

CDP



Research Update -- March 21, 2019

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<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2728008>

Assessment of a Risk Index for Suicide Attempts Among US Army Soldiers With Suicide Ideation Analysis of Data From the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS).

Zuromski KL, Bernecker SL, Gutierrez PM, et al.

AMA Network Open

2019; 2(3):e190766.

doi:10.1001/jamanetworkopen.2019.0766

Key Points

Question

Is a short self-report battery associated with improved assessment of risk for suicide attempt among soldiers with suicide ideation?

Findings

This cohort study of 3649 soldiers participating in the Army Study to Assess Risk and Resilience in Servicemembers survey found that a cross-validated model including self-reported history and severity of suicidal thoughts and behaviors, positive screens for mental disorders, and Army career characteristics was associated with administratively reported suicide attempts 18 to 45 months following baseline among respondents with lifetime suicide ideation at baseline. The 10% of those with suicide ideation who had the highest estimated risk accounted for 39.2% of subsequent suicide attempts.

Meaning

It may be feasible to develop a clinical risk index for suicide attempt given suicide ideation from a small number of self-report questions.

Abstract

Importance

The Department of Veterans Affairs recently began requiring annual suicide ideation (SI) screening of all patients and additional structured questions for patients reporting SI. Related changes are under consideration at the Department of Defense. These changes will presumably lead to higher SI detection, which will require hiring additional clinical staff and/or developing a clinical decision support system to focus in-depth suicide risk assessments on patients considered high risk.

Abstract

Objective

To carry out a proof-of-concept study for whether a brief structured question battery from a survey of US Army soldiers can help target in-depth suicide risk assessments by identifying soldiers with self-reported lifetime SI who are at highest risk of subsequent administratively recorded nonfatal suicide attempts (SAs).

Design, Setting, and Participants

Cohort study with prospective observational design. Data were collected from May 2011 to February 2013. Participants were followed up through December 2014. Analyses were conducted from March to November 2018. A logistic regression model was used to assess risk for subsequent administratively recorded nonfatal SAs. A total of 3649 Regular Army soldiers in 3 Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) surveys who reported lifetime SI were followed up for 18 to 45 months from baseline to assess administratively reported nonfatal SAs.

Main Outcomes and Measures

Outcome was administratively recorded nonfatal SAs between survey response and December 2014. Predictors were survey variables.

Results

The 3649 survey respondents were 80.5% male and had a median (interquartile range) age of 29 (25-36) years (range, 18-55 years); 69.4% were white non-Hispanic, 14.6% were black, 9.0% were Hispanic, 7.0% were another racial/ethnic group. Sixty-five respondents had administratively recorded nonfatal SAs between survey response and December 2014. One additional respondent died by suicide without making a nonfatal SA but was excluded from analysis based on previous evidence that predictors are different for suicide death and nonfatal SAs. Significant risk factors were SI recency (odds ratio [OR], 7.2; 95% CI, 2.9-18.0) and persistence (OR, 2.6; 95% CI, 1.0-6.8), positive screens for mental disorders (OR, 26.2; 95% CI, 6.1-112.0), and Army career characteristics (OR for junior enlisted rank, 30.0; 95% CI, 3.3-272.5 and OR for senior enlisted rank, 6.7; 95% CI, 0.8-54.9). Cross-validated area under the curve was 0.78. The 10% of respondents with highest estimated risk accounted for 39.2% of subsequent SAs.

Conclusions and Relevance

Results suggest the feasibility of developing a clinically useful risk index for SA among soldiers with SI using a small number of self-report questions. If implemented, a continuous quality improvement approach should be taken to refine the structured question series.

<https://psycnet.apa.org/doiLanding?doi=10.1037%2Fser0000340>

Cognitive behavioral therapy for insomnia among active duty military personnel.

Lee, Marquisha R. G.; Breistein, Joshua; Hoyt, Timothy; Stolee, Jason; Baxter, Tristin; Kwon, Herbert; Mysliwiec, Vincent

Psychological Services
Mar 14 , 2019
DOI: 10.1037/ser0000340

Insomnia is one of the most frequent sleep complaints among veterans and military personnel. This retrospective study investigated whether cognitive-behavioral therapy for insomnia (CBT-I) improved sleep and reduced insomnia symptoms in an active duty military population. The study consisted of 98 military personnel (mean age = 31.0, SD = 7.4; 70% male) who experienced insomnia and completed CBT-I in a military sleep disorders clinic. Assessments of sleep were completed analyzing pre- and posttreatment variables from the sleep diary, Insomnia Severity Index (ISI), and Epworth Sleepiness Scale (ESS). At baseline, the mean ISI was 16.63 (SD = 4.36) with a total sleep time (TST) of approximately 5.90 hr (SD = 1.32). After CBT-I, the ISI was 14.50 (SD = 5.19) and TST was 5.62 hr (SD = 1.32). There was no significant change over time for patients who received fewer than 4 sessions, but change over time was significant for patients who received 4 or more sessions. Over the course of treatment, patients' overall sleep improved across metrics with 20% achieving clinically meaningful improvement in insomnia symptoms. CBT-I improves insomnia symptoms in some military personnel. However, everyone does not respond successfully to CBT-I treatment. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

<https://www.tandfonline.com/doi/full/10.1080/08995605.2019.1579606>

Intimate Partner Cohesion and Military Unit Cohesion: Different Types of Interpersonal Relationships Each Uniquely Predict Soldier Wellbeing.

Priscilla G. Layman, Keith Sanford, Dennis R. Myers, Sara Dolan, James W. Ellor, Sandra B. Morissette, Janice Whitacre & Janet Crow

Military Psychology

Published online: 14 Mar 2019

<https://doi.org/10.1080/08995605.2019.1579606>

Although research on military populations has found that measures of personal well-being are correlated with both intimate partner cohesion and military unit cohesion, it is not clear how these correlations should be interpreted. Based on Relationship Regulation Theory, it was expected that each type of interpersonal relationship would have independent effects, that each would uniquely predict outcomes, and that effects would remain significant after controlling for person-level traits and experiences, such as trait resilience and exposure to combat. A sample of 273 active-duty military personnel completed self-report measures of cohesion in two types of interpersonal relationships (intimate relationships and military unit relationships), two control variables (trait resilience and combat exposure), and three outcome variables (well-being, negative emotionality, and trauma-related stress). Results indicated that cohesion in the two types of relationships were minimally related to each other, but both correlated with outcome variables. Effects for each type of interpersonal relationship remained significant after controlling for the other type and controlling for trait resilience and combat exposure. The results suggest that the effects of interpersonal cohesion are best understood as reflecting experiences in specific types of relationships rather than general characteristics of people in those relationships.

[https://www.jpain.org/article/S1526-5900\(19\)30087-2/fulltext](https://www.jpain.org/article/S1526-5900(19)30087-2/fulltext)

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

Published online: January 25, 2019

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

Using Veterans Health Administration data, we assessed the extent to which mean past-year (365 days) pain intensity scores were associated with suicide attempts in the year after the initiation of pain specialty services in fiscal years 2012 to 2014 (N = 221,817). Suicide attempts in the year after initiating Veterans Health

Administration pain specialty services (ie, index visit) were identified using medical records and a suicide surveillance sources. Adjusted hazard models accounted for key covariates (eg, demographics, comorbidities). Subgroup analyses were also conducted on veterans without and with a suicide attempt in the year before the index visit to examine risk for first attempt and reattempts. Adjusted analyses revealed that pain intensity scores were significantly associated suicide attempts after the index visit. Specifically, veterans with severe and moderate pain had a hazards ratio of 1.41 (95% confidence interval = 1.21-1.63) and 1.29 (95% confidence interval = 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.

<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.

JAMA Psychiatry

Published online March 13, 2019

doi:10.1001/jamapsychiatry.2019.0174

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.

<https://academic.oup.com/pch/advance-article-abstract/doi/10.1093/pch/pxy179/5373121>

Navigating health care systems for military-connected children with autism spectrum disorder: A qualitative study of military families experiencing mandatory relocation.

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Paediatrics & Child Health

Published: 11 March 2019

<https://doi.org/10.1093/pch/pxy179>

Background

Most military families experience mandatory relocation, or posting, several times during the military career. For Canadian military families who must access provincial or territorial health care systems, maintaining reasonable continuity of care is a persistent issue. Such challenges may be amplified when a child in a military family has special needs within the health and educational systems.

Objective

The purpose of this qualitative study was to gain a better understanding of Canadian Armed Forces families' experiences in navigating health care systems on behalf of a child with autism spectrum disorder (ASD) in the context of mandatory relocation.

Methods

Parents of children with ASD, where at least one parent serves in the Canadian Armed Forces and had faced military-related relocation, were recruited. Semi-structured interviews were recorded, transcribed verbatim, and analyzed thematically.

Results

Twelve participants represented 12 families and 15 children with ASD. Participants discussed two primary themes. (1) High mobility inherent in the military lifestyle can create disruptions and discontinuities to service, including delays in diagnosis or intervention, losses and gains in available services determined by the direction of posting, and the need to start health care access processes over again when relocating. (2) Navigating health systems for children with ASD creates personal stress and frustration related to relocating, and has career implications for both parents.

Conclusions

Military-related relocation can create significant disruption in access to health and educational services for Canadian military families who have a child with ASD, and take a personal toll on these families.

<https://www.cambridge.org/core/journals/behavioural-and-cognitive-psychotherapy/article/patterns-and-temporal-precedence-of-symptom-change-during-cognitive-processing-therapy-for-military-sexual-traumarelated-posttraumatic-stress-disorder/64F2BE2FAE9CC4731F14FFC8579537D9>

Patterns and temporal precedence of symptom change during cognitive processing therapy for military sexual trauma-related posttraumatic stress disorder.

Holder, N., Holliday, R., Wiblin, J., & Surís, A.

Behavioural and Cognitive Psychotherapy

Published online: 12 March 2019

doi:10.1017/S1352465819000183

Background:

Cognitive processing therapy (CPT) is an effective treatment for posttraumatic stress disorder (PTSD), including for veterans with military sexual trauma (MST)-related PTSD. Most CPT research to date has focused on pre- to post-treatment change in total PTSD symptoms; however, PTSD symptom criteria may not change equivalently over the course of treatment. For example, changes in re-experiencing symptoms have been shown to precede changes in other PTSD criteria during other PTSD treatments (i.e. virtual reality exposure therapy, venlafaxine ER). An improved understanding of the mechanism of change in PTSD symptoms during CPT may assist in optimizing treatment.

Aims:

The purpose of this study was to identify the pattern and temporal precedence of change in PTSD symptom criteria during and after CPT using cross-lagged panel analyses.

Method:

Data from veterans (n = 32) enrolled in a randomized clinical trial investigating the effectiveness of CPT for MST-related PTSD were utilized for this secondary analysis. Using hierarchical linear modelling, each symptom criterion was entered as a predictor of subsequent change in the other PTSD symptom criteria.

Results:

All symptom criteria followed a logarithmic pattern of change. Hyperarousal symptoms were found to both predict and temporally precede change in avoidance symptoms, but not re-experiencing symptoms. Re-experiencing and avoidance symptoms did not predict change in other PTSD symptom criteria.

Conclusions:

These findings provide initial support that targeting and reducing hyperarousal symptoms may be a key component of PTSD intervention with CPT. Additional research is needed to identify factors that predict change in PTSD-related re-experiencing symptoms.

<https://journals.sagepub.com/doi/abs/10.1177/1539449219833351>

Participation, Meaningful Activity, and Social Support Among U.S. Student Service Members/Veterans.

Aaron M. Eakman, Adam R. Kinney, Rebecca Reinhardt

OTJR: Occupation, Participation and Health

First Published March 11, 2019

<https://doi.org/10.1177/1539449219833351>

Student service members/veterans (SSM/Vs) may experience diminished social support and meaningful activity due to health-related sequelae, in turn threatening their community reintegration. Social and community participation may foster both social support and meaningful activity. This study assessed whether social and community participation explained social support and meaningful activity and evaluated the psychometric properties of the Veterans' Social and Community Participation Assessment (VSCPA). Online surveys generated responses to the VSCPA, indicators of social support, meaningful activity, health-related challenges, and demographic

characteristics. Multiple regression models explored predictors of social support and meaningful activity. The VSCPA comprised three components: active community participation, familial and household participation, and social participation. These components exhibited positive associations with social support and meaningful activity and negative relationships with health-related sequelae. Targeting social and community participation among SSM/Vs may be a fruitful means by which occupational therapists bolster social support and meaningful activity.

<https://www.sciencedirect.com/science/article/pii/S1389945718304441>

Insomnia treatment response as a function of objectively measured sleep duration.

Amélie Rochefort, Denise C. Jarrin, Lynda Bélanger, Hans Ivers, Charles M. Morin

Sleep Medicine

Available online 31 January 2019

<https://doi.org/10.1016/j.sleep.2019.01.016>

Highlights

- Baseline sleep duration has little impact on response to cognitive behavioral therapy for insomnia.
- Patients with short sleep duration show greater improvements on sleep than those with normal sleep duration.
- Patients with short sleep duration show smaller improvements on daytime symptoms relative to those with normal sleep duration.

Abstract

Objectives

To examine the potential moderating effect of objectively measured sleep duration at baseline on the response to cognitive behavioral therapy for insomnia (CBT-I), administered singly or combined with medication (CBT-I + Med).

Methods

Based on the average PSG-derived sleep duration across two baseline nights and the type of treatment received, 159 adults with insomnia (50.3 ± 10.1 years; 61.0% women) were classified into one of four groups: participants with short sleep duration (ie, ≤ 6 h) treated with CBT-I ($n = 26$) or CBT-I+Med ($n = 25$), and participants with normal sleep duration (ie, > 6 h) treated with CBT-I ($n = 54$) or CBT-I+Med ($n = 54$). Primary outcome

measures were sleep/wake parameters derived from a sleep diary and insomnia severity and secondary outcomes were beliefs about sleep, fatigue, depression and anxiety.

Results

Patients with both short and normal sleep durations at baseline improved significantly on most sleep continuity parameters with CBT-I administered singly or combined with medication. Irrespective of treatment received, participants with short sleep duration also showed significantly greater improvements in subjective sleep (ie, reduced wake after sleep onset, increased sleep efficiency) relative to those with normal sleep duration. Conversely, participants with normal sleep duration showed greater improvements on some measures of daytime functioning and sleep satisfaction.

Conclusions

There was no moderating effect of baseline sleep duration on treatment response to cognitive behavioral therapy. Despite some marginal differential treatment response on selected daytime functioning outcomes, the benefits from CBT-I were not significantly different as a function of short or normal sleep duration at baseline. Further prospective investigation of insomnia phenotypes taking into account other variables than sleep duration is warranted in order to develop more targeted insomnia therapies.

Trial registration

www.clinicaltrials.gov (#NCT 00042146).

<https://www.ncbi.nlm.nih.gov/pubmed/30861209>

J Trauma Stress. 2019 Mar 12. doi: 10.1002/jts.22378. [Epub ahead of print]

Moral Injury and Spiritual Struggles in Military Veterans: A Latent Profile Analysis.

Currier JM, Foster JD, Isaak SL

War-related traumas can lead to emotional, relational, and spiritual suffering. Drawing on two community samples of war zone veterans from diverse military eras (Study 1, N = 616 and Study 2, N = 300), the purpose of this study was to examine patterns of constellations between outcomes related to moral injury (MI) and common ways in which veterans may struggle with religion or spirituality, defined as divine, morality,

meaning, interpersonal, and doubt. Results from latent profile analyses revealed three distinct classes across the samples, based on psychometrically validated instruments: (a) no MI-related outcomes or spiritual struggles (nondistressed group; Study 1 = 72.7%, Study 2 = 75.0%); (b) MI-related outcomes and equivalent or lower degrees of spiritual struggles relative to MI-related outcomes (psychological MI group; Study 1 = 19.2%, Study 2 = 17.0%); and (c) MI-related outcomes and salient struggles with religious faith or spirituality, both within their own profiles and compared to other groups (spiritual MI group; 8.1% and 8.0% in the two samples). When we compared severity of spiritual struggles within MI groups, turmoil with God or a higher power emerged as a defining feature of the spiritual MI group in both samples. In addition, secondary analyses revealed membership in this third group was linked with greater importance of religion or spirituality before military service, $\chi^2(1, N = 616 \text{ and } 300) = 4.468\text{--}8.273$. Overall, although more research is needed, these findings highlight the possible utility of differentiating between psychological and spiritual subtypes of MI according to war zone veterans' religious or spiritual backgrounds.

© 2019 International Society for Traumatic Stress Studies.

<https://psycnet.apa.org/record/2018-34375-001>

Detainee operations guards in Iraq and Afghanistan reported elevated risk for posttraumatic stress disorder during deployment.

Campbell, J. S., Thurston, A. J., & Koffman, R. L.

Traumatology

2019; 25(1), 41-50

<http://dx.doi.org/10.1037/trm0000160>

This study investigated posttraumatic stress disorder (PTSD) symptoms in U.S. Navy sailors assigned to guard duty in detainee operations (DETOPS, $n = 444$) facilities and other duties (non-DETOPS, $n = 1,715$) in Iraq and Afghanistan via analysis of cross-sectional, self-report surveys. The majority of DETOPS sailors reported being in serious danger of being injured or killed (61%), a frequency significantly higher ($\chi^2 = 19.45, p < .001$) than non-DETOPS sailors (49%). The assumption of measurement invariance for the PTSD Checklist was confirmed with both samples possessing the 4-factor structure identified by Simms, Watson, and Doebbellling (2002). Consistent with previous reports, the DETOPS sample was significantly higher, Wilks's $\lambda = .98, F(5, 2146) = 10.93, p < .001$, than the non-DETOPS sample when compared across 4 PTSD Checklist factors

observed in the 2 samples. The percentage of sailors scoring above the threshold for probable PTSD, based on 3 scoring methods, ranged from 11.9% to 16.1%, frequencies significantly higher ($p < .001$) than that of the non-DETOPS sample (6.4%–9.6%). The results provide the first empirical evidence that DETOPS sailors in Iraq and Afghanistan were a high-risk population for developing PTSD. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

<https://www.liebertpub.com/doi/full/10.1089/acm.2018.0424>

Evaluation of an Integrative Post-Traumatic Stress Disorder Treatment Program.

Lara G. Hilton, Salvatore Libretto, Lea Xenakis, Pamela Elfenbaum, Courtney Boyd, Weimin Zhang, and Allison A. Clark

The Journal of Alternative and Complementary Medicine
2019 25:S1, S147-S152
<https://doi.org/10.1089/acm.2018.0424>

Objectives:

Post-traumatic stress disorder (PTSD) and combat-related stress can be refractory, pervasive, and have a devastating impact on those affected, their families, and society at large. Challenges dealing with symptoms may in turn make a servicemember more susceptible to problems, including alcohol abuse, interpersonal conflict, and occupational problems. An effective treatment strategy will address multifactorial issues by using a holistic multimodal approach. Back on Track is an intensive outpatient program utilizing a holistic philosophy and multimodal treatments to provide a whole systems approach for the treatment of combat-related stress reactions and PTSD in active duty servicemembers.

Design/Setting/Subjects:

An explanatory, sequential, mixed-methods program evaluation was conducted to assess the effectiveness of a PTSD and combat stress treatment program. Quantitative outcomes were collected and analyzed on 595 participants at pre- and postinterventions and 6-week follow-up and qualitative data were gathered through participant interviews.

Intervention:

The manualized program uses a multimodal, psychoeducational group therapy format with a holistic approach for treating combat stress, increasing resiliency, and assisting

with reintegration. Rotating providers visit from other programs and services to deliver content in bio–psycho–social–spiritual domains, including didactic lectures on mindfulness and the relaxation response and daily sessions of yoga nidra and meditation.

Outcome measures:

The primary outcome measure was PTSD symptom severity assessed with the PTSD Checklist-Military Version (PCL-M). Secondary outcomes included self-efficacy, knowledge, use, and satisfaction. Quantitative data were contextualized with interview data.

Results:

Results demonstrated a highly statistically significant effect of the program when comparing within-subject PCL-M scores before and after program participation, signed rank $S(N = 595) = -47,367$, $p < 0.001$. This translates to a moderate effect size, Cohen's $d(N = 595) = -0.55$, 95% confidence interval = -0.62 to -0.47 , and a mean decrease of 7 points on the PCL-M at postintervention, demonstrating response to treatment. There were significant increases in knowledge and self-efficacy and high levels of satisfaction with the program overall, content, materials, and delivery.

Conclusions:

The treatment program has served ~800 servicemembers since inception and has since expanded to five installations. The provision of whole systems care where the approach is holistic, multimodal, and multidisciplinary may be a way forward for the successful treatment of PTSD and other debilitating behavioral health conditions in military contexts and beyond.

<https://journals.sagepub.com/doi/abs/10.1177/0022167819835989>

Participating in Change: Engaging Student Veteran Stakeholders in Advocacy Efforts in Clinical Higher Education.

Dobson, C. G., Joyner, J., Latham, A., Leake, V., & Stoffel, V. C.

Journal of Humanistic Psychology

First Published March 15, 2019

<https://doi.org/10.1177/0022167819835989>

Two independent research teams led by graduate students from clinical disciplines studied the lived experiences of student veterans transitioning from the military into higher education. Additionally, these projects provided graduate students with training in the research process, application of evidence-based practice in preparation for professional responsibilities and advancement, and collaboration with student veteran stakeholders as coinvestigators and project team members. One study piloted a student veteran orientation course with the aid of veteran stakeholders to better address the overall needs of student veterans on campus. The other study engaged student veteran participants as coinvestigators using the photovoice methodology to illuminate their perspectives on social relationships. Findings in each study added greater depth to previously discovered trends, and revealed insights into student veteran educational priorities, the impact of the transition process on social roles and relationships, graduate research project design, and community advocacy. This study added insight into the factors that affect student veterans' higher education experience, which can be used to inform future studies conducted at the graduate level, examine interdisciplinary approaches to research and advocacy, amplify the voice of student veterans, and encourage interaction in research between civilian and veteran students.

<https://www.ncbi.nlm.nih.gov/pubmed/30869954>

Psychol Trauma. 2019 Mar 14. doi: 10.1037/tra0000445. [Epub ahead of print]

Unwanted sexual experiences and retraumatization: Predictors of mental health concerns in veterans.

Roberge EM, Haddock LA, Oakey-Frost DN, Hinkson KD, Bryan AO, Bryan CJ

OBJECTIVE:

Repeated exposure to traumatic events has consistently been shown to negatively impact mental health functioning; however, the role of timing of such events has received less attention. The present study evaluated the role of trauma that has occurred prior to military service, during service, and across both points in contributing to the most common and deleterious mental health concerns experienced by military personnel: posttraumatic stress, depression, suicide ideation, and suicide attempts.

METHOD:

Utah and Idaho National Guard personnel (n = 997) completed online self-report questionnaires of their current posttraumatic stress and depression symptoms, as well

as history of potentially traumatic experiences, suicidal thoughts, and actions.

RESULTS:

Results indicated that history of trauma across time points is associated with negative outcomes across each of these outcomes, with the exception of suicide attempts. Exploratory analyses further revealed that unwanted or uncomfortable sexual experiences (not sexual assault) is the most robust predictor of negative outcomes, with approximately 2 to 7.5 times increased risk for PTSD, depression, suicide ideation, and suicide attempts.

CONCLUSIONS:

The present findings suggest that individuals with history of trauma prior to military service are at increased risk for developing clinically significant mental health problems if exposed to additional potentially traumatic experiences. Further, other unwanted sexual experiences appear to be particularly detrimental to mental health functioning. Potential implications for military recruitment and conceptualization of traumatic events are discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

<https://www.ncbi.nlm.nih.gov/pubmed/30855154>

Psychol Trauma. 2019 Mar 11. doi: 10.1037/tra0000446. [Epub ahead of print]

Morally injurious experiences and mental health: The moderating role of self-compassion.

Forkus SR, Breines JG, Weiss NH

INTRODUCTION:

Military veterans are at heightened risk for developing mental and behavioral health problems. Morally injurious combat experiences have recently gained empirical and clinical attention following the increased rates of mental and behavioral health problems observed in this population.

OBJECTIVE:

Extending extant research, the current investigation assessed the relationship between morally injurious experiences and mental and behavioral health outcomes. Furthermore, it examined the potential protective role of self-compassion in these relationships.

METHOD:

Participants were 203 military veterans (M age = 35.08 years, 77.30% male) who completed online questionnaires.

RESULTS:

Analyses indicated that self-compassion significantly moderated the relationship between exposure to morally injurious experiences and posttraumatic stress disorder, depression severity, and deliberate self-harm versatility.

CONCLUSIONS:

These results highlight the potential clinical utility of self-compassion in military mental health, particularly in the context of morally injurious experiences. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

<https://link.springer.com/article/10.1007/s10508-018-1331-3>

Sexual Behaviors and Health Practices Among Student Service Members and Veterans.

David L. Albright, Antoinette A. Landor, Justin T. McDaniel, Kelli Godfrey, Kari L. Fletcher, Kate H. Thomas, Jessica Bertram

Archives of Sexual Behavior

First Online: 11 March 2019

<https://doi.org/10.1007/s10508-018-1331-3>

The purpose of the study was to determine whether veteran students and non-veteran students differed in their sexual behaviors and health practices and, furthermore, whether or not those differences were gender specific. Demographic characteristics of the study sample were explored by calculating frequencies and percentages by military service status. Research questions were explored with maximum likelihood multiple logistic regression. Results showed that student veterans were more likely than non-veteran students to have sex with multiple partners, with males and transgender students more likely than females to report multiple sexual partners. Student veterans were more likely than non-veterans to perform a self-examination for either breast cancer or testicular cancer, with transgender students more likely than females to report having engaged in a self-examination. Student veterans were also more likely than non-veterans to have been vaccinated against HPV or Hepatitis B, with male students more

likely than females to have been vaccinated. Furthermore, transgender student veterans were less likely than female veterans to have been vaccinated. Finally, male student veterans were more likely than female veterans to report an STI-related doctor visit, with transgender student veterans more likely than female veterans to report an STI-related doctor visit. College campuses are increasingly implementing student veteran-specific programs and services; however, little if any research specifically has explored ways in which safety and health can be promoted within university settings. We recommend that institutions of higher education make concerted efforts to promote safety and health among its student veteran population.

<https://www.ncbi.nlm.nih.gov/pubmed/30195229>

Psychiatry Res. 2018 Nov;269:419-424. doi: 10.1016/j.psychres.2018.08.082. Epub 2018 Aug 24

Impulse control difficulties while distressed: A facet of emotion dysregulation links to Non-Suicidal Self-Injury among psychiatric inpatients at military treatment facilities.

Baer MM, LaCroix JM, Browne JC, Hassen HO, Perera KU, Soumoff A, Weaver J, Ghahramanlou-Holloway M

Links between emotion dysregulation, suicide ideation, and suicidal versus non-suicidal self-injury (NSSI) are poorly understood within military samples. United States service members and beneficiaries (N = 186), psychiatrically hospitalized following a suicidal crisis, completed the Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004), and reported lifetime suicide ideation, attempts, and NSSI. We expected that emotion dysregulation would positively associate with worst lifetime suicide ideation, multiple suicide attempt status, and lifetime NSSI. Suicide ideation severity and multiple suicide attempts did not associate with DERS components. Notably, difficulties with impulse control (feeling out of control while distressed) was positively associated with NSSI history. Theoretical models that clearly describe the role of emotion dysregulation in suicidal thoughts, its progression to suicidal actions, and NSSI are needed to advance clinical care for this highly vulnerable group. Longitudinal and micro-longitudinal study designs require further investigation.

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<https://www.ncbi.nlm.nih.gov/pubmed/30862220>

Out of sight out of mind: an examination of mental health problems in UK military reservists and veterans.

Diehle J, Williamson V, Greenberg N.

BACKGROUND:

Reservists often have different experiences to regular military personnel which may impact their mental health.

AIMS:

To investigate the incidence of mental health problems in both active and veteran reservists and determine how this compares to regular service personnel and ex-regular veterans.

METHOD:

Five studies which included reservist and/or veteran participants, a validated assessment of mental health problems, and provided primary data were included in the synthesis. Common mental health disorders, post-traumatic stress disorder and alcohol use disorder were examined.

RESULTS:

Nondeployed mobilized reservists were significantly less likely to report common mental health disorders than nondeployed regulars. There were no other significant differences between groups. Regardless deployed reservists reported more mental health problems than nondeployed reservists. Similarly, ex-regular deployed veterans were more likely to experience mental health difficulties than nondeployed ex-regular veterans. Notably, a large proportion of non-deployed reservists reported probable alcohol use disorders, indicating that problematic alcohol consumption may not be due to deployment in this group.

CONCLUSION:

These results highlight the need for ongoing support for military regular, ex-regular and reservist personnel. Additional research is needed to examine potential risk and protective factors for mental health problems in both deployed and nondeployed reservists. Key points Overall, mobilized deployed reservists were more likely to experience mental health problems than non-deployed reservists. Nondeployed regulars reported significantly more common mental health problems than nondeployed

mobilized reservists. Reservists and (ex-)regulars reported similar rates of PTSD. This suggests reservists are vulnerable to developing PTSD following non-combat related trauma that may not lead to PTSD in regulars and this warrants future research. Reservists were less likely to report problematic alcohol consumption compared to regular personnel and ex-regular veterans. The greatest amount of reservist problematic drinking was reported in non-deployed veteran reservists. This indicates problematic alcohol consumption is not deployment related in this group and highlights the need for ongoing formal support for alcohol use disorders in the UK Armed Forces.

<https://www.ncbi.nlm.nih.gov/pubmed/30035552>

Psychol Trauma. 2019 Feb;11(2):216-223. doi: 10.1037/tra0000360. Epub 2018 Jul 23.

Evidence-based psychotherapy completion and symptom improvement among returning combat veterans with PTSD.

Myers US, Haller M, Angkaw AC, Harik JM, Norman SB

OBJECTIVE:

Despite the availability of evidence-based psychotherapy (EBP) for posttraumatic stress disorder (PTSD) in the Veterans Health Administration, treatment completion rates are low and not all veterans benefit from these treatments. Understanding factors associated with PTSD EBP completion and symptom improvement is critical to improving completion rates and effectiveness.

METHOD:

This chart review study used the Andersen Behavioral Model to examine whether predisposing characteristics (nonmodifiable characteristics such as demographics), enabling factors (modifiable logistic variables that can facilitate or impede treatment use), and need factors (clinical characteristics such as symptom severity or comorbidities) predicted treatment completion or symptom improvement following PTSD EBP treatment among 82 Iraq and Afghanistan combat veterans. Logistic regression was used to examine treatment completion, and repeated measures analysis of variance was used to examine changes in PTSD and depression symptoms following treatment.

RESULTS:

EBP completers had greater improvement in PTSD symptoms than did EBP dropouts.

Need factors (lack of comorbid substance use disorders and having problems with family members/significant others) were related to treatment completion, whereas enabling resources (receiving individual rather than group treatment) were related to symptom improvement.

CONCLUSIONS:

This is one the first studies to use a comprehensive model to examine factors relevant to treatment completion and symptom improvement. Results suggest that nonmodifiable predisposing characteristics do not drive treatment completion and symptom improvement, underscoring the potential importance of targeting enabling resources and needs factors for intervention. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

<https://www.cambridge.org/core/journals/behavioural-and-cognitive-psychotherapy/article/is-selfcompassion-a-worthwhile-therapeutic-target-for-icd11-complex-ptsd-cptsd/EEBC38B48CB224CEB0E53429E5EB9B07>

Is Self-Compassion a Worthwhile Therapeutic Target for ICD-11 Complex PTSD (CPTSD)?

Karatzias, T., Hyland, P., Bradley, A., Fyvie, C., Logan, K., Easton, P., . . . Shevlin, M.

Behavioural and Cognitive Psychotherapy
2019; 47(3), 257-269
doi:10.1017/S1352465818000577

Background:

Two 'sibling' disorders have been proposed for the forthcoming 11th version of the International Classification of Diseases (ICD-11): post-traumatic stress disorder (PTSD) and complex PTSD (CPTSD). Examining psychological factors that may be associated with CPTSD, such as self-compassion, is an important first step in its treatment that can inform consideration of which problems are most salient and what interventions are most relevant.

Aims:

We set out to investigate the association between self-compassion and the two factors of CPTSD: the PTSD factor (re-experiencing, avoidance, sense of threat) and the Disturbances in Self-Organization (DSO) factor (affect dysregulation, negative self-

concept and disturbances in relationships). We hypothesized that self-compassion subscales would be negatively associated with both PTSD and DSO symptom clusters.

Method:

A predominantly female, clinical sample (n = 106) completed self-report scales to measure traumatic life events, ICD-11 CPTSD and self-compassion.

Results:

Significant negative associations were found between the CPTSD DSO clusters of symptoms and self-compassion subscales, but not for the PTSD ones. Specifically it was also found that self-judgement and common humanity significantly predicted hypoactive affect dysregulation whereas self-judgement and isolation significantly predicted negative self-concept.

Conclusions:

Our results indicate that self-compassion may be a useful treatment target for ICD-11 CPTSD, particularly for symptoms of negative self-concept and affect dysregulation. Future research is required to investigate the efficacy and acceptability of interventions that have implicit foundations on compassion.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/acps.13023>

Suicide rates among people discharged from non-psychiatric settings after presentation with suicidal thoughts or behaviours.

Maggie Wang, Sascha Swaraj, Daniel Chung, Clive Stanton, Navneet Kapur, Matthew Large

Acta Psychiatrica Scandinavica

First published: 13 March 2019

<https://doi.org/10.1111/acps.13023>

Objective

To quantify the suicide rate among people discharged from non-psychiatric facilities after presentations with suicidal thoughts or behaviours.

Method

Meta-analysis of studies reporting suicide deaths among people with suicidal thoughts

or behaviours after discharge from non-psychiatric settings.

Results

115 studies reported 167 cohorts including a total of 3 747 suicide deaths among 248 005 patients during 1 263 727 person-years. The pooled suicide rate post-discharge was 483 suicide deaths per 100,000 person-years (95% confidence interval (CI) 445 – 520, prediction interval (PI) 200 to 770) with high between sample heterogeneity ($I^2=92$). The suicide rate was highest in the first year post-discharge (851 per 100 000 person-years) but remained elevated in the long term. Suicide rates were elevated among samples of men (716 per 100 000 person-years) and older people (799 per 100 000 person-years) but were lower in samples of younger people (107 per 100 000 person-years) and among studies published between 2010 and 2018 (329 per 100 000 person-years).

Conclusions

People with suicidal thoughts or behaviours who are discharged from non-psychiatric facilities have highly elevated rates of suicide despite a clinically meaningful decline in reported suicide rates post-discharge from non-psychiatric settings in recent decades.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usz045/5382217>

Comparison of National and Local Approaches to Detecting Suicides in Healthcare Settings.

Natalie B Riblet, Brian Shiner, Bradley V Watts, Peter Britton

Military Medicine

Published:v16 March 2019

<https://doi.org/10.1093/milmed/usz045>

Introduction

In order to address the problem of suicide, healthcare providers and researchers must be able to accurately identify suicide deaths. Common approaches to detecting suicide in the healthcare setting include the National Death Index (NDI) and Root-Cause Analysis (RCA) methodology. No study has directly compared these two methods.

Materials and Methods

Suicide reporting was evaluated within the Veterans Affairs (VA) healthcare system. All

suicides were included that occurred within 7 days of discharge from an inpatient mental health unit and were reported to the VA through the NDI record linkage and/or RCA database between 2002 and 2014. The proportion of suicide deaths that were identified by NDI and found in the RCA database were calculated. Potential misclassification by the NDI was evaluated, whereby the RCA database identified a suicide case, but the NDI classified the death as a non-suicide.

Results

In the study period, the NDI identified 222 patients who died by suicide within 7 days of discharge, while the RCA database only detected 95 reports of suicide. A comparison of cases across the two methods indicated that the RCA database identified only 35% (N = 78) of NDI detected suicides (N = 222). Conversely, the RCA database detected 13 suicide cases that the NDI had coded as deaths due to accidental poisoning or other causes. Importantly, RCA accounted for 13% (N = 7) of overdose suicides identified in all databases (N = 52).

Conclusions

Combining national and local approaches to detect suicide may help to improve the classification of suicide deaths in the healthcare setting.

<https://onlinelibrary.wiley.com/doi/full/10.1002/jcad.12248>

Effects of a Rite of Passage Ceremony on Veterans' Well-Being.

Arie T. Greenleaf, Kevin M. Roessger, Joseph M. Williams, Jaimie Motsenbocker

Journal of Counseling & Development

First published: 13 March 2019

<https://doi.org/10.1002/jcad.12248>

Mixed methods were used to assess the impact of a Veterans Vision Fast program on 5 veterans' mental health. Posttraumatic stress disorder, depression, psychological flourishing, life satisfaction, and well-being were measured twice before and twice after the program using a data collection app. Semistructured interviews assessed veterans' perceived experiences. The authors found significant overall changes and large effect sizes in each outcome over 6 weeks, and several themes emerged from the veterans' responses. The program positively affected veterans' lives.

Links of Interest

VA to Offer New Ketamine-Based Nasal Spray for Depression

<https://www.military.com/daily-news/2019/03/20/va-offer-new-ketamine-based-nasal-spray-depression.html>

Are We Being Mindless About Mindfulness?

Mindfulness hype has out-paced mindfulness science.

<https://www.psychologytoday.com/ca/blog/insight-therapy/201903/are-we-being-mindless-about-mindfulness>

The Sleep Doctor in Your Pocket

<http://www.sleepreviewmag.com/2019/03/sleep-doctor-pocket/>

This VA report touts 'positive outcomes' from its suicide prevention programs — but veteran suicide rates haven't slowed

<https://www.militarytimes.com/news/pentagon-congress/2019/03/14/va-report-cites-positive-results-from-mental-health-programs-despite-no-drop-in-veterans-suicides/>

How Good is that App? Evaluation Criteria for Military Mental Health Providers

<https://www.pdhealth.mil/news/blog/how-good-app-evaluation-criteria-military-mental-health-providers>

A new call for investigating suspected soldier suicides in Alaska

<https://www.armytimes.com/news/your-army/2019/03/15/a-new-call-for-investigating-suspected-soldier-suicides-in-alaska/>

Bill Would Require DoD to Pay for Combat Troops to Freeze Sperm, Eggs

<https://www.military.com/daily-news/2019/03/19/bill-would-require-dod-pay-combat-troops-freeze-sperm-eggs.html>

Marine Corps ends use of terms 'PREG' or 'POSTPARTUM' on promotion photos

<https://www.marinecorpstimes.com/news/your-marine-corps/2019/03/19/marines-ends-use-of-terms-preg-or-postpartum-on-promotion-photos-of-female-marines/>

Pentagon agrees to set up McSally's military sexual assault task force

<https://thehill.com/policy/defense/434973-pentagon-agrees-to-set-up-mcsallys-military-sexual-assault-task-force>

Resource of the Week: [Air University Library Index to Military Periodicals \(AULIMP\)](#)

From the [Muir S. Fairchild Research Information Center](#) at Air University:

AULIMP is a subject index to significant articles, news items, book reviews and editorials from 63 English language military and aeronautical periodicals. It has had two titles in its history:

- Air University Periodical Index, 1949-1962
- Air University Library Index to Military Periodicals, 1962/63-present



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- [Air University Periodical Index, 1949-1962](#)
- [Air University Library Index to Military Periodicals, 1962/63-present](#)

A comprehensive list of all journals covered by AULIMP since 1949 is available as the [Historical Index of AULIMP titles](#).

Versions

Air University Periodical Index:

- [Print \(1949-1962\)](#) (Held at MSFRIC)
- [Online \(Hathi Trust: 1949-1962\) \(PDF\)](#)

Air University Library Index to Military Periodicals

- Searchable Online: [Muir S. Fairchild Research Information Center \(1987-present\)](#)
- [Print \(1963-1999\)](#) (Held at MSFRIC)
- [CD-ROM \(1990-2003\)](#) (Held at MSFRIC)
- [Hathi Trust: \(1949-1987\) \(PDF\)](#)
- [Internet Archive \(1972-1999\) \(PDF\)](#)

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