

CDP



Research Update -- September 5, 2019

What's Here:

- PTSD Monthly Update -- 5 Things to Know About PTSD Treatment
- Enhancing Access to Psychiatric Care for Posttraumatic Stress Disorder in Veterans with Mild Traumatic Brain Injury through Integrated Services.
- Evidence-based practice within supervision during psychology practitioner training: A systematic review.
- Post-intervention treatment adherence for chronic pain patients may depend on psychological factors.
- The impact of culture on cognitive appraisals: Implications for the development, maintenance, and treatment of posttraumatic stress disorder.
- Stigma, health, and psychosocial functioning among transgender active duty service members in the U.S. military.
- Assessment and Management of Patients at Risk for Suicide: Synopsis of the 2019 U.S. Department of Veterans Affairs and U.S. Department of Defense Clinical Practice Guidelines.
- Treatments for the Prevention and Management of Suicide: A Systematic Review.
- Symptom structure of PTSD and co-morbid depressive symptoms – a network analysis of combat veteran patients.
- Sleep in posttraumatic stress disorder: A systematic review and meta-analysis of polysomnographic findings.

- The Unique Role of Servicewomen in the Military: History, Barriers, and Treatment Considerations.
- Evaluating the “C” and “B” in brief CBT for distressing voices in routine clinical practice in an uncontrolled study.
- Depression Suppresses Treatment Response for Traumatic Loss–Related Posttraumatic Stress Disorder in Active Duty Military Personnel.
- Suicide risk assessment training using an online virtual patient simulation.
- A Systematic Review of the Evidence Supporting Mobile- and Internet-Based Psychological Interventions For Self-Harm.
- The Predictive Value of Early-Life Trauma, Psychopathy, and the Testosterone–Cortisol Ratio for Impulsive Aggression Problems in Veterans.
- Equine-assisted interventions for veterans with service-related health conditions: a systematic mapping review.
- Intersections of US Military Culture, Hegemonic Masculinity, and Health Care Among Injured Male Service Members.
- Purpose in Life and Conscientiousness Protect Against the Development of Suicidal Ideation in U.S. Military Veterans With PTSD and MDD: Results From the National Health and Resilience in Veterans Study.
- Usual Care Among Providers Treating Women Veterans: Managing Complexity and Multimorbidity in the Era of Evidence-Based Practice.
- The impact of exposure, relaxation, and rescripting therapy for post-trauma nightmares on suicidal ideation.
- “Making weight” during military service is related to binge eating and eating pathology for veterans later in life.
- Effects of Multiple Mild TBIs on Neuropsychological Functioning, Psychiatric Symptoms, and Neurobehavioral/Health-Related Symptoms in Combat-Exposed Veterans.
- The Role of Potentially Malleable Factors in Post-Concussive Symptoms and Objective Cognitive Outcomes in Iraq and Afghanistan Veterans with History of Mild TBI.
- Links of Interest

- Resource of the Week: DOD Health of the Force 2018

<https://content.govdelivery.com/accounts/USVHA/bulletins/25a3e59>

PTSD Monthly Update -- 5 Things to Know About PTSD Treatment

National Center for PTSD

August 2019

Nearly 8 million Americans have been diagnosed this year with PTSD.

Here's the good news: There are several treatments for PTSD that have been shown to decrease symptoms or get rid of them altogether.

Here are 5 things to know about PTSD treatment from VA's National Center for PTSD...

<https://link.springer.com/article/10.1007/s11126-019-09668-7>

Enhancing Access to Psychiatric Care for Posttraumatic Stress Disorder in Veterans with Mild Traumatic Brain Injury through Integrated Services.

Muhammad R. Baig, Rebecca N. Tapia, Adeel Meraj, Jacqueline A. Pugh, John D. Roache, Erin P. Finley

Psychiatric Quarterly

First Online: 24 August 2019

<https://doi.org/10.1007/s11126-019-09668-7>

(i) To describe an integrated model of psychiatric care for the treatment of posttraumatic stress disorder (PTSD) in veterans with mild traumatic brain injury (mTBI). (ii) To evaluate access to and engagement in psychiatric care among veterans with comorbid PTSD and mTBI after implementation of an Integrated Care (IC) model compared to the previous Usual Care (UC). 100 randomly selected charts, 50 from each of UC and IC were reviewed in this non-concurrent case- control study. Polytrauma Network Site (PNS), an outpatient rehabilitation clinic, for veterans who suffered from brain and other traumatic injuries at an urban VA Polytrauma Rehabilitation Center. Veterans receiving

treatment for mTBI symptoms by the rehabilitation team were referred for medication management for PTSD to UC and IC. Co-located access to psychiatric care for medication management as part of the interdisciplinary team with the goal of expediting rehabilitation and functional recovery. Number of consults for psychiatric care for medication management scheduled and completed within 30 days, and number of veterans offered, initiating, and completing evidence-based psychotherapies for PTSD in UC compared to IC. After implementation of IC there were significant improvements in timely completion of consults and patient engagement with a psychiatrist. There also were improvements in number of referrals, initiation, and completion of evidence-based psychotherapies for the treatment of PTSD. IC within the PNS shows promise as an effective care model for increasing access and engagement in care for veterans with comorbid PTSD/mTBI. Future research is needed to examine the utility of this model in other sites.

<https://aps.onlinelibrary.wiley.com/doi/abs/10.1111/cp.12196>

Evidence-based practice within supervision during psychology practitioner training: A systematic review.

Jessica Barrett, Craig J. Gonsalvez, Alice Shires

Clinical Psychologist

First published: 18 August 2019

<https://doi.org/10.1111/cp.12196>

Background

Supervision has long been recognised as a highly influential aspect of training within psychology. The scientist–practitioner model underpins postgraduate psychology training programs. During such programs, clinical supervision plays an important role in the development and acquisition of evidence-based practice and scientist–practitioner competence.

Objective

The primary objective of this study was to provide a comprehensive, current, and systematic review of the empirical research on supervisory interventions or practice that monitored and/or shaped the development of scientist–practitioner competence among psychology trainees. The secondary objective was to conduct a critical appraisal and assess the methodological rigour of included studies.

Methods

Four major electronic databases were systematically searched against a priori inclusion criteria. Eligible quantitative studies investigated were located and assessed to identify evidence-based practice and scientist–practitioner factors within supervision in the psychology training settings.

Results

A large pool of studies was retrieved but only four studies (N = 724 participants) met inclusion criteria indicating a major gap in the area. A narrative synthesis was conducted. Included studies were of good methodological quality, had small to medium sample sizes, and produced significant and valid results. Included studies used competency evaluation rating forms and compared supervision interventions.

Conclusions

Despite the large body of literature on supervision, this review highlights a lack of empirical investigations into evidence-based practice and scientist–practitioner competence within supervision during psychology training. Future research directions are provided, and recommendations and implications for training and supervision are discussed.

<https://aps.onlinelibrary.wiley.com/doi/abs/10.1111/cp.12150>

Post-intervention treatment adherence for chronic pain patients may depend on psychological factors.

Thompson, E. , Broadbent, J. , Fuller-Tyszkiewicz, M. , Bertino, M. D. and Staiger, P. K.

Clinical Psychologist

First published: 02 April 2018

<https://doi.org/10.1111/cp.12150>

Background

The present study evaluated the influence of psychological factors (anxiety, depression, fear avoidance, and self-efficacy) in predicting patient adherence to their personalised post-intervention treatment maintenance plan for the interval between discharge from an out-patient treatment and follow-up at 3–6 months.

Methods

Participants included 61 chronic pain patients aged 31–72 years ($M = 54.28$, $SD = 10.32$) who had completed a pain management program between 2014 and 2016 at a rehabilitation centre. Participants completed measures of the psychological factors at pre-intervention and at the completion of the program; and a measure of treatment maintenance adherence at 3–6 months post-intervention to measure compliance with the post-discharge treatment plan. The psychological factors at both timepoints were included in regression models to determine whether pre- or post-intervention scores predict adherence, and whether these effects are dependent on how much these psychological factors change during the intervention phase.

Results

Hierarchical regression analyses showed that 28% variance in post-intervention adherence to post-intervention treatment maintenance plans was accounted for by the predictors. Fear avoidance and depressive symptoms (both at post-intervention) made significant unique contributions to prediction. Moderation analyses showed that individuals with initially low levels of anxiety, whose symptoms worsened during the intervention phase, were more likely to adhere to the post-discharge treatment plan.

Conclusions

This pattern of findings shows relevance for psychological factors in treatment adherence. Nevertheless, questions remain about the nature of their influence on adherence, and clinical and research implications are discussed in this light.

<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://psycnet.apa.org/record/2019-49218-001>

Stigma, health, and psychosocial functioning among transgender active duty service members in the U.S. military.

Schvey, N. A., Klein, D. A., Pearlman, A. T., Kraff, R. I., & Riggs, D. S.

Stigma and Health

Advance online publication.

<http://dx.doi.org/10.1037/sah0000190>

Transgender persons face frequent instances of stigma that may make them vulnerable to adverse mental and physical health outcomes. To date, however, few studies have

assessed gender identity–related stigma and its psychosocial correlates among active duty transgender military personnel. To assess the associations of stigma with psychosocial functioning and health, U.S. military personnel self-identifying as transgender completed anonymous online measures of stigmatizing situations within the military, health, psychosocial functioning, eating pathology, risk behaviors, and coping strategies. Participants also described their worst experience of gender identity–related stigma within the military. In total, 174 service members (28.8 ± 6.3 years, 50.6% transmale, 71.3% non-Hispanic White, 7.8 ± 5.5 years in service) completed the survey. The majority (93%) reported at least 1 instance of gender identity–related stigma in the military, including bullying and barriers to obtaining gender-affirming services. Although service members reported generally good health and psychosocial functioning, stigma in the military was significantly associated with poorer overall mental health and greater depression, anxiety, and stress, after adjusting for age, gender identity, race, and service rank. Stigma was unrelated to self-reported physical health. Of 14 different coping behaviors assessed, only positive reframing was associated with better mental health. The current study indicates that stigma within the military is reported by the majority of service members self-identifying as transgender and is associated with poor mental health, above and beyond the contribution of relevant covariates. Additional research is needed to identify those at greatest risk for the adverse effects of stigma. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

<https://annals.org/aim/fullarticle/2748922>

Assessment and Management of Patients at Risk for Suicide: Synopsis of the 2019 U.S. Department of Veterans Affairs and U.S. Department of Defense Clinical Practice Guidelines.

James Sall, PhD, FNP-BC; Lisa Brenner, PhD, ABPP; Amy M. Millikan Bell, MD, MPH; Michael J. Colston, MD

Annals of Internal Medicine

Published at www.annals.org on 27 August 2019

DOI: 10.7326/M19-0687

Description:

In May 2019, the U.S. Department of Veterans Affairs (VA) and U.S. Department of Defense (DoD) approved an update to the 2013 joint clinical practice guideline for assessing and managing patients who are at risk for suicide. This guideline provides

health care providers with a framework by which to screen for, evaluate, treat, and manage the individual needs and preferences of VA and DoD patients who may be at risk for suicide.

Methods:

In January 2018, the VA/DoD Evidence-Based Practice Work Group convened to develop a joint VA/DoD guideline including clinical stakeholders and conforming to the National Academy of Medicine's tenets for trustworthy clinical practice guidelines. The guideline panel drafted key questions, systematically searched and evaluated the literature through April 2018, created algorithms, and advanced 22 recommendations in accordance with the GRADE (Grading of Recommendations Assessment, Development and Evaluation) system.

Recommendations:

This synopsis, which includes 3 clinical practice algorithms, summarizes the key recommendations of the guideline related to screening and evaluation, risk management and treatment, and other management methods. Risk management and treatment recommendations address both pharmacologic and nonpharmacologic approaches for patients with suicidal ideation and behavior. Other management methods address lethal means safety (such as restricting access to firearms, poisons, and medications and installing barriers to prevent jumping from lethal heights) and population health strategies.

<https://annals.org/aim/fullarticle/2748923>

Treatments for the Prevention and Management of Suicide: A Systematic Review.

Kristen E. D'Anci, PhD; Stacey Uhl, MS; Gina Giradi, MS; Constance Martin, BA

Annals of Internal Medicine
2019; 171(5): 334-342.
DOI: 10.7326/M19-0869

Background:

Suicide is a growing public health problem, with the national rate in the United States increasing by 30% from 2000 to 2016.

Purpose:

To assess the benefits and harms of nonpharmacologic and pharmacologic interventions to prevent suicide and reduce suicide behaviors in at-risk adults.

Data Sources:

MEDLINE, EMBASE, PsycINFO, and other databases from November 2011 through May 2018.

Study Selection:

Systematic reviews (SRs) and randomized controlled trials (RCTs) that assessed nonpharmacologic or pharmacologic therapies for adults at risk for suicide.

Data Extraction:

One investigator abstracted data and assessed study quality, and a second investigator checked abstractions and assessments for accuracy.

Data Synthesis:

Eight SRs and 15 RCTs were included. The evidence for psychological interventions suggests that cognitive behavioral therapy (CBT) reduces suicide attempts, suicidal ideation, and hopelessness compared with treatment as usual (TAU). Limited evidence suggests that dialectical behavior therapy (DBT) reduces suicidal ideation compared with wait-list control or crisis planning. The evidence for pharmacologic treatments suggests that ketamine reduces suicidal ideation with minimal adverse events compared with placebo or midazolam. Lithium reduces rates of suicide among patients with unipolar or bipolar mood disorders compared with placebo. However, no differences were observed between lithium and other medications in reducing suicide.

Limitation:

Qualitative synthesis of new evidence with existing meta-analyses, methodological shortcomings of studies, heterogeneity of nonpharmacologic interventions, and limited evidence for pharmacologic treatments and harms.

Conclusion:

Both CBT and DBT showed modest benefit in reducing suicidal ideation compared with TAU or wait-list control, and CBT also reduced suicide attempts compared with TAU. Ketamine and lithium reduced the rate of suicide compared with placebo, but there was limited information on harms. Limited data are available to support the efficacy of other nonpharmacologic or pharmacologic interventions.

Primary Funding Source:

U.S. Department of Veterans Affairs Veterans Health Administration. (PROSPERO: CRD42018104978)

<https://www.cambridge.org/core/journals/psychological-medicine/article/symptom-structure-of-ptsd-and-comorbid-depressive-symptoms-a-network-analysis-of-combat-veteran-patients/915E750F802EB8B0C26FC2592B781E1E>

Symptom structure of PTSD and co-morbid depressive symptoms – a network analysis of combat veteran patients.

Lazarov, A., Suarez-Jimenez, B., Levy, O., Coppersmith, D., Lubin, G., Pine, D., . . . Neria, Y.

Psychological Medicine

Published online by Cambridge University Press: 27 August 2019

doi:10.1017/S0033291719002034

Background

Despite extensive research, symptom structure of posttraumatic stress disorder (PTSD) is highly debated. The network approach to psychopathology offers a novel method for understanding and conceptualizing PTSD. However, extant studies have mainly used small samples and self-report measures among sub-clinical populations, while also overlooking co-morbid depressive symptoms.

Methods

PTSD symptom network topology was estimated in a sample of 1489 treatment-seeking veteran patients based on a clinician-rated PTSD measure. Next, clinician-rated depressive symptoms were incorporated into the network to assess their influence on PTSD network structure. The PTSD-symptom network was then contrasted with the network of 306 trauma-exposed (TE) treatment-seeking patients not meeting full criteria for PTSD to assess corresponding network differences. Finally, a directed acyclic graph (DAG) was computed to estimate potential directionality among symptoms, including depressive symptoms and daily functioning.

Results

The PTSD symptom network evidenced robust reliability. Flashbacks and getting emotionally upset by trauma reminders emerged as the most central nodes in the PTSD

network, regardless of the inclusion of depressive symptoms. Distinct clustering emerged for PTSD and depressive symptoms within the comorbidity network. DAG analysis suggested a key triggering role for re-experiencing symptoms. Network topology in the PTSD sample was significantly distinct from that of the TE sample.

Conclusions

Flashbacks and psychological reactions to trauma reminders, along with their strong connections to other re-experiencing symptoms, have a pivotal role in the clinical presentation of combat-related PTSD among veterans. Depressive and posttraumatic symptoms constitute two separate diagnostic entities, but with meaningful between-disorder connections, suggesting two mutually-influential systems.

<https://www.sciencedirect.com/science/article/abs/pii/S1087079219300802>

Sleep in posttraumatic stress disorder: A systematic review and meta-analysis of polysomnographic findings.

Ye Zhang, Rong Ren, Larry D. Sanford, Linghui Yang, ... Xiangdong Tang

Sleep Medicine Reviews

Available online 26 August 2019

<https://doi.org/10.1016/j.smr.2019.08.004>

Polysomnographic studies have been performed to examine sleep abnormalities in posttraumatic stress disorder (PTSD), but clear associations between PTSD and sleep disturbances have not been established. A systematic review of the evidence examining the polysomnographic changes in PTSD patients compared with controls was conducted using MEDLINE, EMBASE, All EBM databases, PsycINFO, and CINAHL databases. Meta-analysis was undertaken where possible. The searches identified 34 studies, 31 of which were appropriate for meta-analysis. Pooled results indicated decreased total sleep time, slow wave sleep and sleep efficiency, and increased wake time after sleep onset in PTSD patients compared with healthy controls. PTSD severity was associated with decreased sleep efficiency and slow wave sleep percentage. Rapid eye movement (REM) sleep percentage was significantly decreased in PTSD patients compared with controls in studies including participants with mean age below 30 y, but not in studies with other mean age groups (30-40 y and >40 y). Our study shows that polysomnographic abnormalities are present in PTSD. Sex, age, PTSD severity, type of controls, medication status, adaptation night, polysomnographic scoring rules and study

location are several of the demographic, clinical and methodological factors that contribute to heterogeneity between studies.

https://www.researchgate.net/profile/Casey_Straud/publication/335313139_The_Unique_Role_of_Servicewomen_in_the_Military_History_Barriers_and_Treatment_Considerations/links/5d5d8e3f458515210257b413/The-Unique-Role-of-Servicewomen-in-the-Military-History-Barriers-and-Treatment-Considerations.pdf

The Unique Role of Servicewomen in the Military: History, Barriers, and Treatment Considerations.

Mary E. McNaughton-Cassill, PhD, Cory Knight, MS, Elham Mandavi Berenji, B.A.
Kirstin Dolby, MA RCC, Janice M. Harris, Certified Field Traumatologist

Texas Psychologist
Spring 2019; pp. 10-12

While only having the opportunity to officially serve in ground combat roles in the U.S. military since 2013, women have been serving in a variety of roles in combat zones for a number of years. The implication for this is that servicewomen have been exposed to trauma in a combat zone despite not serving in combat arms or in an official combatant role. Previous research has documented that combat exposure can occur in military noncombatants (Peterson, Wong, Haynes, Bush, & Schillerstrom, 2010). Nurses and other medical personnel are often tasked with treating wounded or dying soldiers. Servicewomen may go out on missions in order to interact with local women in Iraq or Afghanistan. Servicewomen may also be exposed to mortars or gun fire on forward operating bases. Working in combat support (e.g., military intelligence, military police, etc.) or combat service support (e.g., transportation, medical, etc.) roles does not preclude servicewomen from combat or trauma exposure.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/cpp.2395>

Evaluating the “C” and “B” in brief CBT for distressing voices in routine clinical practice in an uncontrolled study.

Georgie Paulik, Mark Hayward, Anna-Marie Jones, Johanna C. Badcock

Brief and single-symptom forms of Cognitive Behaviour Therapy (CBT) for distressing voices may increase access to evidence-based psychological therapy and transcend diagnostic barriers. The current study evaluated the “C” and “B” in CBT for distressing voices in a transdiagnostic voices clinic. The “B” module (component of therapy) sought to enhance coping with voices and the “C” module evaluated the accuracy of negative beliefs about the self and voices. The aims of the study were to investigate: (1) whether modules B and/or C led to significant and clinically meaningful improvements on the primary outcome of voice-related distress, and (2) if changes in beliefs about self and voices (proposed change mechanisms) underpinned changes in voice distress across module C. Each module consisted of four sessions, individually tailored yet manualised, and designed with ease of staff training and delivery in mind. Assessment measures were administered at baseline (T1), post-module B (T2) and post-module C (T3). The results (N = 62) showed statistically significant medium sized pre-post effects for voice-related distress from T1-T2 and from T2-T3, with large effects from T1-T3. Just over half of the clients reported clinically meaningful improvements from T1-T3. Neither beliefs about self nor voices were found to mediate improvements in voice distress during module C. The findings from this study suggest that both the “B” and “C” in CBT for voices can contribute to positive outcomes within routine clinical practice.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22441>

Depression Suppresses Treatment Response for Traumatic Loss–Related Posttraumatic Stress Disorder in Active Duty Military Personnel.

Vanessa M. Jacoby, Willie Hale, Kirsten Dillon, Katherine A. Dondanville, Jennifer Schuster Wachen, Jeffrey S. Yarvis, Brett T. Litz, Jim Mintz, Stacey Young-McCaughan, Alan L. Peterson, Patricia A. Resick for the STRONG STAR Consortium

Journal of Traumatic Stress

First published: 28 August 2019

<https://doi.org/10.1002/jts.22441>

There are multiple well-established evidence-based treatments for posttraumatic stress disorder (PTSD). However, recent clinical trials have shown that combat-related PTSD in military populations is less responsive to evidence-based treatments than PTSD in most civilian populations. Traumatic death of a close friend or colleague is a common deployment-related experience for active duty military personnel. When compared with research on trauma and PTSD in general, research on traumatic loss suggests that it is related to higher prevalence and severity of PTSD symptoms. Experiencing a traumatic loss is also related to the development of prolonged grief disorder, which is highly comorbid with depression. This study examined the association between having traumatic loss–related PTSD and treatment response to cognitive processing therapy in active duty military personnel. Participants included 213 active duty service members recruited across two randomized clinical trials. Results showed that service members with primary traumatic loss–related PTSD ($n = 44$) recovered less from depressive symptoms than those who reported different primary traumatic events ($n = 169$), $B = -4.40$. Tests of mediation found that less depression recovery suppressed recovery from PTSD symptoms in individuals with traumatic loss–related PTSD, $B = 3.75$. These findings suggest that evidence-based treatments for PTSD should better accommodate loss and grief in military populations.

<http://mhealth.amegroups.com/article/view/28605>

Suicide risk assessment training using an online virtual patient simulation.

Kimberly H. McManama O'Brien, Shai Fuxman, Laura Humm, Nicole Tirone, Warren Jay Pires, Andrea Cole, Julie Goldstein Grumet

mHealth
August 2019

Background:

Improving the identification of and intervention with patients at risk for suicide requires innovative training techniques that safely and effectively teach or enhance practitioners' skills. Virtual patient simulations (VPS) can be particularly effective for this purpose because they allow for repetition in skill building as well as a safe space to practice difficult interactions with patients. The purpose of this study was to assess the feasibility and acceptability of a novel VPS that trains practitioners in suicide risk assessment, as well as to examine pre-post changes in suicide-related knowledge through a pilot of the VPS training.

Methods:

Practitioners (n=20) were recruited from a Federally Qualified Health Center in the northeastern United States to test the feasibility and acceptability of a VPS suicide risk assessment training. A paired samples t-test was conducted to compare mean differences in practitioners' suicide risk assessment knowledge scores from pre- to post-training, on a scale of 0 to 10.

Results:

The VPS was feasible to implement, with 18 of 20 participants using the VPS for an average of 21 to 95 minutes, and was acceptable to participants, with an average satisfaction rating of 5.82 out of 7. Participants' knowledge scores improved significantly by an average of 1.86 points from pre- to post-training.

Conclusions:

The VPS was feasible and acceptable to this sample of practitioners and significantly increased knowledge from pre- to post-training. As such, VPS holds promise as a technique to develop skills in suicide risk assessment.

<https://www.ncbi.nlm.nih.gov/pubmed/31448847>

Suicide Life Threat Behav. 2019 Aug 26. doi: 10.1111/sltb.12583. [Epub ahead of print]

A Systematic Review of the Evidence Supporting Mobile- and Internet-Based Psychological Interventions For Self-Harm.

Arshad U, Farhat-Ul-Ain, Gauntlett J, Husain N, Chaudhry N, Taylor PJ

Abstract

OBJECTIVES:

Internet- and mobile phone-based psychological interventions have the potential to overcome many of the barriers associated with accessing traditional face-to-face therapy. Self-injurious thoughts and behaviors (STB) are prevalent global health problems that may benefit from Internet- and mobile-based interventions. We provide a systematic review and meta-analysis of studies evaluating mobile- and Internet-based interventions for STB, including nonsuicidal self-injury (NSSI).

METHODS:

Online databases (PsycINFO, Web of Science, Medline) were searched up to March 2019 for single-arm and controlled trials of Internet- or mobile-based interventions for STB. The potential for bias was assessed using the Cochrane risk of bias tool.

RESULTS:

Twenty-two eligible trials were identified. The research was limited by a lack of controlled designs and small samples. Evidence supports the acceptability of interventions. There is preliminary evidence that these interventions are associated with a decline in STB. A meta-analysis suggested a positive treatment effect on suicidal ideation when compared to treatment as usual, but not when trials with active controls were also considered.

CONCLUSIONS:

Overall, Internet- and mobile-based interventions show promise and further controlled trials are warranted, focusing on behavioral outcomes (NSSI, suicidal behavior). This review was preregistered with PROSPERO (CRD42017074065).

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<https://journals.sagepub.com/doi/full/10.1177/2470547019871901>

The Predictive Value of Early-Life Trauma, Psychopathy, and the Testosterone–Cortisol Ratio for Impulsive Aggression Problems in Veterans.

Korpel, P. O. J., Varkevisser, T., Hoppenbrouwers, S. S., Van Honk, J., & Geuze, E.

Chronic Stress

First Published August 28, 2019

<https://doi.org/10.1177/2470547019871901>

Background

In this study, we examined whether early-life trauma, psychopathy, and the testosterone/cortisol ratio predicted impulsive aggression problems in veterans.

Method

A sample of 49 male veterans with impulsive aggression problems and 51 nonaggressive veterans were included in the study. Logistic regression analysis was

performed with early-life trauma, primary and secondary psychopathy, and testosterone/cortisol ratio as continuous predictor variables; impulsive aggression status was entered as a binary outcome measure. Correlation analyses were conducted to examine pairwise relations among the predictors.

Results

Results indicated that early-life trauma and secondary psychopathy, but not the testosterone/cortisol ratio or primary psychopathy, were significant predictors of impulsive aggression status.

Conclusions

The current results indicate that early-life trauma and secondary psychopathy are risk factors for impulsive aggression problems among veterans. Future studies are needed to determine the exact causal relations among the variables examined here.

<https://mmrjournal.biomedcentral.com/articles/10.1186/s40779-019-0217-6>

Equine-assisted interventions for veterans with service-related health conditions: a systematic mapping review.

Adam R. Kinney, Aaron M. Eakman, Rebecca Lassell & Wendy Wood

Military Medical Research

6, Article number: 28 (2019)

<https://doi.org/10.1186/s40779-019-0217-6>

Background

Evidence-based treatments for service-related health conditions such as posttraumatic stress disorder (PTSD), depression, and traumatic brain injury (TBI) are not effective for all veterans. Equine-assisted interventions are emerging as an additional treatment modality, but little is known regarding the safe and effective delivery of these interventions. This study aimed to describe the following features of the body of literature concerning equine-assisted interventions among veterans: 1) veterans who have participated in equine-assisted interventions; 2) specific characteristics of equine-assisted interventions in veterans; and 3) the specific characteristics of research on equine-assisted interventions in veterans.

Methods

We conducted a systematic mapping review of peer-reviewed literature reporting on equine-assisted interventions among veterans between 1980 and 2017. Searches of nine databases yielded 3336 unique records, six of which met the inclusion criteria and were reviewed. Data relevant to the study aims were extracted and analyzed.

Results

Equine-assisted interventions among veterans disproportionately targeted psychosocial outcomes and yielded promising results. The detailed methods of EAI varied in the reported studies, ranging from communicating with the horse to mounted exercises. There was also great diversity in outcome measurement. The state of theoretical development regarding the mechanisms by which equine-assisted interventions benefit the veteran population is currently underdeveloped. Studies provided insufficient detail with respect to the description of the intervention, reasons for attrition, and the dose-response relationship.

Conclusions

Scientific development of equine-assisted interventions targeting psychosocial outcomes among veterans is warranted to establish their efficacy. Targeted outcomes should be expanded, including outcomes more closely aligned with the nature of polytraumatic injuries. Future research must also emphasize the theoretical development of equine-assisted interventions for veterans and thoroughly describe the participants, components of the intervention, factors contributing to attrition, and optimal dose-response relationships.

<https://journals.sagepub.com/doi/abs/10.1177/1097184X19872793>

Intersections of US Military Culture, Hegemonic Masculinity, and Health Care Among Injured Male Service Members.

Alison M. Cogan, Christine E. Haines, Maria D. Devore

Men and Masculinities

First Published August 30, 2019

<https://doi.org/10.1177/1097184X19872793>

In this paper, we explore how socially constructed hegemonic masculinity permeates military culture, and how this cultural context intersects with the seeking and receiving of

health care by active duty US military service members with chronic mild traumatic brain injury (mTBI) (n = 18). Data were collected through individual interviews and focus groups. Using Bourdieu's theory of practice as an analytical framework, we identified four themes: maintenance of social capital, remaining in the field, reframing health care use to bolster social capital, and risk of health care use as not being rewarded. Each emerged from statements about why participants had avoided seeking health care for physical and psychological needs during their military service. We consider our findings in the context of maintaining status within an institutional steeped in hegemonic masculinity and describe implications for reframing caring for the body and dealing with problems as masculine acts.

<https://journals.sagepub.com/doi/full/10.1177/2470547019872172>

Purpose in Life and Conscientiousness Protect Against the Development of Suicidal Ideation in U.S. Military Veterans With PTSD and MDD: Results From the National Health and Resilience in Veterans Study.

Straus, E., Norman, S. B., Tripp, J. C., Pitts, M., & Pietrzak, R. H.

Chronic Stress

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Background

Although several studies have examined risk factors for suicidal ideation among veterans, little is known about risk and protective factors for suicidal ideation in high-risk veteran samples. Thus, this study examined a broad range of risk and protective factors associated with the development of suicidal ideation in a high-risk sample of U.S. veterans who screened positive for current posttraumatic stress disorder (PTSD) and/or major depressive disorder (MDD).

Methods

Data were analyzed from the National Health and Resilience in Veterans Study, a nationally representative, prospective cohort study of U.S. veterans. Veterans completed self-report measures to screen for PTSD and MDD and to assess for risk and protective factors. The sample included 222 veterans with PTSD and/or MDD who did not endorse suicidal ideation at baseline and completed at least one assessment

over a seven-year follow-up period. A multivariable binary logistic regression analysis was conducted to examine baseline factors associated with incident suicidal ideation.

Results

Nearly one in three (27.1%) of veterans with PTSD and/or MDD developed suicidal ideation over the seven-year follow-up period. Non-Caucasian race and lower scores on measures of purpose in life, conscientiousness, and frequency of religious service attendance were independently associated with incident suicidal ideation. Lower purpose in life (52.3%) and conscientiousness (33.2%) explained the vast majority of variance in incident suicidal ideation.

Conclusion

Nearly 30% of veterans with PTSD and/or MDD who did not endorse suicidal ideation at baseline developed suicidal ideation over a seven-year period. Prevention and treatment efforts designed to bolster purpose in life and conscientiousness may help mitigate risk for suicidal ideation in this high-risk population.

<https://link.springer.com/article/10.1007/s10488-019-00961-y>

Usual Care Among Providers Treating Women Veterans: Managing Complexity and Multimorbidity in the Era of Evidence-Based Practice.

Alison B. Hamilton, Shannon Wiltsey-Stirman, Erin P. Finley, Ruth Klap, Brian S. Mittman, Elizabeth M. Yano, Sabine Oishi

Administration and Policy in Mental Health and Mental Health Services Research

First Online: 29 August 2019

<https://doi.org/10.1007/s10488-019-00961-y>

To better understand VA providers' approaches to and perspectives on providing care to women Veterans, providers (n = 97) in primary care and mental health settings were interviewed about women's perceived treatment needs, types of care provided, and perceptions of evidence-based treatments (EBTs) for this population. Providers perceived that women Veteran VA users are often diagnostically complex and require a coordinated approach to treatment planning. They struggled with decisions about how to offer services such as EBTs and collaborative care in light of comorbidity and psychosocial stressors, and endorsed the belief that a tailored approach and consideration of these factors is essential in providing care.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.22852>

The impact of exposure, relaxation, and rescripting therapy for post-trauma nightmares on suicidal ideation.

Cogan, CM, Lee, JY, Cranston, CC, Pruiksma, KE, Rhudy, JL, Davis, JL.

Journal of Clinical Psychology

First published: 30 August 2019

<https://doi.org/10.1002/jclp.22852>

Objective

This study investigated whether a brief psychotherapy for post-trauma nightmares (exposure, relaxation, and rescripting therapy [ERRT]), reduced suicidal ideation (SI). We hypothesized that: (a) nightmare frequency and severity, post-traumatic stress disorder (PTSD), depression, and sleep quality would be related to SI at pretreatment; (b) SI would decrease from pre- to post-treatment; and (c) the decrease in SI would remain after controlling for change in PTSD and depression.

Method

Seventy-five individuals exposed to a traumatic event and who experienced frequent nightmares (minimum one per week) participated in ERRT. Participants were not required to have a psychological diagnosis. Thirty percent endorsed SI at pretreatment.

Results

Depression and PTSD were related to SI at pretreatment. SI decreased following treatment; however, the third hypothesis was not supported.

Conclusion

Results suggest brief psychotherapy targeting post-trauma nightmares may decrease SI. More research is necessary to determine what factors contribute to decreases in SI.

<https://link.springer.com/article/10.1007/s40519-019-00766-w>

“Making weight” during military service is related to binge eating and eating pathology for veterans later in life.

Robin M. Masheb, Amanda M. Kutz, Alison G. Marsh, Kathryn M. Min, Christopher B. Ruser, Lindsey M. Dorflinger

Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity

First Online: 30 August 2019

<https://doi.org/10.1007/s40519-019-00766-w>

Purpose

“Making weight” behaviors are unhealthy weight control strategies intended to reduce weight in an effort to meet weight requirements. This study aimed to examine a brief measure of making weight and to investigate the relationship between making weight and weight, binge eating, and eating pathology later in life.

Methods

Participants were veterans [N = 120, mean age 61.7, mean body mass index (BMI) 38.0, 89.2% male, 74.2% Caucasian] who were overweight/obese and seeking weight management treatment. Participants completed the making weight inventory (MWI), a measure of making weight behaviors engaged in during military service, and validated measures of eating behavior. Analyses compared participants who engaged in at least one making weight behavior (MWI+) versus those who did not (MWI–).

Results

The MWI had good internal consistency. One-third of participants were MWI+ and two-thirds were MWI–. The most frequently reported behavior was excessive exercise, reported in one-quarter of the sample, followed by fasting/skipping meals, sauna/rubber suit, laxatives, diuretics, and vomiting. MWI+ participants were significantly more likely to be in a younger cohort of veterans, to be an ethnic/racial minority, and to engage in current maladaptive eating behaviors, including binge eating, vomiting, emotional eating, food addiction, and night eating, compared to the MWI– group. Groups did not differ on BMI.

Conclusions

One-third of veterans who were overweight/obese screened positive for engaging in making weight behaviors during military service. Findings provide evidence that efforts to “make weight” are related to binge eating and eating pathology later in life. Future research and clinical efforts should address how to best eliminate unhealthy weight

control strategies in military service while also supporting healthy weight management efforts.

<https://academic.oup.com/acn/article-abstract/34/6/851/5555133>

Effects of Multiple Mild TBIs on Neuropsychological Functioning, Psychiatric Symptoms, and Neurobehavioral/Health-Related Symptoms in Combat-Exposed Veterans.

V Merritt, S Jurick, L Crocker, S Hoffman, A Keller, A Jak

Archives of Clinical Neuropsychology
Volume 34, Issue 6, August 2019, Page 851
<https://doi.org/10.1093/arclin/acz035.19>

Objective

The purpose of this study was to examine the influence of multiple mild traumatic brain injuries (mTBI) on objective neuropsychological functioning and subjective symptom reporting in a sample of combat-exposed Veterans.

Method

Participants included 80 combat-exposed Iraq/Afghanistan Veterans (91.3% male; age: $M = 34.33$, $SD = 6.44$) divided into three groups based on mTBI history: 0 mTBIs ($n = 33$), 1-2 mTBIs ($n = 26$), and 3+ mTBIs ($n = 21$). Veterans with mTBI were assessed, on average, 7.5 years following their most recent mTBI. Participants underwent comprehensive neuropsychological testing and completed self-report measures assessing psychiatric and neurobehavioral/health-related symptoms.

Results

ANCOVAs adjusting for level of combat exposure showed no group differences on the memory and attention/executive functioning composite scores ($p's > .05$). Additionally, groups did not differ with respect to symptoms of posttraumatic stress and depression ($p's > .05$). In contrast, there were significant group differences on all neurobehavioral/health-related symptoms, including post-concussive symptom clusters ($p's < .001-.005$), sleep problems ($p = .024$), pain symptoms ($p < .001$), and pain catastrophizing ($p = .049$). In general, Veterans with 3+ mTBIs self-reported the most severe symptoms, followed by Veterans with 1-2 mTBIs and 0 mTBIs.

Conclusions

History of multiple, remote mTBIs is associated with elevated subjective neurobehavioral/health-related symptoms in a dose-dependent fashion, but is not associated with objective neuropsychological functioning or ratings of psychiatric distress in combat-exposed Veterans. These results advance understanding of the long-term consequences of multiple mTBIs in this population and suggest that Veterans with 3 or more mTBIs may especially benefit from (1) early treatments aimed at ameliorating sleep and pain symptoms and (2) therapies that provide tools to temper catastrophic thinking about these symptoms.

<https://academic.oup.com/acn/article-abstract/34/6/850/5555125>

The Role of Potentially Malleable Factors in Post-Concussive Symptoms and Objective Cognitive Outcomes in Iraq and Afghanistan Veterans with History of Mild TBI.

S Jurick, V Merritt, L Crocker, G Iverson, S Hoffman, A Keller, A Jak

Archives of Clinical Neuropsychology
Volume 34, Issue 6, August 2019, Page 850
<https://doi.org/10.1093/arclin/acz035.18>

Objective

We examined whether potentially malleable factors are associated with post-concussive symptoms (PCS) and cognition in Veterans with mild traumatic brain injury (mTBI) histories.

Method

Combat-exposed Iraq and Afghanistan Veterans with remote history of mTBI (N=48) completed a neuropsychological assessment and self-report questionnaires. Hierarchical linear regressions predicting PCS (Rivermead Post-Concussion Symptoms Questionnaire) and objective cognition included relevant demographic, injury, and psychiatric symptom variables in the first block and five malleable factors (TBI knowledge, self-efficacy, coping style, attribution of symptoms to mTBI, and uncommonly-endorsed symptoms [mild Brain Injury Atypical Symptoms (mBIAS) scale]) in the second block. Those with valid performance validity tests (n = 42) were included in the cognitive test analyses.

Results

With psychiatric symptoms and lifetime history of mTBIs entered first, malleable factors accounted for 14-17% of additional variance in PCS ($p < .001$). Lower self-efficacy ($B = -.53$, $p < .001$) and greater attribution of symptoms to mTBI ($B = .21$, $p = .05$) were associated with higher PCS, whereas an approach style of coping, TBI knowledge, and the mBIAS were not (p 's $> .05$). Regarding cognition, the malleable factors block accounted for 25% of additional variance in executive functioning ($p = .04$) with premorbid intelligence entered first. Specifically, higher mBIAS scores significantly predicted worse executive functioning ($B = -.50$, $p = .004$). No significant associations emerged when predicting attention/processing speed or memory (p 's $> .05$).

Conclusions

In combat-exposed Veterans with mTBI histories, potentially malleable factors contribute to clinical outcomes even after accounting for psychiatric symptoms. These malleable features are prime targets to augment during psychoeducation (e.g., uncommonly-endorsed symptoms, attribution of symptoms) and cognitive behavioral therapy (e.g., self-efficacy) in the context of chronic PCS.

Links of Interest

Can Genetics Explain Why Some People Thrive on Less Sleep?

<https://www.nytimes.com/2019/08/30/science/sleep-gene.html>

How to Manage Your Mental Illness at Work

<https://www.nytimes.com/2019/08/29/smarter-living/how-to-manage-mental-illness-at-work.html>

Pentagon Struggles to Address Service Member Suicides

<https://www.govexec.com/defense/2019/08/pentagon-struggles-address-service-member-suicides/159518/>

Pentagon to Issue New Annual Report on Service Member, Family Suicides

<http://www.airforcemag.com/Features/Pages/2019/August%202019/Pentagon-to-Issue-New-Annual-Report-on-Service-Member-Family-Suicides.aspx>

Air Force turns to spouses for help in combating suicide in the ranks

<https://www.stripes.com/news/pacific/air-force-turns-to-spouses-for-help-in-combating-suicide-in-the-ranks-1.596320>

Air Force: Units must provide lactation space for nursing moms

<https://www.airforcetimes.com/news/your-air-force/2019/08/29/air-force-units-must-provide-lactation-space-for-nursing-moms/>

I learned how to retrain my brain to manage chronic pain

<https://health.mil/News/Articles/2019/09/03/i-learned-how-to-retrain-my-brain-to-manage-chronic-pain>

National Guard to Offer Vet Center Help During Drill Weekends

<https://www.military.com/daily-news/2019/08/28/national-guard-offer-vet-center-help-during-drill-weekends.html>

SOCOM is in the hunt for a field ethics guide

<https://www.militarytimes.com/news/2019/09/03/socom-is-in-the-hunt-for-a-field-ethics-guide/>

Wait, where are all the women?

<https://www.defensenews.com/opinion/editorial/2019/09/03/wait-where-are-all-the-women/>

The Navy has fattest members of the military — but obesity rates are up across all services

<https://www.stripes.com/news/the-navy-has-fattest-members-of-the-military-but-obesity-rates-are-up-across-all-services-1.597064>

Mattis: Military leaders must be prepared to deal with sexual relationships as women integrate into combat roles

<https://thehill.com/policy/defense/policy-strategy/459777-mattis-military-leaders-must-be-prepared-to-deal-with-sexual>

Resource of the Week: DOD Health of the Force 2018

This was published as part of the [August issue of the Military Health System's Medical Surveillance Monthly Report](#). The Health of the Force report is on pages 37-60.

HIGHLIGHTS

- There were 305 acute and 988 cumulative traumatic injuries per 1,000 Service members in 2018. Sprains and strains were the most common acute injury and the lower extremities were the most commonly affected body region. The rate of acute injuries decreased by 12.9% between 2016 and 2018 and the rate of cumulative traumatic injuries decreased 3.9% between 2016 and 2018.
- In 2018, 8.3% of Service members had a behavioral health disorder. The prevalence of behavioral health disorders remained stable between 2014 and 2018. Adjustment disorder was the most common behavioral health disorder among both male and female Service members.
- In 2018, 11.8% of Service members had a sleep disorder. The prevalence of sleep disorders remained stable between 2014 and 2018. The most common sleep disorder among male Service members was sleep apnea; the most common sleep disorder among female Service members was insomnia.
- The overall prevalence of obesity was 17.4% in 2018. The overall prevalence of obesity has increased steadily since 2014. Obesity rates were higher among males (18.4%) compared to females (12.6%), and in older compared to younger Service members.



Shirl Kennedy
Research Editor
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
240-535-3901