



## **Research Update -- February 21, 2019**

### **What's Here:**

- Factors associated with completing evidence-based psychotherapy for PTSD among veterans in a national healthcare system.
- Expressions of emotional distress in active duty military personnel with mild traumatic brain injury: A qualitative content analysis.
- Examining the impact of different types of military trauma on suicidality in women veterans.
- Men, masculinities, depression: Implications for mental health services from a Delphi expert consensus study.
- Black/white differences in mortality among veteran and non-veteran males.
- Female Veterans' Experiences With VHA Treatment for Military Sexual Trauma.
- Links of Interest
- Resource of the Week: Military Leaders' Use of Behavioral Health Resources: Barriers to Care and Possible Solutions

-----

<https://www.sciencedirect.com/science/article/pii/S0165178118316949>

**Factors associated with completing evidence-based psychotherapy for PTSD among veterans in a national healthcare system.**

Shira Maguen, Yongmei Li, Erin Madden, Karen H. Seal, ... Brian Shiner

#### Highlights

- 265,566 post-9/11 veterans with PTSD had >1 coded psychotherapy visit at the VA in 15 years.
- While 22.8% initiated an evidence-based psychotherapy (EBP), only 9.1% completed treatment.
- Veterans who completed EBP did so about 3 years after their initial mental health visit.
- Factors associated with EBP completion included MST and combat/deployments.

#### Abstract

Little is known about predictors of initiation and completion of evidence-based psychotherapy (EBP) for posttraumatic stress disorder (PTSD), with most data coming from small cohort studies and post-hoc analyses of clinical trials. We examined patient and treatment factors associated with initiation and completion of EBP for PTSD in a large longitudinal cohort. We conducted a national, retrospective cohort study of all Iraq and Afghanistan War veterans who had a post-deployment PTSD diagnosis from 10/01–9/15 at a Veterans Health Administration facility and had at least one coded post-deployment psychotherapy visit. We examined utilization of PE and CPT (individual or group) during any 24-week period. We used ordered logistic, logistic, and Cox proportional hazards regressions to examine variables associated with EBP initiation, early termination, and completion, and time to completion. Over a 15-year period, of 265,566 veterans with PTSD, 22.8% initiated an EBP, and only 9.1% completed treatment. Completers did so about three years after their initial mental health visit. Factors positively associated with EBP completion included military sexual trauma, older age, race/ethnicity (i.e., African-American race for PE), combat, and multiple deployments. The VHA has become timelier in delivering EBP for PTSD, and several subgroups are more likely to complete EBP.

-----

<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1503022>

**Expressions of emotional distress in active duty military personnel with mild traumatic brain injury: A qualitative content analysis.**

Wesley R. Cole, Jo Ann Brockway, Jesse R. Fann, Angelica P. Ahrens, Samantha Hurst, Tessa Hart, Simona Vuletic, Nigel Bush & Kathleen R. Bell

Military Psychology

Published online: 14 Feb 2019

<https://doi.org/10.1080/08995605.2018.1503022>

Service members (SMs) who sustain traumatic brain injury (TBI) during deployment have increased risk for mental health issues. Mental health treatment can be challenging in military settings where treatment seeking is often stigmatized. Adequate care relies on accurate interpretations of SMs' verbal accounts of distress, but little is known about how SMs, embedded in a culture that values resilience and self-reliance, relay emotional distress. We performed qualitative analyses of recordings from a telephone-based intervention with 25 SMs who sustained deployment-related mild TBI (mTBI) to elucidate thematic and dialectal patterns. Consistent with our expectations, SMs rarely used explicit depressive terms while discussing their emotional distress. More prevalent was language suggestive of an overarching theme of loss of control, whereby SMs' stress, anxiety, and anger were often attributable to SMs' perceptions that they had incomplete jurisdiction over their own lives. This study may help mental health providers improve engagements with SMs and Veterans, preventing misunderstandings and even improper diagnoses or referrals that could result from a strict reliance on the more customary expressions of distress.

-----

<https://www.sciencedirect.com/science/article/pii/S0165178118320109>

## **Examining the impact of different types of military trauma on suicidality in women veterans.**

A.J. Khan, Y. Li, J.V. Dinh, R. Donalson, ... S. Maguen

Psychiatry Research

Volume 274, April 2019, Pages 7-11

<https://doi.org/10.1016/j.psychres.2019.02.025>

### **Highlights**

- 16% of women veterans endorsed current suicidal ideation (SI).
- 65% endorsed military sexual harassment, 33% sexual assault, 36% life threat.
- Military sexual harassment, but not sexual assault, was associated with SI in women.

- Perceived life threat also was significantly associated with SI.
- No other types of military traumas were significantly associated with SI.

## Abstract

Suicide rates amongst women veterans are significantly higher than rates for their civilian counterparts. However, risk factors for suicide among women veterans remain unclear. The current study examined the impact of exposure to a number of military stressors (e.g., perceived life threat, killing in combat, military sexual trauma) on suicidal ideation (SI) in women veterans. A total of 403 women veterans responded to mailed self-report surveys, 383 (ages 24–70 years) returned fully completed surveys and were included in analyses, and 16% of those included endorsed current SI. Rates of endorsement for military stressors were as follows: 43% being wounded, 34% loss of someone close, 36% perceived life threat, 30% witnessing a killing or injury, 4% seeing injured or dead bodies, 4% killing in combat, 65% military sexual harassment, and 33% military sexual assault. A logistic regression analysis was conducted with all of the military stressors entered simultaneously to determine the effect on SI. Life threat and sexual harassment had the strongest associations with SI compared to other military stressors. These findings suggest that particular military stressors may play an especially important role in SI in women veterans. Implications and future research considerations are discussed.

-----

<https://psycnet.apa.org/record/2019-01996-001>

## **Men, masculinities, depression: Implications for mental health services from a Delphi expert consensus study.**

Seidler, Z. E., Rice, S. M., Ogrodniczuk, J. S., Oliffe, J. L., Shaw, J. M., & Dhillon, H. M.

Professional Psychology: Research and Practice

2019; 50(1), 51-61

<http://dx.doi.org/10.1037/pro0000220>

Tailoring psychological treatments to men's specific needs has long been a concern considering that many men are reluctant to seek or engage with professional help. The present study aimed to seek consensus via an expert panel regarding essential aspects to include in practitioner training programs for those working with men experiencing depression. A 2-round Delphi study was conducted to gain consensus among practitioners, researchers, and educators about the importance of a pool of 30 potential

training program components across the following 6 domains: masculinity frameworks; impact of gender on clinical practice; depression in men; assessment and formulation; male-specific adaptations to treatment and; language and communication. The panelists comprised 53 multidisciplinary international experts in the men's mental health. Panelists were asked to rate each item on a 5-point likert scale from should not be included to essential. Consensus was defined as >80% of respondents scoring within 2 points on the Likert scale. After 2 Delphi rounds, consensus was reached for 22 of 30 items, and a further 2 items approached consensus. All items focused on features of depression among men and the impact of masculinities on clinical practice were endorsed. Items related to suicidality and depression diagnosis received the highest consensus, and the language and communication domain received limited support and was removed. This study provides a set of consensus-based recommendations for practitioner training. The recommendations offer actionable, gender-specific adaptations to psychological treatments for depression in men to be developed and trialed in practitioner training programs. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

-----

<https://www.sciencedirect.com/science/article/pii/S0049089X17307044>

### **Black/white differences in mortality among veteran and non-veteran males.**

Connor Sheehan, Mark D.Hayward

Social Science Research

Available online 15 February 2019

<https://doi.org/10.1016/j.ssresearch.2019.02.006>

U.S. military veterans are a large and racially heterogeneous population. There are reasons to expect that racial disparities in mortality among veterans are smaller than those for non-veterans. For example, blacks are favorably selected into the military, receive relatively equitable treatment within the military, after service accrue higher socioeconomic status and receive health and other benefits after service. Using the 1997–2009 National Health Interview Survey (N = 99,063) with Linked Mortality Files through the end of 2011 (13,691 deaths), we fit Cox proportional hazard models to estimate whether racial disparities in the risk of death are smaller for veterans than for non-veterans. We find that black/white disparities in mortality are smaller for veterans than for non-veterans, and that this is explained by the elevated socioeconomic resources of black veterans relative to black non-veterans. Leveraging birth cohort

differences in military periods, we document that the smaller disparities are concentrated among All-Volunteer era veterans.

-----

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6366579/>

## **Female Veterans' Experiences With VHA Treatment for Military Sexual Trauma.**

Cichowski S, Ashley M, Ortiz O, Dunivan G.

Federal Practitioner  
2019; 36(1):41-47

Provider validation and support for females' experiences as well as a range of therapies are essential treatments for female veterans with military sexual trauma.

-----

## **Links of Interest**

Retaliation against military families who speak up about housing will meet with 'swift action,' senators warn

<https://www.militarytimes.com/pay-benefits/2019/02/14/retaliation-against-military-families-who-speak-up-about-housing-will-meet-with-swift-action-senators-warn/>

Following his husband's suicide, a soldier took his own life while on leave for the funeral

<https://www.armytimes.com/news/your-army/2019/02/14/following-his-husbands-suicide-a-soldier-dies-while-on-leave-for-the-funeral/>

Commandos to Counselors: A response to the special operations forces mental health crisis

<https://www.militarytimes.com/opinion/commentary/2019/02/14/commandos-to-counselors-a-response-to-the-special-operations-forces-mental-health-crisis/>

Is the Dominance of CBT-Lite Coming to an End?

<https://www.psychologytoday.com/intl/blog/stress-relief/201902/is-the-dominance-cbt-lite-coming-end>

Sleep Disorders and Chronic Pain

<https://health.usnews.com/health-care/patient-advice/articles/2019-02-14/sleep-disorders-and-chronic-pain>

Anxiety and stress weighing heavily at night? A new blanket might help

[https://www.health.harvard.edu/newsletter\\_article/anxiety-and-stress-weighing-heavily-at-night-a-new-blanket-might-help](https://www.health.harvard.edu/newsletter_article/anxiety-and-stress-weighing-heavily-at-night-a-new-blanket-might-help)

Which military branch best prepares its troops to separate? The answer may surprise you.

<https://rebootcamp.militarytimes.com/news/transition/2019/02/20/which-military-branch-best-prepares-its-troops-to-separate-the-answer-may-surprise-you/>

-----

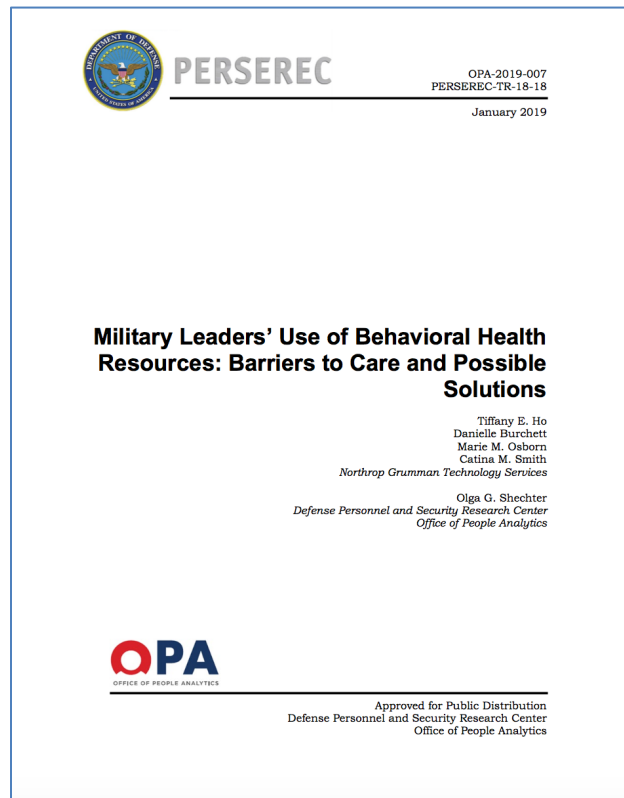
**Resource of the Week: [Military Leaders' Use of Behavioral Health Resources: Barriers to Care and Possible Solutions](#)**

From the U.S. Department of Defense, Defense Personnel and Security Research Center, Office of People Analytics:

Prior research indicates that military officers are less likely than enlisted personnel to seek mental or behavioral health support when such services would be beneficial (e.g., when experiencing suicidal ideation or after a suicide attempt; Ho et al., 2018; OPA, 2017). Barriers to behavioral health resource utilization in the military include public stigma, internalized self-stigma, concerns regarding peer and leader perceptions of work-related abilities, preference for self-reliance, negative attitudes toward behavioral health treatment, and operational barriers (Britt et al., 2016; Greene-Shortridge, Britt, & Castro, 2007; Hines et al., 2014; Kim, Britt, Klocko, Riviere, & Adler, 2011; Nash, Silva, & Litz, 2009; Vogt, 2011). However, research is limited regarding the help-seeking experiences, barriers, and available resources for senior leaders, such as non-commissioned and commissioned officers. This report addresses this gap in the literature.

Specifically, we interviewed 32 subject matter experts (SMEs) affiliated with the Army, Navy, Marine Corps, Air Force, and the Office of the Undersecretary of Defense for Personnel and Readiness. Results of SME interviews indicated that, although several behavioral health resources are available to officers, few are tailored specifically to the needs of officers. SME-identified barriers to officer help-seeking behavior were consistent with those previously described in military studies, but SMEs indicated that the concerns were heightened for senior

leaders. Based on SME-identified solutions to address barriers, this study concludes with a list of recommendations for changes to the military behavioral health system and officer professional development as well as increases to spouse and family involvement in officer help-seeking and the creation of messaging campaigns targeted specifically to leaders and senior officers.



-----

Shirl Kennedy  
Research Editor  
Center for Deployment Psychology  
[www.deploymentpsych.org](http://www.deploymentpsych.org)  
[skennedy@deploymentpsych.org](mailto:skennedy@deploymentpsych.org)  
240-535-3901