CDP

Uniformed Services University

Research Update -- September 6, 2018

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Special Section
Suicide Prevention Month

https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2687370

Comparison of the Safety Planning Intervention With Follow-up vs Usual Care of Suicidal Patients Treated in the Emergency Department.

Stanley B, Brown GK, Brenner LA, et al.

JAMA Psychiatry
Published online July 11, 2018
doi:10.1001/jamapsychiatry.2018.1776

Key Points
Question
Can a brief suicide prevention intervention reduce suicidal behaviors and improve treatment engagement among patients who present to the emergency department for suicide-related concerns?

Findings
In this cohort comparison study, patients who visited the emergency department for suicide-related concerns and received the Safety Planning Intervention with structured follow-up telephone contact were half as likely to exhibit suicidal behavior and more than twice as likely to attend mental health treatment during the 6-month follow-up period compared with their counterparts who received usual care following their ED visit.

Meaning
The Safety Planning Intervention with structured follow-up telephone contact may be an effective brief suicide prevention intervention that can be implemented in emergency departments.

Abstract
Importance
Suicidal behavior is a major public health problem in the United States. The suicide rate has steadily increased over the past 2 decades; middle-aged men and military veterans are at particularly high risk. There is a dearth of empirically supported brief intervention strategies to address this problem in health care settings generally and particularly in emergency departments (EDs), where many suicidal patients present for care.

Objective
To determine whether the Safety Planning Intervention (SPI), administered in EDs with follow-up contact for suicidal patients, was associated with reduced suicidal behavior and improved outpatient treatment engagement in the 6 months following discharge, an established high-risk period.

Design, Setting, and Participants
Cohort comparison design with 6-month follow-up at 9 EDs (5 intervention sites and 4 control sites) in Veterans Health Administration hospital EDs. Patients were eligible for the study if they were 18 years or older, had an ED visit for a suicide-related concern, had inpatient hospitalization not clinically indicated, and were able to read English. Data were collected between 2010 and 2015; data were analyzed between 2016 and 2018.

Interventions
The intervention combines SPI and telephone follow-up. The SPI was defined as a brief clinical intervention that combined evidence-based strategies to reduce suicidal behavior through a prioritized list of coping skills and strategies. In telephone follow-up, patients were contacted at least 2 times to monitor suicide risk, review and revise the SPI, and support treatment engagement.

Main Outcomes and Measures
Suicidal behavior and behavioral health outpatient services extracted from medical records for 6 months following ED discharge.

Results
Of the 1640 total patients, 1186 were in the intervention group and 454 were in the comparison group. Patients in the intervention group had a mean (SD) age of 47.15 (14.89) years and 88.5% were men (n = 1050); patients in the comparison group had a mean (SD) age of 49.38 (14.47) years and 88.1% were men (n = 400). Patients in the SPI+ condition were less likely to engage in suicidal behavior (n = 36 of 1186; 3.03%) than those receiving usual care (n = 24 of 454; 5.29%) during the 6-month follow-up period. The SPI+ was associated with 45% fewer suicidal behaviors, approximately halving the odds of suicidal behavior over 6 months (odds ratio, 0.56; 95% CI, 0.33-0.95, P = .03). Intervention patients had more than double the odds of attending at least 1 outpatient mental health visit (odds ratio, 2.06; 95% CI, 1.57-2.71; P < .001).

Conclusions and Relevance
This large-scale cohort comparison study found that SPI+ was associated with a reduction in suicidal behavior and increased treatment engagement among suicidal

patients following ED discharge and may be a valuable clinical tool in health care settings.

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https://econtent.hogrefe.com/doi/full/10.1027/0227-5910/a000558

Suicide Risk Assessment: Risk Stratification Is Not Accurate Enough to Be Clinically Useful and Alternative Approaches Are Needed.

Gregory Carter and Matthew J. Spittal

Crisis
(2018), 39, pp. 229-234
https://doi.org/10.1027/0227-5910/a000558.

In clinical populations, suicidal behaviors are future events that should be the focus of prevention. A recent systematic review estimated the frequency of suicide after hospital-treated self-harm at 1.6% after 12 months and 3.9% at 5 years, with repetition of self-harm at 16.3% after 12 months (Carroll, Metcalfe, & Gunnell, 2014b). Another systematic review focusing on psychiatric inpatients estimated that suicide after discharge was around 0.5% per-person-year; the highest rate was 1.1% per-person-year 3 months after discharge (Chung et al., 2017). In the UK, 6.5% of psychiatric inpatients were admitted for self-harm 12 months after discharge (Gunnell et al., 2008).

Risk assessments are done to classify individuals as high risk or low risk for future suicidal behaviors. This classification (stratification) is used to determine the allocation of after-care aimed at preventing these behaviors. The high-risk stratum are offered specific interventions (e.g., psychiatric hospitalization, close nursing observation [for inpatients], face-to-face or telephone follow-up and identified community support) or more intense intervention (e.g., greater frequency of reviews in inpatient and community settings). Risk stratification is widely practiced (Quinlivan et al., 2014) and endorsed (Suicide Prevention Resource Center, 2015).

However, the inaccuracy of suicide prediction has been known for 60 years (Rosen, 1954). In a seminal paper, Pokorny used the suicide rate for his patients (500 per 100,000) and invoked an almost perfect predictive instrument (to classify high risk) having a sensitivity of 99% and a specificity of 99% (Pokorny, 1983). Even under these idealized conditions, the positive predictive value (PPV) was 33%, with 66% of the high-risk stratum being false positives, thus demonstrating the absolute statistical ceiling

imposed on PPV by the low prevalence of suicide, regardless of the method of stratification.

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http://mental.jmir.org/2018/3/e10078/

Reaching Those At Risk for Psychiatric Disorders and Suicidal Ideation: Facebook Advertisements to Recruit Military Veterans.

Teo AR, Liebow SB, Chan B, Dobscha SK, Graham AL

JMIR Ment Health
2018;5(3):e10078
DOI: 10.2196/10078

Background:
Younger military veterans are at high risk for psychiatric disorders and suicide. Reaching and engaging veterans in mental health care and research is challenging. Social media platforms may be an effective channel to connect with veterans.

Objective:
This study tested the effectiveness of Facebook advertisements in reaching and recruiting Iraq and Afghanistan-era military veterans in a research study focused on mental health.

Methods:
Facebook ads requesting participation in an online health survey ran for six weeks in 2017. Ads varied imagery and headlines. Validated instruments were used to screen for psychiatric disorders and suicidality. Outcomes included impressions, click-through rate, survey completion, and cost per survey completed.

Results:
Advertisements produced 827,918 impressions, 9,527 clicks, and 587 survey completions. Lack of enrollment in Veterans Affairs health care (193/587, 33%) and positive screens for current mental health problems were common, including posttraumatic stress disorder (266/585, 45%), problematic drinking (243/584, 42%), major depression (164/586, 28%), and suicidality (132/585, 23%). Approximately half of the survey participants (285/587, 49%) were recruited with just 2 of the 15 ads, which showed soldiers marching tied to an “incentive” or “sharing” headline. These 2 ads were

also the most cost-effective, at US $4.88 and US $5.90 per participant, respectively. Among veterans with current suicidal ideation, the survey-taking image resulted in higher survey completion than the soldiers marching image (P=.007).

Conclusions:
Facebook advertisements are effective in rapidly and inexpensively reaching military veterans, including those at risk for mental health problems and suicidality, and those not receiving Veterans Affairs health care. Advertisement image and headlines may help optimize the effectiveness of advertisements for specific subgroups.

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https://link.springer.com/article/10.1007/s10608-018-9932-7

Reasons for Living Among U.S. Army Personnel Thinking About Suicide.

Bryan, C.J., Oakey, D.N. & Harris, J.A.

Cognitive Therapy and Research
First Online: 12 July 2018
DOI: https://doi.org/10.1007/s10608-018-9932-7

Reasons for living are associated with reduced suicide risk, but have not received much empirical attention among U.S. military personnel, a population with elevated suicide risk. The present study examined the factor structure, reliability, and validity of the Brief Reasons for Living Inventory (BRFLI) in a clinical sample of 97 treatment-seeking Army personnel with recent suicide ideation and/or a history of suicide attempts. Results supported a five-factor structure for the BRFLI. Each factor had good internal consistency (ω's > 0.94) and demonstrated convergent and divergent validity. Survival and coping beliefs and responsibility to family subscale scores were negatively correlated with recent suicidal thinking. Responsibility to family subscale scores were associated with significantly reduced risk of suicide attempts during follow-up. BRFLI subscale scores showed little to no clinical responsivity following intervention. Results suggest survival and coping beliefs and responsibility to family may be protective for high-risk military personnel.

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https://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000532?journalCode=cri

Is Suicidal Behavior in Mood Disorders Altered by Comorbid PTSD?

René M. Lento, Amanda Carson-Wong, Jonathan D. Green, Christopher G. AhnAllen, and Phillip M. Kleespies

Crisis
Published online July 27, 2018
https://doi.org/10.1027/0227-5910/a000532

Background:
Suicide is a leading cause of death among US veterans. Associations between depression, posttraumatic stress disorder (PTSD), and suicidal behaviors have been found in this population, yet minimal research has explored how manifestations of self-injurious behavior (SIB) may vary among different diagnostic presentations. Aims: This study aimed to identify clinically useful differences in SIB among veterans who experience comorbid mood disorder and PTSD (CMP) compared with those who experience a mood disorder alone (MDA).

Method:
Participants were 57 US military veterans who reported an incident of intentional SIB. The semistructured Post Self-Injury/Attempted Self-Injury Debriefing Interview was used to examine characteristics of the SIB.

Results:
Veterans diagnosed with CMP were more likely than those with MDA to (a) report that the SIB was impulsive and (b) to be under the influence of substances at the time of self-injury.

Limitations:
Generalizability may be limited by small sample size and predominantly European American, male demographics. While highly relevant to routine clinical practice, caution is recommended, as study diagnoses were attained from medical records rather than structured interviews.

Conclusion:
Safety planning that emphasizes protection against impulsive suicide attempts (e.g., means restriction) may be especially important among veterans with comorbid mood disorder and PTSD.

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https://www.sciencedirect.com/science/article/pii/S0165032718306475

Examining components of emotion regulation in relation to sleep problems and suicide risk.

Erin F. Ward-Ciesielski, E. Samuel Winer, Christopher W. Drapeau, Michael R. Nadorff

Journal of Affective Disorders
Available online 27 July 2018
https://doi.org/10.1016/j.jad.2018.07.065

Highlights
• Sleep disturbances (e.g., nightmares) are associated with an increased risk for suicide.
• Emotion regulation may account for this association.
• Complex models incorporating varied aspects of emotion regulation are needed.
• Emotion regulation was examined via moderated mediation models.
• Analyses revealed emotional downregulation played a greater role than upregulation.

Abstract
Background
Sleep has emerged as an important factor in elevated risk for suicide and suicidal behaviors; however, the mechanisms accounting for this relationship are poorly understood. Emotion regulation is a well-established correlate of self-injurious behaviors; however, the broad construct has recently been shown to provide limited predictive utility. More nuanced investigations into the processes involved in emotion regulation may address this gap. This study sought to examine the mediating role of emotion regulation between sleep disturbances and suicide risk, as well as to evaluate a moderated mediation model in which down- and up-regulation of emotions would moderate this mediation.

Methods
Participants were 972 adults recruited from a crowdsourcing website (Amazon's

Mechanical Turk) who completed self-report questionnaires regarding nightmares, suicide risk, and emotion regulation.

Results
Emotion regulation mediated the direct effect of nightmares on suicide risk and suicide attempts. Downregulation of negative affect moderated the mediation of nightmares on suicide risk more clearly than upregulation of positive affect, and neither component of emotion regulation exhibited moderated mediation in the suicide attempt model.

Limitations
Generalizability of our findings from an online community sample will need to be established with replication in other samples. Additionally, we used cross-sectional measures in our mediation models.

Conclusions
Downregulation of negative emotions may be particularly salient in relation to the severity of suicide risk and, as a result, relative deficits in this area should be considered when making risk determinations.

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https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2697761

Risk Factors Associated With Attempted Suicide Among US Army Soldiers Without a History of Mental Health Diagnosis.

Ursano RJ, Kessler RC, Naifeh JA, et al.

JAMA Psychiatry
Published online August 29, 2018
doi:10.1001/jamapsychiatry.2018.2069

Key Points
Question
What are risk factors for suicide attempt among US Army soldiers with no history of mental health diagnosis?

Findings
This longitudinal cohort study of 9650 enlisted soldiers with a documented suicide attempt and 153 528 control person-months found no history of mental health diagnosis

in more than one-third of those who attempted suicide. Risk factors for attempt (sociodemographic, service related, physical health care, injury, subjection to crime, crime perpetration, and family violence) were similar regardless of previous diagnosis, although the strength of associations differed.

Meaning
This study suggests that personnel, medical, legal, and family services records may assist in identifying suicide attempt risk among soldiers with unrecognized mental health problems.

Abstract
Importance
The US Army suicide attempt rate increased sharply during the wars in Afghanistan and Iraq. Although soldiers with a prior mental health diagnosis (MH-Dx) are known to be at risk, little is known about risk among those with no history of diagnosis.

Objective
To examine risk factors for suicide attempt among soldiers without a previous MH-Dx.

Design, Setting, and Participants
In this retrospective longitudinal cohort study using administrative data from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS), person-month records were identified for all active-duty Regular Army enlisted soldiers who had a medically documented suicide attempt from January 1, 2004, through December 31, 2009 (n = 9650), and an equal-probability sample of control person-months (n = 153 528). Data analysis in our study was from September 16, 2017, to June 6, 2018. In a stratified sample, it was examined whether risk factors for suicide attempt varied by history of MH-Dx.

Main Outcomes and Measures
Suicide attempts were identified using Department of Defense Suicide Event Report records and International Classification of Diseases, Ninth Revision, Clinical Modification E95 × diagnostic codes. Mental health diagnoses and related codes, as well as sociodemographic, service-related, physical health care, injury, subjection to crime, crime perpetration, and family violence variables, were constructed from Army personnel, medical, legal, and family services records.

Results
Among 9650 enlisted soldiers with a documented suicide attempt (74.8% male), 3507 (36.3%) did not have a previous MH-Dx. Among soldiers with no previous diagnosis, the

highest adjusted odds of suicide attempt were for the following: female sex (odds ratio [OR], 2.6; 95% CI, 2.4-2.8), less than high school education (OR, 1.9; 95% CI, 1.8-2.0), first year of service (OR, 6.0; 95% CI, 4.7-7.7), previously deployed (OR, 2.4; 95% CI, 2.1-2.8), promotion delayed 2 months or less (OR, 2.1; 95% CI, 1.7-2.6), past-year demotion (OR, 1.6; 95% CI, 1.3-1.8), 8 or more outpatient physical health care visits in the past 2 months (OR, 3.3; 95% CI, 2.9-3.8), past-month injury-related outpatient (OR, 3.0; 95% CI, 2.8-3.3) and inpatient (OR, 3.8; 95% CI, 2.3-6.3) health care visits, previous combat injury (OR, 1.6; 95% CI, 1.0-2.4), subjection to minor violent crime (OR, 1.6; 95% CI, 1.1-2.4), major violent crime perpetration (OR, 2.0; 95% CI, 1.3-3.0), and family violence (OR, 2.9; 95% CI, 1.9-4.4). Most of these variables were also associated with suicide attempts among soldiers with a previous MH-Dx, although the strength of associations differed.

Conclusions and Relevance
Suicide attempt risk among soldiers with unrecognized mental health problems is a significant and important challenge. Administrative records from personnel, medical, legal, and family services systems can assist in identifying soldiers at risk.

See also:

Editorial
Suicide Prevention in the US Army: A Mission for More Than Mental Health Clinicians

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https://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_v12n4.pdf

Clinician's Trauma Update Online (CTU-Online)

National Center for PTSD
Issue 12(4), AUGUST 2018

CTU-Online includes brief updates on the latest clinically relevant research. Content on treatment and assessment is emphasized. Publications on other topics are included if the content has significant clinical implications.

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https://content.govdelivery.com/accounts/USVHA/bulletins/2092e2b

Be There for Veterans and Service Members, PTSD Monthly Update - August 2018

Encourage PTSD treatment during National Suicide Prevention Awareness Month

September marks the beginning of National Suicide Prevention Awareness Month. This annual awareness campaign reminds us that simple acts of kindness can help those with suicidal thoughts seek care.

What factors increase suicide risk?
Among Veterans, the risk of suicide may increase due to trauma that happened during combat. How intense and how frequent the combat trauma was can affect suicide risk.

In one study, Veterans who were hospitalized for a combat injury, or were wounded in combat more than once, had higher suicide risk. Other trauma not related to combat can also increase suicide risk in Veterans, such as military sexual trauma (MST). PTSD and other mental health concerns like depression and substance use can also increase risk of suicide.

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https://www.sciencedirect.com/science/article/abs/pii/S0005789418301084

Mediators of Change in Cognitive Behavior Therapy for Clinical Burnout.

Fredrik Santoft, Sigrid Salomonsson, Hugo Hesser, Elin Lindsäter, ... Erik Hedman-Lagerlöf

Behavior Therapy
Available online 20 August 2018
https://doi.org/10.1016/j.beth.2018.08.005

Highlights
• Mechanisms of change in CBT for clinical burnout are unknown
• We investigated mediators in the context of a randomized controlled trial
• CBT resulted in superior reductions in burnout (large between-group effect)
• Sleep quality and perceived competence mediated the improvements
• Behavioral activation and working alliance were not significant mediators

Abstract
Evidence supporting the effectiveness of cognitive behavior therapy (CBT) for stress-related illness is growing, but little is known about its mechanisms of change. The aim of this study was to investigate potential mediators of CBT for severe stress in form of clinical burnout, using an active psychological treatment as comparator. We used linear mixed models to analyze data from patients (N = 82) with clinical burnout who received either CBT or another psychological treatment in a randomized controlled trial. Potential mediators, i.e., sleep quality, behavioral activation, perceived competence and therapeutic alliance, and outcome, i.e., symptoms of burnout, were assessed weekly during treatment. The results showed that the positive treatment effects on symptoms of burnout favoring CBT (estimated between-group d = 0.93) were mediated by improvements in sleep quality, ab = − 0.017, 95% CIasymmetric [− 0.037, − 0.002], and increase in perceived competence, ab = − 0.037, 95% CIasymmetric [− 0.070, − 0.010]. Behavioral activation, ab = − 0.004 [− 0.016, 0.007], and therapeutic alliance, ab = 0.002 [− 0.006, 0.011], did not significantly mediate the difference in effects between the treatments. Improving sleep quality and increasing perceived competence may thus constitute important process goals in order to attain symptom reduction in CBT for clinical burnout.

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https://www.sciencedirect.com/science/article/abs/pii/S0005789417301284

Computer-Guided Problem-Solving Treatment for Depression, PTSD, and Insomnia Symptoms in Student Veterans: A Pilot Randomized Controlled Trial.

Lee A.Bedford, Jessica R.Dietch, Daniel J.Taylor, AdrielBoals, ClaudiaZayfert

Behavior Therapy
Volume 49, Issue 5, September 2018, Pages 756-767
https://doi.org/10.1016/j.beth.2017.11.010

Highlights
• Examines the efficacy of ePST for treatment of depression in military student Veterans.
• ePST reduces depression, posttraumatic stress, and insomnia symptoms.
• ePST can help reach individuals who have limited access to live therapy.

Abstract
Depression is a highly prevalent psychological disorder experienced disproportionately by college student military veterans with many deleterious effects including risk for suicide. Treatment can help, but the debilitating nature of depression often makes seeking in-person treatment difficult and many are deterred by stigma, inconvenience, concerns about privacy, or a preference to manage problems themselves. The current study examines the efficacy of a computer-guided Problem-Solving Treatment (ePST®) for reducing symptoms of depression, posttraumatic stress disorder (PTSD), and insomnia in student military veterans. Twenty-four student veterans (Meanage = 32.7) with symptoms of depression were randomly assigned either to a treatment group receiving six weekly sessions of ePST or to a minimal contact control group (MCC). Participants completed the Patient Health Questionnaire-9 (PHQ-9) depression scale at baseline and then weekly through post-ePST or post-MCC. PTSD and insomnia questionnaires were also completed at baseline and posttreatment. A linear mixed model regression showed a statistically significant Group (ePST vs. MCC) × Time (pretreatment through posttreatment) interaction for depression, with the ePST showing substantial improvements in depressive symptoms over the 6-week period. Significant improvements were also seen in PTSD and insomnia symptoms. Results suggest that ePST can effectively treat depression, PTSD, and insomnia symptoms in student military veterans and may be a viable alternative for those who are not able to access live therapy. Future work should examine the durability of treatment effects and utility for more severe depression and suicide prevention.

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https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1503000

Ethical considerations in the management of military related concussion.

Patrick Armistead-Jehle

Military Psychology
Published online: 24 Aug 2018
https://doi.org/10.1080/08995605.2018.1503000

Since the year 2000 over 300,000 military service members have been diagnosed with mild traumatic brain injury/concussion. Consequently, this injury has become the subject of increased awareness and study within the military healthcare environment. Although single and/or isolated concussions typically heal in a relatively rapid fashion with limited to no long-term sequelae, there is debate in the field about the impact of repeat

concussion. To this end, various ethical challenges arise when managing patients with such injuries. Several papers outlining these issues with regard to athletes have been published in the sports medicine literature. However, because providers caring for military service members must make return-to-duty-decisions, practice within the military setting results in a number of unique ethical considerations. More specifically, management of service members with a history of repeat concussion and increasingly complicated recoveries, as well as the potential for premature return-to-duty are topics of concern for military health care providers. Using the American Psychological Association ethical principles and standards, the current article outlines various ethical challenges to concussion management in the military setting. The ethical principles of Beneficence and Nonmaleficence and Respect for People's Rights and Dignity, as well as the 3 related ethical standards of Competence, Avoiding Harm, and Conflict of Interest are discussed. Policy changes are highlighted as a proximal solution to these ethical challenges.

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https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1502999

Psychological impact of remote combat/graphic media exposure among US Air Force intelligence personnel.

Alan D. Ogle, Reed Reichwald & J. Brian Rutland

Military Psychology
Published online: 24 Aug 2018
https://doi.org/10.1080/08995605.2018.1502999

Since 2001 there has been a significant increase in the use of intelligence, surveillance, and reconnaissance (ISR) analysis for tactical, operational, and strategic decision makers engaged in global operations. To meet this demand, US Air Force intelligence personnel participate in remote combat and graphic media exploitation operations (e.g., review of still imagery, video, and audio), the long-term psychological effects of which are not well understood. Research to date has focused primarily on outcomes related to how intelligence personnel work, versus the specifics of what they do. Military psychologists embedded in ISR units conducted studies to address this gap. Intelligence analysts participated in focus groups and surveys assessing the frequency of exposure, previous exposures to other potentially traumatic events, symptoms of PTSD, moral injury, and other psychosocial experiences. Results showed that exposure levels, albeit virtual, rivaled or exceeded those reported by a sample of special

operations forces. Results also showed that specific types of exposures (e.g., witnessing US military casualties, civilian casualties, atrocities committed by the enemy) are related to increased posttraumatic stress and other sequelae that may not adequately be captured by standard posttraumatic stress disorder screening measures. The results contribute to the existing literature on posttraumatic stress, shed new light on the emerging construct of moral injury, and highlight challenges presented by remote combat and graphic media exploitation operations to force health sustainment and performance optimization. The authors provide directions for future research and recommendations for ongoing assessment, monitoring, and selection and training of ISR personnel.

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https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1478550

Treating PTSD in active duty service members using cognitive processing therapy or prolonged exposure therapy: Examining everyday practice at a military outpatient clinic.

Keith R. Aronson, Janet A. Welsh, Anna Fedotova, Nicole R. Morgan, Daniel F. Perkins & Wendy Travis

Military Psychology
Published online: 24 Aug 2018
https://doi.org/10.1080/08995605.2018.1478550

The Institute of Medicine has stressed the need for evaluations of evidence-based treatments (EBTs) for posttraumatic stress disorder (PTSD) among active duty service members (AD) using a variety of evaluation approaches (Institute of Medicine, 2012). The current study examined the clinical files of 134 service members who completed treatment for PTSD using either prolonged exposure (PE) or cognitive processing therapy at an outpatient clinic. At the completion of each session, therapists made a clinical rating as to whether or not the session was protocol adherent. The total number of treatment sessions and the proportion of sessions rated as being protocol adherent were calculated. Multi-level models estimated the change in patient PTSD and other psychological symptoms over time as a function of clinician-rated protocol adherence and total number of sessions. Approximately 65% of clinic encounters were rated by therapists as being protocol adherent. Significant reductions in PTSD and psychological symptoms were associated with protocol adherence, and this was particularly true for patients who began treatment above clinical thresholds for both PTSD and other

psychological symptoms. However, as the number of sessions increased, the impact of protocol adherence was attenuated. Patient characteristics, including gender, ethnicity, and co-morbidity for other psychiatric disorders were not related to symptom change trajectories over time. These findings suggest that protocol adherence and efficiency in delivery of EBTs for the treatment of PTSD with AD is critical.

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https://link.springer.com/article/10.1007/s41811-018-0015-z

Inception of a Discovery: Re-defining the Use of Socratic Dialogue in Cognitive Behavioral Therapy.

Nikolaos Kazantzis, Matthew E. Stuckey

International Journal of Cognitive Therapy

June 2018, Volume 11, Issue 2, pp 117–123
https://doi.org/10.1007/s41811-018-0015-z

Cognitive behavioral therapy (CBT) was designed as a psychotherapy to support client ownership and self-confidence in the change process, not simply provide clients with the answers to their problems. In the first published guide for practice, Beck, Rush, Shaw, and Emery (Cognitive therapy of depression, New York: Guilford Press, 1974) described the therapeutic relationship as an environment where the therapist would exemplify the use of questioning to help evaluate the maladaptive beliefs and structures that lead to, or maintain, the client's emotional distress. However, little research has been undertaken to examine the client's adoption of self-questioning, or Socratic dialogue as relational process and intervention in CBT. This article presents an introduction to a special series in the International Journal of Cognitive Therapy, which aims to build upon previous efforts to unpack the complexities and nuances of Socratic dialogue in CBT by (a) compiling the most current expert opinion on the definition, role, and application of Socratic dialogue; (b) providing an account of key elements of the dialogue process; and (c) presenting the latest empirical examination of behavioral shaping as a potential mechanism underlying the change process during Socratic dialogue. In providing a greater conceptual understanding of contemporary issues and knowledge regarding core CBT processes, it is hoped that this special series will also encourage the practitioners to ask more questions of their own practice, as well as the gaps in the existing knowledge base, thereby widening the pathway for further scientific discoveries.

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https://www.sciencedirect.com/science/article/pii/S1087079218300790

How does sleep restriction therapy for insomnia work? A systematic review of mechanistic evidence and the introduction of the Triple-R model.

Leonie F. Maurer, Colin A. Espie, Simon D. Kyle

Sleep Medicine Reviews
Available online 1 September 2018
https://doi.org/10.1016/j.smrv.2018.07.005

For over 30 y sleep restriction therapy (SRT) has been used to treat insomnia but we know very little about how this therapy exerts its effects. When SRT was first described, it was hypothesised to treat insomnia by addressing four key factors: strengthening homeostatic sleep pressure, inhibiting perpetuating practices (excessive time in bed), attenuating hyperarousal and tightening regulatory control of sleep by the endogenous circadian pacemaker. We conducted a systematic literature review in search of evidence for these putative mechanisms-of-action. A total of 15 randomised and non-randomised studies investigating SRT met inclusion criteria. For each study, we extracted all variables associated with the proposed mechanisms and assessed study quality using a structured appraisal tool. The extracted variables were: time in bed (TIB), napping, variability in sleep, markers of circadian rhythmicity, measurements of sleep pressure/sleepiness, and assessments of arousal. Overall study quality was poor as indicated by a mean quality score of 17 (out of a possible range of 0–31). No study indicated, or indeed was designed to test, whether changes in the proposed mechanisms act as mediators of treatment outcomes. Of all reviewed studies, most reported a reduction in TIB (10/10) and/or revealed a decrease in sleep onset latency (10/14), indexing increased sleep pressure. However, such changes were most often reported at the end of treatment, reflecting an outcome and not a mechanism of SRT per se. Evidence for reduction in arousal (4/4) and night-to-night sleep variability (2/2) was found in only a small number of uncontrolled studies while there was no evidence for change in circadian phase or periodicity (0/1). Our review suggests that SRT targets some of the hypothesised processes but specifically-designed mechanistic evaluations are needed. We introduce a new testable model of SRT mechanism-of-action (Triple-R) and set out a research agenda aimed at stimulating prospective investigations.

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https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2686050

Effect of Repetitive Transcranial Magnetic Stimulation on Treatment-Resistant Major Depression in US Veterans: A Randomized Clinical Trial.

Yesavage JA, Fairchild JK, Mi Z, et al.

JAMA Psychiatry
2018;75(9):884–893
doi:10.1001/jamapsychiatry.2018.1483

Key Points
Question
Is repetitive transcranial magnetic stimulation an efficacious treatment for treatment-resistant major depression in patients who are veterans?

Findings
In this randomized clinical trial of 164 US veterans with depression, the overall remission rate was 39%, with no significant difference between the active and sham groups. Patients with comorbid posttraumatic stress disorder showed the least improvement.

Meaning
These findings may reflect the importance of close clinical surveillance, rigorous monitoring of concomitant medication, and regular interaction with clinic staff in bringing about significant improvement in this treatment-resistant population.

Abstract
Importance
Treatment-resistant major depression (TRMD) in veterans is a major clinical challenge given the high risk for suicidality in these patients. Repetitive transcranial magnetic stimulation (rTMS) offers the potential for a novel treatment modality for these veterans.

Objective
To determine the efficacy of rTMS in the treatment of TRMD in veterans.

Design, Setting, and Participants
A double-blind, sham-controlled randomized clinical trial was conducted from

September 1, 2012, to December 31, 2016, in 9 Veterans Affairs medical centers. A total of 164 veterans with TRD participated.

Interventions
Participants were randomized to either left prefrontal rTMS treatment (10 Hz, 120% motor threshold, 4000 pulses/session) or to sham (control) rTMS treatment for up to 30 treatment sessions.

Main Outcomes and Measures
The primary dependent measure of the intention-to-treat analysis was remission rate (Hamilton Rating Scale for Depression score ≤10, indicating that depression is in remission and not a clinically significant burden), and secondary analyses were conducted on other indices of posttraumatic stress disorder, depression, hopelessness, suicidality, and quality of life.

Results

The 164 participants had a mean (SD) age of 55.2 (12.4) years, 132 (80.5%) were men, and 126 (76.8%) were of white race. Of these, 81 were randomized to receive active rTMS and 83 to receive sham. For the primary analysis of remission, there was no significant effect of treatment (odds ratio, 1.16; 95% CI, 0.59-2.26; P = .67). At the end of the acute treatment phase, 33 of 81 (40.7%) of those in the active treatment group achieved remission of depressive symptoms compared with 31 of 83 (37.4%) of those in the sham treatment group. Overall, 64 of 164 (39.0%) of the participants achieved remission.

Conclusions and Relevance
A total of 39.0% of the veterans who participated in this trial experienced clinically significant improvement resulting in remission of depressive symptoms; however, there was no evidence of difference in remission rates between the active and sham treatments. These findings may reflect the importance of close clinical surveillance, rigorous monitoring of concomitant medication, and regular interaction with clinic staff in bringing about significant improvement in this treatment-resistant population.

See also:

Editorial
The Search for Treatments for Veterans With Major Depression: Of Paramount Importance, yet Still Elusive

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https://www.sciencedirect.com/science/article/pii/S2405452617302008

Standardized patient scenarios: Preparing interprofessional teams for working with veterans.

Jane Anthony Peterson, Margaret Brommelsiek,Tracy Graybill

Journal of Interprofessional Education & Practice
Volume 13, December 2018, Pages 12-14
https://doi.org/10.1016/j.xjep.2018.08.001

Military veterans may have complex physical and mental health problems, many of which health professionals are unfamiliar and may feel unprepared to provide care. A need for health care providers to be prepared to provide culturally sensitive, competent care for veterans exists. The purpose of this 8-week Interprofessional Education (IPE) project used standardized patient simulations to train health professional students in military culture, common health issues of veterans, and interprofessional collaboration and practice. Students engaged in weekly case study simulations and standardized patient experiences to simulate the “real-life” experiences of veteran patients. Supported by focus group data, student teams collaborated with the patient and their team to provide patient-centered, culturally sensitive care for veterans. Students shared that working on the case scenarios and standardized patients enriched their learning because of the immediate feedback from faculty and peers.

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https://www.sciencedirect.com/science/article/pii/S0165178117322722

Riding the emotional roller coaster: The role of distress tolerance in non-suicidal self-injury.

A. Slabbert, P. Hasking, M. Boyes

Psychiatry Research
Volume 269, November 2018, Pages 309-315
https://doi.org/10.1016/j.psychres.2018.08.061

Highlights
• Rumination is associated with odds and frequency of NSSI.

• We assessed whether distress tolerance can interrupt these cascades.
• Rumination and distress tolerance interact to predicts odds of NSSI.
• Affect intensity, rumination and distress tolerance interact to predict frequency of NSSI.

Abstract
Non-Suicidal Self-Injury (NSSI) is the deliberate damage to one's bodily tissue without suicidal intent. The Emotional Cascade Model proposes NSSI functions as a distraction from ‘cascades’ of intense affect and rumination. Low distress tolerance is one factor thought to potentially amplify these cascades but has yet to be empirically tested. Using the Emotional Cascade Model as a framework, we investigated the moderating roles of rumination and distress tolerance in the relationship between affect intensity and NSSI. A sample of 400 university students between the ages of 17 and 62 years (M = 21.02, SD = 5.32) completed well-validated measures of NSSI, affect intensity, rumination, and distress tolerance. As expected, rumination was associated with history of NSSI but only among individuals who reported high levels of distress tolerance. Further, affect intensity was positively associated with NSSI frequency, but only at low levels of rumination and distress tolerance. These results provide promising insight into potential prevention and intervention initiatives that may target rumination and distress tolerance to reduce the likelihood and frequency of self-injury.

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https://www.liebertpub.com/doi/abs/10.1089/jwh.2017.6835

The Women's Experience: A Look at Risk and Protective Factors for Deployed Female Air Force Personnel.

Nicole C. Breeden, Janet A. Welsh, Jonathan R. Olson, and Daniel F. Perkins

Journal of Women’s Health
Published Online:21 Aug 2018
https://doi.org/10.1089/jwh.2017.6835

Objective:
Over the past few decades, women's roles in the United States military have expanded significantly. Currently women encounter more wartime experiences during deployment than in the past. Previous research with male service members has linked exposure to wartime events to subsequent development of post-traumatic stress disorder (PTSD) symptoms. However, because of the unique experiences of military women, research is

needed to better understand the link between wartime experiences and mental health in female personnel.

Methods:
We examined the wartime experiences of deployed, active-duty female Airmen and their relations to PTSD. A large representative sample of active-duty female Air Force personnel, who responded to the U.S. Air Force Community Assessment Survey (CAS), was used to determine the relationships between wartime experiences and symptoms of PTSD. Previous research suggests the possibility that factors, including unit cohesion and self-efficacy, may mediate these relations.

Results:
Descriptive analyses indicate that the percentage of personnel experiencing PTSD symptoms increased as the number of wartime experiences increased. Logistic regression analyses revealed that wartime experiences were positively related to subsequent PTSD-related symptoms. Both unit cohesion and self-efficacy were negatively related to PTSD symptoms, but neither variable was found to moderate the relationship between wartime experiences and PTSD.

Conclusions:
Women are experiencing greater numbers of wartime experiences. Like men, as the number of wartime experiences increases, PTSD symptoms increase as well. Self-efficacy and unit cohesion were found to lower these symptoms, indicating that these factors may help decrease the negative impact of wartime experiences.

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https://academic.oup.com/painmedicine/advance-article/doi/10.1093/pm/pny149/5077453

Increased Nonopioid Chronic Pain Treatment in the Veterans Health Administration, 2010–2016.

Joseph W Frank, MD, MPH Evan Carey, MS Charlotte Nolan, MPA Robert D Kerns, PhD Friedhelm Sandbrink, MD Rollin Gallagher, MD, MPH P Michael Ho, MD, PhD

Pain Medicine
Published: 21 August 2018
https://doi.org/10.1093/pm/pny149

Expert guidelines recommend prioritizing nonopioid treatments and avoiding initiation of long-term opioid therapy for the management of chronic pain. The Veterans Health Administration (VHA) has implemented multiple system-level programs to support guideline-concordant chronic pain care. In this Commentary, we describe trends in pain-related treatment utilization from 2010 to 2016 among veterans with incident chronic pain in the VHA. From 2010 to 2016, utilization of seven of nine nonopioid treatment modalities increased. The proportion of veterans utilizing multiple modalities also increased during the study period. Future work should support patient-centered integration of these modalities and assess the impact of multimodal care on patient outcomes.

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https://www.liebertpub.com/doi/abs/10.1089/tmj.2018.0084

Methodology for Evaluating Models of Telemental Health Delivery Against Population and Healthcare System Needs: Application to Telemental Healthcare for Rural Native Veterans.

Jay H. Shore, Cynthia W. Goss, Nancy K. Dailey, and Byron D. Bair

Telemedicine and e-Health
Published Online:21 Aug 2018
https://doi.org/10.1089/tmj.2018.0084

Background:
Rural American Indian and Alaska Native (AI/AN) Veterans face exceptional barriers to receiving quality mental healthcare. We aimed to identify models of in-person and telemental health service delivery with promise for adaptation and wide dissemination to rural AI/AN Veterans.

Methods:
Our method for matching specific populations with models of care includes (1) selecting frameworks that represent the healthcare organization's goals, (2) identifying relevant service delivery models for the target population(s), (3) assessing models against the selected frameworks, and (4) summarizing findings across models. We applied this approach to rural AI/AN Veteran populations.

Results:
Searches identified 13 current models of service delivery for rural AI/AN Veteran, rural

AI/AN, and general rural Veteran populations. These models were assessed against four frameworks—the U.S. Department of Veterans Affairs' Office of Rural Health's Promising Practices, Veterans Health Administration's Guide to Mental Health Services, the Institute for Healthcare Improvement's Triple Aim Framework, and the American Indian Telemental Health Clinic framework.

Discussion:
The one model used for service delivery for rural AI/AN Veterans increases access and is patient-centered but lacks operational feasibility. Models for rural AI/ANs also increase access and are patient-centered but generally lack effectiveness evaluations. Models for rural Veterans demonstrate beneficial effects on mental health outcomes but do not emphasize cultural adaptations to diverse populations.

Conclusions:
Our approach to selecting models of service delivery considers the needs of operational partners as well as target populations and emphasizes large-scale implementation alongside effectiveness. Pending further testing, this approach holds promise for wider application.

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https://www.sciencedirect.com/science/article/pii/S0749379718319354

Tobacco Screening and Counseling in the U.S.: Smokers With Mental Health and Substance Use Problems.

Hillary Samples, Sachini Bandara, Mark Olfson, Brendan Saloner

American Journal of Preventive Medicine
Available online 19 August 2018
https://doi.org/10.1016/j.amepre.2018.05.024

Introduction
Individuals with mental health and substance use problems have higher rates of smoking and tobacco-related morbidity and mortality than the general population. These increased rates can be explained, in part, by lower cessation rates compared with overall declines in tobacco use in recent years. The purpose of this study was to examine tobacco screening and cessation counseling in healthcare settings to compare rates for adults with mental health and substance use problems with those without such problems.

Methods
A nationally representative sample of adult smokers (N=42,534) from the 2013 to 2016 National Surveys on Drug Use and Health was analyzed using logistic regression to estimate ORs for screening and counseling, adjusting for demographic and socioeconomic characteristics, past-month smoking frequency, and past-year receipt of mental health and substance use treatment. Additionally, predicted probabilities of screening and counseling were calculated across groups to compare regression-adjusted rates of each service. Analyses were conducted in 2017.

Results
Compared with smokers without mental health or substance use problems, smokers with mental health and substance use problems and smokers with only mental health problems had higher odds of screening and counseling (all $p<0.001$); however, smokers with only substance use problems did not (screening $p=0.91$, counseling $p=0.45$).

Conclusions
Like smokers with mental health problems, smokers with only substance use problems are at increased risk of tobacco-related morbidity and mortality. Yet, unlike smokers with mental health problems, their rates of tobacco screening and cessation counseling by general medical providers do not reflect this elevated risk.

Links of Interest

Military Suicide Prevention: The Power of a Caring Letter
http://www.pdhealth.mil/news/blog/military-suicide-prevention-power-caring-letter

Graded In Vivo Exposure Elements May Benefit Chronic Lower Back Pain Management
https://www.clinicalpainadvisor.com/chronic-pain/graded-in-vivo-exposure-fear-avoidance-chronic-low-back-pain-cbt/article/790143/

Many enlisted women suffer adverse mental health effects after combat injury, study finds
https://www.militarytimes.com/pay-benefits/2018/08/23/enlisted-women-more-likely-to-suffer-adverse-mental-health-effects-after-combat-injury-study-finds/

Two Parris Island tragedies in one week: Here's what happened
https://www.marinecorpstimes.com/news/your-marine-corps/2017/06/20/two-parris-island-tragedies-in-one-week-here-s-what-happened/

How to get a good night's sleep
A science journalist spent months researching sleep. Here's what he found.
https://www.vox.com/science-and-health/2018/8/24/17670582/how-to-sleep-better-insomnia-tips-advice

DoD's transgender policy gets knocked back by court, again
https://www.militarytimes.com/news/your-military/2018/08/24/dods-transgender-policy-gets-knocked-back-by-court-again/

Report: LGB troops twice as likely to experience sexual assault as non-LGB population
https://www.militarytimes.com/off-duty/military-culture/2018/08/28/report-lbg-troops-twice-as-likely-to-experience-sexual-assault-as-non-lgb-population/

Supporting Readiness and Recovery through Dissemination and Implementation in the Military Health System
http://www.pdhealth.mil/news/blog/supporting-readiness-and-recovery-through-dissemination-and-implementation-military-health-system

Background Check Change Could Put Troops' Clearances at Risk
https://www.military.com/daily-news/2018/08/27/background-check-change-could-put-troops-clearances-risk.html

Are DoD drug tests soaking up too much time? Air Force chief says he'll look into it.
https://www.airforcetimes.com/news/your-air-force/2018/08/27/are-dod-drug-tests-soaking-up-too-much-time-air-force-chief-says-hell-look-into-it/

Some Young Veterans Abandon The American Legion In Favor Of New Organizations
https://www.npr.org/2018/08/24/641705970/some-young-veterans-abandon-the-american-legion-in-favor-of-new-organizations

Air Force investigates report of child abuse at one of its child care centers
https://www.airforcetimes.com/news/your-air-force/2018/08/28/air-force-investigates-report-of-child-abuse-at-one-of-its-child-care-centers/

DoD scrutinizing the safety of its schools for military children
https://www.militarytimes.com/pay-benefits/2018/08/29/dod-scrutinizing-the-safety-of-its-schools-for-military-children/

A Simple Tweak to Google Search Now Helps Veterans to Find Jobs
https://www.nextgov.com/analytics-data/2018/08/simple-tweak-google-search-now-helps-veterans-find-jobs/150856/

How sharing my PTSD struggles helped others—and me
https://health.mil/News/Articles/2018/09/04/How-sharing-my-PTSD-struggles-helped-others-and-me

How to Deal with Anxiety Without Turning to Drugs
https://www.psychologytoday.com/ca/blog/all-about-addiction/201808/how-deal-anxiety-without-turning-drugs

Sailor by day, performer by night — meet the Navy's drag queen, 'Harpy Daniels'
https://www.navytimes.com/off-duty/military-culture/2018/08/30/sailor-by-day-performer-by-night-meet-the-navys-drag-queen-harpy-daniels/

As the Army modernizes its standards to join, legal marijuana use is still an open question
https://www.armytimes.com/news/your-army/2018/08/29/as-the-army-modernizes-its-standards-to-join-legal-marijuana-use-is-still-an-open-question/

New Marine Corps Order Officially Bans Revenge Porn, Race Supremacism
https://www.military.com/daily-news/2018/08/29/new-marine-corps-order-officially-bans-revenge-porn-race-supremacism.html

An Additional Therapy for Post-Traumatic Stress Disorder
https://www.psychologytoday.com/us/blog/demystifying-psychiatry/201809/additional-therapy-post-traumatic-stress-disorder

This change could make it easier to use military spouse preference to apply for DoD civilian jobs
https://www.militarytimes.com/pay-benefits/2018/09/04/this-change-could-make-it-easier-to-use-military-spouse-preference-to-apply-for-dod-civilian-jobs/

All in the Navy family — mother and son enlist together
https://www.navytimes.com/off-duty/military-culture/2018/09/04/all-in-the-navy-family-mother-and-son-enlist-together/

Lawmakers ask VA secretary to research marijuana as an alternative to opioids
https://www.stripes.com/news/lawmakers-ask-va-secretary-to-research-marijuana-as-an-alternative-to-opioids-1.545886

In Reversal, DoD Will Let Wounded Warriors Transfer GI Bill Benefits
https://www.military.com/daily-news/2018/09/05/reversal-dod-will-let-wounded-warriors-transfer-gi-bill-benefits.html

Proper sleep hygiene as a force multiplier
https://health.mil/News/Articles/2018/09/05/Proper-sleep-hygiene-as-a-force-multiplier

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Resource of the Week: Substance Abuse Prevention, Treatment, and Research Efforts in the Military

New, from the Congressional Research Service (via Federation of American Scientists Project on Government Secrecy):

> Congress has taken an interest in understanding federal efforts and identifying options to address substance abuse, particularly in the context of the opioid crisis. On October 26, 2017, President Trump declared the drug demand for, and use of, opioids as a "national public health emergency" and directed all executive agencies to "use every appropriate emergency authority to fight the opioid crisis."
>
> The Department of Defense (DOD) has, for many years, operated substance abuse programs focused on prevention, treatment, and research of alcohol, illicit drug use, and nonmedical use and abuse of prescription drugs.

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IN FOCUS

August 17, 2018

Substance Abuse Prevention, Treatment, and Research Efforts in the Military

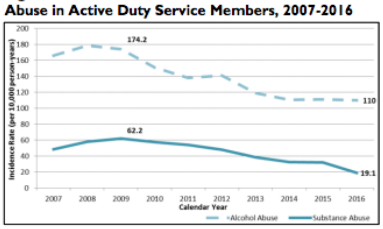
Congress has taken an interest in understanding federal efforts and identifying options to address substance abuse, particularly in the context of the *opioid crisis*. On October 26, 2017, President Trump declared the drug demand for, and use of, opioids as a "national public health emergency" and directed all executive agencies to "use every appropriate emergency authority to fight the opioid crisis."

The Department of Defense (DOD) has, for many years, operated substance abuse programs focused on prevention, treatment, and research of alcohol, illicit drug use, and non-medical use and abuse of prescription drugs.

What are the substance abuse trends in the military?

From 2009-2016, the number of new alcohol or substance abuse diagnoses per year has been on a declining trend for active duty service members. According to the 2015 DOD *Health-Related Behaviors Survey*, active duty service members reported using or misusing the following substances within the past year: illicit drugs (0.7%), prescription drugs (4.1%), and alcohol binge drinking (30%). Other than binge drinking, the prevalence of substance abuse is lower than in the general U.S. population. DOD attributes these trends to the education, prevention, and treatment programs it has developed over the past decade.

Figure 1. Incidence Rates of Alcohol and Substance Abuse in Active Duty Service Members, 2007-2016



Source: Shauna Stahlman and Alexis Oetting, "Mental Health Disorders and Mental Health Problems, Active Component, U.S. Armed Forces, 2007-2016." *Medical Surveillance Monthly Report*, vol. 25, no. 3 (March 2018), pg. 5.

Note: "Person-year" is a measure of the time at risk for a defined population.

DOD recently reported that opioid medications are prescribed at a higher rate for service members than the general U.S. population. This higher prescription rate may be attributable to deployment-related effects such as combat exposure and injuries. However, the incidence rate for dependence or abuse among service members has declined by 38% between 2012 and 2016. When adjusted for demographics, the opioid death rate among service members is significantly lower than the U.S. population at 2.7 per 100,000 and 10.4 per 100,000, respectively.

How does substance abuse impact military training and operations?

Service members seeking substance abuse treatment or rehabilitation may require extended leave from duty. Those with problematic substance use can be administratively separated from the military. Administrative separations occur when a service member refuses to participate in, or fails to successfully complete, a rehabilitation program; or if there is a lack of potential for continued military service.

Extended absences or unplanned attrition can impact a unit's mission by creating staffing and capability gaps, disrupt unit cohesion, reduce morale, or perpetuate mental health stigma. In 2011, DOD quantified the amount of lost duty days resulting from service member illnesses and injuries. Substance abuse ranked as the second-highest cause with at least 7.0 lost duty days per patient. While this rate is lower than the U.S. civilian employer average of 14.8 days, reduced productivity and absenteeism can negatively impact military training and operations.

What are the main elements of DOD's substance abuse prevention, compliance, and disciplinary policies?

Table 1 lists selected aspects of DOD's substance abuse policies, which are implemented by various DOD components and each military service. In general, they focus on administrative and medical approaches to prevention, screening, treatment, compliance, and retention/separation.

Table 1. Aspects of DOD Substance Abuse Policies

- Conduct substance use education and awareness activities
- Implement a urinalysis drug testing program
- Conduct regular and systematic medical screening for at-risk substance use
- Provide evidence-based substance use disorder services to eligible service members
- Return service members to full duty following substance use disorder treatment, if feasible
- Separate all service members who knowingly misuse drugs

Sources: Department of Defense Instruction 1010.01, "Military Personnel Drug Abuse Testing Program," 2018. Department of Defense Instruction 1010.04, "Problematic Substance Use by DOD Personnel," 2014.

Shirl Kennedy
Research Editor
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
240-535-3901