

CDP



Research Update -- January 31, 2019

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<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usy358/5299962>

Implementation and Evaluation of a Military–Civilian Partnership to Train Mental Health Specialists.

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Military Medicine

Published: 24 January 2019

<https://doi.org/10.1093/milmed/usy358>

Introduction

Mental health specialists (MHS, or 68X) play a central role in meeting the growing demand for combat stress care among Service Members. Partnering with civilian institutions may enhance the MHS training experience beyond Advanced Individual Training (AIT).

Methods

We describe a novel military–civilian collaboration to train U.S. Army Reserve MHS's in the psychiatric emergency service (PES) of a public, safety-net hospital. Details of implementation are described. The training rotation was evaluated after 1 year through a comprehensive chart abstraction of patients seen as well as surveys of MHS's and civilian partners.

Results

The roles of MHS and physician officers in this rotation are described. Over 9 days in the PES, the MHS team evaluated 26 patients. MHS's described a high-quality training environment (83% rated very good or excellent) in which they frequently saw high-risk patients relevant to military practice. Experience with a certain patient presentation was correlated with comfort assessing and managing that presentation ($p < 0.01$). Many civilian staff (40%) felt the PES operated better with the presence of the Army team and 50% of civilians agreed their impression of the U.S. Army Reserve improved as a result of the partnership. Hundred percent of specialists and 80% of civilians reported very good to excellent rapport between military and civilian staff. Two civilian respondents (11%) expressed concern that the military team's presence impeded patient care.

Conclusion

This is the first military–civilian training collaboration for behavioral health specialists, who have already completed AIT. This program provided well-received and mission-relevant training for MHS's without notable adverse effects on patient care or team functioning in a civilian environment. Our findings are based on a small sample size, and no other such programs exist against which to compare these results. We propose that such educational partnerships, which have long been effective for other clinical specialists, may benefit the military, civilian communities, and the country.

https://www.sciencedirect.com/science/article/pii/S0272735817304506?dgcid=rss_sd_al
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The relationship between distress tolerance and cigarette smoking: A systematic review and synthesis.

Jennifer C.Veilleux

Clinical Psychology Review

Available online 23 January 2019

<https://doi.org/10.1016/j.cpr.2019.01.003>

Highlights

- This paper synthesizes existing research on distress tolerance (DT) and smoking.
- Measurement issues between self-report and behavioral tasks are considered.
- Evidence reveals an inconsistent relationship between DT and smoking.
- Several key gaps in the research are identified.
- A model of momentary distress tolerance is advanced.

Abstract

Distress tolerance, the ability to withstand physical or emotional discomfort, is thought to be associated with cigarette smoking behavior and smoking cessation failure. A systematic review evaluated studies that linked distress tolerance to smoking. Central findings suggest that (a) distress tolerance can—but does not always—predict smoking cessation lapse, (b) treatments targeting distress tolerance are promising but need additional research, (c) lower distress tolerance does not seem to be associated with greater smoking frequency or longevity, and (d) limited work evaluates the effect of smoking context on distress tolerance. Gaps in our current knowledge are also identified, most notably the need to evaluate how links between distress tolerance and smoking develop across smoking escalation and maintenance stages, and the need to examine distress tolerance contextually. A model of momentary distress tolerance is proposed, where the key premise is to discuss the factors which could influence state or momentary distress tolerance and how habitual smoking may lower distress tolerance and reinforce the links between heightened distress and smoking behavior. Theoretical and measurement implications are discussed with the aim of extending future research on distress tolerance and smoking.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22356?af=R>

Is and Ought: Descriptive and Prescriptive Cognitions in Military-Related Moral Injury.

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Journal of Traumatic Stress

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<https://doi.org/10.1002/jts.22356>

Debate exists regarding the most appropriate way to address moral injuries that stem from involvement in war and other military conflicts. In recent years, some researchers have suggested that existing treatments for trauma may be inadequate to address moral injury and have thus proposed novel interventions to help mitigate these concerns. In response, advocates of more traditional approaches have argued that standard trauma interventions are generally sufficient for moral injury, and investment in new interventions may be premature. This conceptual article draws from research findings and current theories of moral injury to demonstrate that there is merit on both sides of this debate, and further clarifying the types of cognitions involved in moral injury can guide effective treatment planning. In particular, the most recent diagnostic criteria for posttraumatic stress disorder is used to distinguish the objectively falsifiable descriptive cognitions often associated with trauma from the subjectively determined prescriptive cognitions that characterize moral injury. Scenarios from war zone deployments have been used to highlight the relevance of this distinction for moral injury, and a general treatment framework that shows how existing and novel interventions may complement one another is presented. Research suggestions for assessing descriptive and prescriptive cognitions in moral injury and empirically validating this treatment framework are discussed.

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usy355/5299964>

Intimate Partner Violence, Suicide, and Their Overlapping Risk in Women Veterans: A Review of the Literature.

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Military Medicine

Published: 24 January 2019

<https://doi.org/10.1093/milmed/usy355>

Introduction

Suicidal thoughts and behaviors (STB) and intimate partner violence (IPV) are both serious and prevalent problems in the Veteran population that often occur in tandem, particularly among women Veterans. Women Veterans, the fastest growing segment of the Veteran population, may have unique overlapping risks that are worth exploring. Although the intersection of IPV and STB is well documented in the civilian population, it has not been thoroughly explored in women Veterans.

Materials and Methods

Using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework, we conducted a systematic review of the STB and IPV literature specifically related to women Veterans. We only included articles that sampled women Veterans, rather than active duty/reservist/National Guard women; due to the small volume of STB research using samples of only women Veterans, we included studies that used mixed-gender samples. We extracted risk factors for STB and/or IPV involvement from 56 selected articles and placed them into tables for comparison to determine commonalities.

Results

Common risk factors fell into three categories: socio-demographic risk factors (young age, unemployment, and sexual minority status) were significant across both bodies of literature; mental health risk factors (general psychopathology, post-traumatic stress disorder (PTSD), depression, sleep disturbance, and substance use/abuse) also had significant overlap; and military service-related risk factors (military sexual trauma (MST) and deployment factors) were also relevant across both bodies of literature. Mental health risk factors, particularly PTSD, were the most common.

Conclusion

Frequently, the risk factors for IPV and STB are shared and it is important to consider how research, screening and intervention efforts for these serious problems might be integrated. Our exploration of the literature may be used as a basis for future research with women Veterans on the intersection of STB and IPV. Further, Veterans Health

Administration clinicians should be aware of these intersecting risk factors to enhance care and improve screening for both issues in women Veteran clients.

<https://www.ncbi.nlm.nih.gov/pubmed/30672877>

J Nerv Ment Dis. 2019 Feb;207(2):53-58. doi: 10.1097/NMD.0000000000000928

Combat Posttraumatic Stress Disorder and Quality of Life: Do Somatic Comorbidities Matter?

Kovačić Petrović Z, Peraica T, Eterović M, Anđelinović M, Kozarić-Kovačić D

A vast number of veterans with posttraumatic stress disorder (PTSD) have chronic somatic comorbidities. However, their relationship with quality of life (QoL) has received little attention. We aimed to compare QoL of veterans with similar intensity of PTSD but different number of chronic somatic disorders. Of 129 veterans, 78% had at least one somatic disorder, and they reported lower QoL across all domains than veterans without somatic comorbidities. The greatest effect size was observed on social relationship ($d = 0.65$), it was notable on environment ($d = 0.4$) and psychological health ($d = 0.38$), and it was not relevant on physical health ($d = 0.05$). There was a negative correlation between the number of somatic disorders and scores on psychological health ($r_s = -0.217$, $p = 0.014$), social relationships ($r_s = -0.248$, $p = 0.005$), and environment ($r_s = -0.279$, $p = 0.001$). The QoL of war veterans decreases significantly with the number of comorbid somatic conditions, particularly on the nonphysical domains of QoL.

<https://www.ncbi.nlm.nih.gov/pubmed/30070549>

Psychol Trauma. 2019 Jan;11(1):1-9. doi: 10.1037/tra0000401. Epub 2018 Aug 2

Secondary traumatic stress in deployed healthcare staff.

Penix EA, Kim PY, Wilk JE, Adler AB

OBJECTIVE:

Using a novel measure that integrated a range of symptoms, the present study established the degree to which deployed health care staff reported secondary

traumatic stress (STS) symptoms. The present study also examined whether STS symptoms were associated with staff functioning, risk factors, and the delivery of psychotherapy techniques.

METHOD:

A cross-sectional survey was administered to 236 U.S. military health care staff deployed to Afghanistan. Linear and multiple regression analyses evaluated the relationship between STS, staff functioning, and risk factors in the combined sample of deployed staff, and the delivery of psychotherapy techniques in behavioral health staff.

RESULTS:

The majority of health care staff reported few STS symptoms. STS was negatively associated with job performance and family connectedness. Exposure to combat events, professional demands, and burnout were positively associated with STS; self-care and health-promoting leadership were inversely associated with STS. In behavioral health staff, providing trauma narrative techniques was positively associated with STS.

CONCLUSIONS:

Although the majority of health care staff reported low STS scores, STS was inversely associated with work and family functioning. The relationship between STS symptoms and risk mitigation strategies such as self-care and health-promoting leadership suggest possible avenues of future research. Research should explore the utility of an STS measure that integrates different types of symptoms and evaluate how these symptoms influence functioning in work, family, and other domains. In addition, considering that using trauma narratives is common to several psychotherapies for posttraumatic stress disorder, the link between STS and providing this technique warrants further investigation. (PsycINFO Database Record (c) 2018 APA, all rights reserved).

<https://www.ncbi.nlm.nih.gov/pubmed/29665517>

J Affect Disord. 2018 Aug 1;235:341-347. doi: 10.1016/j.jad.2018.04.068. Epub 2018 Apr 10

Depression and impulsiveness among soldiers who died by suicide: A psychological autopsy study.

Shelef L, Korem N, Yavnai N, Yedidya R, Ginat K, Shahar G, Yacobi A

INTRODUCTION:

Despite the accumulated knowledge about suicide, suicidal acts remain difficult to predict, and many suicides are acted out impulsively.

METHODS:

We performed a psychological autopsy study based on inquiries about the deaths of all male soldiers aged 18-21 years who served in the Israeli army and died by suicide between 2009 and 2013 (n = 69). The study population was first divided into two groups: those who had depressive disorder (n = 31); and those who did not (n = 38). Socio-demographic characteristics of the subjects and the characteristics of the suicidal act were compared. Afterwards, the study population was re-divided by the presence or absence of impulsive personality traits (n = 22, and n = 47, respectively), and investigated for distinct suicidal behavior features.

RESULTS:

No significant socio-demographic differences were found between the depressed and non-depressed suicide victims. The depressed group had showed more signs of planning the act (47% vs. 23%), and had expressed suicidal ideation in the days preceding the suicide (51.6% vs. 21%). One third of the subjects were found to have an impulsive personality trait, with significantly more histories of disciplinary issues, violence and cluster B personality disorders. Alcohol use during the act was significantly more prevalent among impulsive than non-impulsive subjects (45.4% vs. 14.9%).

CONCLUSION:

Identification of distinct clinical groups of suicide victims among young males might help clinicians evaluate high risk cases, and may provide valuable opportunities to alleviate and prevent these events in the future.

https://www.sciencedirect.com/science/article/abs/pii/S0005789419300073?dgcid=rss_sd_all

Intervening on Thwarted Belongingness and Perceived Burdensomeness to Reduce Suicidality among Veterans: Subanalyses from a Randomized Controlled Trial.

Nicole A. Short, Lauren Stentz, Amanda M. Raines, Joseph W. Boffa, Norman B. Schmidt

Behavior Therapy

Available online 24 January 2019

<https://doi.org/10.1016/j.beth.2019.01.004>

Highlights

- A computerized treatment for suicide risk was tested
- Treatment focused on perceived burdensomeness and thwarted belongingness
- The intervention reduced suicide risk factors among veterans
- Temporal mediation revealed an indirect effect on suicidality reductions via burdensomeness

Abstract

Suicide is a growing public health crisis among military veterans. Despite recent attention to this area, there are few empirically supported preventative interventions for suicidality among veterans. In the context of an empirically supported theoretical framework, the Interpersonal Theory of Suicide, the current study targeted suicide risk factors (i.e., perceived burdensomeness and thwarted belongingness) among a sample of 46 veterans selected from a larger clinical trial. Participants were randomized to receive either a newly developed computerized intervention aimed at decreasing perceived burdensomeness and thwarted belongingness, or participate in a repeated contact control condition. Results indicated a direct effect of the intervention on both perceived burdensomeness and thwarted belongingness. Temporal mediation analyses also revealed an indirect effect of condition on suicidality at Month-1 follow-up via reductions in perceived burdensomeness. The current results are the first to indicate that factors from the interpersonal theory of suicide can be reduced among veterans, and to demonstrate that these reductions in perceived burdensomeness lead to reductions in suicidality. Because of the brevity and computer delivery system, this intervention could be widely and rapidly disseminated among military veterans to reduce the public health burden of suicide in this population.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/jsr.12817>

A randomized controlled trial of bedtime music for insomnia disorder.

Kira Vibe Jespersen, Marit Otto, Morten Kringelbach, Eus Van Someren, Peter Vuust

Music is often used as a self-help tool to alleviate insomnia. To evaluate the effect of bedtime music listening as a strategy for improving insomnia, we conducted an assessor-blinded randomized controlled trial. Fifty-seven persons with insomnia disorder were included and randomized to music intervention ($n = 19$), audiobook control ($n = 19$) or a waitlist control group ($n = 19$). The primary outcome measure was the Insomnia Severity Index. In addition, we used polysomnography and actigraphy to evaluate objective measures of sleep, and assessed sleep quality and quality of life. The results showed no clear effect of music on insomnia symptoms as the group \times time interaction only approached significance (effect size = 0.71, $p = .06$), though there was a significant improvement in insomnia severity within the music group. With regard to the secondary outcomes, we found a significant effect of the music intervention on perceived sleep improvement and quality of life, but no changes in the objective measures of sleep. In conclusion, music listening at bedtime appears to have a positive impact on sleep perception and quality of life, but no clear effect on insomnia severity. Music is safe and easy to administer, but further research is needed to assess the effect of music on different insomnia subtypes, and as an adjunctive or preventive intervention.

https://www.sciencedirect.com/science/article/pii/S1087079218302089?dgcid=rss_sd_al
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The power of pooled analyses to inform about the effects of CBTI on outcomes beyond sleep.

Rachel Manber

Sleep Medicine Reviews
Volume 43, February 2019, Pages 131-132
<https://doi.org/10.1016/j.smr.2018.12.006>

Several meta-analyses have examined the efficacy of cognitive behavioral therapy for insomnia (CBTI) on insomnia severity and sleep outcomes [1], [2], [3]. Based on strong evidence of its efficacy, CBTI is now considered a first line intervention for insomnia [4]. Less is known about its effectiveness in terms of impact on outcomes other than sleep.

Two manuscripts in this volume begin to address this gap by examining the impact of non-pharmacological sleep interventions on different aspects of wellbeing. This editorial will focus on outcomes following behavioral and cognitive behavioral interventions, which were utilized in the majority of included studies.

<https://www.sciencedirect.com/science/article/pii/S0033318219300222>

The intersection of sleep apnea and severe mental illness in Veterans.

I Soreca, CA Tighe, AD Bramoweth

Psychosomatics

Available online 22 January 2019

<https://doi.org/10.1016/j.psych.2019.01.007>

Objective

Individuals with serious mental illness (SMI) have a high prevalence of risk factors for sleep apnea, but these risk factors often go unrecognized, partly due to the overlap between sleep apnea and SMI symptoms (e.g., obesity, daytime sleepiness), leading to potential under-recognition of sleep apnea in a high-risk population. The objective of our study was to compare sleep apnea prevalence and clinical features among Veterans with and without SMI.

Method

Data for the current analyses were drawn from an administrative dataset of 33,818 United States Military Veterans with a primary care visit in calendar year 2007. The medical record data included demographic characteristics, and medical, psychiatric, and sleep diagnoses.

Results

Veterans with SMI had a significantly higher prevalence of sleep apnea than those without SMI. Younger Veterans with SMI had higher prevalence of sleep apnea relative to older Veterans with SMI and Veterans with SMI and sleep apnea had a greater number of medical comorbidities than Veterans with SMI and no sleep apnea.

Conclusion

In a large sample of Veterans, those with SMI were at greater risk of having comorbid sleep apnea. Furthermore, Veterans with comorbid SMI and sleep apnea were at

greater risk for increased rates of comorbid medical disorders. Sleep apnea appears to be a key risk factor for increased morbidity in Veterans with an SMI diagnosis therefore highlighting the importance of treating sleep apnea in a challenging patient population.

<https://www.sciencedirect.com/science/article/pii/S2468749918300383>

Applying Contemporary Interpersonal Theory to the Study of Trauma.

Matthew M. Yalch, Kristine M. Burkman

European Journal of Trauma & Dissociation

Available online 26 January 2019

<https://doi.org/10.1016/j.ejtd.2019.01.003>

Introduction:

Symptom-focused theories of trauma and posttraumatic response have yielded many valuable clinical insights, ultimately leading a number of empirically supported approaches to diagnosing and treating trauma survivors. Limitations observed in these approaches have led some trauma-focused researchers and clinicians to examine the role not only of symptoms, but of interpersonal factors on trauma and posttraumatic response. The study of such interpersonal factors is the mainstay of contemporary interpersonal theory, although at present research and clinical intervention concerning trauma has been largely detached from the insights of contemporary interpersonal theory.

Objective/Method:

In this paper we review and integrate the disparate literatures on trauma and interpersonal theory.

Results/Conclusion:

We conclude that synthesizing these two literatures is not only feasible, but may also generate useful clinical insights and provide directions for future research relevant to trauma.

Age Differences in Suicide Risk Screening and Management prior to Suicide Attempts.

Kelsey Simons, Kimberly Van Orden, Kenneth R. Conner, Courtney Bagge

The American Journal of Geriatric Psychiatry

Available online 22 January 2019

<https://doi.org/10.1016/j.jagp.2019.01.017>

Highlights

- This study examined differences by age in suicide risk screening and clinical actions to prevent suicide among patients (n = 93) with recorded visits to Veterans Health Administration (VHA) medical facilities in the year prior to an attempt.
- Patients 50 years of age and older were found to be less likely than patients < 50 years old to have documentation in their medical records as part of the last visit prior to an attempt related to screening for impulsivity and firearms access and actions taken to reduce their suicide risk that included engagement in safety planning, referrals for mental health resources, and consideration of psychiatric hospitalization. Older patients were also more likely to be seen by general medical providers at this last visit, who less frequently documented having attended to these risk factors and action steps.
- Older patients may be especially at-risk for under-detection and treatment for suicide risk in the immediate weeks prior to suicide attempts.

Abstract

Objective

This study examined differences by age in suicide risk screening and clinical actions to reduce suicide risk among patients with visits to Veterans Health Administration (VHA) medical facilities in the year prior to an attempt.

Design

93 VHA patient records were reviewed specific to the last visit before an attempt. Information was extracted regarding documentation of individual suicide risk factors and provider actions to reduce risk.

Results

We examined differences by patient age (≥ 50 versus 18 - 49). Older patients' medical records were less likely to have evidence of: 1) screening for impulsivity and firearms access and 2) engagement in safety planning, referrals for mental health services, and

consideration of psychiatric hospitalization. General medical providers were less likely to document these risk factors and action steps in comparison to mental health clinicians

Conclusions

Lethal means education and collaborative care are universal strategies that may improve identification and lower suicide risk in older Veterans.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usy418/5299212>

Physical and Mental Health of US Air Force Military Training Instructors.

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Military Medicine

Published: 23 January 2019

<https://doi.org/10.1093/milmed/usy418>

Introduction

Many epidemiologic studies have been performed in military recruit populations, but little is known about the health of those who conduct the training. This study aims to characterize the physical and mental health of a military trainer cohort.

Materials and Methods

All US Air Force military training instructors (MTIs) who served between 1 October 2011 and 30 September 2016 were included in this retrospective descriptive study. All International Classification of Diseases, Ninth or Tenth Revision codes received by MTIs as inpatients or outpatients in the TRICARE system were obtained and mapped to Clinical Classifications Software levels. After excluding routine and administrative codes, the relative burden of disease by diagnostic category and subcategory was calculated, with further classification of musculoskeletal conditions by anatomic site. For all conditions accounting for at least 1.0% of the burden of care, incidence density rates and incidence rate ratios (IRRs) with 95% confidence intervals (CIs) were calculated to compare males and females.

Results

A total of 1,269 MTIs received 32,601 non-administrative, non-routine diagnoses while accumulating 50,376 person-months of exposure during the surveillance period. Musculoskeletal conditions were the greatest contributor to overall disease burden, accounting for 39.1% of all diagnoses, followed by mental health (10.4%), respiratory (10.1%), and neurologic and sensory (9.8%). The burden attributed to mental health conditions decreased by 54% over the 5-year period. Twenty-three conditions accounted for at least 1.0% of the healthcare burden. The highest incidence conditions were connective tissue disease (27.18 per 1,000 person-months), non-traumatic joint disorders (25.74), upper respiratory infections (25.14), and back pain (23.70). As compared to males, females had a higher incidence of several conditions, including adjustment disorders (IRR: 2.57; 95% CI: 1.61, 4.11) and anxiety disorders (IRR: 2.24; 95% CI: 1.33, 3.77).

Conclusions

Musculoskeletal conditions are the leading contributor to burden of care among US Air Force MTIs, followed by mental health, respiratory, and neurologic and sensory conditions. The burden of healthcare among US Air Force MTIs more closely resembles active component service members than recruit trainees.

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usy359/5299219>

U.S. Soldiers and Foreign Language School: Stressors and Health.

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Military Medicine

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Introduction

While previous studies have examined the stress of the military training environment, studies have not systematically examined the stress associated with attending the Defense Language Institute Foreign Language Center (DLIFLC). Service members assigned to DLIFLC endure intense academic pressure to succeed while meeting military requirements. Thus, not only are traditional academic stressors likely to be of

concern but there are other academic and military-related stressors that have to be managed by students. The goal of the present study was to characterize the stressors facing military students, document their mental health status and well-being, and identify mitigating factors such as coping, social support, time management, and the classroom environment.

Materials and Methods

Data were obtained from a cross-sectional survey administered in March of 2016. Study participants were 759 active-duty U.S. soldiers enrolled in DLIFLC, with a consent rate of 87.7%. Surveys were administered in classroom settings. Survey topics included demographics, student experience (e.g., classroom hours, stressors), mental health (e.g., depression, anxiety, hazardous alcohol use) and burnout, and mitigating factors (e.g., coping, social support, time management, classroom environment). Multiple logistic regressions were used to identify which variables in the predictor set were significantly associated with each of the five outcomes while controlling for the presence of all other variables.

Results

In terms of behavioral health, 7.2% met screening criteria for depression, 9.4% for anxiety, and 17.1% for hazardous alcohol use; 43.4% reported high/very high levels of burnout. About one-third of the sample who had taken a test failed at least one (32.2%). In terms of common stressors more than half reported high or very high-stress levels from meeting academic expectations, not getting enough sleep, and pressure to succeed from civilian language instructors. For depression and anxiety, regression results found that denial coping was a risk factor whereas positive social interaction and classroom climate were protective factors. For hazardous alcohol use, denial coping and higher rank were risk factors and acceptance and time management were protective factors. In terms of academic burnout, in-class and military work hours were risk factors, whereas time management and classroom climate were protective. Finally, lower educational attainment, time spent in the classroom and times spent on military duties predicted exam failure.

Conclusion

Individual coping, social connection, and classroom climate are each associated with better DLIFLC student adjustment. Denial coping appears to impede individuals from assembling the personal resources needed to study a foreign language. In contrast, acceptance appears to support healthier adjustment, perhaps freeing individuals to focus on the task at hand rather than expend valuable energy resisting the demands being placed on them. Positive social interaction also appears to provide an important resource for students, and positive classroom climate is also associated with better

mental health. These findings suggest that there are measures that individuals and the school can take to improve the DLIFLC experience and support students as they manage a myriad of stressors given the significance of their success to individual students and to the larger organization.

<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1522927>

The impact of stigma on behavioral health care utilization among active duty service members.

Andrew J. Seidman, Nathaniel G. Wade, David L. Vogel & Patrick Armistead-Jehle

Military Psychology

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<https://doi.org/10.1080/08995605.2018.1522927>

This study assessed the relationship between the stigma of seeking psychological help and use of outpatient behavioral health services over a 2-year period among active duty military service members initially referred for neuropsychological evaluation secondary to their histories of mild traumatic brain injury. Although research has examined how stigma predicts proxies for help-seeking (i.e., attitudes towards/intentions to use services), very little research has looked at actual behavior, and studies that do have largely focused on previous use. In this study, we examined the relationship between participants' stigma and subsequent behavioral health use. Our results indicated that whereas greater self-stigma (i.e., negative self-judgments for seeking psychological help) was associated with attending fewer behavioral health care sessions, public stigma (i.e., perceptions of public attitudes towards people who seek psychological help) was not associated with service use. These findings support the need for addressing the self-stigma associated with seeking behavioral health care.

<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1524254>

Drop-in suicide prevention group decreases suicidal ideation among Veterans.

Gregory J. Simons, Theresa A. Drewniak, Allison Jahn, Michael J. Gillen, Sadie E. Larsen & Gina M. Kangas

Military Psychology
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This study examined the effectiveness of a weekly, drop-in therapy support group designed for Veterans identified at increased risk for suicide. Veterans were identified as at risk for suicide and referred to the group following hospitalization on the inpatient psychiatric unit after an increase in suicidal ideation (SI), presentation to a provider with SI with a plan, or having made a suicide attempt. An archival chart review was performed on 359 patients who were referred to the Coping, Understanding, Support, and Prevention Group from 2009 through 2011. Documented risk of suicide was collected from the chart including: frequency of inpatient psychiatric hospitalization, visits to the emergency department or mental health walk in clinic for SI, reported SI in clinical notes, consults resulting from calls to the Veteran's Crisis Line, and assignment or removal of suicide risk behavior flags in the electronic medical record, for a period of 12 months prior to referral to the group and for a period of 12 months after referral to the group. Negative binomial regression models found that Veterans attending the support group showed a significantly greater reduction in frequency of endorsing SI post-referral compared to those who did not attend the group. Results imply that offering Veterans an ongoing therapeutic group format to give and receive support from peers also struggling with suicide risk factors is an effective way to reduce suicide-related thoughts.

<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1525219>

Deployment trauma and seeking treatment for PTSD in US soldiers.

Lauren Paige, Keith D. Renshaw, Elizabeth S. Allen & Brett T. Litz

Military Psychology
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<https://doi.org/10.1080/08995605.2018.1525219>

Many service members in need of mental health treatment do not seek such treatment. This study investigated the frequency of Army soldiers' exposure to specific types of deployment stressors and whether different event-types were associated with willingness to seek and actual receipt of treatment. Male soldiers who were married (n = 600) completed online surveys that assessed posttraumatic stress disorder (PTSD),

willingness to seek treatment for PTSD, actual receipt of PTSD treatment, and the frequency of exposure to 4 types of potentially traumatizing warzone experiences: committing a moral injury, observing a moral injury, threats to life, and traumatic loss. Soldiers who reported greater exposure to moral injury experiences (committed or observed) were less likely to be willing to seek treatment, regardless of PTSD symptom severity. Although exposure to moral injury did not differentiate actual treatment receipt, soldiers who endorsed loss were more likely to have received treatment, regardless of PTSD symptom severity. These results suggest that the types of trauma experienced during deployment may be a factor in postdeployment treatment-seeking attitudes and behaviors.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usy429/5299211>

Development of a Perceived Access Inventory for Community Care Mental Healthcare Services for Veterans.

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Military Medicine

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Introduction

Access to high-quality healthcare, including mental healthcare, is a high priority for the Department of Veterans Affairs (VA). Meaningful monitoring of progress will require patient-centered measures of access. To that end, we developed the Perceived Access Inventory focused on access to VA mental health services (PAI-VA). However, VA is purchasing increasing amounts of mental health services from community mental health providers. In this paper, we describe the development of a PAI for users of VA-funded community mental healthcare that incorporates access barriers unique to community care service use and compares the barriers most frequently reported by veterans using community mental health services to those most frequently reported by veterans using VA mental health services.

Materials and Methods

We conducted mixed qualitative and quantitative interviews with 25 veterans who had

experience using community mental health services through the Veterans Choice Program (VCP). We used opt-out invitation letters to recruit veterans from three geographic regions. Data were collected on sociodemographics, rurality, symptom severity, and service satisfaction. Participants also completed two measures of perceived barriers to mental healthcare: the PAI-VA adapted to focus on access to mental healthcare in the community and Hoge's 13-item measure. This study was reviewed and approved by the VA Central Institutional Review Board.

Results

Analysis of qualitative interview data identified four topics that were not addressed in the PAI-VA: veterans being billed directly by a VCP mental health provider, lack of care coordination and communication between VCP and VA mental health providers, veterans needing to travel to a VA facility to have VCP provider prescriptions filled, and delays in VCP re-authorization. To develop a PAI for community-care users, we created items corresponding to each of the four community-care-specific topics and added them to the 43-item PAI-VA. When we compared the 10 most frequently endorsed barriers to mental healthcare in this study sample to the ten most frequently endorsed by a separate sample of current VA mental healthcare users, six items were common to both groups. The four items unique to community-care were: long waits for the first mental health appointment, lack of awareness of available mental health services, short appointments, and providers' lack of knowledge of military culture.

Conclusions

Four new barriers specific to veteran access to community mental healthcare were identified. These barriers, which were largely administrative rather than arising from the clinical encounter itself, were included in the PAI for community care. Study strengths include capturing access barriers from the veteran experience across three geographic regions. Weaknesses include the relatively small number of participants and data collection from an early stage of Veteran Choice Program implementation. As VA expands its coverage of community-based mental healthcare, being able to assess the success of the initiative from the perspective of program users becomes increasingly important. The 47-item PAI for community care offers a useful tool to identify barriers experienced by veterans in accessing mental healthcare in the community, overall and in specific settings, as well as to track the impact of interventions to improve access to mental healthcare.

<https://www.ncbi.nlm.nih.gov/pubmed/30676045>

Psychol Serv. 2019 Jan 24. doi: 10.1037/ser0000325. [Epub ahead of print]

Pragmatic trial of brief warrior renew group therapy for military sexual trauma in VA primary care.

Katz LS, Sawyer WN

This is a pragmatic trial of a brief version of Warrior Renew, an emerging evidence-based treatment for military sexual trauma (MST) delivered in a Department of Veterans Affairs women's health clinic primary care setting. The full protocol meets twice a week for 12 weeks (24 sessions); however, Brief Warrior Renew meets for 8 sessions. Brief Warrior Renew is a manualized protocol addressing coping skills for affect management (e.g., triggers and anxiety) and unique aspects of MST including anger-resentments due to injustice-betrayal, and self-blame. It also addresses interpersonal factors such as relationship patterns. In this evaluation, 39 female veterans enrolled, 38 started, and 30 completed Brief Warrior Renew treatment (21% attrition). Participant scores reflected significant decreases of anxiety, depression, posttraumatic stress disorder, and negative thinking with large to very large effect sizes. Of the sample, 73.3% had reliable clinical change in their reports of negative thinking. This brief treatment appears to be feasible and well tolerated by veterans in a primary care setting. Results suggest formal investigation of this brief protocol is warranted. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

<https://www.tandfonline.com/doi/abs/10.1080/07448481.2018.1559170?journalCode=va-ch20>

Civic engagement among student veterans.

David L. Albright, Justin T. McDaniel, Kelli Godfrey, Kate H. Thomas, Kari L. Fletcher & Gina Rosen

Journal of American College Health

Published online: 25 Jan 2019

<https://doi.org/10.1080/07448481.2018.1559170>

Objective:

The purpose of this study was to assess participation rates in civic volunteering among service member and veteran students. Participants: Data for the present cross-sectional study were obtained from the American College Health Association's (ACHA) 2011–2014 National College Health Assessment II (NCHA).

Methods:

Demographic characteristics of the study sample were explored by calculating frequencies and percentages by military service status. Research questions were explored with either Fisher's exact test or maximum likelihood multiple logistic regression.

Results:

Service member and veteran students were more likely to engage in volunteerism than their non-veteran counterparts. Additionally, student veterans and non-veteran students reported that engagement in volunteer efforts both reduces their feelings of depression and increases their use of mental health services.

Conclusion:

The findings of this research suggest that the promotion of civic engagement and participation in volunteerism for service member and veteran students on college campuses might contribute to successful reintegration outcomes.

<https://www.sciencedirect.com/science/article/abs/pii/S1049386718301944>

Prevalence of Stranger Harassment of Women Veterans at Veterans Affairs Medical Centers and Impacts on Delayed and Missed Care.

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Women's Health Issues

Available online 25 January 2019

<https://doi.org/10.1016/j.whi.2018.12.002>

Background

Harassment of servicewomen during military service has been well-documented, but harassment of women veterans in Veterans Affairs (VA) health care settings has not been studied systematically. We assessed the prevalence and impacts of harassment

among women veterans who use VA health care.

Methods

From January to March 2015, we conducted computer-assisted telephone interviews of randomly sampled women veterans with three or more primary care and/or women's health visits at 1 of 12 VA medical centers. We asked if patients had experienced inappropriate/unwanted comments or behavior from male veterans at VA in the past year. We measured sociodemographics, health status, perceptions of VA care, delayed/unmet health care need, and care preferences. All analyses were weighted to account for the disproportionate sample design and nonresponse. Brief, open-ended descriptions of harassment were transcribed and coded.

Results

Approximately one in four women veterans (25.2%; $n = 1,395$, response rate 45%) reported inappropriate/unwanted comments or behavior by male veterans on VA grounds. Site prevalence ranged from 10% to 42%. Incident descriptions were wide-ranging (e.g., catcalls, sexual/derogatory remarks, propositioning, stalking, and denigration of veteran status). Reports of harassment were more common among women with histories of military sexual trauma; other trauma exposures (e.g., combat, childhood); positive screens for anxiety, depression, and/or posttraumatic stress disorder; and fair/poor health. Those who reported harassment were significantly less likely to report feeling welcome at VA, and more likely to report not feeling safe, and delaying/missing care.

Conclusions

One-quarter of women veteran VA users experienced harassment in VA health care settings; these experiences negatively impacted women's health care experiences and use.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/capr.12210>

The emergence of accelerated resolution therapy for treatment of post-traumatic stress disorder: A review and new subgroup analyses.

Kevin E. Kip, Jessica Berumen, Amina R. Zeidan, Diego F. Hernandez, Alan P. Finnegan

Introduction

Post-traumatic stress disorder (PTSD) is a chronic, disabling psychiatric disorder prevalent among civilian and military personnel in the United States (US) and United Kingdom (UK). Current trauma-focused psychotherapies may place high emotional demands and lengthy treatment commitment that may hinder successful treatment completion for some patients. Accelerated resolution therapy (ART) is an emerging trauma-focused psychotherapy that is briefer than most current treatments.

Materials and Methods

This review describes the ART clinical protocol and theoretical underpinnings, its relationship to current treatments and formal established treatment guidelines and empirical research data. Also presented are new subgroup data for the use of ART among clients with PTSD and concomitant traumatic brain injury (TBI), and among US Special Operations Forces (SOF) personnel with extensive combat-related trauma exposure. Treatment response was defined as ≥ 10 -point reduction on the 17-item PCL-M (PTSD Checklist).

Results

In subgroup analyses, mean treatment with ART consisted of approximately four sessions. Among 202 US service members/veterans, intention-to-treat response rates (assuming no response for non-completers) by TBI status were as follows: no TBI (58.1%, $n = 105$), mild TBI (60.4%, $n = 48$), moderate/severe TBI (46.9%, $n = 49$). Among 141 US service members/veterans, intention-to-treat response rates by SOF status were as follows: non-SOF (54.3%, $n = 116$), SOF (60.0%, $n = 25$).

Conclusion

The ART protocol aligns closely with established first-line trauma-focused psychotherapies and clinical guidelines. It appears to provide frequent clinical relief of symptoms of PTSD in an average of four sessions among military personnel with challenging clinical presentations, including concomitant TBI and extensive operational combat-related trauma.

The association of pain intensity and suicide attempts among patients initiating pain specialty services.

Lisham Ashrafioun, Cathleen Kane, Todd M. Bishop, Peter C. Britton, Wilfred R. Pigeon

The Journal of Pain

Available online 25 January 2019

<https://doi.org/10.1016/j.jpain.2019.01.012>

Highlights

- The study assessed pain intensity as a risk factor of suicide attempt in veterans
- Pain intensity was associated with suicide attempts after starting pain services
- Pain intensity was also associated with first attempt and re-attempt
- Pain intensity may be a key suicide risk indicator among veterans starting services

Abstract

Using Veterans Health Administration (VHA) data, we assessed the extent to which mean past-year (365 days) pain intensity scores were associated with suicide attempts in the year following initiation of pain specialty services in fiscal years 2012 to 2014 (N = 221,817). Suicide attempts in the year after initiating VHA pain specialty services (i.e., index visit) were identified using medical records and a suicide surveillance sources. Adjusted hazard models accounted for key covariates (e.g., demographics, comorbidities). Subgroup analyses were also conducted on veterans without and with a suicide attempt in the year prior to the index visit to examine risk for first attempt and re-attempts. Adjusted analyses revealed that pain intensity scores were significantly associated suicide attempts following the index visit. Specifically, veterans with severe and moderate pain had a hazards ratio (HR) of 1.41 (95% Confidence Interval [CI] = 1.21-1.63) and 1.29 (95% CI = 1.13-1.47), respectively. These results were consistent for those without a past-year attempt and for those with a past-year attempt. The results suggest that moderate to severe pain intensity in the year before initiating pain specialty services may be a useful indicator of suicide risk even when considered in the context of key factors.

Perspective

This study utilized national administrative and suicide surveillance data to assess the relationship between pain intensity and suicide attempts following an initial visit for pain specialty services among veterans. The findings highlight the potential utility of assessing pain intensity as an indicator for suicide risk.

<https://mental.jmir.org/2019/1/e11334/>

Adoption of Mobile Apps for Depression and Anxiety: Cross-Sectional Survey Study on Patient Interest and Barriers to Engagement.

Lipschitz J, Miller CJ, Hogan TP, Burdick KE, Lippin-Foster R, Simon SR, Burgess J

JMIR Ment Health

2019;6(1):e11334

DOI: 10.2196/mental.11334

Background:

Emerging research suggests that mobile apps can be used to effectively treat common mental illnesses like depression and anxiety. Despite promising efficacy results and ease of access to these interventions, adoption of mobile health (mHealth; mobile device–delivered) interventions for mental illness has been limited. More insight into patients' perspectives on mHealth interventions is required to create effective implementation strategies and to adapt existing interventions to facilitate higher rates of adoption.

Objective:

The aim of this study was to examine, from the patient perspective, current use and factors that may impact the use of mHealth interventions for mental illness.

Methods:

This was a cross-sectional survey study of veterans who had attended an appointment at a single Veterans Health Administration facility in early 2016 that was associated with one of the following mental health concerns: unipolar depression, any anxiety disorder, or posttraumatic stress disorder. We used the Veteran Affairs Corporate Data Warehouse to create subsets of eligible participants demographically stratified by gender (male or female) and minority status (white or nonwhite). From each subset, 100 participants were selected at random and mailed a paper survey with items addressing the demographics, overall health, mental health, technology ownership or use, interest in mobile app interventions for mental illness, reasons for use or nonuse, and interest in specific features of mobile apps for mental illness.

Results:

Of the 400 potential participants, 149 (37.3%, 149/400) completed and returned a survey. Most participants (79.9%, 119/149) reported that they owned a smart device and that they use apps in general (71.1%, 106/149). Most participants (73.1%, 87/149) reported interest in using an app for mental illness, but only 10.7% (16/149) had done so. Paired samples t tests indicated that ratings of interest in using an app recommended by a clinician were significantly greater than general interest ratings and even greater when the recommending clinician was a specialty mental health provider. The most frequent concerns related to using an app for mental illness were lacking proof of efficacy (71.8%, 107/149), concerns about data privacy (59.1%, 88/149), and not knowing where to find such an app (51.0%, 76/149). Participants expressed interest in a number of app features with particularly high-interest ratings for context-sensitive apps (85.2%, 127/149), and apps focused on the following areas: increasing exercise (75.8%, 113/149), improving sleep (73.2%, 109/149), changing negative thinking (70.5%, 105/149), and increasing involvement in activities (67.1%, 100/149).

Conclusions:

Most respondents had access to devices to use mobile apps for mental illness, already used apps for other purposes, and were interested in mobile apps for mental illness. Key factors that may improve adoption include provider endorsement, greater publicity of efficacious apps, and clear messaging about efficacy and privacy of information. Finally, multifaceted apps that address a range of concerns, from sleep to negative thought patterns, may be best received.

Links of Interest

New Army leave policy more flexible after childbirth, gives three weeks off to fathers

<https://www.armytimes.com/news/your-army/2019/01/28/new-army-leave-policy-more-flexible-after-childbirth-gives-three-weeks-off-to-fathers/>

Lawmakers want more VA research into medical marijuana, but lack agreement on path ahead

<https://www.militarytimes.com/news/pentagon-congress/2019/01/28/lawmakers-want-more-va-research-into-medical-marijuana-but-lack-agreement-on-path-ahead/>

Millions of GI Bill dollars are going to questionable schools — and it could soon be billions: VA watchdog

<https://rebootcamp.militarytimes.com/news/education/2019/01/25/millions-of-gi-bill-dollars-are-going-to-questionable-schools-and-it-could-soon-be-billions-va-watchdog/>

How Much Do You Know About Suicide Attempts and Their Reporting in the Military?

<https://www.pdhealth.mil/news/blog/how-much-do-you-know-about-suicide-attempts-and-their-reporting-military>

Cognitive Behavioral Therapy for Insomnia: The first line treatment for chronic insomnia that you may have never considered (or heard of)

<https://health.usnews.com/health-care/patient-advice/articles/2019-01-31/cognitive-behavioral-therapy-for-insomnia>

New strategy expands the benefits of Internet-delivered CBT

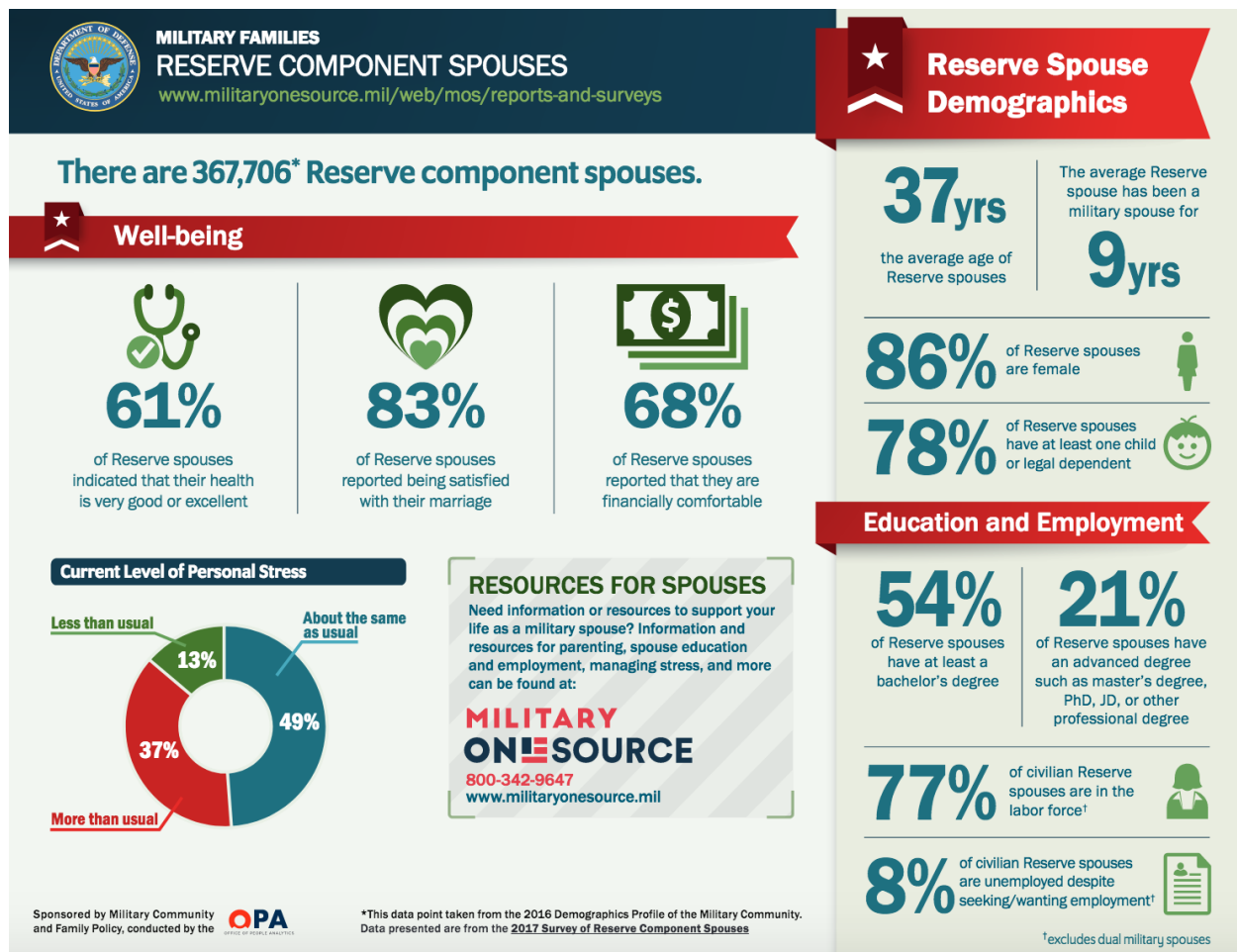
<https://www.sciencedaily.com/releases/2019/01/190130075737.htm>

The Corps' suicide rate is at a 10-year high. This is how the Marines plan to address it

<https://www.marinecorpstimes.com/news/your-marine-corps/2019/01/30/suicide-rate-across-the-corps-is-at-a-10-year-high-this-is-how-the-marines-plan-to-address-it/>

Resource of the Week: Infographic -- [Impact of Deployments: Reserve Component Spouses](#)

From the 2017 Survey of Reserve Component Spouses, via Military OneSource:



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