and chronicity of PTSD and hypertension, and (3) determine whether or not initial injury severity score and PTSD are independent risk factors for hypertension. Administrative and clinical databases were used to conduct a retrospective cohort study of 3846 US military casualties injured in the Iraq and Afghanistan conflicts between February 1, 2002, and February 1, 2011. Development of PTSD and hypertension after combat injury were determined using the International Classification of Diseases, Ninth Revision codes. Multivariable competing risk regression models were used to assess associations between injury severity score, PTSD, and hypertension, while controlling for covariates. Overall prevalence of PTSD was 42.4%, and prevalence of hypertension was 14.3%. Unadjusted risk of hypertension increased significantly with chronicity of PTSD (1-15 diagnoses: hazard ratio, 1.77; 95% confidence interval, 1.46-2.14; P<0.001; >15 diagnoses: hazard ratio, 2.29; 95% confidence interval, 1.85-2.84; P<0.001) compared with patients never diagnosed with PTSD. The association between injury severity score (hazard ratio, 1.06 per 5-U increment; 95% confidence interval, 1.03-1.10; P<0.001) and hypertension was significant, with little change in effect in the multivariable model (hazard ratio, 1.05 per 5-U increment; 95% confidence interval, 1.01-1.09; P=0.03). In a cohort of service members injured in combat, we found that

chronicity of PTSD diagnoses and injury severity were independent risk factors for hypertension.

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https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1425073

The impact of posttraumatic growth, transformational leadership, and self-efficacy on PTSD and depression symptom severity among combat Veterans.

Michael A. LaRocca, Forrest R. Scogin, Michelle M. Hilgeman, Andrew J. Smith & William F. Chaplin

Military Psychology
Published online: 26 Mar 2018
https://doi.org/10.1080/08995605.2018.1425073

Previous research has established self-efficacy as essential to postdeployment adjustment among Veterans, and perceived transformational leadership is well known for its positive effects on follower outcomes across contexts. However, little is known regarding how transformational leadership may relate to posttraumatic growth and self-efficacy in fostering psychological wellbeing among combat Veterans. The purpose of this study was to examine the role of transformational leadership in predicting posttraumatic stress disorder (PTSD) and depression symptoms among combat Veterans, as well as how posttraumatic growth and postdeployment coping self-efficacy may influence these relations. The study sample consisted of 130 combat Veterans recruited from a university, Veterans Affairs medical center, and the greater community. Path analysis based on bootstrapped resampling revealed postdeployment coping self-efficacy and perceived transformational leadership as predictors of lower PTSD and depression symptom severity. In addition, mediation modeling revealed that postdeployment coping self-efficacy mediated the relation between transformational leadership and both PTSD and depression, while posttraumatic growth did not predict PTSD symptoms. These findings may aid in the prediction of PTSD and depression symptoms among Veterans, which may then influence pre-deployment leadership training among military personnel as well as clinical treatment protocols for Veterans.

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https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1425065

The effect of hardiness on PTSD symptoms: A prospective mediational approach.

Ådne G. Thomassen, Sigurd W. Hystad, Bjørn Helge Johnsen, Grethe E. Johnsen & Paul T. Bartone

Military Psychology
Published online: 26 Mar 2018
https://doi.org/10.1080/08995605.2018.1425065

Psychological hardiness has been associated with lower PTSD in military personnel, but the processes of action remain unclear. This study uses a prospective design to examine whether hardiness has an indirect effect on PTSD symptoms through avoidance coping. Our sample included 163 Norwegian military personnel who served in international operations between 2009 and 2010. Regression analyses were performed to estimate the coefficients in a simple mediation model, with baseline PTSD symptoms, combat exposure, and deprivation of basic needs entered as control variables. The results showed that the effect of hardiness on PTSD symptoms worked through reducing the use of avoidance coping. It was concluded that an avoidant-focused coping style acts as a vulnerability factor for PTSD symptoms, whereas hardiness acts as a resilience factor against symptoms development.

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https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22272

Posttraumatic Stress Disorder and Complex Posttraumatic Stress Disorder in DSM-5 and ICD-11: Clinical and Behavioral Correlates.

Philip Hyland, Mark Shevlin, Claire Fyvie, Thanos Karatzias

Journal of Traumatic Stress
First published: 25 March 2018
https://doi.org/10.1002/jts.22272

The American Psychiatric Association and the World Health Organization provide distinct trauma-based diagnoses in the fifth edition of the Diagnostic and Statistical Manual (DSM-5), and the forthcoming 11th version of the International Classification of Diseases (ICD-11), respectively. The DSM-5 conceptualizes posttraumatic stress

disorder (PTSD) as a single, broad diagnosis, whereas the ICD-11 proposes two "sibling" disorders: PTSD and complex PTSD (CPTSD). The objectives of the current study were to: (a) compare prevalence rates of PTSD/CPTSD based on each diagnostic system; (b) identify clinical and behavioral variables that distinguish ICD-11 CPTSD and PTSD diagnoses; and (c) examine the diagnostic associations for ICD-11 CPTSD and DSM-5 PTSD. Participants in a predominately female clinical sample (N = 106) completed self-report scales to measure ICD-11 PTSD and CPTSD, DSM-5 PTSD, and depression, anxiety, borderline personality disorder, dissociation, destructive behaviors, and suicidal ideation and self-harm. Significantly more people were diagnosed with PTSD according to the DSM-5 criteria (90.4%) compared to those diagnosed with PTSD and CPTSD according to the ICD-11 guidelines (79.8%). An ICD-11 CPTSD diagnosis was distinguished from an ICD-11 PTSD diagnosis by higher levels of dissociation (d = 1.01), depression (d = 0.63), and borderline personality disorder (d = 0.55). Diagnostic associations with depression, anxiety, and suicidal ideation and self-harm were higher for ICD-11 CPTSD compared to DSM-5 PTSD (by 10.7%, 4.0%, and 7.0%, respectively). These results have implications for differential diagnosis and for the development of targeted treatments for CPTSD.

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http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2018.304347

Role of Department of Defense Policies in Identifying Traumatic Brain Injuries Among Deployed US Service Members, 2001–2016.

Yll Agimi PhD, MPH, MS, Lemma Ebssa Regasa PhD, MS, Brian Ivins MPS, Saafan Malik MD, Katherine Helmick MS, CRNP, ANP-BC, CNRN, and Donald Marion MD, MSc

American Journal of Public Health
published online before print March 22, 2018
DOI: 10.2105/AJPH.2018.304347

Objectives.
To examine the role of Department of Defense policies in identifying theater-sustained traumatic brain injuries (TBIs).

Methods.
We conducted a retrospective study of 48 172 US military service members who sustained their first lifetime TBIs between 2001 and 2016 while deployed to Afghanistan

or Iraq. We used multivariable negative binomial models to examine the changes in TBI incidence rates following the introduction of Department of Defense policies.

Results.
Two Army policies encouraging TBI reporting were associated with an increase of 251% and 97% in TBIs identified following their implementation, respectively. Among airmen, the introduction of TBI-specific screening questions to the Post-Deployment Health Assessment was associated with a 78% increase in reported TBIs. The 2010 Department of Defense Directive Type Memorandum 09-033 was associated with another increase of 80% in the likelihood of being identified with a TBI among soldiers, a 51% increase among sailors, and a 124% increase among Marines.

Conclusions.
Department of Defense and service-specific policies introduced between 2006 and 2013 significantly increased the number of battlefield TBIs identified, successfully improving the longstanding problem of underreporting of TBIs.

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https://www.sciencedirect.com/science/article/abs/pii/S0005789418300492

Dialectical Behavior Therapy is effective for the treatment of suicidal behavior: A meta-analysis.

Christopher R. DeCou, Katherine Anne Comtois, Sara J. Landes

Behavior Therapy
Available online 22 March 2018
https://doi.org/10.1016/j.beth.2018.03.009

Highlights

• DBT prioritizes self-directed violence as a primary treatment target.

• DBT has been shown to reduce suicide-related outcomes in published studies.

• This meta-analysis found that DBT was effective for reducing suicidal behavior.

• There was not a significant pooled effect of DBT with regard to suicidal ideation.

Abstract

Dialectical Behavior Therapy (DBT) prioritizes suicidal behavior and other self-directed violence as the primary treatment targets, and has been demonstrated to reduce self-directed violence in clinical trials. This paper synthesizes findings from controlled trials that assessed self-directed violence and suicidality, including suicide attempts, non-suicidal self-injury (NSSI), suicidal ideation, and accessing psychiatric crisis services. Eighteen controlled trials of DBT were identified. Random effects meta-analyses demonstrated that DBT reduced self-directed violence (d = − .324, 95% CI = − .471 to − .176), and reduced frequency of psychiatric crisis services (d = − .379, 95% CI = − .581 to − .176). There was not a significant pooled effect of DBT with regard to suicidal ideation (d = − .229, 95% CI = − .473 to .016). Our findings may reflect the prioritization of behavior over thoughts within DBT, and offer implications for clinical practice and future research concerning the implementation of DBT for acute suicidality.

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http://psycnet.apa.org/record/2018-10618-003

Balancing safety against obstruction to health care access: An examination of behavioral flags in the VA health care system.

Weinberger, L. E., Sreenivasan, S., Smee, D. E., McGuire, J., & Garrick, T.

Journal of Threat Assessment and Management
2018; 5(1), 35-41.
http://dx.doi.org/10.1037/tam0000096

In 2003, the Veterans Affairs (VA) instituted an alert, known as behavioral flags, in the veteran's nationwide electronic medical record. The flag can be placed for those who demonstrate physical or verbal aggression, and functions as a "warning" to staff that the patient poses an increased risk of harm to others. The flag also gives directives regarding actions to be taken before seeing the veteran (such as, VA police presence, restricting appointments to areas with metal detectors, restricting care to specific clinics or medical centers). Critics have alleged that behavioral flags are a method to punish those who complain about their health care by imposing restrictions at VA facilities. Indeed, data suggest that the overwhelming majority of "flagged" VA patient behaviors have been verbal. Behavioral flags may discourage veterans from seeking needed VA care, particularly, when restrictions such as VA police escorts to clinic appointments may be perceived as humiliating. Given this, alternatives to flag placement would be a

comprehensive violence risk assessment and interventions that enhance a veteran's control over disruptive behavior. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

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https://academic.oup.com/ije/advance-article-abstract/doi/10.1093/ije/dyy040/4953524?redirectedFrom=fulltext

The intergenerational consequences of war: anxiety, depression, suicidality, and mental health among the children of war veterans.

Walter Forrest, Ben Edwards, Galina Daraganova

International Journal of Epidemiology
Published: 24 March 2018
https://doi.org/10.1093/ije/dyy040

Background
The long-term effects of military deployment on the mental health of war veterans have been investigated extensively, but few studies have examined the long-term impact of parental deployment on children's mental health.

Methods
Using a retrospective, multigenerational survey and propensity score analysis to adjust for selection effects and endogeneity bias, we investigated the impact of parental deployment on the mental health of the adult children of Australian veterans of the Vietnam War. We analysed data from 1966 adult men (35%) and women (65%) whose fathers (N = 1418) were selected at random from the population of surviving men who served in the Australian army during the Vietnam War (1962–75). Mean age of respondents was 37. The main outcome measures were self-reported diagnosis or treatment for anxiety and depression (i.e. lifetime and previous 12 months), suicidality based on Psychiatric Symptom Frequency Scale, and current mental health as measured by the Mental Health Inventory of the SF-36. The key independent variable was whether their fathers were deployed to the Vietnam War.

Results
Almost 40 years after the war, the adult children of deployed veterans were more likely to have been diagnosed with anxiety [odds ratio (OR) = 1.54, confidence interval (CI) = 1.04, 2.28] and depression (OR = 1.77, CI = 1.03, 3.05), to have had thoughts of

suicide and self-harm (OR = 2.39, CI = 1.57, 3.65) and to have made suicidal plans (OR = 3.52, CI = 1.40, 8.85) than the offspring of comparable, non-deployed army veterans. They also reported poorer current mental health (Coefficient = −5.08, CI = −6.60 – −3.56).

Conclusions
The results imply that there are significant and enduring adverse effects of parental deployment on the mental health of children in military families, and provide some insight into the potential long-term impacts of recent military engagements in Afghanistan and Iraq.

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https://publications.sciences.ucf.edu/cannabis/index.php/Cannabis/article/view/20

Use of Protective Behavioral Strategies among Young Adult Veteran Marijuana Users.

Pedersen, E., Villarosa-Hurlocker, M., & Prince, M.

Cannabis
Vol 1 No 1 (2018); p. 14-27

Young adult veterans are at risk for problematic marijuana use and associated consequences, which is partially due to their high rates of posttraumatic stress disorder (PTSD), depression, and problematic substance use. Veterans tend to endorse more severe and chronic mental health symptoms compared to their civilian counterparts and they endorse marijuana use as a method for coping with their mental health symptoms. Given the prevalence of marijuana among veterans in the community and in clinical settings, it is important to explore the factors that may help minimize harm associated with use for those that choose to use the drug. The present study sought to examine the impact of protective behavioral strategies on the relationship between mental health symptoms and marijuana use and consequences in a sample of 180 young adult veteran marijuana users. Participants were recruited via social media advertisements and completed measures of marijuana use and consequences, protective behavioral strategies, and PTSD and depression symptoms. Findings indicated that more frequent use of protective behavioral strategies was associated with less marijuana use and consequences. Participants who screened positive for PTSD or depression reported more marijuana consequences than did those not positive on these screeners. Regression analyses revealed protective strategies moderated the relationship between

PTSD and marijuana consequences such that young veterans who endorsed more PTSD symptoms and infrequent use of protective strategies reported the most marijuana consequences. No moderating effects were found for the relationship between depression and marijuana consequences. Findings have clinical implications for working with young veterans.

Links of Interest

The war isn't over. After military service, veterans still fight to endure (video)
https://www.cnbc.com/video/2018/03/22/the-war-isnt-over-after-military-service-veterans-still-fight-to-endure.html

New Trump order would ban most transgender troops from serving
https://www.militarytimes.com/news/your-army/2018/03/24/trump-order-would-ban-most-transgender-troops-from-serving/

Choosing the right mental health provider
https://www.health.harvard.edu/blog/choosing-right-mental-health-provider-2018032313423

What Are the Main Types of Therapy for Anxiety?
https://blogs.psychcentral.com/fearless/2018/03/what-are-the-main-types-of-therapy-for-anxiety/

Mattis, Pentagon quiet on new transgender policy
https://www.militarytimes.com/news/your-military/2018/03/26/mattis-pentagon-quiet-on-new-transgender-policy/

Veteran kills himself in VA medical center waiting room
https://www.militarytimes.com/news/your-army/2018/03/28/veteran-kills-himself-in-va-medical-center-waiting-room/

Resource of the Week: Postvention in the U.S. Military: Survey of Survivors of Suicide Loss from 2010-2014

Tiffany E. Ho, Kristin G. Schneider, Jessica A. Wortman, James G. Beneda, Marie M. Osborn, Tegan M. Smischney, Michael J. Schwerin, Catina M. Smith, Brandon L. Carlisle
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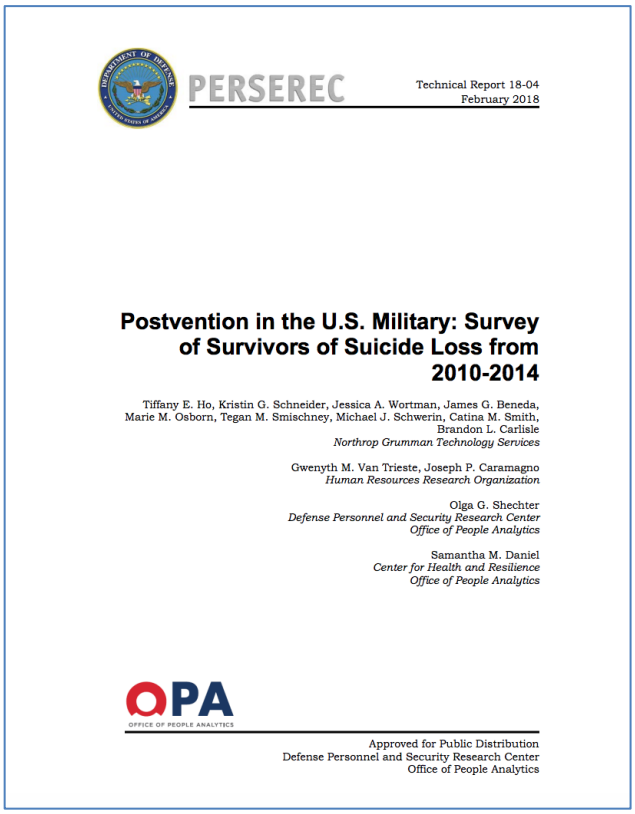
Center for Health and Resilience
Office of People Analytics

Defense Personnel and Security Research Center
Office of People Analytics
Technical Report 18-04
February 2018

Postvention refers to any activity that aims to alleviate the psychological pain of a suicide loss survivor and to reduce the harmful effects of suicide exposure, especially suicide contagion. The goal of this study was to determine whether suicide loss survivors have any unique psychological needs (compared to accident loss survivors) that are currently unmet by postvention services provided by the DoD. To address this, researchers administered a survey to survivors (next of kin [NOK] and fellow unit members) of suicide or accident loss that assessed survivors' usage of and satisfaction with DoD postvention programs and services as well as survivors' current psychological functioning. Results indicated that NOK and fellow unit members of Service members who died by suicide from 2010 to 2014 experienced significantly higher levels of shame and stigma compared to survivors of Service members who died in accidents (e.g., motor vehicle accidents) in the same time frame. This

association was not mediated by differences in overall postvention satisfaction. However, higher levels of postvention satisfaction were associated with better psychological outcomes for both suicide and accident loss survivors. Among NOK, suicide loss survivors reported significantly less satisfaction with their experiences around the death investigation than accident loss survivors. Among fellow unit members, suicide loss survivors reported significantly less satisfaction with unit leadership and funeral or memorial services. Open-ended items contextualized these findings and brought forward other important survivor needs. Synthesis of the quantitative and qualitative data yielded nine main findings. Recommendations include how to provide better and more consistent postvention support to survivors of suicide loss within the DoD.



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