

CDP



Research Update -- November 8, 2018

What's Here:

- Provider perspectives on a novel moral injury treatment for veterans: Initial assessment of acceptability and feasibility of the Impact of Killing treatment materials.
- “A well spent day brings happy sleep”: A dyadic study of capitalization support in military-connected couples.
- PTSD Symptoms are Differentially Associated with General Distress and Physiological Arousal: Implications for the Conceptualization and Measurement of PTSD.
- Gender Differences in Post-deployment Adjustment of Air Force Personnel: The Role of Wartime Experiences, Unit Cohesion, and Self-efficacy.
- Post-traumatic growth in the military: a systematic review.
- Inflammation as a predictor of disease course in posttraumatic stress disorder and depression: A prospective analysis from the Mind Your Heart Study.
- Interest among veterans in spiritually-oriented therapy for inner conflict/moral injury in the setting of PTSD.
- Assessing Risk of Future Suicidality in Emergency Department Patients.
- The Role of Clinician Fear in Interviewing Suicidal Patients.
- Emotional numbing symptoms partially mediate the association between exposure to potentially morally injurious experiences and sexual anxiety for male service members.

- Sexual vs. Non-sexual trauma, sexual satisfaction and function, and mental health in female veterans.
- Surviving families of military suicide loss: Exploring postvention peer support.
- Acceptability of potential interventions to increase firearm safety among patients in VA mental health treatment.
- Interdisciplinary Team Perspectives on Mental Health Care in VA Home-Based Primary Care: A Qualitative Study.
- Civilian Nurses' Knowledge, Confidence, and Comfort Caring for Military Veterans: Survey Results of a Mixed-Methods Study.
- Relationship between traumatic brain injury history and recent suicidal ideation in Iraq/Afghanistan-era veterans.
- The impact of military service on health and well-being.
- Alcohol Use Among Never-Deployed U.S. Army Reserve and National Guard Soldiers: The Effects of Nondeployment Emotions and Sex.
- The Safing Center: A specialty clinic for treatment and prevention of IPV with veterans.
- Two Independent Predictors of Nightmares in Posttraumatic Stress Disorder.
- Insomnia and risk for suicidal behavior: A test of a mechanistic transdiagnostic model in veterans.
- The prevalence and trend of depression among veterans in the United States.
- Negative Life Events (NLEs) Contributing to Psychological Distress, Pain, and Disability in a U.S. Military Sample.
- The Self-Hate Scale: Development and Validation of a Brief Measure and its Relationship to Suicidal Ideation.
- Links of Interest
- Resource of the Week: U.S. Department of Housing and Urban Development Annual Homelessness Assessment Report

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.22702>

Provider perspectives on a novel moral injury treatment for veterans: Initial assessment of acceptability and feasibility of the Impact of Killing treatment materials.

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Journal of Clinical Psychology

First published: 28 October 2018

<https://doi.org/10.1002/jclp.22702>

Objective

We assessed whether treatment providers specializing in evidence-based treatment for posttraumatic stress disorder found the Impact of Killing (IOK), a novel treatment for moral injury among combat veterans, acceptable, and feasible.

Methods

Ten providers from a large veterans administration (VA) medical center were provided with materials from IOK. We audio-recorded a semistructured interview with each provider where we elicited open-ended feedback as well as asked five structured questions about the relative advantage, compatibility, complexity/simplicity, trialability, and observability of IOK.

Results

All providers found IOK feasible, acceptable, and something they could incorporate into their existing practice. Providers reported that the spiritual and moral concerns addressed in IOK were novel, and that self-forgiveness and making amends were critical components promoting healing from moral injury not emphasized in other treatments.

Conclusions

Among trauma providers, IOK was found acceptable and feasible, offering a novel approach to addressing moral injury among combat veterans.

<http://psycnet.apa.org/record/2018-53904-002>

“A well spent day brings happy sleep”: A dyadic study of capitalization support in military-connected couples.

Arpin, S. N., Starkey, A. R., Mohr, C. D., Greenhalgh, A. M. D., & Hammer, L. B.

Journal of Family Psychology

2018; 32(7), 975-985.

<http://dx.doi.org/10.1037/fam0000469>

Among couples, sleep is theorized to be a dyadic process, within which relationship quality exerts a large influence (Troxel, Robles, Hall, & Buysse, 2007). In turn, research has shown that capitalization, or positive-event disclosure, influences relationship quality. The benefits of capitalization, however, are contingent on the receipt of a supportive response, here referred to as capitalization support (Reis & Gable, 2003). Accordingly, the current study examined daily capitalization support, loneliness, and intimacy as predictors of sleep (i.e., quality, duration, difficulty falling asleep). Post-9/11 military veterans and their spouses (N = 159) completed a 32-day internet-based survey assessing daily relationship experiences and health. Results of an actor–partner interdependence mediation model on aggregated daily data revealed actor indirect effects of capitalization support on sleep outcomes via loneliness and intimacy, for veterans and spouses. Partner indirect effects were observed for veteran capitalization support on spouse difficulty falling asleep and sleep quality, via spouse loneliness and intimacy. Lagged actor–partner models revealed similar actor effects for daily capitalization support on loneliness (spouses) and intimacy (spouses and veterans), which in turn uniquely predicted daily sleep. Partner effects were observed for veteran capitalization support on spouse intimacy, and veteran loneliness on spouse sleep quality. Results highlight potential new avenues for interventions to promote better sleep by promoting positive relationship functioning between romantic partners. Such work is especially important for high-risk individuals, including military veterans and their spouses for whom prolonged postdeployment sleep difficulties pose particular concern. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<https://www.sciencedirect.com/science/article/abs/pii/S0887618517304188>

PTSD Symptoms are Differentially Associated with General Distress and Physiological Arousal: Implications for the Conceptualization and Measurement of PTSD.

Grant N. Marshall, Lisa H. Jaycox, Charles C. Engel, Andrea S. Richardson, ... Brian P. Marx

Journal of Anxiety Disorders

Available online 29 October 2018

<https://doi.org/10.1016/j.janxdis.2018.10.003>

Highlights

- Relations between a PTSD symptom clusters and PTSD symptoms were examined with respect to general distress and fear.
- Each PTSD symptom cluster and 17 of 20 individual PTSD symptoms were more strongly associated with general distress than with fear.
- Yet, moderate to strong associations were also found between fear and both PTSD clusters and symptoms.
- Findings are not fully consistent with either of two prominent models of the position of PTSD with respect to external domains of psychopathology.

Abstract

Background

The primary purpose of this study was to examine the place of posttraumatic stress disorder (PTSD) vis-à-vis the external dimensions of general distress and physiological arousal.

Methods

Using data collected from veterans of the wars in Iraq and Afghanistan (N = 1,350), latent variable covariance structure modeling was employed to compare correlations of PTSD symptom clusters and individual PTSD symptoms with general distress and physiological arousal.

Results

Each PTSD symptom cluster, and 17 of 20 individual PTSD symptoms were more strongly associated with general distress than with physiological arousal. However,

moderate to strong associations were also found between physiological arousal and both PTSD clusters and symptoms.

Limitations

Findings are based on self-reported data elicited from a single sample of veterans with substantial PTSD symptoms. Replication, particularly by clinician interview, is necessary. Generalizability to other traumatized populations is unknown.

Conclusions

Results offer support, with caveats, for viewing PTSD as a distress disorder. Findings are not consistent with the position that PTSD is a hybrid disorder with some features reflecting hyperarousal and others indicative of general distress. Results have implications for the conceptualization and measurement of PTSD.

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usy261/5145878>

Gender Differences in Post-deployment Adjustment of Air Force Personnel: The Role of Wartime Experiences, Unit Cohesion, and Self-efficacy.

Janet A Welsh Jonathan R Olson Daniel F Perkins

Military Medicine

Published: 27 October 2018

<https://doi.org/10.1093/milmed/usy261>

Introduction

With the changing roles of female military personnel, it is important to understand how wartime experiences and their impacts are similar and different for military men and women. This study examined gender differences in exposure to wartime events and post-deployment post-traumatic stress disorder (PTSD) and depressive symptoms, as well as mediators of these relations, in a large sample of male and female active duty Air Force personnel.

Materials/Methods

The study included data from male (N = 21,879) and female (N = 3,741) active duty Air Force personnel who had experienced at least one deployment and completed the anonymous U.S.A.F. Community Assessment (CA) Survey in 2011. Participants

reported on the number of wartime events they experienced during deployment (e.g., discharging weapons, seeing dead bodies), their perceptions of self-efficacy and the cohesiveness of their units, and their depression and PTSD symptoms post-deployment. We examined mean-level differences between men and women on both independent (wartime experiences) and dependent (PTSD and depression symptoms) measures, basic correlations among variables, and mediation of the relations between wartime experiences and mental health outcomes by unit cohesion and self-efficacy.

Results

Participants reported exposure to 0–6 wartime events during deployment. A greater number of wartime events was associated with higher rates of PTSD and depression and lower ratings of unit cohesion and self-efficacy for both men and women. Men reported more wartime events, while women reported higher rates of PTSD and depression at all levels of exposure to wartime events, including zero. Depression and PTSD were most highly related to reports of being injured during deployment and feelings of danger of being killed. Unit cohesion partially mediated the relation between wartime experience and mental health for both men and women, but self-efficacy was a partial mediator only for women. Direct effects of wartime exposure on subsequent mental health were also observed for both groups.

Conclusion

There are similarities and differences in the wartime experiences of military men and women. Increased exposure to combat experiences is a risk factor for both groups. Women appear to have greater vulnerability to PTSD and depression at all levels of combat exposure, and also report lower levels of unit cohesion and self-efficacy. It is possible that interventions that boost self-efficacy and unit cohesion could promote resilience for combat-exposed military personnel. Because self-efficacy operated differently for men and women, the role of this variable in post-deployment adjustment should be examined more closely.

<https://oem.bmj.com/content/early/2018/10/30/oemed-2018-105166>

Post-traumatic growth in the military: a systematic review.

Katharine M Mark, Sharon A M Stevelink, Jeessoo Choi, Nicola T Fear

Occupational & Environmental Medicine
Online First: 30 October 2018
<http://dx.doi.org/10.1136/oemed-2018-105166>

Background

Post-traumatic growth is defined as positive psychological, social or spiritual growth after a trauma.

Objectives

This systematic review aimed to identify studies that quantitatively measured post-traumatic growth among (ex-) military personnel, to determine whether there is evidence of growth in this context and whether such growth is associated with any sociodemographic, military, trauma or mental health factors.

Data sources

The electronic databases PsycInfo, OVIDmedline and Embase were searched for studies published between 2001 and 2017.

Study eligibility criteria and participants

Papers were retained if they involved military or ex-military personnel, where some had been deployed to Iraq or Afghanistan.

Study appraisal

Quality assessment was conducted on all studies.

Results

21 studies were retained. The Post-Traumatic Growth Inventory was employed by 14 studies: means ranged from 32.60 (standard deviation = 14.88) to 59.07 (23.48). The Post-Traumatic Growth Inventory Short Form was used by five studies: means ranged from 17.11 (14.88) to 20.40 (11.88). These values suggest moderate growth. Higher levels of social support, spirituality and rumination and minority ethnicity were most frequently associated with more post-traumatic growth.

Limitations

The involved studies may lack generalisability and methodological quality.

Conclusions

Overall, this paper confirms that negative reactions to trauma, particularly post-traumatic stress disorder, are not the only possible outcomes for service personnel, as moderate post-traumatic growth can also be observed.

Implications of key findings

Interventions aimed at helping current and former armed forces personnel to identify and promote post-traumatic growth post-conflict may be beneficial for their well-being.

<https://www.sciencedirect.com/science/article/pii/S0889159118307645>

Inflammation as a predictor of disease course in posttraumatic stress disorder and depression: A prospective analysis from the Mind Your Heart Study.

Meghana Eswarappa, Thomas C. Neylan, Mary A. Whooley, Thomas J. Metzler, Beth E. Cohen

Brain, Behavior, and Immunity

Available online 30 October 2018

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

Highlights

- Lower cortisol levels predict a poorer clinical course of PTSD.
- Elevated WBC, CRP, fibrinogen and ESR predict a poorer clinical course of PTSD.
- Elevated WBC, CRP and fibrinogen predict a poorer clinical course of depression.

Background

Prior research has focused largely on the pro-inflammatory states of PTSD and depression, with few studies evaluating the direction of inflammation's association with these disorders. To clarify whether inflammation plays a role in the development of PTSD or depression, we assessed the predictive value of inflammatory biomarkers on the courses of these conditions in a cohort of Veterans.

Methods

This research was part of the Mind Your Heart Study, a prospective cohort study designed to examine PTSD-related health outcomes. Between 2008 and 2010, 746 San Francisco area Veterans Administration patients were enrolled. At baseline, inflammatory biomarkers were measured from fasting morning venous blood draws, and cortisol and catecholamine levels were measured from 24-hour urine samples. PTSD was diagnosed using the PTSD Checklist at baseline and annual follow-up. Depression was evaluated using the 9-item Patient Health Questionnaire at baseline and follow-up. Ordinal logistic regression models were used to assess the predictive value of baseline

biomarker levels on clinically relevant courses of PTSD and depression categorized and ordered as none, resolved, developed, and chronic.

Results

After adjustment for age and sex, elevated levels of white blood cell count (OR = 1.27(1.10–1.47), $p = 0.001$), C-reactive protein (OR = 1.20(1.04–1.39), $p = 0.02$), fibrinogen (OR = 1.19(1.03–1.38), $p = 0.02$), and ESR (OR = 1.17(1.00–1.36), $p = 0.05$), and decreased levels of urine cortisol (OR = 0.84(0.71–0.99), $p = 0.04$) were significant predictors of poorer courses of PTSD. Elevated levels of WBC count (OR = 1.31(1.14–1.50), $p < 0.001$), CRP (OR = 1.24(1.07–1.43), $p = 0.003$), fibrinogen (OR = 1.26(1.09–1.46), $p = 0.002$), and catecholamines (OR = 1.17(1.01–1.36), $p = 0.04$) were significant predictors of poorer courses of depression. After additionally controlling for physical activity, elevated WBC count ($p = 0.002$) and decreased levels of urine cortisol ($p = 0.05$) remained significant predictors of PTSD course, and elevated WBC count ($p = 0.001$), CRP ($p = 0.03$), and fibrinogen ($p = 0.02$) remained significant predictors of depression course. After adjusting for all significant variables, elevated WBC count ($p = 0.02$) was a significant predictor of a poorer course of PTSD, and elevated WBC count ($p = 0.04$) and platelet count ($p = 0.03$) were significant predictors of a poorer course of depression.

Conclusions

Increased levels of several inflammatory biomarkers were associated with significantly increased odds of clinically worse courses of PTSD and depression. Inflammation may be a target for prevention and treatment of these mental health disorders.

<https://www.ncbi.nlm.nih.gov/pubmed/30372503>

Ann Clin Psychiatry. 2018 Nov;30(4):262-270

Interest among veterans in spiritually-oriented therapy for inner conflict/moral injury in the setting of PTSD.

Youssef NA, Lee E, Ames D, Oliver RJP, Teng EJ, Haynes K, Volk F, Koenig HG.

BACKGROUND:

We examined U.S. veterans' interest in spiritually-oriented therapy (SOT) for treating inner conflict/moral injury (ICMI); identified combat-related, demographic, religious, and

psychological characteristics of those interested in this treatment modality; and determined which participants would prefer SOT therapy.

METHODS:

This study was a cross-sectional multi-site study of 464 veterans with posttraumatic stress disorder (PTSD) related to war time experiences. Participants were recruited from several U.S. Department of Veterans Affairs (VA) hospitals and interest in SOT was assessed. Bivariate and multivariate analyses were used to examine the prevalence and correlates of participants' willingness to participate.

RESULTS:

More than 85% of participants indicated willingness to participate in SOT, including 41% who indicated they "definitely" would participate. Logistic regression examining correlates of definitely wanting to participate found it was associated with less time since deployment, more education, not being married, more severe PTSD, and greater religiosity. Level of ICMI was not related to willingness to engage in SOT. Active duty military were less likely than veterans to show interest in SOT. Most participants preferred VA psychologists to provide the therapy, except those who indicated religion was important or very important.

CONCLUSIONS:

Many U.S. veterans with PTSD are interested in SOT, particularly when delivered by psychologists. Given widespread ICMI among veterans, the development and empirical testing of such treatments is warranted.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/acem.13562>

Assessing Risk of Future Suicidality in Emergency Department Patients.

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Helen Le-Niculescu PhD Alexander B. Niculescu MD, PhD, Jeffrey A. Kline MD

Academic Emergency Medicine

First published: 30 October 2018

<https://doi.org/10.1111/acem.13562>

Background

Emergency departments (ED) are the first line of evaluation for patients at risk and in

crisis, with or without overt suicidality (ideation, attempts). Currently employed triage and assessments methods miss some of the individuals who subsequently become suicidal. The Convergent Functional Information for Suicidality (CFI-S) 22-item checklist of risk factors, which does not ask directly about suicidal ideation, has demonstrated good predictive ability for suicidality in previous studies in psychiatric patients but has not been tested in the real-world setting of EDs.

Methods

We administered CFI-S prospectively to a convenience sample of consecutive ED patients. Patients were also asked at triage about suicidal thoughts or intentions per standard ED suicide clinical screening (SCS), and the treating ED physician was asked to fill a physician gestalt visual analog scale (VAS) for likelihood of future suicidality spectrum events (SSE; ideation, preparatory acts, attempts, completed suicide). We performed structured chart review and telephone follow-up at 6 months post-index visit.

Results

The median time to complete the CFI-S was 3 minutes (first to third quartile = 3–6 minutes). Of the 338 patients enrolled, 45 (13.3%) were positive on the initial SCS, and 32 (9.5%) experienced a SSE in the 6 months of follow-up. Overall, SCS had modest diagnostic accuracy sensitivity $14/32 = 44\%$, (95% CI: 26–62%) and specificity $275/306 = 90\%$, (86–93%). The physician VAS also had moderate overall diagnostic accuracy (AUC 0.75, confidence interval [CI] = 0.66–0.85), and the CFI-S was best (AUC = 0.81, CI = 0.76–0.87). The top CFI-S differentiating items were psychiatric illness, perceived uselessness, and social isolation.

Conclusions

Using CFI-S, or some of its items, in busy EDs may help improve the detection of patients at high risk for future suicidality.

<https://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000555?journalCode=cri>

The Role of Clinician Fear in Interviewing Suicidal Patients.

Paul Quinnett

Crisis

Published online October 30, 2018

<https://doi.org/10.1027/0227-5910/a000555>

Researchers are increasingly interested in how clinicians should screen for suicide ideation in care settings and the merits of doing so. A common finding is that screening does no harm, and may do good, insofar as once the subject of suicide is broached clinicians can conduct a suicide risk assessment to determine the course of safe care. To date, little has been published about just how clinicians should ask "the ask" about suicidal ideation. The aim of this article is to suggest that the difficulty clinicians seem to have in initiating a verbal probe for suicidal ideation has less to do with patient characteristics than it does with clinician anticipatory anxiety about learning that a patient is positive for suicidal ideation. Face-negotiation theory and politeness theory are offered as possible explanations for why a simple direct question is so difficult to ask. Future research directions are suggested and an absence of data from public health gatekeeper training is offered as argument for clinicians to be more direct in their probes for suicidal ideation.

<https://www.ncbi.nlm.nih.gov/pubmed/29601288>

J Trauma Dissociation

2018 Jul-Sep;19(4):417-430. doi: 10.1080/15299732.2018.1451976

Emotional numbing symptoms partially mediate the association between exposure to potentially morally injurious experiences and sexual anxiety for male service members.

Bhalla A, Allen E, Renshaw K, Kenny J, Litz B

Service members (SMs) returning from deployment are at risk of a range of sexual problems, some of which are thought to be related to psychological issues that may arise during deployment or combat. The current study sought to examine whether exposure to potentially morally injurious events (PMIEs) was associated with sexual anxiety (SA) above and beyond combat exposure and whether any such association was mediated by post-traumatic stress disorder (PTSD) symptom clusters. These questions were tested using data from self-report surveys collected from 221 partnered male Army (Active Duty, National Guard, or Reserve) SMs at three separate time points. Findings showed that exposure to PMIEs was significantly related to greater SA, with transgressions by self and perceived betrayal demonstrating unique associations when controlling for all factors of PMIEs. Moreover, total exposure to PMIEs was associated with SA above and beyond general combat exposure. PTSD symptoms

partially mediated the association between exposure to PMIEs and SA, with emotional numbing accounting for significant unique indirect effects after controlling for other PTSD symptom clusters. The findings suggest that exposure to PMIEs is associated with SA, even when accounting for either combat exposure or PTSD symptoms, emphasizing the importance of this issue in understanding post-deployment problems in sexual intimacy.

<https://www.ncbi.nlm.nih.gov/pubmed/29601287>

J Trauma Dissociation

2018 Jul-Sep;19(4):403-416. doi: 10.1080/15299732.2018.1451975

Sexual vs. Non-sexual trauma, sexual satisfaction and function, and mental health in female veterans.

DiMauro J, Renshaw KD, Blais RK

Trauma in general, and sexual assault in particular, is associated with serious mental health and functional problems. The quality of sexual satisfaction/function may be particularly impacted by sexual assault, and such sexual problems may account for some of the broader mental health and functioning impairments in sexual assault survivors. Accordingly, we examined self-reports of sexual health and mental health in a sample of 255 female veterans in committed, monogamous relationships who provided data regarding sexual assault (n = 153) or nonsexual trauma (n = 102). Trauma type was not associated with differences in sexual function, but sexual trauma was associated with significantly lower sexual satisfaction, greater posttraumatic stress disorder (PTSD) and depressive symptoms, and higher suicidal ideation. Furthermore, the indirect effect of trauma type on all mental health outcomes was significant via sexual satisfaction but not via sexual function. Finally, trauma type moderated the association of sexual function with suicidality, such that the association was significantly positive in those with a history of sexual assault but nonsignificant in those with nonsexual trauma. These results suggest that (1) female veterans' experience of sexual assault is related to sexual satisfaction, which in turn is related to mental health outcomes, and (2) a history of sexual assault may increase the importance of sexual functioning with regard to suicidality.

<https://www.ncbi.nlm.nih.gov/pubmed/29300139>

Death Stud.

2018 Mar;42(3):143-154. doi: 10.1080/07481187.2017.1370789. Epub 2018 Jan 4

Surviving families of military suicide loss: Exploring postvention peer support.

Harrington-LaMorie J, Jordan JR, Ruocco K, Cerel J

The United States military began to experience a steady increase in suicide rates across all service branches at the inception of the wars in Afghanistan (2001) and Iraq (2003). As the number of suicide deaths increased, so did the number of affected survivors who seek postvention support. Unique issues that accompany suicide death may expose survivors to a more distressing and complicated grief process. Peer support has clinically been observed to be widely utilized by suicide loss survivors. This article explores unique issues accompanying military suicide loss, potential benefits of postvention peer-based support, clinical considerations, and future directions.

<https://www.sciencedirect.com/science/article/pii/S0163834318302603>

Acceptability of potential interventions to increase firearm safety among patients in VA mental health treatment.

M. Valenstein, H. Walters, P.N. Pfeiffer, D. Ganoczy, ... R. Bossarte

General Hospital Psychiatry

Available online 3 November 2018

<https://doi.org/10.1016/j.genhosppsy.2018.10.010>

Objective

Veterans in mental health care have high rates of firearm-related suicide; reducing firearm access during high-risk periods could save lives. We assessed veteran patients' attitudes towards voluntary interventions to reduce access.

Methods

Descriptive data came from surveys mailed to random samples of veterans receiving mental health care in five geographically diverse VA facilities. Survey items inquired

about the acceptability of seven voluntary health system interventions to address firearm access, ranging from lower-intensity interventions that addressed safety but might not reduce access (i.e., clinician screening; distribution of gunlocks) to interventions substantially limiting access (i.e., storage of firearms offsite; gun disposal). Mailings occurred between 5/11/15 and 10/19/15; 677 of 1354 veterans (50%) returned the surveys.

Results

93.2% of respondents endorsed one or more health system interventions addressing firearm access; 75.0% endorsed interventions substantially limiting access. Although veterans with household firearms were less likely to endorse interventions, fully 50.4% would personally participate in at least one intervention that substantially limited access.

Discussion

A majority of veterans in VA mental health care endorse voluntary health system interventions addressing firearm access during high-risk periods for suicide. Approximately half of veterans with firearms would personally participate in an intervention that substantially limited firearm access.

<https://www.sciencedirect.com/science/article/pii/S106474811830527X>

Interdisciplinary Team Perspectives on Mental Health Care in VA Home-Based Primary Care: A Qualitative Study.

Suzanne M. Gillespie, Chelsea Manheim, Carrie Gilman, Jurgis Karuza, ... Leah Haverhals

The American Journal of Geriatric Psychiatry
Available online 2 November 2018
<https://doi.org/10.1016/j.jagp.2018.10.006>

Highlights

- What is the primary question addressed by this study?

This qualitative study sought to examine the question: What are the attributes and gaps in mental health services for Veterans in the U.S. Department of Veteran's Affairs (VA) Home-Based Primary Care Program (HBPC)?

- What is the main finding of this study?

The study identifies four themes related to the provision of mental health care in HBPC: 1) HBPC Veterans have not only complex physical needs but also co-occurring mental needs; 2) the multi-faceted role of psychologists on HBPC teams that includes providing care for Veterans and support for colleagues; 3) collaboration between medical and mental health providers as a means of caring for HBPC Veterans with mental health needs; and 4) gaps in providing mental health care on HBPC teams, primarily related to a lack of team psychiatrists and/or need for specialized medication management for psychiatric illness.

- What is the meaning of the finding?

Mental health providers are an essential component of HBPC teams. Improved understanding of HBPC mental health provider models will be valuable to optimizing care of homebound adults.

ABSTRACT

Objectives

This qualitative study describes the structure and processes of providing care to U.S. Department of Veterans Affairs (VA) Home-Based Primary Care (HBPC) enrollees with mental health care needs; explains the role of the HBPC psychologist; and describes how mental health treatment is integrated into care from the perspective of HBPC team members.

Design

HBPC programs were selected for in-person site visits based on initial surveys and low hospitalization rates.

Setting

Programs varied in setting, geographic locations, and primary care model.

Participants

Eight site visits were completed. During visits, key informants including HBPC program directors, medical directors, team members, and other key staff involved with the HBPC program participated in semi-structured individual and group interviews.

Measurements

Recorded interviews, focus groups, and field observation notes.

Results

Qualitative thematic content analysis revealed four themes: 1) HBPC Veterans have not only complex physical needs but also co-occurring mental health needs; 2) the multi-faceted role of psychologists on HBPC teams, that includes providing care for Veterans and support for colleagues; 3) collaboration between medical and mental health providers as a means of caring for HBPC Veterans with mental health needs; and 4) gaps in providing mental health care on HBPC teams, primarily related to a lack of team psychiatrists and/or need for specialized medication management for psychiatric illness.

Conclusions

Mental health providers are essential to HBPC teams. Given the significant mental health care needs of HBPC enrollees and the roles of HBPC mental health providers, HBPC teams should integrate both psychologists and consulting psychiatrists.

https://journals.lww.com/homehealthcareonline/Abstract/2018/11000/Civilian_Nurses_Knowledge_Confidence_and.3.aspx

Civilian Nurses' Knowledge, Confidence, and Comfort Caring for Military Veterans: Survey Results of a Mixed-Methods Study.

Elliott, Brenda, PhD, RN, CNE

Home Healthcare Now

November/December 2018 - Volume 36 - Issue 6 - p 356–361

doi: 10.1097/NHH.0000000000000698

More than 20 million Veterans currently live in the United States, representing World War II, Korea, Vietnam, Iraq, and Afghanistan war eras, as well as many who served during peacetime. Little is known regarding what home care nurses know about the unique healthcare needs of this population. Using Purnell's Model for Cultural Competence, a mixed-methods study was designed to examine home care nurse's knowledge, comfort, and confidence in caring for active military, Veterans and their families. This article provides the data from a national survey of 102 home care nurses. Findings suggest that civilian home care nurses have limited experience working with active military but work with Veterans at least monthly, if not weekly. Nurses were most confident in managing pain and least confident in managing issues related to military sexual trauma. Knowledge of resources available to Veterans, war-specific exposures, and Veteran-specific health issues were the top areas nurses felt less confident in.

Continued efforts need to be put in place so that 100% of all patients seeking healthcare are screened for military/Veteran status. In addition, continuing education for nurses needs to include Veteran-specific topics so evidence-based, culturally sensitive care can be provided.

<https://www.ncbi.nlm.nih.gov/pubmed/30382745>

Psychol Serv. 2018 Nov 1. doi: 10.1037/ser0000208. [Epub ahead of print]

Relationship between traumatic brain injury history and recent suicidal ideation in Iraq/Afghanistan-era veterans.

Shura RD, Nazem S, Miskey HM, Hostetter TA, Rowland JA, Brenner LA, Va Mid-Atlantic Mirecc Workgroup, Taber KH

This study evaluated whether a history of traumatic brain injury (TBI) was associated with increased risk for recent suicidal ideation (SI) after accounting for demographics, depression, posttraumatic stress disorder (PTSD), and sleep quality. In terms of increased risk, we hypothesized that a history of lifetime TBI would be associated with increased recent SI when compared with no history of TBI; multiple injuries were also evaluated. The sample included Iraq and Afghanistan war-era veterans (n = 838) who served in the United States military since 9/2001 and completed a structured TBI interview. Approximately 50% reported a lifetime history of at least 1 TBI, and 17.9% met criteria for current major depressive disorder (MDD). SI over the past week per the Beck Scale for Suicide Ideation was the primary outcome. Demographics, current MDD and posttraumatic stress disorder (PTSD) per Structured Clinical Interview of DSM-IV Axis I Disorders, sleep quality per Pittsburgh Sleep Quality Index, and TBI history per structured interview were included in all statistical models. Current depression and poor sleep quality were consistently associated with recent SI. A history of any TBI history across the life span was not associated with increased recent SI (OR = 1.35, 95% CI [0.83, 2.19]). However, a history of multiple TBIs compared with no history of TBI was associated with increased recent SI (OR = 1.76, 95% CI [1.01, 3.06]). Results support the assertion that an accumulation of injuries amplifies risk. Severity of injury and deployment injuries were not significant factors. Among those with a history of 1 TBI, sleep, and depression, which may also be injury sequelae, may be salient treatment targets. (PsycINFO Database Record (c) 2018 APA, all rights reserved).

<https://academic.oup.com/occmed/advance-article/doi/10.1093/occmed/kqy139/5151233>

The impact of military service on health and well-being.

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Occupational Medicine

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Background

While it is known that some UK Armed Forces (UK AF) personnel and veterans experience physical and mental health problems, the possible future healthcare needs of military veterans are unknown.

Aims

To estimate the number of military personnel who may experience physical and/or psychological health problems associated with their military service.

Methods

Data were obtained via Freedom of Information requests to several sources, including Defence Statistics. Raw data from research studies were also used where available. Data were analysed using meta-analytic methods to determine the rate of physical, mental or comorbid health problems in AF personnel.

Results

Musculoskeletal problems were the predominant reason for medical discharge from service. In terms of mental health, meta-analyses estimated that veteran reservists (part-time military members) previously deployed to operational areas had the highest proportion of general health problems (35%), previously deployed veteran regulars (those in full time military employment) and veteran reservists had the highest proportion of post-traumatic stress disorder (9%), and regular personnel with a deployment history had the highest proportion of alcohol problems (14%). Overall, our findings suggest that at least 67515 veterans are likely to suffer from mental and/or physical health problems at some point as a result of their service between 2001 and 2014.

Conclusions

The results of this study highlight that the difficulties personnel may face are largely musculoskeletal or mental health-related. These findings may help with planning the provision of future physical and mental health care and support for those who serve in the UK AF.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/acer.13901>

Alcohol Use Among Never-Deployed U.S. Army Reserve and National Guard Soldiers: The Effects of Nondeployment Emotions and Sex.

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Alcoholism: Clinical & Experimental Research

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Background

Limited research shows that mental health problems are prevalent among never-deployed soldiers and many experience negative emotions related to their nondeployment. U.S. Army Reserve/National Guard (USAR/NG) soldiers are also at high risk for alcohol misuse. However, it is not known if nondeployment emotions contribute to an increased risk of alcohol misuse among never-deployed USAR/NG soldiers.

Methods

Data are from Operation: SAFETY (Soldiers and Families Excelling Through the Years), an ongoing study of USAR/NG soldiers. We used regression models to examine the relations between nondeployment emotions, assessed by the Non-Deployment Emotions (NDE) Questionnaire, and a range of alcohol use outcomes, assessed by the Alcohol Use Disorders Identification Test and standard quantity and frequency questions, among a sample of never-deployed soldiers who were partnered at baseline (N = 174). Final models controlled for years of military service, current number of close military friends in the social network, marital satisfaction, and depression. We also tested for potential differences in these associations by sex.

Results

Nondeployment emotions were associated with frequency of getting drunk (adjusted risk

ratio [aRR] = 1.02, 95% CI: 1.01, 1.04; $p < 0.05$) and typical number of drinks consumed during a drinking episode (aRR = 1.03, 95% CI: 1.01, 1.04; $p < 0.01$). Nondeployment emotions had a trend-level association with percent of days drinking (adjusted odds ratio = 1.05, 95% CI: 1.00, 1.11; $p = 0.055$). Nondeployment emotions had a significant interaction with sex ($p < 0.05$) on the likelihood of alcohol problems, such that only male soldiers experienced a greater likelihood of alcohol problems when they had highly negative nondeployment emotions. There was no relation between nondeployment emotions and alcohol problems among female soldiers.

Conclusions

Findings demonstrate that greater nondeployment emotions are associated with increased alcohol use among never-deployed USAR/NG soldiers. The NDE Questionnaire may assist in identifying those at highest risk for alcohol problems.

<http://psycnet.apa.org/record/2018-53824-001>

The Safing Center: A specialty clinic for treatment and prevention of IPV with veterans.

Mackowiak, C., & Scoglio, A. A. J.

Psychological Services

2018; 15(4), 371-378.

<http://dx.doi.org/10.1037/ser0000181>

Intimate partner violence (IPV) has been identified as a significant public health problem that impacts millions of men and women in communities across the United States. The authors describe how one Veterans Affairs Medical Center (VAMC) utilizes a contemporary integrative approach (i.e., contextual IPV framework) in a specialty mental health clinic focused on treatment and prevention of IPV. This framework values psychosocial rehabilitation and a veteran-centered approach in IPV-related treatment, reduces stigma and shame connected with use and/or experience of IPV while simultaneously holding individuals accountable for their behavior, and creates a therapeutic context that allows for comprehensive assessment, systemic conceptualization, and collaborative treatment planning. The authors provide an overview of the clinic and present three clinical cases to illustrate how the contextual IPV framework is utilized in this setting. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<https://www.ncbi.nlm.nih.gov/pubmed/30373691>

J Clin Sleep Med. 2018 Oct 24. pii: jc-18-00233. [Epub ahead of print]

Two Independent Predictors of Nightmares in Posttraumatic Stress Disorder.

Miller KE, Jamison AL, Gala S, Woodward SH.

STUDY OBJECTIVES:

Understanding nightmares (NM) and disturbing dreams (DD) in posttraumatic stress disorder (PTSD) has been limited by the unpredictability of these events and their nonappearance in the sleep laboratory. This study used intensive, longitudinal, ambulatory methods to predict morning reports of NM/DD in veterans in whom chronic, severe PTSD was diagnosed.

METHODS:

Participants were 31 male United States military veterans engaged in residential treatment for PTSD and participating in a service animal training intervention. Participants slept on mattress actigraphs and provided reports of momentary mood, as well as morning NM/DD reports, for up to 6 weeks. Mattress actigraphy provided sleep-period heart rate and respiratory sinus arrhythmia (RSA), and an actigraphic estimate of sleep efficiency. On one night, an apnea-hypopnea index (AHI) was obtained using an ambulatory system.

RESULTS:

A total of 468 morning reports were obtained, of which 282 endorsed NM/DD during the prior night, and 186 did not. After accounting for multiple predictors, only elevated AHI and lower prior-night sleep RSA predicted morning endorsement of NM/DD. These two predictors did not interact.

CONCLUSIONS:

Elevated AHI and lower sleep period RSA were independently predictive of NM/DD. The former result is consistent with studies showing that sleep-disordered breathing (SDB) is a factor in NM/DD, and that continuous positive airway pressure (CPAP) can reduce these symptoms in patients with comorbid PTSD and SDB. The latter result implicates dysregulated arousal modulation during sleep in trauma-related NM/DD. It is consistent

with findings that NM/DD are reported in patients without SDB and can persist in patients with comorbid PTSD and SDB even when CPAP successfully remediates SDB.

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<https://www.sciencedirect.com/science/article/pii/S016503271830675X>

Insomnia and risk for suicidal behavior: A test of a mechanistic transdiagnostic model in veterans.

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Journal of Affective Disorders

Available online 5 November 2018

<https://doi.org/10.1016/j.jad.2018.11.044>

Highlights

- The mechanistic transdiagnostic model posits a central role for psychiatric symptoms in the association between insomnia symptoms and risk for suicidal behavior.
- In veterans, the association between insomnia symptoms and risk for suicidal behavior may be mediated by symptoms of posttraumatic stress disorder (PTSD) and depression, as well as relationship disruptions.
- PTSD symptoms may be indirectly associated with risk for suicidal behavior through depressive symptoms and relationship disruptions.
- Depressive symptoms may be directly associated with risk for suicidal behavior, and indirectly associated with increased risk through relationship disruptions.

Abstract

Background

Insomnia has been shown to have direct and indirect associations with suicidal ideation, attempts, and death in U.S. military and veteran populations. However, transdiagnostic models of insomnia and psychopathology have not been used to examine the contribution of psychopathology.

Method

The present study is a secondary analysis examining the associations among insomnia symptoms, posttraumatic stress disorder (PTSD) and depressive symptoms,

interpersonal theory of suicide variables, and risk for suicidal behavior in community veterans (n = 392). Serial mediation was used to test sequential associations, allowing for examination of direct and indirect associations.

Results

The model with insomnia, PTSD, and depressive symptoms, and thwarted belongingness, accounted for 29% of the variance in risk. Insomnia symptoms had an indirect association through PTSD and depressive symptoms, and thwarted belongingness. The model with insomnia, PTSD, and depressive symptoms, and perceived burdensomeness accounted for 35% of the variance in risk. Insomnia symptoms had an indirect association through PTSD and depressive symptoms, and perceived burdensomeness.

Limitations

Data are cross-sectional, precluding the testing of causal associations.

Conclusions

In veterans, insomnia symptoms may be associated with increased PTSD and depressive symptoms, which may be associated with increased risk for suicidal behavior directly and indirectly through relationship disruptions.

<https://www.sciencedirect.com/science/article/pii/S0165032718319013>

The prevalence and trend of depression among veterans in the United States.

Ying Liu

Journal of Affective Disorders

Available online 5 November 2018

<https://doi.org/10.1016/j.jad.2018.11.031>

Highlight

- This study used up-to-date U.S. NHANES data (2005-2016) and reported the latest pooled prevalence of depression among US veterans.
- The prevalence of depression among veterans peaked in 2011-2012 at 12.3%. The depression disparities existed among US veterans
- Female and White veterans have higher prevalence of depression.

- Cost-effective strategies are needed to help prevent and treat depression among U.S. veterans.

Abstract

Background

Depression is a common psychiatric illness that is associated with high rates of mortality and morbidity. However, studies reporting the trends of depression among U.S. veterans is limited. Therefore, the aim of this study was to evaluate the prevalence and trend of depression among U.S. veterans and evaluate potential exploratory variables that may contribute.

Methods

Data were from six cycles, 2005-2016, of the National Health and Nutrition Examination Survey (NHANES). Veteran status of depression was self-reported using the Patient Health Questionnaire. Rao-Scott chi-square test measured bivariate association of depression and exploratory variables (age, gender, race/ethnicity, poverty, and education). Cochran-Armitage trend test assessed depression prevalence time-trends from 2005 to 2016.

Results

Over a two-week period, 16.3% of veterans spent at least half of the days feeling tired or having little energy. Also, over 15.0% of veterans reported having trouble sleeping or sleeping too much on more than half of the days (6.5%) or nearly every day (9.1%). The overall prevalence of depression among veterans peaked in 2011-2012 at 12.3%. Among female veterans, there is a general increasing prevalence of depression, escalating from 9.0% in the 2007-2008 cycle to 14.8% in the 2015-2016 cycle. White veterans consistently had a higher prevalence of depression compared to Black and Hispanic veterans.

Limitations

NHANES data was only able to assess noninstitutionalized individuals.

Conclusions

Results indicate that disparities in prevalence of depression existed among U.S. veterans. Cost-effective strategies are needed to help prevent and treat depression among U.S. veterans.

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usy259/5160923>

Negative Life Events (NLEs) Contributing to Psychological Distress, Pain, and Disability in a U.S. Military Sample.

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Military Medicine

Published: 05 November 2018

<https://doi.org/10.1093/milmed/usy259>

Introduction

The objective was to explore how negative life events (NLEs, e.g., litigation related to pain and disability, failing most recent physical fitness test, and financial difficulties) are related to pain coping and psychological adjustment to pain in active duty military personnel.

Materials and Methods

Data were gathered as part of the Evaluation of Suicidality, Cognitions, and Pain Experience study, a DoD-funded cross-sectional assessment of chronic pain and emotional coping among a cohort of military members. The investigators examined data from 147 respondents with complete survey and pain assessment data.

Results

The sample was active duty, male (62.6%), in a relationship or married (83.0%), and had children (68.7%). The majority of the sample endorsed zero NLEs (72.0%); 23.8% endorsed one NLE, 4.2% endorsed two NLEs, and no one endorsed all three NLEs. A significantly higher proportion of participants endorsing one or more NLEs reported suicidal ideation compared to those who reported no NLEs ($\chi^2(2) = 8.61, p = 0.014$). A higher number of endorsed NLEs coincided with higher symptom severity related to psychosocial distress (depression, thwarted belongingness, perceived burdensomeness, PTSD, and suicide cognitions) and poor pain coping (rumination, helplessness, and less acceptance of chronic pain).

Conclusions

Findings revealed that NLEs may impart a significant burden on military pain sufferers. Greater numbers of endorsed NLEs are associated with increased psychosocial distress and poor pain coping. Future longitudinal studies examining long-term

psychosocial distress/poor pain coping as related to NLEs would help to elaborate the long-term consequences of NLEs on pain coping and psychosocial distress.

<https://www.sciencedirect.com/science/article/pii/S0165032718313144>

The Self-Hate Scale: Development and Validation of a Brief Measure and its Relationship to Suicidal Ideation.

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Journal of Affective Disorders

Available online 5 November 2018

<https://doi.org/10.1016/j.jad.2018.11.047>

Highlights

- A 7-item scale was developed to assess individuals' levels of self-hate.
- Factor analyses support a unidimensional construct of self-hate.
- Self-hate is related to, but distinct from, IPTS constructs.
- Self-hate was found to be a significant predictor of suicidal ideation.
- The relationship between self-hate and suicidal ideation was partially moderated by thwarted belongingness.
- The Self-Hate Scale has the potential to be useful in suicide risk assessment.

Abstract

Background

The “self” has been implicated in the development of a range of psychological disorders. While a growing body of literature has emerged exploring the Interpersonal Psychological Theory of Suicide (IPTS), little research has been conducted on the construct of self-hate and its relationship with suicidal ideation. The aims of this study were to: 1) develop and validate a brief self-report instrument of self-hate; and, 2) explore the relationship between self-hate, suicidal ideation, and the two main factors of the IPTS, perceived burdensomeness and thwarted belongingness.

Methods

Initial development of the item pool involved an expert panel and the development of the Self-Hate Scale included exploratory and confirmatory factor analyses using a large community sample.

Results

A 7-item Self-Hate Scale was developed, which exhibited a reliable unidimensional factor structure. High self-hate was found to predict suicidal ideation, while the relationship between low/moderate self-hate and suicidal ideation was partially moderated by the level of thwarted belongingness. The study provided limited evidence for the IPTS' main predictions.

Limitations

While the current study provided support for the psychometric properties of the Self-Hate Scale, the scale will need to be replicated and validated using clinical populations.

Conclusions

The Self-Hate Scale is a brief, psychometrically valid measure of self-hate that has the potential to be useful in suicide risk assessment.

Links of Interest

Army Under Secretary: Female Rangers Will Not Become a Recruiting Tool

<https://www.military.com/daily-news/2018/11/01/army-under-secretary-female-rangers-will-not-become-recruiting-tool.html>

For military kids, the autumn brings trepidation and anxiety

<https://www.militarytimes.com/opinion/commentary/2018/11/01/for-military-kids-the-autumn-brings-trepidation-and-anxiety/>

Military families battle mice, mold and mushrooms at the mercy of private landlords

<https://www.militarytimes.com/news/2018/11/04/military-families-battle-mice-mold-and-mushrooms-at-the-mercy-of-powerful-private-landlords/>

1st female enlisted soldier to be an Army Ranger shares her story: 'Failure's not an option'

<https://www.armytimes.com/news/your-army/2018/11/04/1st-female-enlisted-soldier-to-be-an-army-ranger-shares-her-story-failures-not-an-option/>

Veteran unemployment falls across the board

<https://www.militarytimes.com/news/employment/2018/11/02/veteran-unemployment-falls-across-the-board/>

Three Critical Considerations When Making a Clinical Mental Health Recommendation for a Service Member

<http://www.pdhealth.mil/news/blog/three-critical-considerations-when-making-clinical-mental-health-recommendation-service-member>

Virgin Australia Airline Seeks to Thank Veterans for Their Service. Vets Say, 'No, Thanks.'

<https://www.nytimes.com/2018/11/05/world/australia/virgin-airlines-veterans.html>

Others May Have Succeeded In Finding Meaning After The Military, But I Haven't

<https://taskandpurpose.com/others-may-have-succeeded-in-finding-meaning-after-the-military-but-i-havent/>

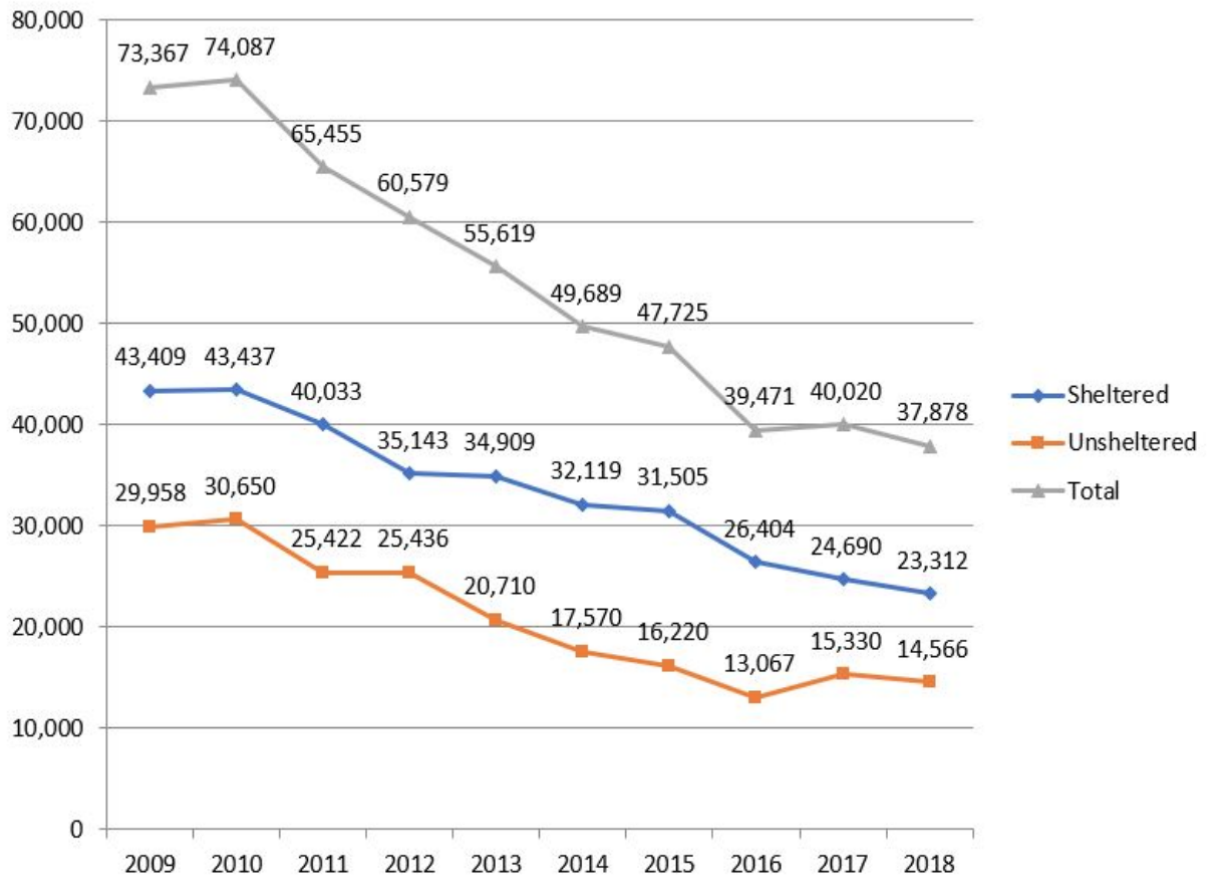
Alumna tells veterans' stories through theater

<https://www.gwhatchet.com/2018/11/08/alumna-tells-veterans-stories-through-theater/>

Resource of the Week: [U.S. Department of Housing and Urban Development Annual Homelessness Assessment Report](#)

Each year, thousands of local communities around the country conduct one-night 'Point-in-Time' estimates of the number of persons experiencing homelessness—in emergency shelters, transitional housing programs and in unsheltered locations. This year's estimate finds 37,878 veterans experienced homelessness in January 2018, compared to 40,020 reported in January 2017. HUD estimates among the total number of reported veterans experiencing homelessness in 2018, 23,312 veterans were found in sheltered settings while volunteers counted 14,566 veterans living in places not meant for human habitation.

Veteran Homelessness



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