

CDP



Research Update -- August 1, 2019

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Sleep, Suicide Behaviors, and the Protective Role of Sleep Medicine.

Todd M. Bishop, Patrick G. Walsh, Lisham Ashrafioun, Jill E. Lavigne, Wilfred R. Pigeon

Sleep Medicine

Available online 25 July 2019

<https://doi.org/10.1016/j.sleep.2019.07.016>

Highlights

- Insomnia is associated with suicide attempt among veterans.
- Sleep medicine visits reduce risk of suicide attempt in sleep disordered patients.
- Treatment of sleep disorders may be a strategy to augment suicide prevention efforts.

Abstract

Objective/Background

Sleep disturbance is associated with suicidal thoughts and behaviors. The relationship of specific sleep disorders to suicide attempts is less well established. Whether treating sleep disorders reduces suicide attempts remains an open question.

Methods

Suicide attempts, treatment utilization, and psychiatric diagnoses were extracted from electronic medical records and a suicide attempt database from the U.S. Department of Veterans Affairs. The sample (N=60,102) consisted of patients with any record of suicide attempt in FY13-14 and a 1:1 case-control of patients with no record of attempt, who were propensity score-matched based on age, gender, and prior year mental health treatment utilization. Associations among sleep disorders and suicide attempt were examined via logistic regression. Covariates included depression, anxiety, posttraumatic stress disorder (PTSD), bipolar, schizophrenia, substance use disorder (SUD), medical comorbidity, and obesity.

Results

Insomnia (OR=5.62; 95% CI, 5.39-5.86), nightmares (OR=2.49; 95% CI, 2.23-2.77), and sleep-related breathing disorders (OR=1.37; 95% CI, 1.27-1.48) were positively associated with suicide attempt after accounting for age, gender, treatment utilization, and comorbid sleep disorders. When further controlling for depression, anxiety, PTSD, bipolar, schizophrenia, SUD, medical comorbidity, and obesity, insomnia (OR=1.51, 95% CI, 1.43-1.59) but neither nightmares (OR=0.96; 95% CI, 0.85-1.09) nor sleep-

related breathing disorders (OR=0.87, 95% CI=0.79-0.94) remained positively associated with suicide attempt. Additionally, sleep medicine visits 180 days prior to index date were associated with decreased likelihood of suicide attempt for individuals with sleep disorders (OR=0.86; 95% CI, 0.79-0.94).

Conclusion

Insomnia is associated with suicide attempt among veterans. Sleep medicine visits were associated with a reduced risk of suicide attempt in sleep disordered patients. The assessment and treatment of sleep disorders should be considered in context of strategies to augment suicide prevention efforts.

<https://www.ncbi.nlm.nih.gov/pubmed/31029187>

Sleep Med Clin. 2019 Jun;14(2):199-208. doi: 10.1016/j.jsmc.2019.01.003. Epub 2019 Mar 29

Delivering Cognitive Behavioral Therapy for Insomnia in Military Personnel and Veterans.

Kelly MR, Robbins R, Martin JL

Insomnia is commonly reported by military populations, especially those with comorbid mental and physical health conditions. Co-occurring conditions result in an altered presentation of insomnia symptoms, and complicate provision of cognitive-behavioral therapy for insomnia (CBT-I), requiring supplementary assessment or modifications to traditional techniques. CBT-I has consistently demonstrated positive outcomes for active-duty service members and veterans, even in the context of significant comorbidities such as post-traumatic stress disorder, depression, sleep apnea, and chronic pain. Despite its promise, studies of CBT-I in some populations, including women and individuals with substance use disorders, remain relatively understudied in active-duty and veteran populations.

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<https://journals.sagepub.com/doi/abs/10.1177/1073191119864662>

The Value of Physical Symptoms in Screening For Posttraumatic Stress Disorder in the Military.

Graham, K., Searle, A., Van Hooff, M., Lawrence-Wood, E., & McFarlane, A.

Assessment

First Published July 21, 2019

<https://doi.org/10.1177/1073191119864662>

Physical symptoms are highly comorbid with posttraumatic stress disorder (PTSD). As PTSD is underdiagnosed, this study explored the value of self-reported physical symptoms in screening for 30-day PTSD in military personnel. Two physical symptom scales were constructed using items from a 67-item health symptom checklist, clinical interviews were used as the diagnostic reference standard, and diagnostic utility of physical symptoms was compared with the current gold standard screen, the PTSD checklist (PCL). Receiver operating characteristic analyses showed that both a 9-item and a 10-item physical symptom scale were of value in predicting PTSD (areas under the curve 0.81 and 0.85). Importantly, two thirds of PTSD positive personnel missed by the PCL were captured with physical symptoms scales, and when physical symptoms were added to the PCL, prediction was improved (areas under the curve 0.90 to 0.92). Our findings highlight the value of including assessing physical symptoms in PTSD screening.

<https://www.liebertpub.com/doi/10.1089/acm.2018.0511>

Treatment Engagement and Outcomes of Mindfulness-Based Cognitive Therapy for Veterans with Psychiatric Disorders.

William R. Marchand, Brandon Yabko, Tracy Herrmann, Heather Curtis, and Ryan Lackner

The Journal of Alternative and Complementary Medicine

Published Online: 19 Jul 2019

<https://doi.org/10.1089/acm.2018.0511>

Objectives:

The aim of this study was to evaluate utilization and outcomes of mindfulness-based cognitive therapy (MBCT) provided to veterans with psychiatric disorders.

Design:

Retrospective chart review.

Settings:

Veterans Administration Medical Center (VAMC).

Subjects:

Ninety-eight veterans with psychiatric illness who were enrolled in an MBCT class between May of 2012 and January of 2016. Subjects were predominately white (95%), male (81%), and >50 years old (74%). The most common psychiatric conditions were any mood disorder (82%) and post-traumatic stress disorder (54%).

Intervention:

Eight-week MBCT class.

Outcome measures:

Session attendance and pre- to postintervention changes in numbers of emergency department (ED) visits and psychiatric hospitalizations.

Results:

The average number of sessions attended was 4.87 of 8 and only 16% were present for all sessions. Veteran demographic variables did not predict the number of MBCT sessions attended. However, both greater numbers of pre-MBCT ED visits ($p = 0.004$) and psychiatric admissions ($p = 0.031$) were associated with attending fewer sessions. Among patients who experienced at least one pre- or post-treatment psychiatric admission in the 2 years pre- or postintervention ($N = 26, 27\%$), there was a significant reduction in psychiatric admissions from pre to post ($p = 0.002$). There was no significant change in ED visits ($p = 0.535$).

Conclusions:

MBCT may be challenging to implement for veterans with psychiatric illness in, at least some, outpatient VAMC settings due to a high attrition rate. Possible mediation approaches include development of methods to screen for high dropout risk and/or development of shorter mindfulness-based interventions (MBIs) and/or coupling MBIs with pleasurable activities. The finding of a significant decrease in psychiatric

hospitalizations from pre- to post-MBCT suggests that prospective studies are warranted utilizing MBCT for veterans at high risk for psychiatric hospitalization.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.22836>

Perceived burdensomeness, bullying, and suicidal ideation in suicidal military personnel.

Crowell-Williamson, GA, Fruhbauerova, M, DeCou, CR, Comtois, KA.

Journal of Clinical Psychology

First published: 23 July 2019

<https://doi.org/10.1002/jclp.22836>

Objective

Suicide is a major public health concern among military servicemembers and previous research has demonstrated an association between bullying and suicide. This study evaluated the association between workplace bullying and suicidal ideation via perceived burdensomeness and thwarted belongingness which were hypothesized to mediate this association.

Method

Four hundred and seventy-one suicidal Army Soldiers and U.S. Marines completed self-report measures of suicidal ideation, thwarted belongingness, perceived burdensomeness, and bullying. A series of regressions were used to test the hypothesized mediation model using the baseline data from a larger clinical trial.

Results

Perceived burdensomeness was a significant mediator of the association between bullying and the level of suicidal ideation, but thwarted belongingness was not a significant mediator.

Conclusions

Perceived burdensomeness may represent a malleable target for intervention to prevent suicide among military service members, and should be evaluated further as an intervening variable with regard to suicidality in the setting of bullying victimization.

<https://psycnet.apa.org/record/2019-40647-001>

Ecological momentary assessment of sleep and PTSD symptoms in a veteran sample.

DeViva, J. C., Rosen, M. I., Cooney, N. L., & Black, A. C.

Psychological Trauma: Theory, Research, Practice, and Policy

Advance online publication

<http://dx.doi.org/10.1037/tra0000494>

Objective:

Disturbed sleep is common among individuals with posttraumatic stress disorder (PTSD), but there has been limited research on the momentary relationships between daytime PTSD symptoms and nighttime sleep. The goal of this study was to examine the relationships between daytime peak PTSD symptoms and sleep duration that night and between sleep duration and peak PTSD symptoms the next day.

Method:

The study sample was 42 American post-2001 veterans recruited for a study of risky sexual behavior who completed a baseline PTSD Checklist-5 For 28 days, PTSD symptoms were assessed 3 times per day using a version of the PTSD Checklist-5 modified to ask about the previous 2 hours. Each morning, participants rated the previous night's sleep duration. Two multilevel models were estimated, 1 modeling a given day's peak PTSD symptoms and the other modeling a given night's sleep duration.

Results:

In the first model, peak PTSD symptoms on a given day were significantly related to mean peak daily PTSD symptoms, estimate = 1.003, $p < .001$; previous night's sleep duration, estimate = -1.799 , $p < .001$; and previous day's peak PTSD symptoms, estimate = $.159$, $p < .05$. In the second model, sleep duration on a given night was associated with mean sleep duration, estimate = 1.032, $p < .001$, but not with peak PTSD symptoms during that day, estimate = $-.001$, ns.

Conclusions:

This study adds to research indicating that a poorer-than-usual night's sleep is

associated with higher peak PTSD symptoms the next day but higher peak PTSD symptoms in the day are not associated with worse sleep that night.
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[https://www.nursingoutlook.org/article/S0029-6554\(19\)30171-X/fulltext](https://www.nursingoutlook.org/article/S0029-6554(19)30171-X/fulltext)

Moral Distress in the Critical Care Air Transport Nurse.

Melissa A. Wilson, John R. Cutcliffe, Col Nicole H. Armitage, Kayla N. Eaton

Nursing Outlook

Published online: July 23, 2019

DOI: <https://doi.org/10.1016/j.outlook.2019.07.003>

Highlights

- Moral distress is described in these stories of healthcare encounters by these USAF nurses.
- Deployment healthcare experiences are frequently expressed as situations that lead to moral distress in these USAF nurses.
- Specific situations of healthcare encounters are expressed in these interviews that can help inform future interventions to lessen the impact of this detrimental occupational impact.

Abstract

Moral distress in healthcare providers occurs when the perceived right action cannot or is not taken and results in a loss of moral integrity. Critical Care Air Transport (CCAT) nurses are elite U.S. Air Force clinicians who provide healthcare during transport of injured military members. CCAT nurses are especially vulnerable to multiple physical and psychological stressors, such as fatigue, caring for patients with multiple traumas, lack of resources and ethical dilemmas. Using an interpretation of hermeneutic phenomenology, we describe the lived experience of moral distress in 15 CCAT nurses. Seven themes emerged: Not Prepared, Agent of Healing or Agent of Harm, Live or Let Die, Robbing Peter to Pay Paul, Ever Decreasing Circles, Cultural Dissonance, and Incongruence with Colleagues. These findings will guide future research aimed at understanding and mitigating moral distress effects in military nurses and other healthcare providers.

<https://aps.onlinelibrary.wiley.com/doi/abs/10.1111/cp.12161>

The impact of culture on cognitive appraisals: Implications for the development, maintenance, and treatment of posttraumatic stress disorder.

Jessica Bernardi, Alberta Engelbrecht, Laura Jobson

Clinical Psychologist

First published: 01 July 2018

<https://doi.org/10.1111/cp.12161>

Objective

Cognitive appraisals have a central role in the development, maintenance, and treatment of posttraumatic stress disorder (PTSD). Accumulating cross-cultural psychology research has demonstrated that culture affects the way in which an individual cognitively appraises an everyday experience. However, to date, there is little empirical work considering the influence of culture on cognitive appraisals in PTSD and the implications for treatment. The objective of this review article was to consider how culture may impact on the cognitive appraisals central to PTSD.

Method

First, we reviewed the role of appraisals in the prominent cognitive models of PTSD. Second, we discussed the cross-culture psychology literature on the influence of culture on appraisals. Third, we considered the impact of culture on trauma-related appraisals and associated clinical implications. Finally, we considered implications for the tailoring of clinical treatment for individuals from diverse cultural backgrounds.

Results

It was found that culture influences appraisals; a key psychological process highlighted by cognitive models as predictive of PTSD. In particular, cultural differences in self-understanding influence how individuals appraise experiences in terms of agency, control, mental defeat, and negative independent appraisals of self; appraisals central to PTSD.

Conclusions

Empirical work is needed in order to investigate the influence of culture on trauma-related appraisals in the context of PTSD in order to improve theoretical models and clinical approaches.

<https://aps.onlinelibrary.wiley.com/doi/abs/10.1111/cp.12182>

Communication strategies used by women to influence male partners to seek professional help for mental health problems: A qualitative study.

Lauren Rooney, Mary John, Linda Morison

Clinical Psychologist

First published: 30 April 2019

<https://doi.org/10.1111/cp.12182>

Objective

Previous research suggests that female partners have a key role in encouraging men to seek help from a mental health professional. This study investigated the communication forms that female partners use to encourage their male partners to seek help for a mental health problem.

Methods

Fifteen women with experience of working with a partner to seek help, aged 28–71 years, participated in a semi-structured interview. The interviews were analysed using Thematic Analysis.

Results

The main themes indicated that the women initially undertook “Role Adaption/s” and changed their roles to reduce the stress on their male partners. They made “attempts to activate engagement” with their wellbeing through conversations about mental health and the benefits of help-seeking. Discussions began with “gentle” communications, such as hinting and sowing seeds, and escalated to more assertive communications which could be conceived of as “threats” and “emotional blackmail,” if the women were concerned their partners were not seeking help or were at risk of suicide. Finally, the couples entered “Attempted Resolution” where they had conversations around help-seeking, and/or their male partner considered suicide.

Conclusions

Female partners perceived themselves as having a key role in supporting men to seek help from a professional and in maintaining their partner's safety and they adapted their communication strategies to implement this. Access to high-quality information and

some amendments to general practitioner confidentiality would facilitate them in their role.

<https://psycnet.apa.org/record/2019-30988-001>

The role of chaplaincy in LGBT veteran healthcare.

Kopacz, M. S., Nieuwsma, J. A., Wortmann, J. H., Hanson, J. L., Meador, K. G., & Thiel, M. M.

Spirituality in Clinical Practice

Advance online publication.

<http://dx.doi.org/10.1037/scp0000196>

For many LGBT veterans, meeting with a Department of Veterans Affairs (VA) chaplain marks the first time they are able to openly discuss their sexual and gender identity in the context of their religious/spiritual beliefs. Here we provide an overview of VA chaplaincy services, giving voice to some of the spiritual and pastoral care needs of LGBT veterans, provide a case vignette of a sexual minority veteran, and draw attention to future challenges for VA chaplaincy.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.22822>

Couple-based interventions for PTSD among military veterans: An empirical review.

Jordan Kugler, Felicia J. Andresen, Ron C. Bean, Rebecca K. Blais

Journal of Clinical Psychology

First published: 24 July 2019

<https://doi.org/10.1002/jclp.22822>

Objective

Treatment for posttraumatic stress disorder (PTSD) is a commonly sought mental health service among military service members and veterans (SM/Vs). Such treatment is

typically individually-based, despite many SM/Vs reporting a desire for greater partner involvement in treatment. This review examined couple-based treatments for PTSD among SM/Vs and their romantic partners.

Method

A database search conducted in July, 2018 yielded 167 studies, of which 16 (10%) met inclusion criteria. Brief intervention summaries, effect sizes, and distress change scores (where applicable) are reported.

Results

The 16 studies tested 7 interventions, which showed a reduction in self-rated and clinician-rated PTSD symptoms with large effect sizes observed in most studies. Relationship outcomes also improved for SM/Vs and their partners, with effect sizes ranging from small-to-medium for SM/Vs and small-to-large for partners.

Conclusions

Couple-based interventions show success in reducing PTSD symptoms and improving relationship outcomes, offering several alternatives to individual-based interventions among partnered SM/Vs.

<https://psycnet.apa.org/record/2019-10837-001>

Race/ethnicity and sexual orientation disparities in mental health, sexism, and social support among women veterans.

Lehavot, K., Beckman, K. L., Chen, J. A., Simpson, T. L., & Williams, E. C.

Psychology of Sexual Orientation and Gender Diversity

2019; 6(3), 347-358.

<http://dx.doi.org/10.1037/sgd0000333>

Objective:

The objective of this study was to identify patterns of risk and resilience by the intersections of race/ethnicity and sexual orientation in mental health symptom severity, sexism, and social support among U.S. women veterans.

Method:

A national sample of women veterans (N = 648; 38% sexual minority, 15% racial/ethnic

minority) was recruited online in 2013. Using cross-sectional survey data, we evaluated main and interactive associations between race/ethnicity and sexual orientation on depression, anxiety, posttraumatic stress, unhealthy alcohol use, sexism, and social support. Models were adjusted for other demographic characteristics.

Results:

Across depression, anxiety, and sexism, White heterosexual women reported the least distress and racial/ethnic minority heterosexual women reported the most distress (Race/Ethnicity \times Sexual Orientation interactions, $p < .05$). Among White women, sexual minority women reported greater levels of depression, anxiety, and sexism than heterosexual women. The effects were the opposite among racial/ethnic minority women, in which heterosexual women reported similar or worse depression, anxiety, and sexism than sexual minority women. There were no race/ethnicity or sexual orientation interaction effects on posttraumatic stress symptoms or unhealthy alcohol use and marginally significant effects on social support.

Conclusions:

Among women veterans, race/ethnicity and sexual orientation were associated with mental health and sexism, alone and in combination. Findings suggest that those who were both racial/ethnic and sexual minorities may develop resilience from their lived experience. On the other hand, women veterans with a minority race/ethnicity or a minority sexual orientation appeared more vulnerable to adverse outcomes and may need targeted care.

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<https://link.springer.com/article/10.1007/s10708-019-10053-x>

Military-civilian residential segregation and military member psychological distress in Kentucky counties.

Justin T. McDaniel, David L. Albright, Robert Rados, Robert McDermott, Heather Goelz, Katharine Juul

GeoJournal

First Online: 24 July 2019

<https://doi.org/10.1007/s10708-019-10053-x>

The objective of this study was to estimate and map the distribution of veteran psychological distress (PD) in Kentucky counties and examine the relationship between veteran PD prevalence rates and military-civilian residential segregation (MCRS) in Kentucky counties. We used data from the 2016 National Survey of Drug Use and Health to conduct small area estimation of the prevalence of PD among military veterans in Kentucky's 120 counties. MCRS was calculated in each county using Wong's (J Urban Geography 20(7):635–647, 1999) deviational ellipse. We examined the relationship between veteran PD prevalence and MCRS in Kentucky counties using multiple linear regression. Results showed that the average indirect synthetic estimate of PD in Kentucky was 5.027%, however, we observed substantial geographic variation in these rates. After controlling for county-level covariates, counties with greater MCRS had an increase in veteran PD prevalence, $b = 0.547$ (95% CI 0.051, 0.983). Rural health care and public health practitioners may need to become more cognizant of patients' veteran status and sensitized to risk factors that alert them to responsive treatment options and referrals to applicable evidence-based interventions.

<https://www.sciencedirect.com/science/article/abs/pii/S0022395619303115>

Distinguishing suicide ideation from suicide attempts: Further test of the Integrated Motivational-Volitional Model of Suicidal Behaviour.

Dawn Branley-Bell, Daryl B. O'Connor, Jessica A. Green, Eamonn Ferguson, ... Rory C. O'Connor

Journal of Psychiatric Research
Available online 27 July 2019
<https://doi.org/10.1016/j.jpsychires.2019.07.007>

Suicidal behaviour poses a significant public health concern. Research into the factors that distinguish between the emergence of suicide ideation and the enactment of a suicide attempt is crucial. This study tests central tenets of the Integrated Motivational-Volitional Model of suicidal behaviour (IMV, O'Connor and Kirtley, 2018) which posits that volitional phase factors govern the transition from thinking to attempting suicide. 299 adults completed a face-to-face interview and were allocated to groups based on their suicidal history: Suicide attempt group (N = 100), suicide ideation group (N = 105), and a control group (N = 94). Measures were taken at baseline, at 1-month and 6-months follow-up. As predicted, the attempt group differed from the ideation group on all volitional phase factors. Those who had attempted suicide reported higher capability for

suicide, were more likely to have a family member or friend who had self-injured or attempted suicide, and were more impulsive. In keeping with the IMV model, the ideation and attempt groups had similar scores on the motivational factors. Defeat and entrapment were significant predictors of ideation at baseline, and mediation analyses indicated that defeat had an indirect effect on ideation through entrapment at baseline and at 1-month follow-up. The results support the IMV model and suggest that entrapment should be routinely included in suicide risk assessments. Further research to test predictors of the transition from suicide ideation to suicide attempts is crucial to inform future intervention development and health care delivery.

<https://www.liebertpub.com/doi/full/10.1089/ham.2019.0020>

Going to Altitude with a Preexisting Psychiatric Condition.

Katharina Hübner, Barbara Sperner-Unterweger, and Hermann Brugger

High Altitude Medicine & Biology

Published Online: 25 Jul 2019

<https://doi.org/10.1089/ham.2019.0020>

Psychiatric disorders have a high lifetime prevalence affecting about 30% of the global population. Not much is known about high altitude (HA) sojourns in individuals living with a psychiatric condition. This lack of scientific evidence contrasts with the anticipated increase in numbers of individuals with preexisting psychiatric conditions seeking medical advice on HA exposure. Not only are there risks associated with a HA climb, but physical activity in general is known to improve symptoms of many psychiatric disorder and enhance measures of mental well-being like quality of life and resilience. There are additional positive effects of alpine environments on mental health beyond those of physical activity. All individuals going to HA with a preexisting psychiatric condition should be in a state of stable disease with no recent change in medication. Specific considerations and recommendations apply to individual psychiatric disorders. During the HA sojourn the challenge is to separate altitude-related symptoms such as insomnia from prodromal symptoms of the underlying disorder (e.g., depressive episode) or altitude-related hyperventilation from panic attacks. In case an individual with preexisting anxiety disorder decides to go to HA there might be a predisposition toward acute mountain sickness (AMS), but it should always be considered that many symptoms of anxiety and AMS overlap. Any medication that is anticipated to be taken during ascent or at HA should be tested for compatibility with the psychiatric condition and medication before the trip.

<https://psycnet.apa.org/record/2019-41285-001>

Seeking help despite the stigma: Experiential avoidance as a moderated mediator.

Brenner, R. E., Cornish, M. A., Heath, P. J., Lannin, D. G., & Losby, M. M.

Journal of Counseling Psychology
Advance online publication
<http://dx.doi.org/10.1037/cou0000365>

The help-seeking literature identifies a model wherein public stigma of seeking help is internalized as self-stigma of seeking help, which, in turn, decreases help-seeking outcomes. The current study considered whether experiential avoidance, or a tendency to avoid painful thoughts or emotions, moderates how strongly these stigmata relate to help-seeking intentions among university students. Specifically, this study tested whether experiential avoidance moderates (a) the direct relationship between self-stigma of seeking psychological help and help-seeking intentions and (b) the indirect relationship between public stigma and help-seeking intentions. Conditional process modeling in a university student sample (N = 235) supported these hypotheses. The direct relationship between self-stigma and help-seeking intentions was nonsignificant and weaker for those who reported low experiential avoidance than for those who reported high experiential avoidance. Results also demonstrated a moderated indirect effect wherein the relationship between self-stigma and intentions was nonsignificant among those reporting low levels of experiential avoidance. This suggests that self-stigma may predict help-seeking intentions when avoidance of therapy functions as a means for avoiding unpleasant emotions. These findings suggest that interventions designed to decrease experiential avoidance by increasing openness to unpleasant emotions may offer a novel avenue to attenuate the impact of self-stigma on help-seeking intentions without requiring the difficult task of reducing stigma altogether. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

<https://www.ncbi.nlm.nih.gov/pubmed/29498089>

Suicide Life Threat Behav. 2019 Apr;49(2):444-454. doi: 10.1111/sltb.12445. Epub 2018 Mar 2

Predicting Suicide Ideation in the Military: The Independent Role of Aggression.

Start AR, Allard Y, Adler A, Toblin R1

The purpose of this study was to examine the longitudinal relationship between aggression and suicide ideation when controlling for other externalizing (i.e., alcohol misuse and risk-taking) and internalizing (i.e., depression and sleep problems) risk factors in an active duty, military sample. Preexisting data from a longitudinal study were analyzed to assess the wellness of service members across the deployment cycle. Participants were 944 active duty service members (95% male, 48% between 18 and 24 years old) who completed surveys upon initial return from deployment and approximately 3 months later. After controlling for other externalizing (alcohol misuse, risk-taking) and internalizing (depression, sleep problems) risk factors, service members reporting aggression were significantly more likely to report suicide ideation than those reporting no aggression (OR = 3.19; OR 95% CI: 1.16-8.80). The independent nature of the relationship between anger and suicidality suggests aggression may be an important indicator of suicidality for service members. Understanding the role of aggression in suicidality may improve the ability to identify at-risk service members and to develop effective interventions to reduce suicide risk.

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<https://www.tandfonline.com/doi/abs/10.1080/08995605.2019.1598227>

Initial job analysis of military embedded behavioral health services: Tasks and essential competencies.

Alan D. Ogle, J. Brian Rutland, Anna Fedotova, Chad Morrow, Richard Barker & LaQuanya Mason-Coyner

Military Psychology

2019; 31:4, 267-278

DOI: 10.1080/08995605.2019.1598227

Utilization of mental health personnel assigned to operational military units is an area of growth for the US military. What activities they perform, how requirements may differ from working in clinical settings, and how to select and train for these types of positions is still poorly understood. A job analysis was conducted of Air Force mental health providers and enlisted technicians embedded in special operations, intelligence, and high-risk training units. Participants rated 27 tasks on frequency, importance, difficulty, and risks, as well as the importance of 37 knowledge, skills, and abilities (KSAs), with differentiation between KSAs that may be trained versus those that must be present to be assigned to the embedded position. Tasks reflected 4 areas of activity: unit embedding/engagement, behavioral health consultation and support, performance optimization activities, and operational mission tasks. Tasks varied by professional training (psychologist, social worker, enlisted technician) and unit type. The KSAs rated as most important were ethical judgment and ability to manage complex relationships and boundaries while working outside of a clinic, strong interpersonal skills with appropriate assertiveness to advocate for safe, effective courses of action, and understanding of unit missions and organizational dynamics. Results have implications for job design, selection criteria, professional disciplines with KSAs necessary to unit-specific tasks, and training of personnel for integrated operational support positions.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2019.1630229>

Mental health help-seeking intentions and organizational climate among military members.

Mishaw Cuyler & Laura Guerrero

Military Psychology

2019; 31:4, 315-325

DOI: 10.1080/08995605.2019.1630229

The psychological effects of war include anxiety, depression, alcohol misuse and Post-Traumatic Stress Disorder (PTSD). Military members that displayed symptoms of mental illness were thought to lack the strength and courage necessary to be soldiers. As a result, many military members who suffered from these symptoms would not seek help for mental health care. This paper investigates the mental health help-seeking intentions of military members using the Theory of Planned Behavior (TPB) and the role of leadership support climate and coworker support climate. This paper contributes to the literature in three ways. First, this paper applies a rigorously tested theoretical

framework to the study of mental health help-seeking intentions in military members. Second, this paper incorporated the constructs of leadership support climate and coworker support climate into mental health help-seeking literature. Third, this paper introduces the concepts of leadership support climate and organizational support climate into the study of the theory of planned behavior. This study found that the personal attitudes of military members towards mental health help-seeking are positively related to their mental health help-seeking intentions. The study also found that mental health help-seeking attitudes mediated the relationship between leadership support climate and mental health help-seeking intentions. These results underscore the importance of role of leaders in setting a supportive organizational climate and influencing military members to seek help for mental health problems.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2019.1630230>

Changes in suicidal ideation following cognitive processing therapy in a VA residential treatment program.

Laura E. Stayton, Colleen E. Martin, James L. Pease & Kathleen M. Chard

Military Psychology

2019; 31:4, 326-334

DOI: 10.1080/08995605.2019.1630230

In 2015, suicide accounted for over 44,000 deaths and was the 10th leading cause of mortality in the US. Although Veterans, in general, are at a high risk for suicide, Veterans with Posttraumatic Stress Disorder (PTSD) are at even greater risk. While evidence suggests that PTSD symptoms are reduced by Cognitive Processing Therapy (CPT), little is known about how this treatment impacts changes in suicidal ideation across residential treatment. Studies with active duty personnel have found reductions in suicidal ideation following CPT treatment; however, only one study to date has examined this question in a Veteran sample. The current study examined (a) changes in suicidal ideation across a residential CPT treatment program and (b) the influence of demographic variables on change in suicidal ideation across treatment. Participants (N = 303) were admitted to a residential PTSD treatment in a VA medical center and completed pre-, mid-, and post-treatment assessments. Multilevel modeling of archival data revealed that suicidal ideation significantly decreased over the course of CPT ($B = -0.153$, $SE = 0.028$, $95\%CI = [-0.21, -0.10]$, $t = -5.40$, $p < .001$); however, this change

did not differ based on age, marital status, sex, or race/ethnicity. Clinical and research implications are discussed.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2019.1630231>

An empirical examination of stigma toward mental health problems and psychotherapy use in Veterans and active duty service members.

Jonathan Goode & Joshua K. Swift

Military Psychology

2019; 31:4, 335-345

DOI: 10.1080/08995605.2019.1630231

Although many Veterans and active duty service members experience mental health problems, most do not seek out any sort of mental health help. Stigma (a significant predictor of treatment-seeking) has been documented among Veterans and active duty service members; however, previous research on stigma in these groups has primarily utilized correlational and qualitative designs. The purpose of this study was to gain a better understanding of stigma toward mental health problems in Veterans and active duty service members using an experimental design. One hundred sixty-five Veterans and active duty service members were randomized to read a vignette that described a Veteran who either did or did not experience a mental health problem and did or did not seek psychotherapy. Results indicated that the participants held more stigmatizing attitudes toward the Veteran who was described as having a mental health problem, but not toward the Veteran who was described as seeking psychotherapy. Additionally, participants held more positive attitudes toward the Veteran, compared to the attitudes that they believed other military members would hold. Last, with this sample of Veterans and active duty service members, self-stigma toward seeking psychotherapy was found to partially mediate the relationship between perceived public stigma and attitudes. Implications for addressing stigma in military service members and Veterans are discussed.

<https://www.sciencedirect.com/science/article/abs/pii/S000578941930084X>

Congruence of Patient Takeaways and Homework Assignment Content Predicts Homework Compliance in Psychotherapy.

Alexandra Jensen, Connie Fee, Anthony L. Miles, Victoria L. Beckner, ... Jacqueline B. Persons

Behavior Therapy

Available online 26 July 2019

<https://doi.org/10.1016/j.beth.2019.07.005>

Highlights

- Congruence of homework content and patient takeaways predicted homework compliance
- Therapists may improve compliance by assigning HW congruent with patient takeaways

Abstract

Homework is generally considered an essential part of psychotherapy. The present study tested the hypothesis that patients were more likely to complete homework assignments when the content of the assignments was more congruent with content the patient reported wanting to remember from the session (patient takeaways). The study relied on data collected in 541 sessions of individual naturalistic cognitive behavioral therapy provided to 41 patients in a private practice setting and who completed a feedback form each session that recorded the content of the homework assignments for the session, patient takeaways from the session, and homework completion. Congruence was determined by raters who evaluated the match between homework content and patient takeaways. Results of generalized linear mixed modeling showed, as predicted, that congruence between homework assignment content and takeaways was statistically significantly associated with homework compliance. This finding suggests that therapists may be able to improve homework compliance by soliciting feedback about what the client found important about the session and then assigning homework consistent with that information.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22428>

Patterns of Treatment Disengagement and Personality Traits Associated With Posttraumatic Stress Disorder in Recent-Era U.S. Veterans Receiving Cognitive Processing Therapy.

Joanna Lamkin, Natalie Hundt, Eileen P. Ahearn, Melinda Stanley, Tracey L. Smith

Journal of Traumatic Stress

First published: 29 July 2019

<https://doi.org/10.1002/jts.22428>

Low treatment engagement is a barrier to implementation of empirically supported treatments for posttraumatic stress disorder (PTSD) among veterans. Understanding personality traits that predict dropout may help focus attempts to improve engagement. The current study included 90 veterans who served in recent conflicts in Iraq and/or Afghanistan and participated in a trial of cognitive processing therapy for PTSD. Goals were to characterize (a) personality correlates of PTSD, (b) patterns of engagement (i.e., attendance and homework completion), and (c) personality correlates of reduced engagement. Higher levels of PTSD symptoms were associated with a range of characteristics, including affective lability, $r = .44$, $p < .001$; anxiety, $r = .38$, $p < .001$; identity problems, $r = .57$, $p < .001$; intimacy problems, $r = .34$, $p = .001$; low affiliation, $r = .33$, $p = .002$; oppositionality, $r = .36$, $p = .001$; restricted expression, $r = .35$, $p = .001$; and suspiciousness, $r = .50$, $p < .001$. Notably, veterans with worse PTSD symptoms endorsed more cognitive dysregulation, $r = .40$, $p < .001$; and less insecure attachment, $r = .14$, $p = .190$, than expected. Only 52.2% of veterans completed the 12-session course of treatment and 31.0% of participants completed fewer than six sessions. Personality traits did not predict attendance or homework completion. Disengagement continues to be a significant issue in trauma-focused treatment for veterans with PTSD. Understanding veteran-level factors, such as personality traits, may be useful considerations for future research seeking to understand and improve engagement.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22416>

Guilt in the Treatment of Posttraumatic Stress Disorder Among Active Duty Military Personnel.

McLean, C. P., Zandberg, L. , Brown, L. , Zang, Y. , Benhamou, K. , Dondanville, K. A., Yarvis, J. S., Litz, B. T., Mintz, J. , Young-McCaughan, S. , Peterson, A. L., Foa, E. B. for the STRONG STAR Consortium

Journal of Traumatic Stress

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The current study examined the role of trauma-related guilt on posttraumatic stress disorder (PTSD) symptom change during prolonged exposure therapy (PE) as well as the efficacy of PE in reducing three dimensions of guilt (responsibility, wrongdoing, and lack of justification) during treatment. Participants were 331 active duty U.S. military personnel seeking treatment for PTSD who were randomized to one of four groups: massed PE (10 sessions delivered over 2 weeks), spaced PE (10 sessions delivered over 8 weeks), present-centered therapy (PCT; 10 sessions delivered over 8 weeks), or minimal contact control (MCC; weekly therapist phone check-in for 4 weeks). The results showed that baseline guilt did not predict reductions in PTSD symptoms for spaced PE or for PCT, $ps = .178-.387$, $ds = -0.02-0.07$. Treatment condition (massed PE vs. MCC; spaced PE vs. PCT) did not moderate reductions in guilt for spaced PE versus PCT. Guilt decreased significantly over treatment in all groups, $p < .001$ to $p = .038$, $ds = -0.19$ to -0.42 , except concerning justification in the spaced PE and PCT groups, $p = .140$, $d = -0.10$. The findings suggest that guilt may be reduced significantly following active PTSD treatment and attention control and that PTSD recovery is not impacted by baseline levels of trauma-related guilt in military personnel with PTSD, although reported levels of guilt were low to moderate in this sample.

Links of Interest

Here's one thing military parents should do before their child joins the military

<https://www.militarytimes.com/pay-benefits/2019/07/26/heres-one-thing-military-parents-should-do-before-their-child-joins-the-military/>

'In every uniform is a human being' — an Air Force vet is on a mission to take portraits of 7,500 veterans in all 50 states

<https://taskandpurpose.com/a-former-combat-photographer-is-on-a-mission-to-take-portraits-of-7-500-veterans-as-she-staves-off-ptsd>

'I'm not healed. I am healing:' Kansas City art students show veterans' pain in portraits
<https://www.stripes.com/news/veterans/i-m-not-healed-i-am-healing-kansas-city-art-students-show-veterans-pain-in-portraits-1.592285>

Jason Kander is back after quietly working through PTSD
<https://www.militarytimes.com/veterans/2019/07/28/jason-kander-is-back-after-quietly-working-through-ptsd/>

The underwater Circle of Heroes memorial off the Pinellas coast takes shape
<https://www.tampabay.com/breaking-news/the-underwater-circle-of-heroes-memorial-off-the-pinellas-coast-takes-shape-20190720/>

Positive attitude, social support may promote TBI/PTSD resilience
<https://health.mil/News/Articles/2019/07/23/Positive-attitude-social-support-may-promote-TBI-PTSD-resilience>

3 ways military veterans can successfully transition into the civilian workforce
<https://www.cnbc.com/2019/07/25/how-veterans-can-successfully-transition-into-the-civilian-workforce.html>

Racial terms have marred military forms
<https://www.rollcall.com/news/congress/racist-terms-marred-military-forms>

A Vietnam veteran needed help. The government gave him a 'bad paper' discharge instead
<https://www.mcclatchydc.com/news/politics-government/congress/article232444367.html>

For Years, Alcohol Was My Only Comfort. Then It Nearly Killed Me
<https://www.nytimes.com/2019/07/24/magazine/alcohol-sobriety-military.html>

Veterans, experts say horse therapy shows promise as PTSD treatment
<https://www.foxnews.com/health/horse-therapy-ptsd-help-veterans-experts>

'Topical pain relief medication' applied to testicles and other hazing allegations emerge at DC Marine barracks
<https://www.marinecorpstimes.com/news/your-marine-corps/2019/07/30/topical-pain-relief-medication-applied-to-testicles-and-other-hazing-allegations-emerge-at-washington-marine-barracks/>

New Coast Guard Order Makes Marijuana Dispensaries Off-Limits

<https://www.military.com/daily-news/2019/07/30/new-coast-guard-order-makes-marijuana-dispensaries-limits.html>

Resource of the Week: [The Military to Civilian Transition 2018: A Review of Historical, Current, and Future Trends](#)

From the U.S. Department of Veterans Affairs:

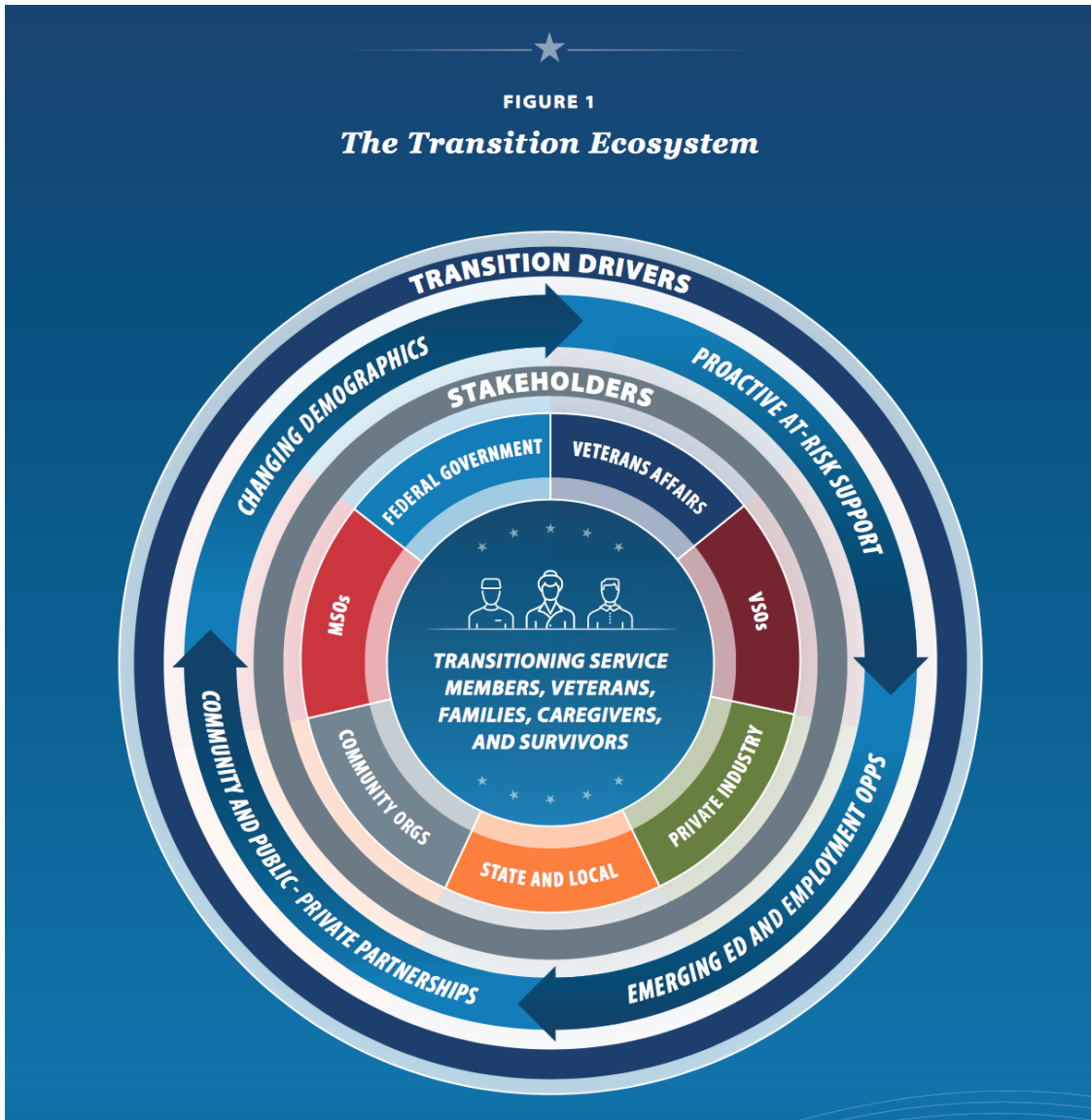
Every year, approximately 200,000 men and women leave U.S. military service and return to life as civilians, a process known as the military to civilian transition.

The military to civilian transition occurs within a complex and dynamic network of relationships, programs, services, and benefits, which includes transition planning and assistance efforts by individual Service branches, the interagency Transition Assistance Program (TAP), and community resources delivered through local government, private industry, and nonprofit organizations. This network (or ecosystem) delivers a holistic approach to help transitioning Service members and their families succeed at a critical juncture in their life journey.

The U.S. Department of Veterans Affairs, in collaboration with our interagency partners, is proud to provide this overview of the military to civilian transition through the lens of historical transition support, current transition assistance services and programs, and the key drivers shaping the near future of the transition assistance process.

FIGURE 1

The Transition Ecosystem



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