

# CDP

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## **Research Update -- October 11, 2018**

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- A Novel Approach for Evaluating Programs Designed to Serve Military Veterans: Using an Adapted Common Components Analysis.
- Interrelationships Among Resilience, Posttraumatic Stress Disorder, Traumatic Brain Injury, Depression, and Academic Outcomes in Student Military Veterans.
- Links of Interest
- Resource of the Week: Substance Abuse Prevention, Treatment, and Research Efforts in the Military. (CRS)

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<http://www.dhra.mil/Portals/52/Documents/perserec/reports/TR-18-10%20Estimating%20and%20Understanding%20the%20Non-Help%20Seeking%20Population%20in.pdf>

## **Mental Health and Help-Seeking in the U.S. Military: Survey and Focus Group Findings.**

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July 2018

Despite policies that aim to reduce stigma and access to mental health care within the military, almost half of Service members who may be in need do not seek mental health support. The current study builds on past research on barriers to seeking help for mental health concerns, particularly for suicidal ideation or suicide attempt, by examining factors that promote or prevent help-seeking from the perspective of Service members and suicide prevention gatekeepers. Data from the 2016 Status of Forces Survey of Active Duty Members were analyzed to estimate the prevalence of non-help-seeking, and individual, occupational, and barrier factors associated with non-help-seeking. Focus group interviews with military suicide prevention gatekeepers provided context and further insight into the findings from the survey. In addition, gatekeepers discussed strategies for promoting help-seeking for mental health concerns. Findings from this study indicate that non-help-seeking Service members tend to be male, officers, less knowledgeable about suicide prevention skills, and more concerned about the impact of seeking mental health care on their career. Recommendations include: (1) conducting effective suicide prevention training and mental health awareness campaigns, and evaluating their implementation, (2) establishing programs to encourage Officers to seek help for mental health concerns, and (3) addressing Service members' concerns that seeking help will have an adverse impact on their careers. Ultimately, this study does not suggest changing the policies impacting career-progression and help-seeking behavior, as many of them have been put into place for reasons such as safety, but instead encourages decision-makers to address the perception of these repercussions.

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<https://www.ncbi.nlm.nih.gov/pubmed/28718931>

J Marital Fam Ther. 2018 Apr;44(2):265-276. doi: 10.1111/jmft.12252. Epub 2017 Jul 18

**Army Soldiers and Suicidal Thoughts: The Impact of Negative Relationship Dynamics Moderated by the Dissolution of Romantic Relationships.**

Love HA, Durtschi JA, Ruhlmann LM, Nelson Goff BS

Suicide among United States active-duty Army soldiers rapidly increased over the past two decades. Using a sample of 322 soldiers from the Army STARRS study, the researchers examined if romantic relationship factors (i.e., hostile disagreements and relationship distress) were linked with suicidal thoughts in Army soldiers, and if these associations were moderated by a recent separation or divorce. Hostile disagreements and relational distress were both significantly associated with higher rates of suicidal ideation. These associations were significantly amplified in magnitude when in the context of a recent separation or divorce. Implications include novel assessment, prevention, and treatment efforts focused on romantic relationships that may reduce the likelihood of soldiers experiencing thoughts of suicide.

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<https://www.ncbi.nlm.nih.gov/pubmed/28972265>

J Marital Fam Ther. 2018 Apr;44(2):292-306. doi: 10.1111/jmft.12279. Epub 2017 Oct 3

**Efficacy of a Web-based Intervention for Concerned Spouses of Service Members and Veterans with Alcohol Misuse.**

Osilla KC, Trail TE, Pedersen ER, Gore KL, Tolpadi A, Rodriguez LM

Concerned partners (CPs) of service members and veterans who misuse alcohol face help-seeking barriers and mental health problems. We used multiple regression to evaluate the efficacy of Partners Connect, a four-session web-based intervention (WBI) to address military CPs' mental health and communication. We randomized 312 CPs to the WBI or a control group. Five months later, WBI CPs reported significant reductions in their anxiety and increases in their social support compared to control CPs.

Intervention dose was also associated with improved WBI CP outcomes. Partners Connect appears to fill a need for families who face help-seeking barriers and provides an alternative to traditional care for those who may not otherwise seek help.

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<https://www.ncbi.nlm.nih.gov/pubmed/28782116>

J Marital Fam Ther. 2018 Apr;44(2):277-291. doi: 10.1111/jmft.12261. Epub 2017 Aug 7

### **Alcohol Use Among Concerned Partners of Heavy Drinking Service Members and Veterans.**

Rodriguez LM, Osilla KC, Trail TE2, Gore KL, Pedersen ER

Heavy drinking in relationships is complex and we focus on an understudied sample of concerned partners (CPs) worried about their U.S. service member/veteran partner's drinking. We evaluated the link between CP drinking and their own mental health, and how CP drinking moderated the efficacy of a web-based intervention designed to address CPs' mental health and communication. CPs (N = 234) were randomly assigned to intervention or control and completed assessments at baseline and 5 months later. CP drinking was associated with greater CP depression, anxiety, and anger independent of partner drinking. Moreover, the intervention was more efficacious in reducing depression for heavy drinking CPs. CPs are often an overlooked population and resources to help support them are needed.

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<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usy229/5106692>

### **Military Health Provider Training and Evaluation of a Problem-Solving Intervention to Reduce Distress and Enhance Readiness Among Service Members.**

Denise C Cooper Mark J Bates

Military Medicine

Published: 25 September 2018

<https://doi.org/10.1093/milmed/usy229>

## Introduction

Department of Defense (DoD) has identified problem-solving training (PST) as a promising prevention/early intervention for mental health disorders. PST is a four-session group intervention that emphasizes building problem-solving and coping skills to mitigate emotional dysregulation and the adverse effects of stressful events. It was adapted from problem-solving therapy, which is an evidence-based, cognitive-behavioral approach that has shown effectiveness with treating depression and managing suicide risk. The current evaluation examined a pilot program that: (1) trained DoD providers in the delivery of PST, (2) conducted PST intervention groups with active duty personnel, and (3) developed PST master trainers to train other providers.

## Materials and Methods

Clinical (e.g., psychologists) and non-clinical (e.g., chaplains) providers attended a 2.5-day workshop of didactic coursework and experiential training on conducting PST, with a subset of providers selected to attend an additional workshop to become master trainers in PST. Providers ( $n = 82$ ) who attended a PST Facilitator Workshop completed pre- and post-workshop assessments of self-efficacy in PST skills. Eight providers evaluated a Master Trainer Workshop. After completing workshop training, providers conducted PST intervention groups with service members ( $n = 435$ ), who were experiencing distress, with or without a mental health diagnosis, and whose needs were appropriate for a prevention/resiliency-based skills group. Service members completed the following pre- and post-PST group outcome measures: (a) Outcome Questionnaire-30 (OQ-30) and Patient Health Questionnaire-9 (PHQ-9) as measures of distress; and (b) Brief Resilience Scale (BRS) to assess resilience, which contributes to readiness. They also completed the Social Problem Solving Inventory-Revised: Short Form (SPSI-R:S), as a process measure for the intervention. The SPSI-R:S, which assesses how individuals cope when faced with problems, includes the following subscales: (1) positive problem orientation, (2) negative problem orientation, (3) rational problem-solving, (4) impulsivity/carelessness style, and (5) avoidance style. Service members also completed a post-group evaluation of PST. Data were analyzed with descriptive statistics, paired sample t-tests, and correlational analyses.

## Results

Providers showed pre- to post-facilitator workshop increases in self-efficacy of PST skills (all  $p < 0.001$ ) and those selected as master trainers evaluated their workshop training favorably, particularly the role-playing exercises. Analyses of pre- vs. post-PST group intervention measures among service members indicated that OQ-30 and PHQ-9 scores declined, while BRS and SPSI-R:S total scores increased (all  $p < 0.001$ ). In addition, correlational analyses of change scores showed that the SPSI-R:S subscales

negative problem orientation and avoidance style were negatively correlated with BRS and positively correlated with OQ-30 and PHQ-9 (all  $p < 0.001$ ). Service members gave positive post-group evaluations of PST effectiveness and program materials.

#### Conclusion

DoD providers reported increased self-efficacy in skills required for the delivery of a four-session PST group intervention after participating in a pilot program of training workshops. The pilot of the PST group intervention showed an association with improvements on service members' self-reported measures related to distress, readiness, and coping. In addition, changes in problem-solving measures were associated with changes in outcome measures. Follow-on research is needed to further investigate if PST is effective in preventing more severe forms of distress.

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<https://utdr.utoledo.edu/cgi/viewcontent.cgi?article=1036&context=translation>

### **Civilian Social Support and Posttraumatic Stress Disorder Symptoms among National Guard Members.**

Xin Wang, Laura Prince, Juhi Rattan, Neal L. Swartz, Vipul Shukla, Tory A. Durham, Tracey L. Biehn, Jennifer L. Drue, Gowri Ramachandran, Christine Sutu, Amber J. Benton, John L. Luckoski, Andrew Ding, and Marijo B. Tamburrino

Translation: The University of Toledo Journal of Medical Sciences  
Vol. 5, 2018

Increasing evidence suggests that posttraumatic stress disorder (PTSD) symptoms are highly prevalent and pervasive among National Guard members who served in recent wars. Previous meta-analyses report a lack of social support as one of the strongest risk factors for the development of PTSD symptoms. Social support among military members is typically categorized into two types: assistance and support which is received from military leaders and fellow members of one's unit and civilian social support which is obtained from civilian family and friends. Prior research has demonstrated that unit support is associated with less severe PTSD symptoms. In addition to unit support, the influence of civilian social support was also considered a potent buffer for PTSD symptoms. Civilian social support is important to National Guard members because their experiences integrate military and civilian life more than active duty soldiers. Unlike intensive studies in active duty military personnel, fewer studies have examined the role of social support in National Guard members, and civilian social

support is rarely investigated in these limited studies. This review article examines the role of civilian social support in National Guard members as a potential protective factor against the development of PTSD symptoms.

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<https://link.springer.com/article/10.1007/s10880-018-9582-7>

### **Training the Doctors: A Scoping Review of Interprofessional Education in Primary Care Behavioral Health (PCBH).**

Journal of Clinical Psychology in Medical Settings

First Online: 25 September 2018

<https://doi.org/10.1007/s10880-018-9582-7>

Primary care behavioral health (PCBH) is a model of integrated healthcare service delivery that has been well established in the field of psychology and continues to grow. PCBH has been associated with positive patient satisfaction and health outcomes, reduced healthcare expenditures, and improved population health. However, much of the education and training on PCBH has focused on developing behavioral health providers to practice in this medical setting. Less attention has been paid to physician team members to support and practice within an integrated environment. This is problematic as underdeveloped physician team members may contribute to low utilization and attrition of behavioral health consultants. A scoping review was conducted to examine the training of physicians in this domain since 2006. Twenty-one studies were identified, predominantly in Family Medicine training programs. Although PCBH training was generally well received, more program evaluation, formalized curriculum, and faculty development are needed to establish best practices.

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<https://www.sciencedirect.com/science/article/pii/S0165178118315439>

### **The association between suicidal ideation and lifetime suicide attempts is strongest at low levels of depression.**

Megan L. Rogers, Fallon B. Ringer, Thomas E. Joiner



### Highlights

- Suicidal ideation and depression alone are poor predictors of suicide attempts (SA).
- The lethargy associated with depression may serve as a protective factor against SA.
- A sample of 739 psychiatric outpatients completed self-report measures.
- The interaction between suicidal ideation and depression predicted lifetime SA.
- The association between suicidal ideation and SA was strongest at low depression levels.

### Abstract

Suicidal ideation and depression alone are poor predictors of subsequent engagement in suicidal behavior. Evidence suggests, however, that the lethargy associated with depression may serve as a protective factor against suicide attempts. The purpose of this study was to examine whether suicidal ideation and depression symptoms interact in relation to lifetime suicide attempts among a sample of psychiatric outpatients. A sample of 739 psychiatric outpatients (Mage = 27.26, 60.8% female, 73.3% White/European American) from a university-affiliated clinic completed a battery of self-report measures prior to their initial intake appointments. Consistent with hypotheses, a significant interaction emerged between suicidal ideation and depression symptoms in association with lifetime suicide attempts, such that the relationship between suicidal ideation and lifetime suicide attempts was strongest at low, as opposed to high, levels of depression. These findings align with previous research suggesting that lethargy may be a protective factor against suicide attempts, and conversely, that heightened arousal may serve as a suicide risk factor. Our results also point to a configuration of suicidal ideation and depression symptoms that might reflect higher suicide risk.

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<https://www.liebertpub.com/doi/abs/10.1089/acm.2018.0179>

### **Dog Ownership and Training Reduces Post-Traumatic Stress Symptoms and Increases Self-Compassion Among Veterans: Results of a Longitudinal Control Study.**

Dessa Bergen-Cico, Yvonne Smith, Karen Wolford, Collin Gooley, Kathleen Hannon, Ryan Woodruff, Melissa Spicer, and Brooks Gump

**Objectives:**

The aims of this study were to measure the potential impact of a therapeutic dog ownership and training program for Veterans with symptoms of post-traumatic stress.

**Design:**

The study used a quasi-experimental design with two cohorts of Veterans—a dog owner-trainer intervention and a wait list control group. Participants completed baseline and 12-month follow-up assessments.

**Setting:**

Clear Path for Veterans, a nonclinical, open recreation facility whose mission is to support Veterans and their families in the reintegration process after military service.

**Subjects:**

Participants (n = 48) were either enrolled in the veterans therapeutic dog owner-trainer program (Dogs2Vets) or were placed in the wait list control group.

**Intervention:**

Veterans were enrolled in the Dogs2Vets program, a 12-month structured dog owner-trainer program that engages veterans in the training and care of a dog that they ultimately adopt. The Dogs2Vets Program focuses on the healing aspects of the human-animal bond.

**Outcome measures:**

PTSD Checklist, Military Version (PCL-M), perceived stress scale, self-compassion scale (SCS) composite, and SCS subscales for isolation and self-judgment.

**Results:**

Veterans participating in the Dogs2Vets owner-trainer program experienced significant reductions in symptoms of post-traumatic stress, perceived stress, isolation, and self-judgment accompanied by significant increases in self-compassion. In contrast there were no significant improvements in these measures among veterans in the wait list control group. Qualitative data reinforced the statistical findings with themes of decreased isolation, unconditional acceptance and companionship, and a renewed sense of safety and purpose from their relationships with their dogs.

Conclusion:

Veterans benefit significantly from dog ownership in combination with a structured dog training program. Not only do they experience significant decreases in stress and post-traumatic stress symptoms but also they experience less isolation and self-judgment while also experiencing significant improvements in self-compassion.

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<https://www.frontiersin.org/articles/10.3389/fpsy.2018.00498/abstract>

**“Opening a door to a new life”: The role of forgiveness in healing from moral injury.**

Natalie Purcell, Brandon J. Griffin, Kristine Burkman and Shira Maguen

Frontiers in Psychiatry

Accepted: 24 Sep 2018

doi: 10.3389/fpsy.2018.00498

For military veterans struggling with moral injury, forgiveness can become both an animating concern and a potential path to healing. In this perspective piece, we draw on our clinical work and research findings to examine why forgiveness matters to veterans who feel guilt and shame about their actions in war, what type of forgiveness is attainable and meaningful, and what role clinicians can play in facilitating forgiveness. We conclude by reflecting on the potential, as well as the limits and tensions, of forgiveness work in the context of military moral injury.

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<https://www.sciencedirect.com/science/article/pii/S0732118X1830076X>

**Examining the effect of combat excitement & diminished civilian solidarity on life satisfaction for American veterans.**

Gary Senecal, Mary Catherine McDonald, Richard LaFleur, Charles Coey

New Ideas in Psychology

Volume 52, January 2019, Pages 12-17

<https://doi.org/10.1016/j.newideapsych.2018.09.001>

The data accounting for the difficulties many OIF and OEF veterans experience upon reintegration into civilian society have been thoroughly documented over the last fifteen years. Among these difficulties, some veterans experience antisocial, self-injurious, and violent tendencies upon returning to civilian life. In this research project, 220 veterans were completed self-report surveys pertaining to their transition from military life to a civilian career. Some of the participants' responses revealed that there was a significant emotional and motivational dimension to the formation of otherwise aggressive and self-destructive tendencies activated upon leaving their military careers and culture. The term combat excitement was coined to articulate participants' anticipation of enemy contact while deployed. This study demonstrates that high levels of combat excitement correlated with lower life satisfaction and lower civilian solidarity for participants in their civilian lives after leaving an active duty setting. Furthermore, civilians solidarity had a strong positive correlation with life satisfaction for participants. Ultimately, this study looks at how significant strong civilian relationships are vital to the health and life satisfaction of veterans as they leave active duty, as well as how combat excitement can weaken the tendency of veterans to have strong civilian relationships after service.

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<http://tpcjjournal.nbcc.org/wp-content/uploads/2018/09/Pages213-225-Hartman-U.S.ArmySoldiersTrustandConfidence.pdf>

### **U.S. Army Soldiers' Trust and Confidence in Mental Health Professionals.**

Anthony Hartman, Hope Schuermann, Jovanna Kenney

The Professional Counselor  
Volume 8, Issue 3, Pages 213–225  
doi:10.15241/ah.8.3.213

Despite efforts to boost mental health treatment-seeking behaviors by combat veterans, rates have improved relatively little since 2004. Previous work suggests that trust and confidence in the mental health community may be a significant factor. This study explored how professional titles may impact trust and confidence among active-duty U.S. Army soldiers (n = 32). Consistent with previous research, eight vignettes were used to solicit ordinal (ranked) trust and confidence scores for mental health professionals. Highest confidence and trust were seen in clinical psychologists and licensed professional counselors, followed by psychiatrists, licensed clinical social workers, and marriage and family therapists; however, deviations were seen for each individual vignette and the manifested symptoms depicted. Scores for trust and

confidence were strongly correlated and both appear to impact soldiers' treatment-seeking decisions.

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<https://academic.oup.com/fampra/advance-article-abstract/doi/10.1093/fampra/cmy078/5091959>

## **Caring for veterans in US civilian primary care: qualitative interviews with primary care providers.**

Bonnie M Vest Jessica A Kulak Gregory G Homish

Family Practice

Published: 03 October 2018

<https://doi.org/10.1093/fampra/cmy078>

### Background

Non-VA health care providers in the USA have been called upon to screen patients for veteran status as a means to better identify military-related health sequelae. Despite this recognized need, many service members are still not being asked about veteran status.

### Objective

The purpose of this research was to qualitatively assess, from non-VA primary care providers' point-of-view, barriers to providing care to veterans, the training providers perceive as most useful and the tools and translational processes they think would be most valuable in increasing military cultural competency.

### Methods

Semi-structured qualitative interviews, with non-VA primary care providers (N = 10) as part of a larger quantitative study of primary care providers' attitudes around veteran care. Interviews asked about providers' approach to addressing veteran status in their practice and their thoughts on how to address the needs of this population. Qualitative data were analyzed using a thematic content analysis approach.

### Results

Three major themes were identified: (i) barriers to caring for patients who are identified as veterans, (ii) thoughts on tools that might help better identify and screen veteran

patients and (iii) thoughts on translating and implementing new care processes for veteran patients into everyday practice.

### Conclusions

Our study identified barriers related to non-VA providers' ability to care for veterans among their patients and possible mechanisms for improving recognition of veterans in civilian health care settings. There is a need for further research to understand how assessment, screening and follow up care for veteran patients is best implemented into civilian primary care settings.

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<https://link.springer.com/article/10.1007/s10608-018-9968-8>

### **The Relationship Between Negative Cognitive Styles and Lifetime Suicide Attempts is Indirect Through Lifetime Acute Suicidal Affective Disturbance Symptoms.**

Megan L. Rogers, Raymond P. Tucker, Keyne C. Law, Brian W. Bauer, Caitlin E. Smith, Daniel W. Capron, Michael D. Anestis, Thomas E. Joiner

Cognitive Therapy and Research

First Online: 01 October 2018

<https://doi.org/10.1007/s10608-018-9968-8>

Previous evidence suggests an association between negative cognitive styles and suicide-related outcomes. Recently, Acute Suicidal Affective Disturbance (ASAD) was proposed to characterize the phenomenology of acute suicidal crises, with key features being the rapid onset of suicidal intent, social- or self-alienation, perceptions of intractability, and overarousal. ASAD may account for the association between negative cognitive styles and suicide-related outcomes. Students (N = 177) selectively recruited based on their history of suicidality completed self-report measures. ASAD symptoms explained the association between rumination subtypes (brooding and reflection), as well as anxiety sensitivity cognitive concerns, and lifetime number of suicide attempts. Further, ASAD symptoms significantly accounted for the relationship between a latent negative cognitive styles variable and lifetime number of suicide attempts. Together, these findings are consistent with theoretical conceptions of negative cognitive styles being an associated feature of ASAD, and that ASAD symptoms may account for the relationship between negative cognitive styles and suicidal behavior.

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<https://onlinelibrary.wiley.com/doi/abs/10.1111/sltb.12514>

## **Last Words: Are There Differences in Psychosocial and Clinical Antecedents Among Suicide Decedents Who Leave E-Notes, Paper Notes, or No Note?**

Rahel Eynan PhD Ravi Shah MD Marnin Jori Heisel PhD David Eden MD Reuven Jhirad MD Paul S. Links MD

Suicide and Life-Threatening Behavior

01 October 2018

<https://doi.org/10.1111/sltb.12514>

### Objective

Only a minority of suicide decedents leave a suicide note. Typically, the notes are handwritten on paper; however, electronic suicide notes have been reported with increasing frequency. This emerging phenomenon remains generally under-researched. The aim of this study was to compare the psychosocial and clinical antecedents of suicide decedents who left E-notes with those who left paper notes or no notes.

### Method

The study was embedded in the Southwestern Ontario Suicide Study (SOSS). The SOSS was a three-year case series of consecutive deaths by suicide that occurred in the region between 2012 and 2014. Data on psychosocial and clinical antecedents were collected with a modified version of the Manchester questionnaire used in the UK.

### Results

Of the 476 suicides files reviewed, 45.8% contained a suicide note. A total of 383 separate suicide notes were left: 74.3% were paper notes and 25.7% were E-notes. The results of the multivariate regression analyses indicate that the likelihood of leaving a suicide note was negatively associated with a history of admissions to a mental health unit, while the likelihood of leaving an E-note was negatively associated with age, positively associated with presence of a mental disorder, and negatively associated with history of hospital admissions.

### Conclusions

Future studies with larger samples need to consider the timing of the text messages, and appraise whether there was the intent of seeking help or rescue in the text messages.

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<https://academic.oup.com/jpubhealth/advance-article-abstract/doi/10.1093/pubmed/fdy151/5114353>

## **Does military veteran status and deployment history impact officer involved shootings? A case–control study.**

Jennifer M Reingle Gonzalez Stephen A Bishopp Katelyn K Jetelina Ellen Paddock Kelley Pettee Gabriel M Brad Cannell

Journal of Public Health

Published: 03 October 2018

<https://doi.org/10.1093/pubmed/fdy151>

### Background

Despite veterans' preference hiring policies by law enforcement agencies, no studies have examined the nature or effects of military service or deployments on health outcomes. This study will examine the effect of military veteran status and deployment history on law enforcement officer (LEO)-involved shootings.

### Methods

Ten years of data were extracted from Dallas Police Department records. LEOs who were involved in a shooting in the past 10 years were frequency matched on sex to LEOs never involved in a shooting. Military discharge records were examined to quantify veteran status and deployment(s). Multivariable logistic regression was used to estimate the effect of veteran status and deployment history on officer-involved shooting involvement.

### Results

Records were abstracted for 516 officers. In the adjusted models, veteran LEOs who were not deployed were significantly more likely to be involved in a shooting than non-veteran officers. Veterans with a deployment history were 2.9 times more likely to be in a shooting than non-veteran officers.

### Conclusions

Military veteran status, regardless of deployment history, is associated with increased odds of shootings among LEOs. Future studies should identify mechanisms that explain this relationship, and whether officers who experienced firsthand combat exposure



experience greater odds of shooting involvement.

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<https://www.frontiersin.org/articles/10.3389/fpsy.2018.00520/abstract>

## **Mechanisms of Moral Injury Following Military Sexual Trauma and Combat in Post-9/11 U.S. War Veterans.**

Sheila B. Frankfurt, Bryann B. DeBeer, Sandra Morissette, Nathan Kimbrel, Heidi La Bash and Eric Meyer

Frontiers in Psychiatry

Accepted: 02 Oct 2018

doi: 10.3389/fpsy.2018.00520

### Objectives:

Moral injury may result from perpetration-based and betrayal-based acts that violate deeply held norms; however, researchers and clinicians have little guidance about the moral injury syndrome's specific developmental pathways following morally injurious events. The present study's objective was to examine the direct and indirect pathways proposed in a frequently cited model of moral injury (Litz et al., 2009) in relation to two types of military-related traumas [experiencing military sexual trauma (MST) and combat exposure].

### Methods:

Secondary analyses were conducted within a sample of post-9/11 veterans at a Southwestern Veterans Health Care System (N = 310) across two time-points. Structural equation modeling tested the direct and indirect pathways from MST and combat to a PTSD-depression factor via betrayal, perpetration, guilt, and shame.

### Results:

Betrayal accounted for the association between MST and PTSD-depression ( $\beta = .10$ ,  $p < .01$ , 95% CI = .01 - .11) and perpetration accounted for the association between combat and PTSD-depression ( $\beta = .07$ ,  $p < .05$ , 95% CI = .02 - .14). The indirect path from combat to shame to PTSD-depression was significant ( $\beta = .16$ ,  $p < .01$ , 95% CI = .07 - .28) but the path through guilt was not. The specific indirect paths through perpetration or betrayal to shame or guilt were nonsignificant.

Conclusions:

Betrayal and perpetration are associated with PTSD-depression following MST and combat. Results suggest multiple pathways of moral injury development following different military traumas and morally injurious events. Implications for moral injury conceptualization and treatment are discussed.

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<http://journals.sagepub.com/doi/abs/10.1177/1745691618785366?journalCode=ppsa>

### **Military Deployments and Suicide: A Critical Examination.**

Mark A. Reger, Raymond P. Tucker, Sarah P. Carter, Brooke A. Ammerman

Perspectives on Psychological Science

First Published October 4, 2018

<https://doi.org/10.1177/1745691618785366>

Deployment to a combat zone is a fundamental mission for most military forces, but prior research suggests that there is a complex and nuanced association between deployment and related risk factors for suicide. Deployment and combat experiences vary greatly among military personnel and can affect a variety of protective and risk factors for suicide. This article offers a critical examination of the association among modern U.S. military deployments, suicide attempts, and death while considering the context of a prominent theory of suicide. Although previous work has demonstrated that deployment is not associated with suicide overall in this population, there is growing evidence that risk may be elevated shortly after deployment, and for some subgroups. Specific aspects of combat exposure, including the experience of killing or witnessing death in combat, may be important contributing factors. An analysis of the literature illustrates that deployment-related risk factors for suicide are complex. The limitations of the literature are discussed, and future directions are suggested.

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[https://journals.lww.com/ionmd/Abstract/2018/10000/Mental\\_Health\\_Impact\\_of\\_Homecoming\\_Experience.2.aspx](https://journals.lww.com/ionmd/Abstract/2018/10000/Mental_Health_Impact_of_Homecoming_Experience.2.aspx)

**Mental Health Impact of Homecoming Experience Among 1730 Formerly Deployed Veterans From the Vietnam War to Current Conflicts: Results From the Veterans' Health Study.**

Boscarino, Joseph A., PhD, MPH; Adams, Richard E., PhD; Urosevich, Thomas G., OD; Hoffman, Stuart N., DO; Kirchner, H. Lester, PhD; Boscarino, Joseph J., MA; Withey, Carrie A., BSN; Dugan, Ryan J., MS; Figley, Charles R., PhD

The Journal of Nervous and Mental Disease  
October 2018 - Volume 206 - Issue 10 - p757–764  
doi: 10.1097/NMD.0000000000000879

We examined the effects of homecoming support on current mental health among 1730 deployed veterans from Vietnam, Iraq/Afghanistan, Persian Gulf, and other conflicts. The prevalence of current posttraumatic stress disorder (PTSD) was 5.4%, current depression was 8.3%, and 5.4% had suicidal thoughts in the past month. Overall, 26% of veterans had low homecoming support, which was more prevalent among Vietnam veterans (44.3%,  $p < 0.001$ ). In multivariable logistic regressions, controlling for demographics, combat exposure, number of deployments, trauma history, and operational theater, low postdeployment support was associated with PTSD (odds ratio, 2.13;  $p = 0.032$ ) and suicidality (odds ratio, 1.91;  $p < 0.030$ ), but not depression. For suicidality, an interaction was detected for homecoming by theater status, whereby Iraq/Afghanistan veterans with lower homecoming support had a higher probability of suicidal thoughts ( $p = 0.002$ ). Thus, years after deployment, lower homecoming support was associated with current PTSD and suicidality, regardless of theater and warzone exposures. For suicidality, lower support had a greater impact on Iraq/Afghanistan veterans.

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<https://www.sciencedirect.com/science/article/pii/S0022395618302656>

### **Examining characteristics of worry in relation to depression, anxiety, and suicidal ideation and attempts.**

Julia Y. Gorday, Megan L. Rogers, Thomas E. Joiner

Journal of Psychiatric Research  
Available online 4 October 2018  
<https://doi.org/10.1016/j.jpsychires.2018.10.004>

## Highlights

- Worry features are examined with depression, anxiety, and suicide.
- 548 community participants completed a battery of online surveys.
- Controllability of worry was most strongly related to all psychopathology except suicide attempts.
- Frequency of worry was positively related to depressive symptoms.

## Abstract

### Background

Pathological worry is defined as worry that is excessive, pervasive, and uncontrollable. Although pathological worry is related to depression, anxiety, and suicidal ideation, less is understood about what specific features of worry confer risk for these mental health conditions. The current study examined associations between four characteristics of worry—frequency, duration, controllability, and content—and self-reported symptoms of depression, anxiety, suicidal ideation, and lifetime suicide attempts.

### Methods

A sample of 548 community participants (53.6% female, 45.4% male, 0.5% transgender male, 0.2% transgender female, and 0.2% gender non-binary), aged 19–98 years ( $M = 36.54$ ,  $SD = 12.33$ ), was recruited via Amazon's MTurk and completed a battery of self-report questionnaires online.

### Results

Results indicated that controllability of worry was uniquely associated with depression, anxiety, and suicidal ideation above and beyond other characteristics of worry, demographic variables, negative affect, and future-oriented repetitive thinking. Lifetime suicide attempts were found non-significant to these mental health outcomes. Frequency of worry was also positively related to depression.

### Limitations

This study utilized a cross-sectional design with exclusive self-report measures.

### Conclusions

Overall, these findings suggest that controllability of one's thoughts may be a key transdiagnostic factor that confers risk for a variety of psychopathology-related concerns. Clinical relevance includes identifying potential risk factors for varying psychopathology. Future research should examine relationships between worry controllability and anxiety, depression, suicidal ideation, and attempts, within clinical samples and utilizing a variety of methodologies.

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<https://www.sciencedirect.com/science/article/pii/S0149718918300168>

## **A Novel Approach for Evaluating Programs Designed to Serve Military Veterans: Using an Adapted Common Components Analysis.**

Cameron B. Richardson, Nicole R. Morgan, Julia A. Bleser, Keith R. Aronson, Daniel F. Perkins

Evaluation and Program Planning

Available online 5 October 2018

<https://doi.org/10.1016/j.evalprogplan.2018.10.012>

### Highlights

- 49% of Veterans indicated difficulty adjusting to civilian life after separation from service
- 80% of Veterans used at least one program in the transition from military to civilian life
- Program usage and nominations varied by domain from 56% (education) to 18% (financial)
- The predominant program delivery method was instruction from a lecture or manual (37%)
- 86% of Veterans report an absence of support in program access (e.g., transportation, child care, insurance)

### Abstract

Evaluators are challenged to keep pace with the vast array of Veteran support programs operating in the United States, resulting in a situation in which many programs lack any evidence of impact. Due to this lack of evidence, there is no efficient way to suggest which programs are most effective in helping Veterans in need of support. One potential solution to this dilemma is to reconceptualize program evaluation, by moving away from evaluating programs individually to evaluating what is common across programs. The Common Components Analysis (CCA) is one such technique that aggregates findings from programs that have undergone rigorous evaluation at the level of program components (e.g., content, process, barrier reduction). Given that many Veteran programs lack outcome evidence from rigorous studies, an adaptation to CCA is needed. This report examines cross-sectional data from a pilot study using an adapted CCA across five domains of well-being (i.e., employment, education, legal/financial/housing, mental/physical health, and social/personal relationships). The

purpose of this preliminary study is to determine the feasibility of eliciting program nominations and program components from Veterans via an online survey. When coupled with a longitudinal research design, this adaptation to CCA will allow for stronger causal claims about the expected impact of different program components within and across a variety of domains.

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<https://www.healio.com/psychiatry/journals/jpn/{e67cd966-4542-4ea2-849c-462d11aea350}/interrelationships-among-resilience-posttraumatic-stress-disorder-traumatic-brain-injury-depression-and-academic-outcomes-in-student-military-veterans>

### **Interrelationships Among Resilience, Posttraumatic Stress Disorder, Traumatic Brain Injury, Depression, and Academic Outcomes in Student Military Veterans.**

Jo L. Shackelford, EdD, CCC-SLP; Lynette S. Smith, PhD, PMHNP, FNP; C. Thomas Farrell, PhD, MPH; Jean Neils-Strunjas, PhD, CCC/SLP

Journal of Psychosocial Nursing and Mental Health Services

Posted October 1, 2018

<https://doi.org/10.3928/02793695-20180924-02>

Resilience, depression, posttraumatic stress disorder (PTSD), and traumatic brain injury (TBI) are important factors to consider as student military Veterans work to reintegrate into society. The impact of these factors on academic success is not fully understood, but is important for rehabilitation professionals, student advisors, and counselors. The current study examined the impact of resilience, depression, PTSD, and TBI on student Veteran academic outcomes, and whether the amount of student Veterans' military experience moderated the effect of these factors on academic performance. Seventy-seven student Veterans completed measures that assessed resilience, grade point average, academic disruptions, and symptoms of depression, PTSD, and TBI. Path analysis was used to determine the manner in which the variables influenced academic performance. Results indicate that student Veterans should not be viewed as a homogeneous group and their needs differ based on level of military experience. Academic disruption among less experienced Veterans was most associated with symptoms of depression, whereas academic disruption among more experienced Veterans was most associated with symptoms of TBI.

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## Links of Interest

Some Apps May Help Curb Insomnia, Others Just Put You To Sleep

<https://www.npr.org/sections/health-shots/2018/10/08/654883409/some-apps-may-help-curb-insomnia-others-just-put-you-to-sleep>

Sex, Gender Factors Affect Women's Mental Health Across Their Lifespan

<http://www.pdhealth.mil/news/blog/sex-gender-factors-affect-women-s-mental-health-across-their-lifespan>

Almost 800 women are serving in previously closed Army combat jobs. This is how they're faring

<https://www.armytimes.com/news/your-army/2018/10/09/almost-800-women-are-serving-in-previously-closed-army-combat-jobs-this-is-how-theyre-faring/>

Post-Traumatic Headache in the Military

<https://americanmigrainefoundation.org/understanding-migraine/post-traumatic-headache-in-the-military/>

Congress Mulls Expanding Telehealth to Help Veterans With PTSD

<https://mhealthintelligence.com/news/congress-mulls-expanding-telehealth-to-help-veterans-with-ptsd>

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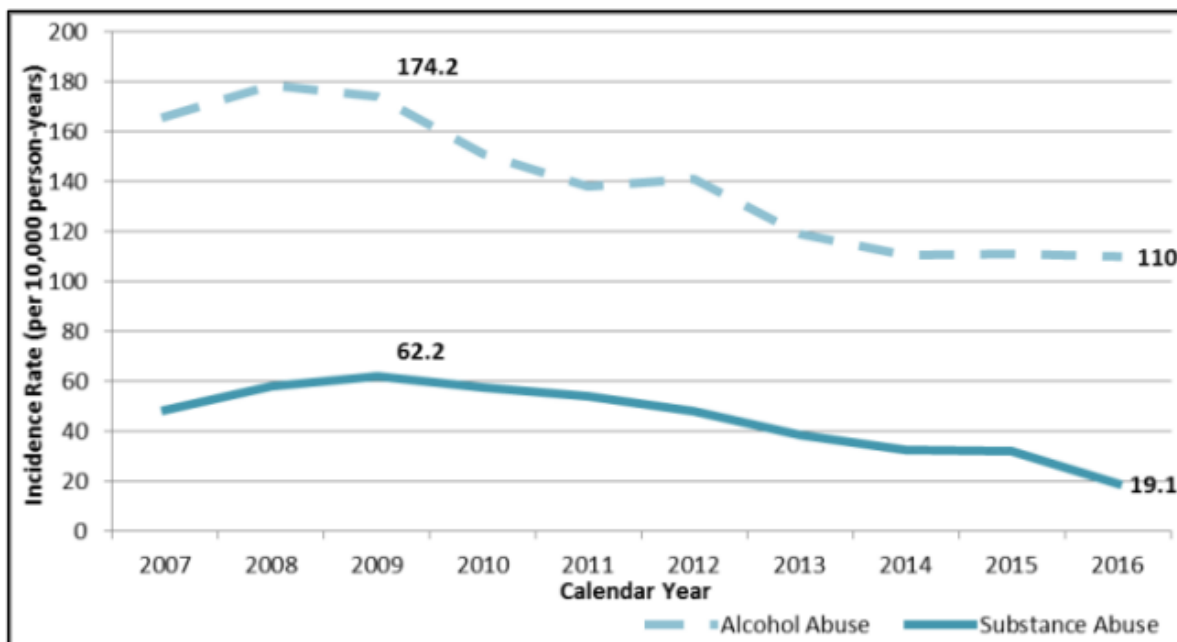
### **Resource of the Week: [Substance Abuse Prevention, Treatment, and Research Efforts in the Military](#)**

From the Congressional Research Service:

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.

**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.

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