Research Update -- March 14, 2019

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https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usz035/5370037

What Do Veterans Want? Understanding Veterans' Preferences for PTSD Treatment Delivery.

Leslie A Morland, Stephanie Y Wells, Lisa H Glassman, Kathleen M Grubbs, Margaret-Anne Mackintosh, Shahrokh Golshan, Min Ji Sohn, Steven R Thorp, Ulysses C Savage, Ronald E Acierno

Introduction
Home-based delivery of psychotherapy may offer a viable alternative to traditional office-based treatment for post-traumatic stress disorder (PTSD) by overcoming several barriers to care. Little is known about patient perceptions of home-based mental health treatment modalities. This study assessed veterans' preferences for treatment delivery modalities and how demographic variables and trauma type impact these preferences.

Materials and Methods
Veterans with PTSD (N = 180) participating in a randomized clinical trial completed a clinician-administered PTSD assessment and were asked to identify their modality preference for receiving prolonged exposure: home-based telehealth (HBT), office-based telehealth (OBT), or in-home-in-person (IHIP). Ultimately, modality assignment was randomized, and veterans were not guaranteed their preferred modality.

Descriptive statistics were used to examine first choice preference. Chi-square tests determined whether there were significant differences among first choice preferences; additional tests examined if age, sex, and military sexual trauma (MST) history were associated with preferences.

Results

The study includes 135 male veterans and 45 female veterans from all military branches; respondents were 46.30 years old, on average. Veterans were Caucasian (46%), African-American (28%), Asian-American (9%), American Indian or Alaskan Native (3%), Native Hawaiian or Pacific Islander (3%), and 11% identified as another race. Veterans experienced numerous trauma types (e.g., combat, sexual assault), and 29% had experienced MST. Overall, there was no clear preference for one modality: 42% of veterans preferred HBT, 32% preferred IHIP, and 26% preferred OBT. One-sample binomial tests assuming equal proportions were conducted to compare each pair of treatment options. HBT was significantly preferred over OBT ($p = 0.01$); there were no significant differences between the other pairs. A multinomial regression found that age group significantly predicted veterans' preferences for HBT compared to OBT (odds ratio [OR] = 10.02, 95% confidence interval [CI]: 1.63, 61.76). Older veterans were significantly more likely to request HBT compared to OBT. Veteran characteristics did not differentiate those who preferred IHIP to OBT. Because there were fewer women (n = 45), additional multinomial regressions were conducted on each sex separately. There was no age group effect among the male veterans. However, compared to female Veterans in the younger age group, older female Veterans were significantly more likely to request HBT over OBT (OR = 10.66, 95% CI: 1.68, 67.58, $p = 0.012$). MST history did not predict treatment preferences in any analysis.

Conclusions

Fewer than 50% of the sample preferred one method, and each modality was preferred by at least a quarter of all participants, suggesting that one treatment modality does not fit all. Both home-based care options were desirable, highlighting the value of offering a range of options. The use of home-based care can expand access to care, particularly for rural veterans. The current study includes a diverse group of veterans and increases our understanding of how they would like to receive PTSD treatment. The study used a forced choice preference measure and did not examine the strength of preference, which limits conclusions. Future studies should examine the impact of modality preferences on treatment outcomes and engagement.

Relationships of deployment and combat experiences to postdeployment negative health conditions among Army National Guard soldiers.

James Griffith

An interest of researchers and practitioners has been postdeployment adjustment of returned soldiers, though the primary focus has been investigating the prevalence of psychiatric conditions. Less attention has been paid to nonclinical conditions, which still have posed significant adjustment problems for soldiers, in particular, for reserve soldiers who revert back to civilian life, family, and employment. The present study examined the occurrence of postdeployment problems among returned Army National Guard soldiers (N = 4,567 in 50 company-sized units). Survey items reliably indicated 7 problem areas. Highest prevalence of problems was being angry (35.9%) and being unable to sleep (43.3%), followed by alcohol abuse (25.1% reported 5 or more drinks in 1 day). Longer deployment lengths were associated with troubled relationships and aggression toward the significant other adult and children in the household. More deployments were associated with aggression toward household children. Self-reported general combat trauma and having killed or wounded someone were associated with all problem areas. Findings are discussed relative to how combat exposure likely alters soldiers' perceptions and behaviors, including feelings of loneliness and isolation, and risk-taking behaviors of alcohol abuse and aggression toward others.

The reliability of the Epworth Sleepiness Score in a sleep clinic population.

Elisabeth Taylor, Irene Zeng, Conor O'Dochartaigh

Despite the Epworth Sleepiness Score being widely used, there are limited studies of its reliability in clinical practice. The aim of this study was to assess the reliability of the Epworth Sleepiness Score in a clinical population. The study included patients referred to Middlemore Hospital sleep service between October and November 2014, aged over 17 years, with at least two Epworth Sleepiness Score measurements at up to three different points on the diagnostic pathway: on General Practitioner referral (GP Epworth Sleepiness Score); at overnight oximetry assessment (Oximetry Epworth Sleepiness Score); and at a specialist clinic (Specialist Epworth Sleepiness Score). No treatment was administered between scores. One-hundred and thirty-three patients were included in the study. There was a median of 91 days from GP Epworth Sleepiness Score to Oximetry Epworth Sleepiness Score, and 11 days from Oximetry Epworth Sleepiness Score to Specialist Epworth Sleepiness Score. There was poor test–retest reliability between GP Epworth Sleepiness Score and Specialist Epworth Sleepiness Score; 72.4% and 17.8% of patients had an absolute difference of more than 2 and 8 Epworth Sleepiness Score points, respectively. A Bland–Altman plot of mean Epworth Sleepiness Score versus the difference between GP Epworth Sleepiness Score and Specialist Epworth Sleepiness Score demonstrated a wide scatter of data and 95% confidence interval for the difference in Epworth Sleepiness Score for an individual patient of −14 to +10. There was similar variability between GP Epworth Sleepiness Score and Oximetry Epworth Sleepiness Score. The reliability of the Epworth Sleepiness Score is unproven in clinical settings. This study shows poor test–retest reliability of Epworth Sleepiness Score, particularly between primary and secondary care, arguing against the use of Epworth Sleepiness Score for clinical decision-making or prioritisation of services without first assessing the reliability of the Epworth Sleepiness Score in the relevant clinical population.

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https://academic.oup.com/hsw/advance-article-abstract/doi/10.1093/hsw/hlz007/5370163

The Application of a Self-Labeling Approach among Military-Connected Adolescents in a Public School Setting.

Derrick Kranke, Shant Barmak, Eugenia Weiss, Aram Dobalian

The contextual factors and individual responses to the labeling of military-connected adolescents as "being in a military family" is an understudied yet important phenomenon. Minimal research construes the experience of being in a military family as a label applied to military-connected populations by people in society. However, social environmental factors associated with school setting among military-connected adolescents being in a military family have common components to the process of self-labeling. This article seeks to explore the concept and application of self-labeling by (a) providing a literature review of self-labeling among military-connected adolescents and (b) relying on modified labeling theory to identify any consistencies or potential nuances. The analysis of the process is strictly hypothetical, but could help to account for widely varying responses, sequence of events, and underlying reasons for the behaviors among some military-connected adolescents identified in the literature review and in light of the U.S. protracted military involvement in Iraq and Afghanistan. Authors conclude by highlighting the need for future research to assess the adequacy of this self-labeling framework to ensure the healthy development of military-connected youths.

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https://psycnet.apa.org/record/2019-11337-003

Interpersonal psychotherapy for PTSD: Treating trauma without exposure.

Bleiberg, K. L., & Markowitz, J. C.

Interpersonal psychotherapy (IPT) is a time-limited, diagnosis-targeted psychotherapy originally developed for the treatment of major depression. Research studies have repeatedly demonstrated its efficacy in treating mood disorders and other psychiatric disorders over the past 40 years. Because IPT is a life event−based treatment that focuses on improving interpersonal functioning, it seemed natural to adapt it for the treatment of posttraumatic stress disorder (PTSD), a life event−based illness that affects interpersonal functioning. Preliminary data have suggested that the efficacy of IPT in alleviating PTSD symptoms is equal to that of prolonged exposure, the best tested exposure-based treatment. We describe the principles of IPT and its modifications for treating PTSD. A case illustration describes a patient with PTSD related to military trauma. The authors discuss their reluctance to integrate IPT for PTSD with other

psychotherapeutic perspectives.

Posttraumatic stress symptom persistence across 24 years: association with brain structures.

Franz, C.E., Hatton, S.N., Hauger, R.L. et al.

Posttraumatic stress disorder (PTSD) is known to persist, eliciting early medical co-morbidity, and accelerated aging. Although PTSD diagnosis has been found to be associated with smaller volume in multiple brain regions, posttraumatic stress (PTS) symptoms and their associations with brain morphometry are rarely assessed over long periods of time. We predicted that persistent PTS symptoms across ~24 years would be inversely associated with hippocampal, amygdala, anterior cingulate volumes, and hippocampal occupancy (HOC = hippocampal volume/[hippocampal volume + inferior lateral ventricle volume]) in late middle age. Exploratory analyses examined prefrontal regions. We assessed PTS symptoms in 247 men at average ages 38 (time 1) and 62 (time 2). All were trauma-exposed prior to time 1. Brain volumes were assessed at time 2 using 3 T structural magnetic resonance imaging. Symptoms were correlated over time ($r = 0.46$ $p < .0001$). Higher PTS symptoms averaged over time and symptoms at time 1 were both associated with lower hippocampal, amygdala, rostral middle frontal gyrus (MFG), and medial orbitofrontal cortex (OFC) volumes, and a lower HOC ratio at time 2. Increased PTS symptomatology from time 1 to time 2 was associated with smaller hippocampal volume. Results for hippocampal, rostral MFG and medial OFC remained significant after omitting individuals above the threshold for PTSD diagnosis. Even at sub-diagnostic threshold levels, PTS symptoms were present decades after trauma exposure in parallel with highly correlated structural deficits in brain regions regulating stress responsivity and adaptation.

The role of overgeneral memories in PTSD and implications for treatment.

Callahan, J. L., Maxwell, K., & Janis, B. M.

Development of posttraumatic stress disorder (PTSD) following trauma exposure has been linked to increased reliance on overgeneral memory (OGM; Bryant, Sutherland, & Guthrie, 2007). OGM is a form of autobiographical memory in which the individual recalls a nonspecific, categorical representation that encompasses many related events distributed over time (e.g., going to a restaurant), as opposed to retrieving a discrete, specific memory (e.g., breakfast in the hotel restaurant this morning). This article provides a very brief synopsis of the theoretical models (Williams et al., 2007), neurobiological underpinnings (e.g., Vermetten, Vythilingam, Southwick, Charney, & Bremner, 2003), animal studies (Monfils, Cowansage, Klann, & LeDoux, 2009), and preclinical studies with humans (Schiller et al., 2010) that underscore the utility of targeting improved memory specificity in the treatment of individuals with PTSD. Recent findings from small clinical trials providing memory specificity training have demonstrated reductions in OGM as well as reductions in PTSD symptoms (Maxwell et al., 2016; Moradi, Abdi, Fathi-Ashtiani, Dalgleish, & Jobson, 2012). Moreover, in a comparative trial, PTSD symptom reduction was attained in half the dosage (i.e., number of sessions) required by an established treatment (cognitive processing therapy) to reach the same effectiveness (Maxwell et al., 2016). This article provides assimilative integrative psychotherapists with a session-by-session road map for use in incorporating memory specificity training techniques to address symptoms of PTSD. This emerging treatment may be particularly useful for use with resistant or refractory clients. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Psychometric Properties of the Dissociative Subtype of PTSD Scale: Replication and Extension in a Clinical Sample of Trauma-Exposed Veterans.

Rachel E. Guetta, Elizabeth S. Wilcox, Tawni B. Stoop, Hannah Maniates, ... Erika J. Wolf

Highlights
• Dissociative Subtype of PTSD Scale assesses lifetime, current dissociative symptoms
• Psychometric evaluation of current items is lacking and was evaluated here
• DSPS was reliable, discriminated from personality, clinically useful
• Cut-point of 2 + (interview) and 4 + (self-report) on one subscale predicts caseness

Abstract
The addition of the dissociative subtype of posttraumatic stress disorder (PTSD) to the DSM-5 has spurred investigation of its genetic, neurobiological, and treatment response correlates. In order to reliably assess the subtype, we developed the Dissociative Subtype of PTSD Scale (DSPS; Wolf et al., 2017), a 15-item index of dissociative features. Our initial investigation of the dichotomous DSPS lifetime items in a veteran epidemiological sample demonstrated its ability to identify the subtype, supported a three-factor measurement structure, distinguished the three subscales from the normal-range trait of absorption, and demonstrated the greater contribution of derealization and depersonalization symptoms relative to other dissociative symptomatology. In this study, we replicated and extended these findings by administering self-report and interview versions of the DSPS, and assessing personality and PTSD in a sample of 209 trauma-exposed veterans (83.73% male, 57.9% with probable current PTSD). Results replicated the three-factor structure using confirmatory factor analysis of current symptom severity interview items, and the identification of the dissociative subtype (via latent profile analysis). Associations with personality supported the discriminant validity of the DSPS and suggested the subtype was marked by tendencies towards odd and unusual cognitive experiences and low positive affect. Receiver operating characteristic curves identified diagnostic cut-points on the DSPS to inform subtype classification, which differed across the interview and self-report versions. Overall, the DSPS performed well in psychometric analyses, and results support the utility of the measure in identifying this important component of posttraumatic psychopathology.

Equine Assisted Therapy for Patients with Post Traumatic Stress Disorder: A Case Series Study.

Assaf Shelef, Dorit Brafman, Thom Rosing, Abraham Weizman, Rafael Stryjer, Yoram Barak

Introduction
Equine assisted therapy (EAT) which includes therapeutic horseback riding (THR), grooming, horsemanship and ground level work with horses, has been studied as treatment for children with special needs and/or autistic spectrum disorder. Preliminary evidence indicates that EAT is also effective for improving self-efficacy and self-esteem in adults with psychiatric disorders. Empowerment, bonding and building trust with the horses, may promote functioning of patients struggling with post traumatic stress disorder (PTSD).

The authors performed a prospective, pilot open case series study to assess the effect of EAT on patients with PTSD in terms of symptoms and functioning in work, family and social interaction.

Methods
Patients with PTSD received EAT once a week for 3 consecutive hours for 6 months. The Short Post Traumatic Stress Disorder Rating Interview (SPRINT) and the Sheehan Disability Scale (SDS) were assessed at baseline, the SDS after 1 and 6 months, and the SPRINT after 6 months.

Results
Thirteen of 23 participants completed the study. Ten participants withdrew from the study for various reasons including discomfort from horses. Total SPRINT scores showed a statistically significant improvement in PTSD symptoms (baseline vs. 6 months: 24.38 ± 6.4 vs. 21.54 ± 7.94 points; $p < 0.05$). SPRINT scores indicated improvement in the ability to work and perform daily tasks ($p < 0.05$). A statistically significant improvement in the total SDS score was revealed following 1 month ($p < 0.03$) and after 6 months ($p < 0.02$) of EAT. There was also a significant decline in the

days of inefficiency (baseline vs. 6 months: 4.15 ± 2.73 vs, 1.88 ± 2.18 days per week, p < 0.02).

Conclusion
This preliminary pilot open case series study suggests that EAT may be a beneficial treatment for patients suffering from PTSD. The study demonstrated improved ability to work and perform daily tasks and reduction in the number of days of inefficiency. Further large-scale long-term studies are warranted to substantiate our observation.

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https://www.ncbi.nlm.nih.gov/pubmed/30286298

Military Deployments and Suicide: A Critical Examination.

Reger MA, Tucker RP, Carter SP, Ammerman BA

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

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https://link.springer.com/article/10.1007/s11126-019-09632-5

Multimorbidity among Veterans Diagnosed with PTSD in the Veterans Health Administration Nationally.

Over 30% of veterans treated for psychiatric disorders in the Veterans Health Administration (VHA) are diagnosed with Post-Traumatic Stress Disorder (PTSD), with most receiving treatment for war-zone stress they experienced decades previously. We examined psychiatric multimorbidity among these patients and consider its implications for treatment and research. Using national VHA data from Fiscal Year 2012 on all veterans diagnosed with PTSD, we compared those with PTSD only to those with one, two, and three or more concurrent (non-substance use) psychiatric disorders. Comparisons of these four groups on sociodemographic characteristics, medical and substance use co-morbidities, health service use, and psychotropic prescription fills were conducted using bi-variate and ordinal logistic regression methods. Of 638,451 veterans diagnosed with PTSD in FY2012, only 29.8% had PTSD alone; 36.7% had one concurrent psychiatric diagnosis, 21.3% had two, and 12.2% had three or more. Anxiety disorder and major depressive disorder were the most common concurrent diagnoses. Veterans with higher levels of multimorbidity were younger, had greater likelihood of recent homelessness, substance use disorder, and diverse medical diagnoses, along with increased mental health and medical service use and greater psychotropic medication use. Psychiatric multimorbidity is highly prevalent among VHA patients diagnosed with PTSD, and may represent an underappreciated and poorly understood clinical complication that poses unique challenges to effective treatment. Clinical attention and both epidemiological and interventional research on multimorbidity in PTSD patients are needed in order to better understand and treat this common but understudied phenomenon.

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https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp-rj.2019.140301

Psychiatry in the United States Army.

Aaron Wolfgang, M.D., Sean Wilkes, M.D., M.Sc.

Army psychiatry encompasses the cumulative experience of active duty psychiatrists in the Army. Currently, more than 100 Army psychiatrists are involved in operations across the globe, supporting various national defense and humanitarian missions, providing medical diplomacy alongside colleagues abroad, engaging in research, and educating future clinicians.

Army psychiatrists practice the full spectrum of adult and child psychiatry like their civilian counterparts. The prototypical image of the Army psychiatrist is one involving the treatment of posttraumatic stress disorder (PTSD) in a soldier with combat trauma. Although the Army devotes a great amount of resources to both the treatment and study of PTSD, the scope of clinical practice of an Army psychiatrist is in fact more comparable than it is dissimilar to civilian practice.

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https://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201800444

Mental Health Treatment Delay: A Comparison Among Civilians and Veterans of Different Service Eras.

Simon B. Goldberg, Tracy L. Simpson, Keren Lehavot, Jodie G. Katon, Jessica A. Chen, Joseph E. Glass, Paula P. Schnurr, Nina A. Sayer, and John C. Fortney

Objective:
The study compared delay of treatment for posttraumatic stress disorder (PTSD), major depressive disorder, and alcohol use disorder among post-9/11 veterans versus pre-9/11 veterans and civilians.

Methods:
The 2012–2013 National Epidemiologic Survey on Alcohol and Related Conditions–III (NESARC-III), a nationally representative survey of U.S. noninstitutionalized adults, was used. Participants included 13,528 civilians, 1,130 pre-9/11 veterans, and 258 post-9/11

veterans with lifetime diagnoses of PTSD, major depression, or alcohol use disorder. Cox proportional hazard models, controlling for relevant demographic characteristics, were used to estimate differences in treatment delay (i.e., time between diagnosis and treatment).

Results:
Post-9/11 veterans were less likely to delay treatment for PTSD and depression than pre-9/11 veterans (adjusted hazard ratios [AHRs]=0.69 and 0.74, respectively) and civilians (AHRs=0.60 and 0.67, respectively). No differences in treatment delay were observed between post-9/11 veterans and pre-9/11 veterans or civilians for alcohol use disorder. In an exploratory analysis, post-9/11 veterans with past-year military health care coverage (e.g., Veterans Health Administration) had shorter delays for depression treatment compared with post-9/11 veterans without military coverage, pre-9/11 veterans regardless of health care coverage, and civilians, although past-year coverage did not predict treatment delay for PTSD or alcohol use disorder.

Conclusions:
Post-9/11 veterans were less likely to delay treatment for some common psychiatric conditions compared with pre-9/11 veterans or civilians, which may reflect efforts to engage recent veterans in mental health care. All groups exhibited low initiation of treatment for alcohol use disorder, highlighting the need for further engagement efforts.

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https://www.sciencedirect.com/science/article/abs/pii/S0005796719300440

Predictors of attendance and dropout in three randomized controlled trials of PTSD treatment for active duty service members.

Danielle S. Berke, Nora K. Kline, Jennifer Schuster Wachen, Carmen P. McLean, Jeffrey S. Yarvis, Jim Mintz, Stacey Young-McCaughan, Alan L. Peterson, Edna Foa, Patricia A. Resick, Brett T. Litz

Behaviour Research and Therapy
Available online 8 March 2019
https://doi.org/10.1016/j.brat.2019.03.003

Highlights
• Predictors of service members' PTSD treatment attendance and dropout were examined.

• Dropout from therapy for military-related PTSD is a problem in clinical trials.
• Strategies to mitigate dropout should target group and trauma-focused therapies.

Abstract
Dropout from first-line posttraumatic stress disorder (PTSD) treatments is a significant problem. We reported rates and predictors of attendance and dropout in three clinical trials of evidence-based PTSD treatments in military service members (N = 557). Service members attended 81.0% of treatment sessions and 30.7% dropped out. Individually delivered treatment was associated with greater attendance rates ($\beta = 0.23$, $p < .001$) than group therapy; trauma-focused treatments were associated with higher dropout ($\beta = 0.19$, $p < .001$) than Present-Centered Therapy. Age was a significant predictor of session attendance ($\beta = 0.17$, $p < .001$) and drop out ($\beta = -0.23$, $p < .001$). History of traumatic brain injury (TBI) predicted lower attendance rates ($\beta = -0.26$, $p < .001$) and greater dropout ($\beta = 0.19$, $p < .001$). Regardless of treatment type or format, patients who did not drop out were more likely to experience clinically significant gains ($d = 0.49$, $p < .001$). Results demonstrate that dropout from PTSD treatments in these trials was significantly associated with treatment outcome and suggest that strategies are needed to mitigate dropout, particularly in group and trauma-focused therapies, and among younger service members and those with TBI.

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https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2727387

Prediction Models for Suicide Attempts and Deaths: A Systematic Review and Simulation.

Belsher BE, Smolenski DJ, Pruitt LD, et al.

Key Points
Question
Have advances in statistical modeling improved the predictive validity of suicide prediction algorithms sufficiently to render their predictions actionable?
Findings
In this systematic review of 17 studies including 64 unique suicide prediction models, the models had good overall classification and low positive predictive values. Use of

these models would result in high false-positive rates and considerable false-negative rates if implemented in isolation.

Meaning

At present, the performance of suicide prediction models suggests that they offer limited practical utility in predicting suicide mortality.

Abstract

Importance

Suicide prediction models have the potential to improve the identification of patients at heightened suicide risk by using predictive algorithms on large-scale data sources. Suicide prediction models are being developed for use across enterprise-level health care systems including the US Department of Defense, US Department of Veterans Affairs, and Kaiser Permanente.

Objectives

To evaluate the diagnostic accuracy of suicide prediction models in predicting suicide and suicide attempts and to simulate the effects of implementing suicide prediction models using population-level estimates of suicide rates.

Evidence Review

A systematic literature search was conducted in MEDLINE, PsycINFO, Embase, and the Cochrane Library to identify research evaluating the predictive accuracy of suicide prediction models in identifying patients at high risk for a suicide attempt or death by suicide. Each database was searched from inception to August 21, 2018. The search strategy included search terms for suicidal behavior, risk prediction, and predictive modeling. Reference lists of included studies were also screened. Two reviewers independently screened and evaluated eligible studies.

Findings

From a total of 7306 abstracts reviewed, 17 cohort studies met the inclusion criteria, representing 64 unique prediction models across 5 countries with more than 14 million participants. The research quality of the included studies was generally high. Global classification accuracy was good (≥0.80 in most models), while the predictive validity associated with a positive result for suicide mortality was extremely low (≤0.01 in most models). Simulations of the results suggest very low positive predictive values across a variety of population assessment characteristics.

Conclusions and Relevance

To date, suicide prediction models produce accurate overall classification models, but their accuracy of predicting a future event is near 0. Several critical concerns remain unaddressed, precluding their readiness for clinical applications across health systems.

Links of Interest

Elevating Social Work in the Military
https://www.pdhealth.mil/news/blog/elevating-social-work-military

Case raises questions about how Marine Corps handles domestic abuse
https://www.stripes.com/case-raises-questions-about-how-marine-corps-handles-domestic-abuse-1.572048

Treated Like a 'Piece of Meat': Female Veterans Endure Harassment at the V.A.
https://www.nytimes.com/2019/03/12/us/politics/women-veterans-harassment.html

VA Struggles to Curb Harassment of Female Veterans at Medical Centers
https://www.military.com/daily-news/2019/03/10/va-struggles-curb-harassment-female-veterans-medical-centers.html

Report: Specialized protective equipment, family leave among issues affecting female servicemembers
https://www.stripes.com/news/us/report-specialized-protective-equipment-family-leave-among-issues-affecting-female-servicemembers-1.572206

New group wants to be strong voice for military kids' education
https://www.militarytimes.com/pay-benefits/2019/03/11/new-group-wants-to-be-strong-voice-for-military-kids-education/

New Pentagon transgender policy sets limits for treatment, new recruits after April 12
https://www.militarytimes.com/news/pentagon-congress/2019/03/13/new-pentagon-transgender-policy-sets-limits-for-treatment-new-recruits-after-april-12/

Here's everything you need to know about the DoD's transgender ban
https://taskandpurpose.com/pentagon-transgender-ban-qs

Pentagon Budget Includes Plan to Reduce Military Medical Force
https://www.military.com/daily-news/2019/03/12/pentagon-budget-includes-plan-reduce-military-medical-force.html

If your school needs a new veterans center, Uncle Sam might chip in
https://rebootcamp.militarytimes.com/news/education/2019/03/12/if-your-school-needs-a-new-vet-center-uncle-sam-might-chip-in/

Stricter recruiting standards now could save DoD billions in disability payouts later: study
https://www.militarytimes.com/news/your-military/2019/03/13/higher-medical-standards-for-recruits-could-save-dod-billions-in-disability-payouts-study/

No more 'luxury' breast pumps for new moms under Tricare policy change
https://www.militarytimes.com/spouse/2019/03/13/no-more-luxury-breast-pumps-for-new-moms-under-tricare-policy-change/

Resource of the Week: Evidence-Based Practices Resource Center

From the Substance Abuse and Mental Health Services Administration (SAMHSA):

> SAMHSA is committed to improving prevention, treatment, and recovery support services for mental and substance use disorders.
>
> This new Evidence-Based Practices Resource Center aims to provide communities, clinicians, policy-makers and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings. The Resource Center contains a collection of scientifically-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources.

SAMHSA
Substance Abuse and Mental Health
Services Administration

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Programs » EBP Resource Center

EVIDENCE-BASED
PRACTICES
RESOURCE CENTER

Technical Assistance

» Clinical Support System for Serious
Mental Illness (CSS-SMI)

» Addiction Technology Transfer Center
(ATTC) Network

» Prevention Technology Transfer
Center (PTTC) Network

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