

CDP



Research Update -- September 19, 2019

What's Here:

- Posttraumatic Stress Symptom Courses in U.S. Military Veterans: A Seven-Year, Nationally Representative, Prospective Cohort Study.
- Does Virtual Reality Increase Simulator Sickness During Exposure Therapy for Post-Traumatic Stress Disorder?
- A Comparison of Group Anger Management Treatments for Combat Veterans With PTSD: Results From a Quasi-Experimental Trial.
- Assessing treatment integrity in personalized CBT: the inventory of therapeutic interventions and skills.
- Predictors of treatment attendance and adherence to treatment recommendations among individuals receiving Cognitive Behavioral Therapy for Insomnia.
- Mindfulness-based cognitive therapy for the treatment of current depressive symptoms: a meta-analysis.
- Posttraumatic Stress Disorder Symptoms Contribute to Staff Perceived Irritability, Anger, and Aggression after TBI in a Longitudinal Veteran Cohort: A VA TBI Model Systems Study.
- Effects of an Equine-Assisted Therapy Program for Military Veterans with Self-Reported PTSD.

- Sleep disturbance in PTSD and other anxiety-related disorders: an updated review of clinical features, physiological characteristics, and psychological and neurobiological mechanisms.
- Utilization and Perceived Effectiveness of Mindfulness Meditation in Veterans: Results from a National Survey.
- A Review of Telemental Health as a Modality to Deliver Suicide-Specific Interventions for Rural Populations.
- Acceptance and Commitment Therapy (ACT) to Reduce Depression: A systematic review and meta-analysis.
- Psychosocial Protective Factors and Suicidal Ideation: Results from a National Longitudinal Study of Veterans.
- Addressing Moral Injury by Chaplains in the Marine Corps
- Preventing Soldiers' and Veterans' Suicide by Pastoral Counseling and Mental Health Treatment.
- Proximal Correlates of Suicidal Ideation and Behaviors: A Test of the Interpersonal-Psychological Theory of Suicide.
- Are the “Right” People Selected for First Disclosures About Suicidal Thoughts? Exploring What We Know About Advance Care Planning in the Context of Safety Planning.
- Exploring the influence of service dogs on participation in daily occupations by veterans with PTSD: A pilot study.
- Psychological Adjustment of Aging Vietnam Veterans: The Role of Social Network Ties in Reengaging with Wartime Memories.
- Compensation for Veterans With Service Connected Disabilities: Current Findings and Future Implications.
- Identifying Research Gaps and Prioritizing Psychological Health Evidence Synthesis Needs.
- The stress bias in mental health reporting: Death anxiety biases mental health self-assessments amongst deployed soldiers.
- Links of Interest

- Resource of the Week -- Defense Primer: Exceptional Family Member Program (EFMP) (Congressional Research Service)

<https://www.sciencedirect.com/science/article/abs/pii/S0022395619301761>

Posttraumatic Stress Symptom Courses in U.S. Military Veterans: A Seven-Year, Nationally Representative, Prospective Cohort Study.

Natalie P. Mota, Joan M. Cook, Noelle B. Smith, Jack Tsai, ... Robert H. Pietrzak

Journal of Psychiatric Research

Available online 12 September 2019

<https://doi.org/10.1016/j.jpsychires.2019.09.005>

The current study examined the nature and correlates of seven-year posttraumatic stress disorder (PTSD) symptom courses in a nationally representative, prospective cohort of U.S. military veterans. Data were analyzed from 2,307 trauma-exposed veterans who completed at least one follow-up assessment over a 7-year period, a subsample of $n=3,157$ veterans who participated in the first wave of the National Health and Resilience in Veterans Study. Latent growth mixture modeling (LGMM) was used to identify PTSD symptom courses over four survey waves conducted in 2011, 2013, 2015, and 2018. Sociodemographic, health, and psychosocial variables were examined as potential correlates of symptomatic trajectories. PTSD symptoms were best characterized by three courses: No/Low (89.2%), Moderate Symptom (7.6%), and High Symptom (3.2%). Relative to the No/Low Symptom course, symptomatic courses were positively associated with a greater number of lifetime traumatic events, higher scores on measures of physical health difficulties and lifetime psychiatric history (relative risk ratio [RRR] range=1.19-2.74), and were negatively associated with time since index trauma, household income, and social connectedness (RRR range=0.14-0.97). Veterans in the Moderate Symptom course additionally had lower scores on a measure of protective psychosocial characteristics (RRR=0.78) and were more likely to have received mental health treatment (RRR=1.62), while those in the High PTSD Symptom course were more likely to be exposed to combat and to more traumas since Wave 1 (RRR range=1.23-4.63). Three PTSD symptom courses in U.S. veterans were identified, with more than 10% of veterans exhibiting a moderate or high symptom course. Prevention and treatment efforts targeting modifiable correlates, such as social connectedness, may help mitigate symptomatic PTSD symptom courses in this population.

<https://www.liebertpub.com/doi/abs/10.1089/tmj.2018.0175>

Does Virtual Reality Increase Simulator Sickness During Exposure Therapy for Post-Traumatic Stress Disorder?

Greg M. Reger, Derek Smolenski, Amanda Edwards-Stewart, Nancy A. Skopp, Albert “Skip” Rizzo, and Aaron Norr

Telemedicine and e-Health

Volume: 25 Issue 9: September 6, 2019

<http://doi.org/10.1089/tmj.2018.0175>

Methodology:

A total of 108 soldiers participated in up to 10 sessions of exposure therapy. Of those, 93 provided data on simulator sickness both before and after initiation of imaginal exposure. Approximately half (n = 49) used the Virtual Iraq/Afghanistan system to support engagement with their trauma memory. Soldiers completed a 4-item, self-reported measure of SSE after each session.

Results:

Controlling for age, gender, baseline anxiety symptoms, and SSE symptom counts at the first two sessions of therapy (before initiating imaginal exposure), there was no statistically significant difference between the treatment groups in SSEs at the beginning of imaginal exposure or over the course of treatment.

Conclusions:

This finding suggests that caution should be exercised in the interpretation of SSE measurements during the use of VRE for PTSD. Virtual reality did not account for any increase in self-reported SSE. It is possible that anxiety accounts for a meaningful proportion of SSE reports during VRE.

<https://journals.sagepub.com/doi/abs/10.1177/0886260519873335>

A Comparison of Group Anger Management Treatments for Combat Veterans With PTSD: Results From a Quasi-Experimental Trial.

Van Voorhees, E. E., Dillon, K. H., Wilson, S. M., Dennis, P. A., Neal, L. C., Medenblik, A. M., ... Beckham, J. C.

Journal of Interpersonal Violence

First Published September 6, 2019

<https://doi.org/10.1177/0886260519873335>

Difficulty controlling anger is a significant concern among combat veterans with posttraumatic stress disorder (PTSD), yet few controlled studies have examined the efficacy of anger treatments for this population. This study examined the effects of a group cognitive behavioral therapy (CBT) intervention compared with a group present-centered therapy (PCT) control condition in male and female combat veterans with PTSD. Thirty-six combat veterans with PTSD and anger difficulties began group treatment (CBT, $n = 19$; PCT, $n = 17$). Separate multilevel models of self-rated anger, PTSD symptoms, and disability were conducted using data from baseline, each of 12 treatment sessions, posttreatment, and 3- and 6-month follow-up time points. Significant decreases in anger and PTSD symptoms were observed over time, but no significant differences between CBT and PCT were observed on these outcomes. A significant interaction of therapy by time favoring the PCT condition was observed on disability scores. Gender differences were observed in dropout rates (i.e., 100% of female participants dropped out of CBT). Findings suggest that both CBT and PCT group therapy may be effective in reducing anger in combat veterans with PTSD. Results also highlight potential gender differences in response to group anger treatment.

<https://www.tandfonline.com/doi/full/10.1080/16506073.2019.1625945>

Assessing treatment integrity in personalized CBT: the inventory of therapeutic interventions and skills.

Kaitlyn Boyle, Anne-Katharina Deisenhofer, Julian A. Rubel, Björn Bennemann, Birgit Weinmann-Lutz & Wolfgang Lutz

Cognitive Behaviour Therapy

Published online: 02 Jul 2019

DOI: 10.1080/16506073.2019.1625945

The third wave of cognitive behavioral therapy (CBT) has increased the heterogeneity of today's CBT practice, while developments in patient-focused research are paving the road to the empirical personalization of CBT. This paper presents the development and psychometric properties of a therapy video rating instrument, which was designed to adequately assess the treatment integrity (adherence and competence) of modern, personalized CBT. The Inventory of Therapeutic Interventions and Skills (ITIS) was developed based on two existing CBT adherence and competence scales and augmented with third wave content and overarching therapeutic strategies. The instrument was then applied by graduate students and post-graduate clinicians to rate N = 185 therapy videos from N = 70 patients treated at a university outpatient clinic. Descriptive results, inter-rater reliability, item structure, and associations with session outcome and alliance were examined. Average inter-rater reliability was excellent for Interventions items and good for Skills items. Intercorrelations were low between Interventions items, but higher and significant between Skills items, which loaded on a single factor. Several ITIS items were shown to be predictive of session outcome and alliance, even after controlling for the nested data structure. Implications of these results for future research and clinical training are discussed.

<https://www.tandfonline.com/doi/full/10.1080/16506073.2019.1586992>

Predictors of treatment attendance and adherence to treatment recommendations among individuals receiving Cognitive Behavioral Therapy for Insomnia.

Ruifeng Cui & Amy Fiske

Cognitive Behaviour Therapy

Published online: 14 Mar 2019

DOI: 10.1080/16506073.2019.1586992

Insomnia disorders affect up to 10% of adults and are associated with other health problems and poor quality of life. Cognitive Behavioral Therapy for Insomnia (CBT-I) is an effective treatment; however, its effectiveness is hindered by poor attendance and adherence to treatment recommendations. The present study sought to identify predictors of attendance and adherence in CBT-I. Participants were 108 adults with insomnia disorder. Participants were primarily female (71.3%), middle aged (mean age = 50.5), and Caucasian (92.6%). Demographic variables, physical health problems, Beck Anxiety Inventory, Center for Epidemiologic Studies Depression-Revised scale, and Insomnia Severity Index were used to predict attending three or more sessions and

adherence to consistent bedtime and waketime. Higher age was associated with better attendance and less deviation in bed and wake times. Anxiety and depression symptoms were associated with less attendance, and depression was also associated with more deviation in waketimes. To promote better attendance and adherence in treatment, depression or anxiety symptoms should be addressed before or during CBT-I. Identifying and tailoring CBT-I treatments toward the needs of different age groups may also improve attendance and adherence.

<https://www.tandfonline.com/doi/full/10.1080/16506073.2018.1556330>

Mindfulness-based cognitive therapy for the treatment of current depressive symptoms: a meta-analysis.

Simon B. Goldberg, Raymond P. Tucker, Preston A. Greene, Richard J. Davidson, David J. Kearney & Tracy L. Simpson

Cognitive Behaviour Therapy

Published online: 08 Feb 2019

DOI: 10.1080/16506073.2018.1556330

Mindfulness-based cognitive therapy (MBCT) appears to be a promising intervention for the prevention of relapse in major depressive disorder, but its efficacy in patients with current depressive symptoms is less clear. Randomized clinical trials of MBCT for adult patients with current depressive symptoms were included ($k = 13$, $N = 1046$). Comparison conditions were coded based on whether they were intended to be therapeutic (specific active controls) or not (non-specific controls). MBCT was superior to non-specific controls at post-treatment ($k = 10$, $d = 0.71$, 95% confidence interval [CI] [0.47, 0.96]), although not at longest follow-up ($k = 2$, $d = 1.47$, [-0.71, 3.65], mean follow-up = 5.70 months across all studies with follow-up). MBCT did not differ from other active therapies at post-treatment ($k = 6$, $d = 0.002$, [-0.43, 0.44]) and longest follow-up ($k = 4$, $d = 0.26$, [-0.24, 0.75]). There was some evidence that studies with higher methodological quality showed smaller effects at post-treatment, but no evidence that effects varied by inclusion criterion. The impact of publication bias appeared minimal. MBCT seems to be efficacious for samples with current depressive symptoms at post-treatment, although a limited number of studies tested the long-term effects of this therapy.

<https://www.sciencedirect.com/science/article/abs/pii/S0003999319310512>

Posttraumatic Stress Disorder Symptoms Contribute to Staff Perceived Irritability, Anger, and Aggression after TBI in a Longitudinal Veteran Cohort: A VA TBI Model Systems Study.

Shannon R. Miles, Lisa A. Brenner, Dawn Neumann, Flora M. Hammond, ... Risa Nakase-Richardson

Archives of Physical Medicine and Rehabilitation

Available online 9 September 2019

<https://doi.org/10.1016/j.apmr.2019.07.018>

Objective

Examine the relationship between staff perceived irritability, anger, and aggression (IAA) and posttraumatic stress disorder (PTSD) in veterans with traumatic brain injury (TBI) of all severity levels.

Design

Longitudinal cohort design.

Setting

Veterans Affairs Polytrauma Transitional Rehabilitation Programs.

Participants

Veterans and service members with TBI of all severity levels enrolled in the Veterans Affairs Polytrauma Rehabilitation Centers' Traumatic Brain Injury Model System national database (N = 240).

Interventions

Not applicable.

Main Outcome Measure

Univariable and multivariable logistic regression modeling was used to examine the association between IAA and potential risk factors, including PTSD symptoms. IAA was measured as a single construct using an item from the Mayo-Portland Adaptability Inventory-4 that was rated by a program staff member at admission and discharge from the inpatient rehabilitation program. PTSD symptoms were assessed using the PTSD Checklist—Civilian Version.

Results

PTSD symptoms uniquely predicted program staff rated IAA at discharge even after controlling for severity of TBI, age, male gender, education, and annual earning. The model explained 19% of the variance in IAA.

Conclusions

When TBI severity and PTSD symptoms were considered simultaneously in a sample of veterans, only PTSD symptoms predicted staff-rated IAA. Given the negative outcomes linked with IAA, Veterans may benefit from assessment and treatment of PTSD symptoms within rehabilitation settings.

<https://brill.com/view/journals/soan/aop/article-10.1163-15685306-12341572.xml>

Effects of an Equine-Assisted Therapy Program for Military Veterans with Self-Reported PTSD.

Mänette Monroe, James D. Whitworth, Tracy Wharton, and Joanne Turner

Society & Animals

Online Publication Date: 05 Sep 2019

<https://doi.org/10.1163/15685306-12341572>

This study evaluated the use of an 8-week Equine Assisted Activities and Therapy (EAAT) program for trauma-impacted veterans. There were 48 participants. EAAT programs have emerged as one alternative intervention for veterans who may have declined or dropped out of more traditional research-supported approaches. The EAAT program examined here incorporates CPT techniques in conjunction with guided interactions with horses. Program completers reported decreased PTSD symptoms and reduced signs of depression. Participants' assessment of their quality of life improved significantly after the EAAT program. They also described a significantly increased ability to depend on others when needing help that was accompanied with a significant sense of relationship anxiety. The results provide evidence that EAAT may be effective for veterans with trauma-related mood, anxiety, and functioning difficulties. They also show that trauma-impacted veterans are more willing to initiate and continue to participate in EAAT programs in contrast to traditional trauma interventions.

<https://www.nature.com/articles/s41386-019-0486-5>

Sleep disturbance in PTSD and other anxiety-related disorders: an updated review of clinical features, physiological characteristics, and psychological and neurobiological mechanisms.

Anne Richards, Jennifer C. Kanady & Thomas C. Neylan

Neuropsychopharmacology Reviews

Published: 23 August 2019

<https://doi.org/10.1038/s41386-019-0486-5>

The current report provides an updated review of sleep disturbance in posttraumatic stress disorder and anxiety-related disorders. First, this review provides a summary description of the unique and overlapping clinical characteristics and physiological features of sleep disturbance in specific DSM anxiety-related disorders. Second, this review presents evidence of a bidirectional relationship between sleep disturbance and anxiety-related disorders, and provides a model to explain this relationship by integrating research on psychological and neurocognitive processes with a current understanding of neurobiological pathways. A heuristic neurobiological framework for understanding the bidirectional relationship between abnormalities in sleep and anxiety-related brain pathways is presented. Directions for future research are suggested.

<https://link.springer.com/article/10.1007/s12671-019-01214-7>

Utilization and Perceived Effectiveness of Mindfulness Meditation in Veterans: Results from a National Survey.

Simon B. Goldberg, Steven B. Zeliadt, Katherine J. Hoggatt, Tracy L. Simpson, John C. Fortney, Stephanie L. Taylor

Mindfulness

First Online: 11 September 2019

<https://doi.org/10.1007/s12671-019-01214-7>

Objectives

Complementary and integrative health (CIH) approaches are increasingly utilized in

health care, and mindfulness meditation is one such evidence-based CIH practice. More information is needed about veterans' utilization of mindfulness to inform integration within the Veterans Health Administration (VHA).

Methods

This study involved secondary data analysis of a national survey to evaluate utilization and perceived effectiveness of mindfulness relative to other CIH approaches among military veterans. Military veterans (n = 1230) enrolled in VHA reported CIH utilization rates, reasons for use, perceived effectiveness, treatment barriers, and demographics.

Results

Approximately 18% of veterans reported using mindfulness meditation in the past year, exceeding the proportion using all other CIH approaches ($p < .001$), with the exception of massage and chiropractic care. Mindfulness was most commonly used for stress reduction and addressing symptoms of depression and anxiety. Among mindfulness users, veterans rated mindfulness with a mean score of 3.18 out of 5 (SD = 0.82) in terms of effectiveness, reflecting a response in the "somewhat helpful" to "moderately helpful" range. This was similar to ratings of other CIH approaches (mean = 3.20, $p = .391$). Of those who used mindfulness, nearly all (78%) reported only using it outside the VHA. Veterans identified not knowing if the VHA offered mindfulness as the most common reason for using mindfulness outside VHA.

Conclusions

In summary, veterans use mindfulness for a range of reasons and report receiving benefit from its use. Low awareness and potentially low availability of VHA's mindfulness programs need to be addressed to increase access.

<https://www.liebertpub.com/doi/abs/10.1089/tmj.2019.0083>

A Review of Telemental Health as a Modality to Deliver Suicide-Specific Interventions for Rural Populations.

Sasha M. Rojas, Sarah P. Carter, Meghan M. McGinn, and Mark A. Reger

Telemedicine and e-Health <http://doi.org/10.1089/tmj.2019.0083>

Online Ahead of Print: September 6, 2019

<http://doi.org/10.1089/tmj.2019.0083>

Introduction:

Despite recent advancements in the development of new suicide prevention interventions, suicide rates continue to rise in the United States. As such, suicide prevention efforts must continue to focus on expanding dissemination of suicide-specific interventions.

Methods:

This review explores telemental health through two-way synchronous clinical video telehealth (CVT) technologies as one approach to improving access to suicide-specific interventions.

Results:

Studies were reviewed if (1) the modality of interest was telemental health by CVT and (2) management, assessment, or intervention of suicidal thoughts or behaviors was discussed. A total of 22 studies were included.

Conclusions:

Findings from the limited existing studies are synthesized, and recommendations are provided for future research, clinical, and educational advancements.

<https://www.sciencedirect.com/science/article/abs/pii/S0165032719313023>

Acceptance and Commitment Therapy (ACT) to Reduce Depression: A systematic review and meta-analysis.

Zhenggang Bai, Shiga Luo, Luyao Zhang, Sijie Wu, Iris Chi

Journal of Affective Disorders

Available online 10 September 2019

<https://doi.org/10.1016/j.jad.2019.09.040>

Highlights

- Previous systematic reviews including depression or anxiety population have provided evidence for the effectiveness of ACT as a psychological intervention for depression disease when compared with no intervention.
- Our study searched six databases, and finally included 18 studies with low risk and bias, which make the results more comprehensive, accurate and credible compared with previous studies.

- This review investigated the effectiveness of ACT on depression reduction and further examine the relationship between different follow-up periods, different degree of depression, and different age of patients through subgroup analysis.

Abstract

Objectives:

The aim of this study is to investigate the effectiveness of ACT on depression reduction and further examine the relationship between different follow-up periods, different degree of depression, and different age of patients through subgroup analysis.

Methods:

Relevant electronic databases were searched from Jan 2010 to Aug 2018, including CNKI, WANFANG, PubMed, EMBASE, Cochrane Library, PsycINFO. Two reviewers independently screened for eligible studies, extracted data, and assessed risk of bias of the included studies. The Cochrane Collaboration's bias assessment tool was used to evaluate the risk of bias for included studies, and Review Manager 5.3 Software for the meta-analysis

Results:

18 studies with 1,088 participants were included in the review. Four studies were rated as high-quality studies, and the remaining 14 studies were rated as moderate quality studies. ACT significantly reduced depression as compared with the control group [SMD=0.59, 95% CI (0.38, 0.81)]. The subgroup analysis found a significant difference between ACT and control group after post-intervention, three months follow up, mild depression group and adults group, [SMD=0.62, 95% CI (0.35, 0.90), [SMD=0.55, 95% CI (0.23, 0.87)], [SMD=0.65, 95% CI (0.40, 0.91)], [SMD=0.52, 95% CI (0.33, 0.71)] respectively.

Limitations:

The heterogeneity between included studies results in heterogeneity of the results. Most of the specific methods for random sequence generation and allocation concealment were not clear. The search results had limitations since only the published studies in Chinese and English were searched and lacked a search for grey and paper documents.

Conclusions:

The current study suggested that ACT was significantly for reducing depressive symptoms compared with the control group, especially at three months of follow-up, adult group and mild depression. More research is needed to investigate the difference effects for minor group, moderate and severe depression and long-term follow-up.

<https://www.sciencedirect.com/science/article/abs/pii/S0165032719315794>

Psychosocial Protective Factors and Suicidal Ideation: Results from a National Longitudinal Study of Veterans.

Eric B. Elbogen, Kiera Molloy, H. Ryan Wagner, Nathan Kimbrel, ... Daniel W. Bradford

Journal of Affective Disorders

Available online 12 September 2019

<https://doi.org/10.1016/j.jad.2019.09.062>

Highlights

- Suicide is a significant problem for a subset of veterans.
- Identifying psychosocial protective factors may help these veterans.
- Meeting basic needs and resilience were related to lower suicidal ideation.
- Total number of protective factors predicted lower odds of suicidal ideation.
- Psychosocial rehabilitation may be a promising approach for suicide prevention.

Abstract

Background

This study investigates the empirical association between psychosocial protective factors and subsequent suicidal ideation in veterans.

Methods

We conducted a national longitudinal survey in which participants were randomly drawn from over one million U. S. military service members who served after September 11, 2001. Data were provided by a total of 1090 veterans representative of all 50 states and all military branches in two waves of data collection one year apart (79% retention rate).

Results

In chi-square analyses, psychosocial protective factors at wave 1 (employment, meeting basic needs, self-care, living stability, social support, spirituality, resilience, and self-determination) were significantly related to lower suicidal ideation at wave 2 ($p < .01$). In multivariable analyses controlling for covariates at wave 1 including suicidal ideation, the total number of protective factors endorsed at wave 1 significantly predicted reduced odds of suicidal ideation at wave 2. In multivariable analysis examining individual risk and protective factors, again controlling for covariates, results showed that money to

cover basic needs and higher psychological resilience at wave 1 were associated with significantly lower odds of suicidal ideation at wave 2.

Limitations

The study measured the link between psychosocial protective factors and suicidal ideation but not suicide attempts, which would be an important next step for this research.

Conclusions

The results indicate that psychosocial rehabilitation and holistic approaches targeting these protective factors may offer a promising avenue in both veteran and non-veteran populations for treatment safety planning as well as suicide risk management and prevention.

<https://calhoun.nps.edu/handle/10945/63186>

Addressing Moral Injury by Chaplains in the Marine Corps

Ross, Jeffrey

Naval Postgraduate School

NPS CIVINS (Civilian Institutions) Thesis document

2019-05

URI: <http://hdl.handle.net/10945/63186>

The analytical focus of this paper is my belief that the USMC is following an outdated pedagogy in its efforts to teach resiliency. I will demonstrate this by establishing a core understanding of resiliency and explain how the medical community's shift in understanding care has impacted resiliency training. Further, I will argue that aspects gleaned from peer-reviewed, clinically-trialed psychological practices in cognitive behavioral change provide us insight into how to approach resiliency training. I will then discuss the hurdles inherent in the USMC in implementing an effective resiliency program. Finally, I will outline how resiliency training should be constructed to truly build a more resilient force.

<https://journals.sagepub.com/doi/abs/10.1177/1542305019872433>

Preventing Soldiers' and Veterans' Suicide by Pastoral Counseling and Mental Health Treatment.

Tatsushi Hirono

Journal of Pastoral Care & Counseling
First Published September 11, 2019
<https://doi.org/10.1177/1542305019872433>

Suicide prevention for active duty soldiers and veterans is a serious issue in the US, particularly in communities that are home to these populations. A body of research has addressed the prevention of veterans' suicide with therapy and medication. However, few researchers have focused on the role of spirituality and religion in suicide prevention. This paper will address the potential for collaboration between mental health professionals and clergy in the prevention of military-related suicide.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/sltb.12585>

Proximal Correlates of Suicidal Ideation and Behaviors: A Test of the Interpersonal-Psychological Theory of Suicide.

Wolford-Clevenger, C. , Stuart, G. L., Elledge, L. C., McNulty, J. K. and Spirito, A.

Suicide and Life-Threatning Behavior
First published: 10 September 2019
<https://doi.org/10.1111/sltb.12585>

Objective

The interpersonal-psychological theory of suicide hypothesizes proximal causes of suicidal ideation and behaviors; however, past studies have generally tested distal relations. The present study tested the proximal nature of the theory's hypotheses.

Methods

A repeated-measures design collected daily survey data on the theory constructs over 90 days from 206 (150 women) college students with previous histories of suicidal ideation. Participants completed 7,342 (39.6%) of the 18,540 surveys sent.

Results

Thwarted belongingness and perceived burdensomeness both positively associated with passive suicidal ideation at the daily level. A statistical trend revealed that perceived burdensomeness was associated with daily active suicidal ideation only at high levels of thwarted belongingness and hopelessness. Active suicidal ideation, but not capability for suicide, was positively associated with suicidal behavior at the daily level.

Conclusions

These results support the theory's predictions regarding passive and active suicidal ideation, with limited support regarding suicidal behaviors. The proximal associations of the IPTS constructs with daily suicidal ideation suggest areas for potential intervention with suicidal clients.

<https://link.springer.com/article/10.1007/s10597-019-00457-x>

Are the “Right” People Selected for First Disclosures About Suicidal Thoughts? Exploring What We Know About Advance Care Planning in the Context of Safety Planning.

Fulginiti, A. & Frey, L.M.

Community Mental Health Journal

11 September 2019

<https://doi.org/10.1007/s10597-019-00457-x>

Nominating primary confidants (i.e., safety plan nominees) is central to safety planning for suicide but there is a dearth of research about such confidants—a serious oversight given their high-leverage position to affect pathways into clinical care. Informed by advance care planning (ACP) work, this study examined differences between social network members who were and were not identified as primary confidants on attributes that could impact their effectiveness in a helping role. Using social network methodology, information was collected from 41 individuals with affective disorders about the 332 people and relationships in their networks. Logistic regression analysis revealed that being perceived as capable of managing stress and prioritizing the participant's best interests over one's own increased the odds of being a primary confidant. Clinicians working with suicidal individuals may benefit from integrating ACP

principles—which recognize the thoughtful selection of nominees based on specific attributes—into their safety planning procedures.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/1440-1630.12606>

Exploring the influence of service dogs on participation in daily occupations by veterans with PTSD: A pilot study.

McLaughlin, K. and Hamilton, A. L.

Australian Occupational Therapy Journal

First published: 11 September 2019

<https://doi.org/10.1111/1440-1630.12606>

Introduction

Post traumatic stress disorder (PTSD) resulting from military service can seriously impact quality of life. There is support for the use of service dogs amongst people with PTSD in managing symptoms by reducing anxiety and depression. To date, few studies have investigated this phenomenon comprehensively, particularly in relation to enhancing participation in daily occupations.

Methods

We explored the experience of a group of ex-serving members of the Australian military with PTSD, who had partnered with a service dog. We sought to understand the influence of the service dog on PTSD symptom management and participation in meaningful daily occupations. Seven participants who had been paired with a service dog were recruited from a Veterans' support organisation. Two semi-structured focus group sessions were conducted, audio-recorded and transcribed verbatim. The transcripts from the focus group sessions and researcher field notes were analysed independently by two researchers using an inductive approach to generate codes and themes.

Results

The themes that emerged from the data were: isolation, safety, lifeline, reconnection and challenges. Veterans in this study reported that partnering with a service dog helped them to feel safe, helped them to manage the symptoms and impact of PTSD, resulting in improved sleep quality, emotional regulation, reduced anxiety, enhanced anger management, and a reduction in the misuse of alcohol and prescription

medication and suicidal ideation. These changes led to improved relationships and increased participation in meaningful daily occupations. Ongoing financial support for veterans who have partnered with a service dog needs to be more closely examined.

Conclusion

These findings are important and highlight that a larger and more comprehensive, research project examining the impact of service dogs on the quality of life.

<https://www.karger.com/Article/FullText/502340>

Psychological Adjustment of Aging Vietnam Veterans: The Role of Social Network Ties in Reengaging with Wartime Memories.

Marini C.M., Fiori K.L., Wilmoth J.M., Pless Kaiser A., Martire L.M.

Gerontology

2019 Sep 10

doi: 10.1159/000502340

It is projected that by 2020 there will be 8.7 million veterans over the age of 65 years, more than half (64%) of whom served during the Vietnam War. The effects of military service on mental health and well-being may be more pronounced later in life among those who served in Vietnam than prior cohorts of veterans. Many veterans confront and rework their wartime memories later in life in an attempt to find meaning and coherence, engaging in a process referred to as Later-Adulthood Trauma Reengagement (LATR). LATR often occurs in the context of other stressors that are a normative part of aging, such as role transitions (e.g., retirement), declines in physical health, and the death of close others (e.g., spouses), perhaps because these events trigger reminiscence. Importantly, LATR may result in either positive (e.g., acceptance) or negative (e.g., distress) psychological outcomes. It has been suggested that the presence of social/environmental resources, including socioemotional support, may aid veterans in successfully navigating LATR. We, therefore, review relevant areas of research to delineate the role that various layers of social context may play in -helping – or hindering – aging Vietnam veterans as they navigate LATR in the context of normative late-life stressors. We conclude by offering fruitful directions for future research and applied implications for intervention efforts.

<https://journals.sagepub.com/doi/abs/10.1177/1044207319875070>

Compensation for Veterans With Service Connected Disabilities: Current Findings and Future Implications.

Maynard, C., & Nelson, K.

Journal of Disability Policy Studies
First Published September 11, 2019
<https://doi.org/10.1177/1044207319875070>

Compensation is an essential benefit provided by the Department of Veterans Affairs (VA) for veterans with service connected conditions, which are illnesses or injuries incurred or aggravated during military service. The purpose of this paper is to inform beneficiaries, program administrators, policy makers, and the general public about key developments in the VA compensation program. Based on findings from publicly available data as well as recently published papers, this paper identifies key topics that have future implications for veterans receiving compensation for service connected conditions. These topics include (a) increases in the number of veterans, the combined rating for service connected conditions, and expenditures for compensation, (b) increases in the number of women veterans with service connected conditions, (c) service connected mental health conditions, (d) the use of VA health care by veterans with service connected conditions, (e) premature death in veterans with service connected conditions, and (f) veterans with a combined 100% rating. We hope these questions will be considered by all parties who value this critical program for veterans with service connected conditions.

<https://www.ncbi.nlm.nih.gov/pubmed/31517797>

Med Care. 2019 Oct;57 Suppl 10 Suppl 3:S259-S264. doi:
10.1097/MLR.0000000000001175.

Identifying Research Gaps and Prioritizing Psychological Health Evidence Synthesis Needs.

Hempel S, Gore K, Belsher B

BACKGROUND:

Evidence synthesis is key in promoting evidence-based health care, but it is resource-intensive. Methods are needed to identify and prioritize evidence synthesis needs within health care systems. We describe a collaboration between an agency charged with facilitating the implementation of evidence-based research and practices across the Military Health System and a research center specializing in evidence synthesis.

METHODS:

Scoping searches targeted 15 sources, including the Veterans Affairs/Department of Defense Guidelines and National Defense Authorization Acts. We screened for evidence gaps in psychological health management approaches relevant to the target population. We translated gaps into potential topics for evidence maps and/or systematic reviews. Gaps amenable to evidence synthesis format provided the basis for stakeholder input. Stakeholders rated topics for their potential to inform psychological health care in the military health system. Feasibility scans determined whether topics were ready to be pursued, that is, sufficient literature exists, and duplicative efforts are avoided.

RESULTS:

We identified 58 intervention, 9 diagnostics, 12 outcome, 19 population, and 24 health services evidence synthesis gaps. Areas included: posttraumatic stress disorder (PTSD) (19), suicide prevention (14), depression (9), bipolar disorder (9), substance use (24), traumatic brain injury (20), anxiety (1), and cross-cutting (14) synthesis topics. Stakeholder input helped prioritize 19 potential PTSD topics and 22 other psychological health topics. To date, 46 topics have undergone feasibility scans. We document lessons learned across clinical topics and research methods.

CONCLUSION:

We describe a transparent and structured approach to evidence synthesis topic selection for a health care system using scoping searches, translation into evidence synthesis format, stakeholder input, and feasibility scans.

<https://www.ncbi.nlm.nih.gov/pubmed/31512906>

Psychol Serv. 2019 Sep 12. doi: 10.1037/ser0000391. [Epub ahead of print]

The stress bias in mental health reporting: Death anxiety biases mental health self-assessments amongst deployed soldiers.

Russell DW, Russell CA

This study examined whether posing questions that create a stress state in respondents biases subsequent reporting of mental health (MH) symptomology. For instance, questions related to trauma exposure may activate thoughts about death (facing it, surviving it, being afraid of it), and these death anxieties can influence assessments of one's health and thus bias self-reports of MH measured in the same questionnaire context. A controlled randomized experiment was conducted as part of a longitudinal study of U.S. Army soldiers who deployed to Afghanistan between April 2013 and January 2014. Anonymous surveys administered middeployment (n = 464) included self-report MH screening instruments for posttraumatic stress disorder, depression, and generalized anxiety disorder. Combat exposures (CEs) were primed by randomly presenting the CE questions before or after MH instruments. The order of the measures significantly influenced reports of MH symptoms, and this stress bias is explained by differences in death anxiety. Moderated mediation analyses revealed that the well-documented relationship between the intensity of CEs and each MH screener severity score was significant when the CEs were primed but not vice versa (index of moderated mediation: for PTSD, 95% CI [.0000, .0216]; for depression, 95% CI [.0000, .0216]; and for generalized anxiety disorder, 95% CI [.0005, .0170]), and that death anxiety mediated these relationships. Health care providers and psychological researchers who use standardized, nonrandomized, clinical screening instruments should be aware of this stress bias: Asking respondents to report a potentially traumatic exposure can bias the self-reporting of MH symptomatology. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

Links of Interest

Managing Suicide Risk and Access to Firearms: Guidelines for Providers

<https://www.pdhealth.mil/news/blog/managing-suicide-risk-and-access-firearms-guidelines-providers-0>

The VA's suicide prevention strategy will fail

<https://www.militarytimes.com/opinion/commentary/2019/09/17/the-vas-suicide-prevention-strategy-will-fail/>

What the Army and Navy Can Learn From the Air Force's Female Secretaries

<http://www.airforcemag.com/Features/Pages/2019/September%202019/What-the-Army-and-Navy-Can-Learn-From-the-Air-Forces-Female-Secretaries-.aspx>

Veterans with PTSD, anxiety turn to beekeeping for relief

<https://www.militarytimes.com/education-transition/2019/09/11/veterans-with-ptsd-anxiety-turn-to-beekeeping-for-relief/>

Caregivers of Wounded Vets Have Unique Job Needs. These New Projects Aim to Help

<https://www.military.com/daily-news/2019/09/11/caregivers-wounded-vets-have-unique-job-needs-these-new-projects-aim-help.html>

Study explores the idea of allowing some military reservists to work from home or be non-deployable

<https://www.militarytimes.com/news/your-military/2019/09/13/study-explores-the-idea-of-allowing-some-military-reservists-to-be-non-deployable/>

Why fewer people are using the GI Bill

<https://www.militarytimes.com/education-transition/2019/09/16/why-fewer-people-are-using-the-gi-bill/>

After baby's death on Hawaii base, DoD calls for investigations into unauthorized daycare allegations

<https://www.militarytimes.com/pay-benefits/2019/09/13/after-babys-death-on-hawaii-base-dod-calls-for-investigations-into-unauthorized-daycare-allegations/>

Servicemembers are warned to lay off vaping amid reports of lung illnesses linked to e-cigarettes

<https://www.stripes.com/news/servicemembers-are-warned-to-lay-off-vaping-amid-reports-of-lung-illnesses-linked-to-e-cigarettes-1.599208>

Why DoD should start asking recruits whether they vape

<https://www.militarytimes.com/news/your-military/2019/09/13/why-dod-should-start-asking-recruits-whether-they-vape/>

27 reports of extremist activity by US service members over the past 5 years, DoD says

<https://www.marinecorpstimes.com/news/2019/09/13/27-reports-of-extremist-activity-by-us-service-members-over-the-past-5-years-dod-says/>

Mental Health Counseling, Support Services for DoD Civilians Resume -- For Now
<https://www.military.com/daily-news/2019/09/13/mental-health-counseling-support-services-dod-civilians-resume-now.html>

Leavitt: Less than 25 Percent of USAF's "Target Market" Is Eligible to Serve
<http://www.airforcemag.com/Features/Pages/2019/September%202019/Leavitt-Less-than-25-Percent-of-USAFs-Target-Market-Is-Eligible-to-Serve.aspx>

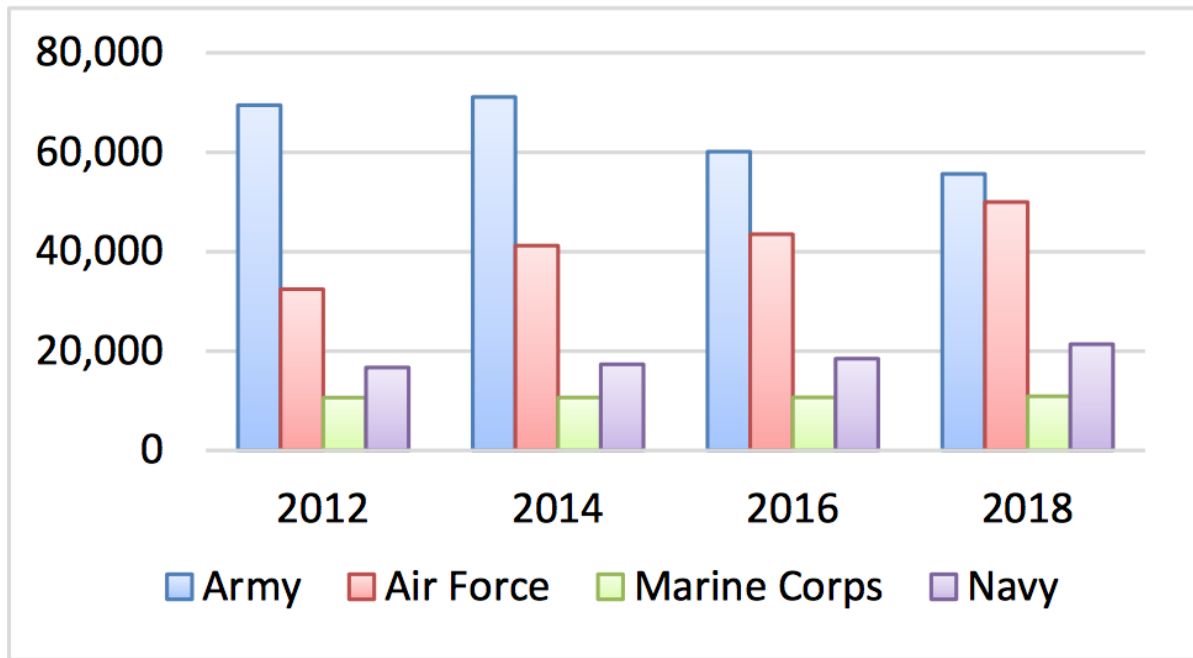
Resource of the Week -- Defense Primer: [Exceptional Family Member Program \(EFMP\)](#)

From the Congressional Research Service:

Congress appropriates funds for military benefits and services to improve the quality of life for service members and their families. Military families face frequent moves around the globe, often causing disruptions to spousal employment, school or child care arrangements, and other challenges associated with establishing a household in a new location.

Military members who have a dependent (spouse, child, or dependent parent) with special needs may experience significant stress during these moves due to the need to find specialized health care providers, school systems with dedicated support services, and community support assistance. The military established the Exceptional Family Member Program (EFMP) to ease these additional burdens of a move for such families.

Figure I. Total Military Family Members Receiving EFMP Support (as of October 2018)



Source: Communication from DOD Officials, 2018.

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