

CDP



Research Update -- November 1, 2018

What's Here:

- How Distress Tolerance Mediates the Relationship Between Posttraumatic Stress Disorder and the Interpersonal Theory of Suicide Constructs in a U.S. Military Sample.
- A systematic review of the impact of media reports of severe mental illness on stigma and discrimination, and interventions that aim to mitigate any adverse impact.
- Suicidal ideation and behaviors among women veterans with recent exposure to intimate partner violence.
- Military personnel compared to multiple suicide attempters: Interpersonal theory of suicide constructs.
- Computerized cognitive testing norms in active-duty military personnel: Potential for contamination by psychologically unhealthy individuals.
- Interactive effects of insomnia symptoms and trauma exposure on PTSD: Examination of symptom specificity.
- Spiritual Dimensions of Moral Injury: Contributions of Mental Health Chaplains in the Canadian Armed Forces.
- Psychological well-being in Iraq and Afghanistan veterans: Risk and protective factors.
- Do unit and post-deployment social support influence the association between deployment sexual trauma and suicidal ideation?

- Best Practices in Videoconferencing-Based Telemental Health April 2018.
- Examining the link between prior suicidality and subsequent suicidal ideation among high-risk US military service members.
- Treating Military Service Members and Veterans in the Private Sector: Information and Resources for Clinicians.
- Serving All Who Served: Piloting an Online Tool to Support Cultural Competency with LGBT U.S. Military Veterans in Long-Term Care.
- Prospective associations between DSM-5 PTSD symptom clusters and suicidal ideation in treatment-seeking veterans.
- Differences in protective factors among U.S. Veterans with posttraumatic stress disorder, alcohol use disorder, and their comorbidity: Results from the National Health and Resilience in Veterans Study.
- PTSD and Physical Health.
- The Effects of Mattering and Combat Deployment on Student Service Members/Veterans' College Adjustment: A Psychosociocultural Approach.
- The Battlefield Behind Bars: How Mental Disorder and Suicidal Behavior Impacts the Prison Experience for Veterans.
- Suicide ideation as a predictor of treatment outcomes in cognitive-behavioral therapy for unipolar mood disorders.
- Social Media and Suicide: A Review of Technology-Based Epidemiology and Risk Assessment.
- Internet- and mobile-based aftercare and relapse prevention in mental disorders: A systematic review and recommendations for future research.
- Effects of sleep deprivation on executive functioning, cognitive abilities, metacognitive confidence, and decision making.
- Links of Interest
- Resource of the Week: 2018 Health of Those Who Have Served Report

How Distress Tolerance Mediates the Relationship Between Posttraumatic Stress Disorder and the Interpersonal Theory of Suicide Constructs in a U.S. Military Sample.

Rachel L. Martin BA Brian W. Bauer MS Kathleen L. Ramsey BS Bradley A. Green PhD Daniel W. Capron PhD Michael D. Anestis PhD

Suicide and Life-Threatening Behavior

First published: 23 October 2018

<https://doi.org/10.1111/sltb.12523>

Objectives

Despite the general suicide rate within the military being comparable to the general population when comparing peers, there are certain branches of the military that have elevated risk. Specifically, the U.S. National Guard has suicide rates that are constantly higher than other military branches and civilian peers. The National Guard are a unique military population in which they frequently transition between military and civilian life. With these unique experiences and heightened risk, military suicide prevention efforts may benefit from further research within this population. Posttraumatic stress disorder (PTSD) is another concern amongst military personnel and has been linked to suicidal behavior.

Methods

The current study examined the indirect effects that distress tolerance, a protective factor against suicide, has on the relationship between PTSD and constructs within a well-validated theory for suicide (the Interpersonal-Psychological Theory for suicidal behaviors) in a sample of U.S. Army National Guard personnel.

Results

Results indicated that distress tolerance had a significant indirect effect on the relationship between PTSD and thwarted belongingness, perceived burdensomeness, and capability for suicide.

Conclusions

These findings are consistent with previous literature examining the relationship between distress tolerance and our outcome variables. These results could have important clinical implications, mainly that intervention strategies targeting distress tolerance could have significant impacts on suicide-related thoughts.

<https://link.springer.com/article/10.1007/s00127-018-1608-9>

A systematic review of the impact of media reports of severe mental illness on stigma and discrimination, and interventions that aim to mitigate any adverse impact.

Anna M. Ross, Amy J. Morgan, Anthony F. Jorm, Nicola J. Reavley

Social Psychiatry and Psychiatric Epidemiology

First Online: 22 October 2018

<https://doi.org/10.1007/s00127-018-1608-9>

Purpose

This review aims to summarise the evidence on the impact of news media and social media reports of severe mental illness (SMI) on stigma, and interventions that aim to mitigate any adverse impact.

Methods

A systematic search of electronic databases was conducted in December 2017 to identify studies that report on the impact of media coverage or media interventions on stigma related to schizophrenia, psychosis, bipolar disorder, or mental illness in general. Data were synthesised narratively.

Results

12 studies met inclusion criteria; seven explored the impact of news media on stigma towards SMI or general mental illness, two explored the impact of social media, while three evaluated interventions that aimed to mitigate this impact. These studies showed that positive news reports and social media posts are likely to lead to reductions in stigmatizing attitudes and negative reports and social media posts are likely to increase stigmatizing attitudes. There were a limited number of interventions aiming to mitigate the negative impact of news reports of mental illness on stigma; however, these were ineffective. Interventions with media professionals appear to be successful at reducing their stigmatizing attitudes, but can also act to increase both positive and negative reports in the media.

Conclusions

Given the limited research evidence on the impact of news and social media on stigma

towards SMI, and on the effectiveness of interventions aiming to mitigate this impact, further studies of higher quality are needed in this area. Due to mixed findings, interventions with media professionals are also an area of research priority.

<https://www.sciencedirect.com/science/article/pii/S0163834318303554>

Suicidal ideation and behaviors among women veterans with recent exposure to intimate partner violence.

Emily Brignone, Anneliese E. Sorrentino, Christopher B. Roberts, Melissa E. Dichter

General Hospital Psychiatry

Available online 23 October 2018

<https://doi.org/10.1016/j.genhosppsych.2018.10.006>

Objective

Women veterans have disproportionately high risk for both suicide and intimate partner violence compared to women non-veterans. The objective of this study was to assess the relationship between intimate partner violence (IPV) and suicidal ideation and suicidal or self-harm behaviors among women veterans.

Method

Veterans Health Administration (VHA) electronic medical records were extracted for 8427 women veterans who completed screening for past-year IPV between April 2014 and 2016. Risk for suicidal ideation and self-harm behaviors were estimated as function of screening results using logistic regression.

Results

Overall, 8.4% screened positive for IPV. Suicidal ideation or self-harm behaviors were recorded for 3.2%. Positive IPV screen was associated with double the odds for suicidal ideation (AOR = 2.04; 95% CI = 1.47–2.86) and self-harm behaviors (AOR = 2.05, 95% CI = 1.10–3.83). Risks did not significantly differ by IPV type. Suicide-related ICD codes were most often recorded prior to IPV screening.

Conclusions

There is a strong association between positive IPV screen and suicidal ideation and self-harm behaviors among VHA-engaged women veterans. Documentation of either event is an important marker for the other. Integration of suicide prevention with IPV

services may enhance identification of women at risk and speed service uptake. Suicidal ideation and behaviors should be assessed among women with positive IPV screens, and identification of suicide risk should trigger IPV assessment.

<https://www.ncbi.nlm.nih.gov/pubmed/28557621>

Death Stud. 2018 Feb;42(2):123-129. doi: 10.1080/07481187.2017.1334013. Epub 2017 Jul 6

Military personnel compared to multiple suicide attempters: Interpersonal theory of suicide constructs.

Assavedo BL, Green BA, Anestis MD

The current study aimed to address the discrepancy between suicide rates in the military and general population by comparing facets of the interpersonal theory of suicide between civilians with multiple suicide attempts and U.S. military personnel. Military personnel exhibited higher levels of capability for suicide but lower levels of perceived burdensomeness and thwarted belongingness than civilian multiple attempters. When comparing only personnel endorsing ideation and civilian multiple attempters, the significant difference for capability remained, but the differences for perceived burdensomeness and thwarted belongingness became nonsignificant. Results suggest the emergence of ideation places personnel at a greater risk for suicide than many civilian multiple attempters.

<https://www.ncbi.nlm.nih.gov/pubmed/28605213>

Appl Neuropsychol Adult. 2018 Nov-Dec;25(6):497-503. doi: 10.1080/23279095.2017.1330749. Epub 2017 Jun 12

Computerized cognitive testing norms in active-duty military personnel: Potential for contamination by psychologically unhealthy individuals.

Coffman I, Resnick HE, Drane J, Lathan CE

Normative reference data used for clinical interpretation of neuropsychological testing results are only valid to the extent that the sample they are based on is composed of "normal" individuals. Accordingly, efforts are made to exclude individuals with histories and/or diagnoses that might bias test performance. In this report, we focus on these features in active-duty military personnel because published data on computerized neurocognitive testing norms for this population have not explicitly considered the consequences of neurobehavioral disorders (e.g., PTSD, depression), which are prevalent in this population and known to affect performance on some cognitive assessments. We administered DANA, a mobile, neurocognitive assessment tool, to a large sample of active-duty military personnel and found that scores on self-administered psychological assessments negatively impacted a number of neurocognitive tests. These results suggest that neurobehavioral disorders that are relatively common in this population should be controlled for when establishing normative datasets for neurocognitive outcomes.

<https://www.ncbi.nlm.nih.gov/pubmed/29154597>

Psychol Trauma. 2018 Sep;10(5):508-514. doi: 10.1037/tra0000336. Epub 2017 Nov 20

**Interactive effects of insomnia symptoms and trauma exposure on PTSD:
Examination of symptom specificity.**

Cox RC, McIntyre WA, Olatunji BO

OBJECTIVE:

Although symptoms of posttraumatic stress disorder (PTSD) are common following exposure to a traumatic event, most people who experience trauma do not develop PTSD. Thus, the identification of risk factors that may interact with trauma exposure to confer vulnerability for the development of PTSD may highlight important targets for prevention and treatment. Recent research suggests that sleep disturbance amplifies the effect of maladaptive emotional processes on PTSD symptom severity. However, no study to date has examined the impact of sleep disturbance, such as insomnia symptoms, on the relationship between trauma exposure severity and specific PTSD symptom clusters.

METHOD:

The present study examined insomnia symptoms as a potential moderator of the

relationship between trauma exposure severity and specific PTSD symptom clusters among combat exposed veterans (N = 72).

RESULTS:

Results revealed large associations between insomnia symptoms and PTSD symptom clusters, small to moderate associations between combat trauma severity and PTSD symptom clusters, and a significant interaction between insomnia symptoms and combat exposure to predict reexperiencing, but not avoidance or arousal, symptoms of PTSD.

CONCLUSION:

These findings suggest that poor sleep may be one risk context in which trauma exposure results in the development of reexperiencing symptoms of PTSD. The implications of these findings for the development and maintenance of reexperiencing symptoms of PTSD are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved).

<https://www.frontiersin.org/articles/10.3389/fpsy.2018.00592/abstract>

Spiritual Dimensions of Moral Injury: Contributions of Mental Health Chaplains in the Canadian Armed Forces.

Lorraine A. Smith-MacDonald, Jean-Sebastien Morin and Suzette Bremault-Phillips

Frontiers in Psychiatry

Accepted: 25 Oct 2018

doi: 10.3389/fpsy.2018.00592

Moral Injury (MI) describes the profound distress experienced by military personnel as a result of a violation of personal beliefs. Impacting not only psychological, but spiritual, health and well-being, MI is associated with spiritual/religious (S/R) suffering and a need to find hope, trust, connection, reconciliation, and wholeness. Addressing spiritual wounds can help military personnel overcome fundamental barriers that may impede them from effectively engaging in or benefitting from traditional trauma therapies and having a more complete recovery.

Military Chaplains in the Canadian Armed Forces (CAF) are both embedded with the troops in garrison and theatre and work closely with service providers such as the Royal

Canadian Medical Services. In their role, they offer front-line support and services to members and their families and facilitate access to care. Specific to the assessment and treatment of MI, Mental Health Chaplains (MHCs) offer S/R expertise and a complimentary clinical skill set to service members and interdisciplinary teams.

This perspectives article explores the S/R dimension of MI, discusses the role of MHCs in CAF Mental Health (MH) Clinics, and provides clinical perspectives of an MHC regarding the treatment of MI. Key focuses of MHC interventions include bridging to other mental health services and supports, facilitating S/R coping and grounding, reconciling worldviews, resolving anger at a God-figure (not specific to any S/R perspective) and fostering reconciliation. Based on the literature, mental health practitioner's feedback, and clinical experience, MHCs are integral to healing MI and warrant more widespread inclusion on interdisciplinary teams in CAF MH Clinics.

<https://www.ncbi.nlm.nih.gov/pubmed/30346209>

Psychol Trauma. 2018 Oct 22. doi: 10.1037/tra0000416. [Epub ahead of print]

Psychological well-being in Iraq and Afghanistan veterans: Risk and protective factors.

Bergmann JS, Renshaw KD, Paige L

OBJECTIVE:

Much research on military veterans has focused on posttraumatic stress disorder (PTSD) and other negative outcomes, with few studies of positive outcomes. This study focused on psychological well-being (PWB) in relation to PTSD symptoms and the additional risk factors of sleep problems and depression, as well as a protective factor, self-regulation.

METHOD:

Two hundred thirty-eight student veterans completed questionnaires online, with 115 completing follow-up questionnaires 2 months later.

RESULTS:

Path analyses revealed significant associations of PWB with depression and self-regulation in expected directions within and across time points. Links of overall PWB with PTSD and sleep were mostly small and nonsignificant, but some differences were

found for distinct domains of PWB. Finally, a significant interaction revealed that the negative association of baseline PTSD with 2-month PWB grew stronger as levels of self-regulation increased.

CONCLUSIONS:

This finding may indicate that higher scores on our measure of self-regulation reflected emotional overcontrol and rigidity, but further research that attempts to replicate these findings is needed. Overall, findings support the need for examining a broader set of risk and protective factors predictive of outcomes in veterans who served during the recent era of wars in Iraq and Afghanistan. (PsycINFO Database Record (c) 2018 APA, all rights reserved).

<https://www.sciencedirect.com/science/article/pii/S0165178117320991>

Do unit and post-deployment social support influence the association between deployment sexual trauma and suicidal ideation?

Lindsey L. Monteith, Claire A. Hoffmire, Ryan Holliday, Crystal L. Park, ... Rani A. Hoff

Psychiatry Research

Volume 270, December 2018, Pages 673-681

<https://doi.org/10.1016/j.psychres.2018.10.055>

Highlights

- Assessed social support, deployment sexual trauma (DST) and suicidal ideation.
- Post-deployment support moderated relations of DST with suicidal ideation in men.
- Post-deployment support mediated relations of DST with suicidal ideation in women.
- Unit support did not moderate or mediate the DST and suicidal ideation association.
- Post-deployment support may be key to addressing suicidal ideation following DST.

Abstract

Deployment sexual trauma is associated with post-deployment suicidal ideation. No studies have examined the role of social support in this association. The present study examined if perceived unit support and post-deployment support influenced the association between deployment sexual trauma and suicidal ideation. 824 post-9/11 veterans (480 men, 344 women) from the Survey of Experiences of Returning Veterans completed the Deployment Risk and Resilience Inventory-2 and Columbia-Suicide Severity Rating Scale. Age, possible depression, posttraumatic stress disorder

symptoms, and lifetime suicide attempt were covaried. Among men, post-deployment support moderated the association between deployment sexual trauma and suicidal ideation; deployment sexual trauma predicted suicidal ideation only for men reporting low post-deployment support. Among women, post-deployment support mediated the association between deployment sexual trauma and suicidal ideation. Unit support neither moderated nor mediated the association between deployment sexual trauma and suicidal ideation. Among men who experience deployment sexual trauma, those with low perceived post-deployment support may be at particularly elevated risk for suicidal ideation and may benefit from more intensive monitoring and interventions that bolster social support. Increasing perceived post-deployment support for women who experience deployment sexual trauma is also warranted. Determining optimal ways to strengthen post-deployment support for sexual trauma survivors is essential.

<https://www.liebertpub.com/doi/full/10.1089/tmj.2018.0237>

Best Practices in Videoconferencing-Based Telemental Health April 2018.

Jay H. Shore, Peter Yellowlees, Robert Caudill, Barbara Johnston, Carolyn Turvey, Matthew Mishkind, Elizabeth Krupinski, Kathleen Myers, Peter Shore, Edward Kaftarian, and Donald Hilty

Telemedicine and e-Health

Published Online: 24 Oct 2018

<http://doi.org/10.1089/tmj.2018.0237>

Telemental health, in the form of interactive videoconferencing, has become a critical tool in the delivery of mental health care. It has demonstrated the ability to increase access to and quality of care, and in some settings to do so more effectively than treatment delivered in-person. This article updates and consolidates previous guidance developed by The American Telemedicine Association (ATA) and The American Psychiatric Association (APA) on the development, implementation, administration, and provision of telemental health services. The guidance included in this article is intended to assist in the development and delivery of effective and safe telemental health services founded on expert consensus, research evidence, available resources, and patient needs. It is recommended that the material reviewed be contemplated in conjunction with APA and ATA resources, as well as the pertinent literature, for additional details on the topics covered.

<https://www.cambridge.org/core/journals/psychological-medicine/article/examining-the-link-between-prior-suicidality-and-subsequent-suicidal-ideation-among-highrisk-us-military-service-members/932FA1B0474F994E4C714626AE10375D>

Examining the link between prior suicidality and subsequent suicidal ideation among high-risk US military service members.

Hom, M., Duffy, M., Rogers, M., Hanson, J., Gutierrez, P., & Joiner, T.

Psychological Medicine

Published online: 25 October 2018

doi:10.1017/S0033291718003124

Background

Research is needed to identify the factors that explain the link between prior and future suicidality. This study evaluated possible mediators of the relationship between: (1) the severity of prior suicidality and (2) suicidal ideation severity at 3-month follow-up among a sample of high-risk military personnel.

Methods

US military service members referred to or seeking care for suicide risk (N = 624) completed self-report psychiatric domain measures and a clinician interview assessing prior suicidality severity at baseline. Three months later, participants completed a self-report measure of suicidal ideation severity. Three separate percentile bootstrap mediation models were used to examine psychiatric factors (i.e. alcohol abuse, anxiety sensitivity, hopelessness, insomnia, posttraumatic stress symptoms, suicidal ideation, and thwarted belongingness) as parallel mediators of the relationship between prior suicidality severity (specifically, suicidal ideation, suicide attempt, and overall suicidality – i.e. ideation/attempt severity combined) at baseline and suicidal ideation severity at follow-up.

Results

Hopelessness, specifically, and the total effect of all mediators, each significantly accounted for the relationship between prior suicidality severity and subsequent ideation severity across models. In the models with attempt severity and overall suicidality severity as predictors, thwarted belongingness was also a significant mediator.

Conclusions

Hopelessness, thwarted belongingness, and overall severity of psychiatric indices may explain the relationship between prior suicidality severity and future suicidal ideation severity among service members at elevated suicide risk. Research is needed to replicate these findings and examine other possible mediators.

[https://www.archives-pmr.org/article/S0003-9993\(18\)30429-5/abstract](https://www.archives-pmr.org/article/S0003-9993(18)30429-5/abstract)

Treating Military Service Members and Veterans in the Private Sector: Information and Resources for Clinicians.

Alison Cogan, PhD, OTR/L, Larry Cervelli, OT, FACRM, Tina Dillahunt-Aspillaga, PhD, CRC, CVE, CLCP, CBIST, Alicia Gill Rossiter, DNP, ARNP, FNP, PPCNP-BC, FAANP

Archives of Physical Medicine and Rehabilitation

Published online: October 25, 2018

DOI: <https://doi.org/10.1016/j.apmr.2018.06.006>

Since the onset of military action in Iraq and Afghanistan, more than 2 million service members have deployed in support of Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn. These veterans join the more than 18.4 million veterans living in communities across the United States who have served in conflicts dating back to World War II. Many veterans have paid the price for their service. While the veteran population is resilient, it is also considered a vulnerable and underserved population.

<https://www.tandfonline.com/doi/abs/10.1080/07317115.2018.1530323>

Serving All Who Served: Piloting an Online Tool to Support Cultural Competency with LGBT U.S. Military Veterans in Long-Term Care.

Weston Donaldson, Ph.D, Heather M. Smith, Ph.D, ABPP & Brendt P. Parrish, Ph.D

Clinical Gerontologist

Published online: 25 Oct 2018

DOI: 10.1080/07317115.2018.1530323

Objective:

Given health disparities between lesbian, gay, bisexual, and transgender (LGBT) and non-LGBT older adults, ensuring that the care provided in long-term care (LTC) settings is both supportive and sensitive to their unique needs and challenges is essential. This has become a matter of increasing priority in the United States Department of Veterans Affairs (VA), which in recent years has stated its mission to “serve all who served,” including LGBT Veterans. With this in mind, we piloted an online training tool designed to enhance the LGBT cultural competence of interdisciplinary staff working in geriatric extended care units.

Method:

Interdisciplinary LTC staff participated in an online training module that contained information on unique factors that affect the lives of older LGBT Veterans, and provided considerations and strategies to assist staff in working with them.

Results:

Following participation in the training, staff showed a significant increase in knowledge about LGBT Veterans, but not in skills or attitudes.

Conclusions:

Online-based LGBT cultural-competency training is useful in providing LTC staff with foundational knowledge that can help them work more competently with LGBT residents.

Clinical Implications:

LTC facilities can develop brief yet effective cultural competency trainings that increase the visibility of LGBT concerns in order to enhance clinical care.

<https://www.ncbi.nlm.nih.gov/pubmed/30359075>

Psychol Serv. 2018 Oct 25. doi: 10.1037/ser0000215. [Epub ahead of print]

Prospective associations between DSM-5 PTSD symptom clusters and suicidal ideation in treatment-seeking veterans.

Horwitz AG, Miron L, Maieritsch KP

Posttraumatic stress disorder (PTSD) rates are higher in military veterans than in the civilian population. Meta-analyses have found strong and consistent associations between PTSD and suicide risk. Several studies have demonstrated a concurrent reduction in suicidal ideation (SI) with reduction of PTSD symptoms during trauma-focused treatment. However, it is unclear whether changes in specific PTSD symptom clusters are most strongly associated with these changes in SI. This study prospectively examined associations between PTSD symptom clusters and SI to better specify mechanisms of change during treatment. Participants were 160 veterans (87% male, 63% Caucasian, 64% combat trauma) who completed a course of evidence-based trauma-focused therapy at a VA hospital. The Patient Health Questionnaire-9 and Posttraumatic Stress Disorder Checklist-5 were used to assess depression, SI frequency, and PTSD symptoms. Binary logistic regression analyses found that the cognitive/mood alteration cluster was the only significant independent predictor of SI at termination. Post hoc analysis of variance Bonferroni tests indicated those who decreased SI frequency had a greater reduction in intrusive, cognitive/mood alteration, and hyperarousal symptoms relative to those who increased or had no change in SI. A within-cluster item analysis revealed that baseline symptom D3 (blame self/others) was the only significant independent predictor for baseline SI, whereas baseline symptom D6 (detachment) was the only significant independent predictor for SI at termination. This discrepancy may be explained by reductions in guilt during treatment, as 79% of the sample elected to receive cognitive processing therapy. Given these associations, PTSD patients with SI may benefit from a treatment emphasis on reducing cognitive/mood alteration symptoms. (PsycINFO Database Record (c) 2018 APA, all rights reserved).

<https://www.sciencedirect.com/science/article/pii/S0376871618307518>

Differences in protective factors among U.S. Veterans with posttraumatic stress disorder, alcohol use disorder, and their comorbidity: Results from the National Health and Resilience in Veterans Study.

Elizabeth Straus, Sonya B. Norman, Moira Haller, Steven M. Southwick, ... Robert H. Pietrzak

Drug and Alcohol Dependence

Available online 24 October 2018

<https://doi.org/10.1016/j.drugalcdep.2018.09.011>

Highlights

- Comorbid PTSD/AUD had lower social/psychosocial protective factors than AUD-only
- Social/psychosocial factors partially mediated PTSD and suicidal ideation.
- Psychosocial factor partially mediated link between PTSD and suicide attempts.

Background

Comorbid posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD) are associated with greater clinical and functional impairments than either disorder alone, including higher rates of suicidality and reduced functioning and quality of life. Although PTSD/AUD is associated with more severe risk factors relative to either disorder alone, it is unclear whether PTSD/AUD and its related impairments are also associated with lower levels of protective factors.

Methods

We examined two composite factors of protective qualities derived from exploratory factor analyses—social connectedness (i.e., structural social support, perceived social support, secure attachment style) and protective psychosocial characteristics (i.e., resilience, purpose in life, dispositional optimism and gratitude, and community integration), in a nationally representative sample of U.S. Veterans (using data from the National Health and Resilience in Veterans Study) with PTSD alone, AUD alone, and comorbid PTSD/AUD.

Results

Veterans with PTSD and PTSD/AUD scored significantly lower than those with AUD alone but did not differ from each other on measures of social connectedness and protective psychosocial characteristics ($p < .001$). Both factors partially mediated the relationship between diagnostic status (PTSD or PTSD/AUD vs. AUD alone) and suicidal ideation (ORs = 0.58-0.62), as well as between diagnostic status and functioning/quality of life (psychosocial protective characteristics, $\beta = 0.39$; social connectedness, $\beta = 0.16$). Only protective psychosocial characteristics (OR = 0.54) emerged as a partial mediator between diagnostic status and lifetime suicide attempts.

Conclusions

U.S. Veterans with PTSD and PTSD/AUD score lower on measures of protective factors than Veterans with AUD. These factors may be important targets for prevention and treatment efforts.

<https://link.springer.com/article/10.1007/s11920-018-0977-9>

PTSD and Physical Health.

Annie L. Ryder, Patrick M. Azcarate, Beth E. Cohen

Current Psychiatry Reports

December 2018, 20:116

<https://doi.org/10.1007/s11920-018-0977-9>

Purpose of Review

We review evidence linking PTSD to physical health symptoms and specific disorders, highlighting areas with multiple studies and objective measures of disease states when available. We also examine evidence for biological, behavioral, and psychosocial mechanisms underlying these associations and discuss the clinical implications of recent research.

Recent Findings

Recent meta-analyses have found that evidence is particularly strong for increased risk of cardiovascular, metabolic, and musculoskeletal disorders among patients with PTSD. Numerous studies have found alterations in the hypothalamic-pituitary-adrenal axis, sympathetic nervous system, inflammation, and health behaviors that could increase risk of illness, but few studies have simultaneously incorporated measures of mechanisms and disease outcomes.

Summary

Future research should focus on expanding the diversity of populations studied, particularly with respect to underrepresented racial and ethnic groups. Longitudinal studies that incorporate repeated measures of PTSD, pathogenic mechanisms of disease, and physical health outcomes and the addition of physical health outcomes to PTSD treatment trials will be most informative for the field.

<https://journals.colostate.edu/jvs/article/view/198>

The Effects of Mattering and Combat Deployment on Student Service Members/Veterans' College Adjustment: A Psychosociocultural Approach.

Bryan C. Bodrog, Alberta M. Gloria, Dustin Gregory Brockberg

This study examined college adjustment for 157 student service members/veterans' (SSM/V) college adjustment using a psychosociocultural framework to explore psychological (stress), social (connection and university mattering), and cultural (view of self) dimensions. A series of mediation analyses revealed that mattering fully mediated the relationships of social and campus connectedness and negative view of self with college adjustment, respectively. Mattering also partially-mediated the relationship of positive view of self and college adjustment. Although those SSM/V who had been deployed to a combat zone held more negative views of self and reported decreased social connectedness than those who had not, deployment to a combat zone did not moderate the relationships of connection (social and campus) and view of self (positive and negative) with college adjustment. The study's findings direct student service personnel to provide emic support and programming to support SSM/Vs' educational experiences and college adjustment.

<https://link.springer.com/article/10.1007/s12103-018-9458-2>

The Battlefield Behind Bars: How Mental Disorder and Suicidal Behavior Impacts the Prison Experience for Veterans.

Mark Alden Morgan, Matthew W. Logan, Francis T. Cullen

American Journal of Criminal Justice

First Online: 25 October 2018

<https://doi.org/10.1007/s12103-018-9458-2>

Military veteran status has been associated with a variety of criminal justice outcomes as well as higher rates of mental illness and suicide when compared to the general population. Although research has generally focused on why veterans become involved with the justice system, less is known about their experiences while incarcerated. In particular, studies of veterans in the community context indicate that they are unwilling to seek out mental health treatment due to potential stigmas, suggesting that this reluctance may extend into the prison environment. Using a sample of 14,278 veteran and nonveteran inmates, we find that veterans do not necessarily fare worse in prison and are actually more likely to obtain treatment. However, this effect is largely mediated

by the greater history of mental disorders and suicidal behaviors among veterans. Our findings lend credence to recent efforts designed to screen and manage justice-involved veterans as a distinct, at-risk group.

<https://www.sciencedirect.com/science/article/pii/S1697260018301510>

Suicide ideation as a predictor of treatment outcomes in cognitive-behavioral therapy for unipolar mood disorders.

Ruth von Brachel, Tobias Teismann, Lisa Feider, Jürgen Margraf

International Journal of Clinical and Health Psychology

Available online 26 October 2018

<https://doi.org/10.1016/j.ijchp.2018.09.002>

Background/Objective:

Suicide ideation is common in depressed patients. However, no studies to date have examined whether pretreatment suicide ideation is associated with poorer outcomes after cognitive-behavioral therapy for adult depression.

Method:

475 depressed outpatients (age: $M = 39.9$ years, $SD = 11.71$; 60.2% female) took part in a pre-treatment and a post-treatment assessment. Pre-treatment suicide ideation measured with the BDI suicide item was considered as a predictor of treatment outcomes – controlling for age, gender, number of attended therapy sessions, as well as pre-treatment depression severity.

Results:

Hierarchical regression revealed that age, gender, number of completed therapy sessions and depression severity at baseline could explain 25% of the variance in post-treatment BDI-scores. Adding suicide ideation significantly improved the amount of variance explained to 27%. Treatment outcomes were worse for patients with more severe depression, suicidal patients, patients receiving more therapy-sessions and older patients.

Conclusions:

Suicide ideation added only little incremental variance to the prospective prediction of post-treatment depression severity. Depressed patients with suicide ideation can attain

almost as good treatment outcomes as patients without suicide ideation, which is a clinically encouraging result.

<https://www.liebertpub.com/doi/abs/10.1089/tmj.2018.0203>

Social Media and Suicide: A Review of Technology-Based Epidemiology and Risk Assessment.

Ali Pourmand, Jeffrey Roberson, Amy Caggiula, Natalia Monsalve, Murwarit Rahimi, and Vanessa Torres-Llenza

Telemedicine and e-Health

Online Ahead of Print: October 26, 2018

<http://doi.org/10.1089/tmj.2018.0203>

Introduction:

Suicide is a significant public health problem among teenagers and young adults in the United States, placing significant stress on emergency departments (EDs) to effectively screen and assess for the presence of suicidality in a rapid yet efficient manner.

Methods:

A literature search was performed using PubMed and MEDLINE with the following terms: "Social media," "Suicide," "Facebook," "Twitter," "MySpace," "Snapchat," "Ethics," "Digital Media," and "Forums and Blog." Data were extracted from each article, specifically the sample size, study setting, and design. Only English-language studies were included. We reviewed the reference lists of included articles for additional studies, as well. Abstracts, unpublished data, and duplicate articles were excluded.

Results:

A total of 363 articles met our initial criteria. Studies older than 10 years and/or in a language other than English were removed. After review, a total of 31 peer-reviewed articles were included in the study. Teenagers and young adults often fail to disclose risk factors to physicians, despite sharing them with the public on social media platforms such as Facebook and Twitter. Therefore, physician access to a patient's social media can assist in identifying suicidal ideation and/or acts.

Conclusions:

Viewing a patient's social media accounts can help ED physicians gain perspective into

his or her mental health status and identify those at risk for suicide; however, ethical and privacy concerns associated with this method of data gathering make implementation of such a practice controversial. To justify its use, formal prospective studies analyzing if and how physician access to a patient's social media influences care should be performed.

<https://www.sciencedirect.com/science/article/pii/S2214782918300472>

Internet- and mobile-based aftercare and relapse prevention in mental disorders: A systematic review and recommendations for future research.

Severin Hennemann, Sylvia Farnsteiner, LasseSander

Internet Interventions

Volume 14, December 2018, Pages 1-17

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

Highlights

- Systematic overview of Internet- and mobile-based interventions as aftercare or relapse prevention across mental disorders.
- Included studies are predominantly transdiagnostic, web- and CBT-based and feature some form of human guidance.
- Small effects were found on study level for symptom severity of depression and anxiety.
- Methodological quality and attrition rates of included studies were suboptimal.
- Further high quality, large-scale RCTs, and strategies to make IMIs impactful are needed.

Abstract

Background

Mental disorders are characterized by a high likelihood of recurrence. Thus, aftercare and follow-up interventions aim to maintain treatment gains and to prevent relapse. Internet- and mobile-based interventions (IMIs) may represent promising instruments in tertiary prevention. This systematic review summarizes and evaluates the research on the efficacy of IMIs as aftercare or follow-up interventions for adults with mental health issues.

Methods

A systematic database search (PsycInfo, MEDLINE, CENTRAL) was conducted and studies selected according to predefined eligibility criteria (RCTs, adult population, clinical symptoms/disorder, assessed with validated instruments, clinical-psychological intervention rationale, aftercare/follow-up intervention, web-/mobile-based, minimum follow-up measurement of three months, inclusion of a control group). Inspected outcomes were symptom severity, recurrence- and rehospitalization rates, functioning, quality of life and adherence to primary treatment.

Systematic review registration: PROSPERO CRD42017055289.

Results

Sixteen RCTs met the inclusion criteria, covering trials on depression ($n = 5$), eating disorders ($n = 4$) and transdiagnostic interventions ($n = 7$). The majority of the interventions were based on Cognitive Behavioral Therapy (CBT) principles and were web-based ($n = 11$). Methodological quality of included studies was suboptimal. Limitations included attrition bias and non-specification of routine care co-interventions. IMIs yielded small to medium post-treatment effects for symptom severity ($d = -0.08$ – $d = -0.45$) in comparison to control groups. Best evidence base was found for symptom severity of depression and anxiety. Study results regarding recurrence and rehospitalization were inconsistent.

Discussion

There is some evidence, that IMIs are feasible instruments for maintaining treatment gains for some mental disorders. However, further high quality, large-scale trials are needed to expand research fields, improve adherence to and uptake of IMIs and facilitate implementation of effective interventions into routine care.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/acp.3463>

Effects of sleep deprivation on executive functioning, cognitive abilities, metacognitive confidence, and decision making.

Eugene Aidman Simon A. Jackson Sabina Kleitman

Applied Cognitive Psychology

First published: 29 October 2018

<https://doi.org/10.1002/acp.3463>

Performance on many decision-making tasks is underpinned by metacognitive monitoring, cognitive abilities, and executive functioning. Fatigue-inducing conditions, such as sleep loss, compromise these factors, leading to decline in decision performance. Using a 40-hr sleep deprivation protocol, we examined these factors and the resulting decision performance. Thirteen Australian Army male volunteers (aged 20–30 years) were tested at multiple time points on psychomotor vigilance, inhibitory control, task switching, working memory, short-term memory, fluid intelligence, and decision accuracy and confidence in a medical diagnosis-making test. Assessment took place in the morning and night over two consecutive days, during which participants were kept awake. Consistent with previous work, cognitive performance declined after a night without sleep. Extending previous findings, self-regulation and self-monitoring suffered significantly greater declines immediately after the sleepless night. These results indicate that the known decline in complex decision-making performance under fatigue-inducing conditions might be facilitated by metacognitive rather than cognitive mechanisms.

Links of Interest

'Lives saved here every day': Veterans' Home Base expansion opens in Boston

<https://www.stripes.com/news/us/lives-saved-here-every-day-veterans-home-base-expansion-opens-in-boston-1.553923>

What's the Best Way to Treat a First Bout of Depression?

<https://www.psychologytoday.com/us/blog/think-act-be/201810/whats-the-best-way-treat-first-bout-depression>

Can Treatment Resistant Depression Be Successfully Treated?

<https://www.psychologytoday.com/ca/blog/health-matters/201810/can-treatment-resistant-depression-be-successfully-treated>

The military's obsession with energy drinks is contributing to PTSD, study finds

<https://www.militarytimes.com/off-duty/military-culture/2018/10/26/the-militarys-obsession-with-energy-drinks-is-contributing-to-ptsd-study-finds/>

Maryland National Guard makes history with first-ever all-female command staff

<https://www.wbalv.com/article/maryland-national-guard-makes-history-with-first-ever-all-female-command-staff/24233351>

Adjustment Disorders: How Are They Relevant to Military Mental Health?

<http://pdhealth.mil/news/blog/adjustment-disorders-how-are-they-relevant-military-mental-health>

Veterans are cutting back on smoking and drinking, but they still face significant health risks

<https://www.militarytimes.com/news/2018/10/30/veterans-cutting-back-on-smoking-and-drinking-but-still-face-significant-health-risks/>

Fired Air Force one-star made inappropriate comments about women, failed to report suicide attempts

<https://www.airforcetimes.com/news/your-air-force/2018/10/29/fired-air-force-one-star-made-inappropriate-comments-about-women-failed-to-report-suicide-attempts/>

In Looking to Treat The Whole Patient, VA Tests Behavioral Health Platform

<https://www.forbes.com/sites/nicolefisher/2018/10/29/in-looking-to-treat-the-whole-patient-va-tests-behavioral-health-platform/>

Patient treatment preference plays role in improving PTSD outcomes

<https://www.healio.com/psychiatry/ptsd/news/online/{332488c6-ae0e-401b-9a37-68241f15ad9b}/patient-treatment-preference-plays-role-in-improving-ptsd-outcomes>

Assessment and Treatment of Depression: A Clinical Look at the Current Controversies

<https://www.psychiatryadvisor.com/depressive-disorder/controversy-major-depressive-disorder-severity-conceptualization-treatment/article/810914/>

Women and Depression

<https://health.mil/News/Articles/2018/10/30/Women-and-Depression>

Transgender bodybuilder sculpts a new life in the Navy

<https://www.navytimes.com/off-duty/military-culture/2018/10/30/transgender-bodybuilder-sculpts-a-new-life-in-the-navy/>

Resource of the Week: [2018 Health of Those Who Have Served Report](#)

Men and women who serve in the United States Armed Forces play essential roles in maintaining the safety and security of our country. Nearly 23 million Americans living today have served on active duty in the U.S. Armed Forces —

2.4 million of whom are currently on active duty or in the National Guard and Reserves, and more than 20 million retired. The health and wellbeing of those who have served continue to be a national priority.

United Health Foundation, in partnership with Military Officers Association of America (MOAA), is pleased to update America's Health Rankings® Health of Those Who Have Served Report this year to highlight trends and insights about the similarities and differences in health within groups of those who have served, as well as between those who have served and their civilian counterparts. The data update captures trends over six years, comparing recently available 2015-2016 data to a baseline of 2011-2012 data. This important work builds on United Health Foundation's ongoing commitment to leverage data to improve the health of men and women who have served.

America's Health Rankings continued its collaboration with an advisory steering group of leading military, veterans and public health organizations to update the report. The update features 31 health measures, including 10 new measures focused on mental health and opioid misuse. These new markers of health provide a more complete picture of the health of those who have served and offer greater data-driven insights into the strengths and challenges associated with the health of these individuals.



**Health of Those Who
Have Served Report 2018**



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