

CDP



Research Update -- October 17, 2019

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<https://www.ncbi.nlm.nih.gov/pubmed/31588508>

Soc Cogn Affect Neurosci. 2019 Oct 7. pii: nsz072. doi: 10.1093/scan/nsz072. [Epub ahead of print]

A Resting-State Network Comparison of Combat-Related PTSD with Combat-Exposed and Civilian Controls.

Vanasse TJ, Franklin C, Salinas FS, Ramage AE, Calhoun VD, Robinson PC, Kok M, Peterson AL, Mintz J, Litz BT, Young-McCaughan S, Resick PA, Fox PT; STRONG STAR Consortium.

Resting-state functional connectivity (rsFC) is an emerging means of understanding the neurobiology of combat-related posttraumatic stress disorder (PTSD). However, most rsFC studies to date have limited focus to cognitively related intrinsic connectivity networks (ICNs), have not applied data-driven methodologies, or have disregarded the effect of combat exposure. In this study, we predicted that group independent

component analysis (GICA) would reveal group-wise differences in rsFC across 50 active duty service members with PTSD, 28 combat-exposed controls (CEC), and 25 civilian controls without trauma exposure (CC). Intranetwork connectivity differences were identified across 11 ICNs, yet combat-exposed groups were indistinguishable in PTSD vs. CEC contrasts. Both PTSD and CEC demonstrated anatomically diffuse differences in the Auditory Vigilance and Sensorimotor networks compared to CC. However, intranetwork connectivity in a subset of 3 regions was associated with PTSD symptom severity among Executive (left insula; ventral anterior cingulate) and right Fronto-Parietal (perigenual cingulate) networks. Furthermore, we found that increased temporal synchronization among Visuospatial and Sensorimotor networks was associated with worse avoidance symptoms in PTSD. Longitudinal neuroimaging studies in combat-exposed cohorts can further parse PTSD-related, combat stress-related or adaptive rsFC changes ensuing from combat.

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<https://www.liebertpub.com/doi/abs/10.1089/tmj.2018.0203>

Social Media and Suicide: A Review of Technology-Based Epidemiology and Risk Assessment.

Ali Pourmand, Jeffrey Roberson, Amy Caggiula, Natalia Monsalve, Murwarit Rahimi, and Vanessa Torres-Llenza

Telemedicine and e-Health

Oct 2019 ahead of print

<http://doi.org/10.1089/tmj.2018.0203>

Introduction:

Suicide is a significant public health problem among teenagers and young adults in the United States, placing significant stress on emergency departments (EDs) to effectively screen and assess for the presence of suicidality in a rapid yet efficient manner.

Methods:

A literature search was performed using PubMed and MEDLINE with the following terms: "Social media," "Suicide," "Facebook®," "Twitter®," "MySpace®," "Snapchat®," "Ethics," "Digital Media," and "Forums and Blog." Data were extracted from each article, specifically the sample size, study setting, and design. Only English-language studies

were included. We reviewed the reference lists of included articles for additional studies, as well. Abstracts, unpublished data, and duplicate articles were excluded.

Results:

A total of 363 articles met our initial criteria. Studies older than 10 years and/or in a language other than English were removed. After review, a total of 31 peer-reviewed articles were included in the study. Teenagers and young adults often fail to disclose risk factors to physicians, despite sharing them with the public on social media platforms such as Facebook and Twitter. Therefore, physician access to a patient's social media can assist in identifying suicidal ideation and/or acts.

Conclusions:

Viewing a patient's social media accounts can help ED physicians gain perspective into his or her mental health status and identify those at risk for suicide; however, ethical and privacy concerns associated with this method of data gathering make implementation of such a practice controversial. To justify its use, formal prospective studies analyzing if and how physician access to a patient's social media influences care should be performed.

<https://psycnet.apa.org/record/2019-51315-001>

Role of masculinity in relationships between mindfulness, self-compassion, and well-being in military veterans.

Ramon, A. E., Guthrie, L., & Rochester, N. K.

Psychology of Men & Masculinities

Advance online publication.

<http://dx.doi.org/10.1037/men0000240>

Research has begun to demonstrate the benefits of mindfulness and self-compassion for military veterans. However, investigation has lacked on how a prominent feature of military culture, adherence to masculine norms, may impact veterans' experiences of these practices. This research examined the interrelationships among masculinity, mindfulness, and self-compassion as well as how these variables predict well-being (coping and quality of life) in 164 military veterans. Veterans completed all study measures via an online survey. Results demonstrated that mindfulness and self-compassion both predict better coping and quality of life and are related to lower

adherence to masculine norms. Masculinity was found related to less active coping, more avoidant/negative emotionality coping, and worse mental health-related quality of life. The Masculinity subscale of Success Dedication, however, was associated with greater mindfulness and active coping and better quality of life. Exploratory results demonstrated a significant moderation effect in which mindfulness predicted greater active coping for veterans with low masculinity but not for veterans with high masculinity. This study provides preliminary data on the role of masculine norms in the context of mindfulness and self-compassion. Although findings link total masculinity scores to negative outcomes, the masculinity component of Success Dedication appears to be a point of commonality between masculinity and mindfulness. Therefore, an effective strategy for clinicians may be to begin the teaching of mindfulness by emphasizing elements that appeal to veterans' norms of success. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

<https://www.sciencedirect.com/science/article/pii/S2212144718303363>

Acceptance-based interventions in the treatment of PTSD: Group and individual pilot data using Acceptance and Commitment Therapy.

Emily Wharton, Katharine Sears Edwards, Katherine Juhasz, Robyn D. Walser

Journal of Contextual Behavioral Science
Volume 14, October 2019, Pages 55-64
<https://doi.org/10.1016/j.jcbs.2019.09.006>

Highlights

- Reductions in PTSD symptoms found in group ACT treatment for veterans with PTSD.
- Individual ACT intervention found reductions in PTSD symptoms.
- Changes found in thought suppression, mindfulness, psychological flexibility.

Abstract

Acceptance and Commitment Therapy (ACT) is a principle-based behavioral intervention that addresses human suffering using mindfulness and acceptance techniques along with behavioral commitments linked to personal values. While ACT has been applied to a wide variety of problems, it is well suited to the treatment of trauma based on its processes specifically designed to reduce experiential avoidance, and it has only just begun to be investigated for its effectiveness with this population.

Furthermore, current drop-out and refusal rates for exposure-based therapies, the main empirically supported intervention for the treatment of posttraumatic stress disorder (PTSD), necessitate the development of alternatives. The current pilot studies evaluated a 12-session group ACT intervention with 10 veterans diagnosed with PTSD, and a 12-session individual ACT intervention with 9 veterans diagnosed with PTSD. Significant reductions in PTSD symptoms from pre to post or follow-up were found for both the group intervention ($n = 10$, $g = 0.69$) and the individual intervention ($n = 9$; $g = 1.24$). Decreases in thought suppression as well as increases in aspects of mindfulness and psychological flexibility were also found, but results were mixed and differed by the individual versus group intervention.

<https://link.springer.com/article/10.1007/s12119-019-09662-y>

Gender Inequalities in the Military Service: A Systematic Literature Review.

Reis, J. & Menezes, S.

Sexuality & Culture

First Online: 04 October 2019

<https://doi.org/10.1007/s12119-019-09662-y>

This paper provides an in-depth analysis of the literature regarding gender inequalities in the military service. In doing so, it discloses challenges and opportunities for women's integration and finds new avenues for future research. Recent scientific research has evidenced that women still represent a growing minority in most Western militaries. Women's integration deserves equal opportunities across all branches and levels of responsibility in the military, however, their expansion to ground combat roles is still a challenge to the military and policy-makers. Scholars have also reported about the decision to increase the number of women in combat roles, as it may potentiate adverse experiences, due to closer proximity to men in circumstances with little or no privacy. Conversely, scientific research has shown that more egalitarian women reported significantly less sexual harassment victimization. Furthermore, our insights suggest that it might be fruitful to integrate women in ground combat roles as special forces' operators, with a view to induce a reduction of marginalization and sexual harassment, by gaining respect in a male-dominant culture. The presented idea should be interpreted with caution and needs to be supported by empirical research; although we are convinced that future research will be revealing and might represent a game-changing situation to women inequalities in the armed forces.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/ajad.12963>

Cannabis and Cannabinoids in Mood and Anxiety Disorders: Impact on Illness Onset and Course, and Assessment of Therapeutic Potential.

Sabrina L. Botsford MD, Sharon Yang BSc, Tony P. George MD, FRCPC

The American Journal on Addictions

First published: 02 October 2019

<https://doi.org/10.1111/ajad.12963>

Background and Objectives

Cannabis use is common in people with mood and anxiety disorders (ADs), and rates of problematic use are higher than in the general population. Given recent policy changes in favor of cannabis legalization, it is important to understand how cannabis and cannabinoids may impact people with these disorders. We aimed to assess the effects of cannabis on the onset and course of depression, bipolar disorder, ADs, and post-traumatic stress disorder (PTSD), and also to explore the therapeutic potential of cannabis and cannabinoids for these disorders.

Methods

A systematic review of the literature was completed. The PubMed® database from January 1990 to May 2018 was searched. We included longitudinal cohort studies, and also all studies using cannabis or a cannabinoid as an active intervention, regardless of the study design.

Results

Forty-seven studies were included: 32 reported on illness onset, nine on illness course, and six on cannabinoid therapeutics. Cohort studies varied significantly in design and quality. The literature suggests that cannabis use is linked to the onset and poorer clinical course in bipolar disorder and PTSD, but this finding is not as clear in depression and anxiety disorders (ADs). There have been few high-quality studies of cannabinoid pharmaceuticals in clinical settings.

Conclusions and Scientific Significance

These conclusions are limited by a lack of well-controlled longitudinal studies. We suggest that future research be directed toward high-quality, prospective studies of

cannabis in clinical populations with mood and ADs, in addition to controlled studies of cannabinoid constituents and pharmaceuticals in these populations. (Am J Addict 2019;00:00–00)

<https://neuro.psychiatryonline.org/doi/abs/10.1176/appi.neuropsych.19010021>

Risk of Misdiagnosing Chronic Traumatic Encephalopathy in Men With Depression.

Grant L. Iverson, Ph.D., and Andrew J. Gardner, Ph.D.

The Journal of Neuropsychiatry and Clinical Neurosciences

Published Online: 7 Oct 2019

<https://doi.org/10.1176/appi.neuropsych.19010021>

Objective:

In recent years, it has been proposed that depression represents one clinical subtype of chronic traumatic encephalopathy (CTE). This is the first study to examine the specificity of the research criteria for the clinical diagnosis of CTE in men with depression from the general population.

Methods:

Data from the National Comorbidity Survey Replication, an in-person survey that examined the prevalence and correlates of mental disorders in the United States, were used for this study. Men diagnosed as having a major depressive episode in the past 30 days were included (N=101; mean age=39.4 years, SD=12.9, range=18–71). They were deemed to meet research criteria for CTE if they presented with the purported supportive clinical features of CTE (e.g., impulsivity and substance abuse, anxiety, apathy, suicidality, and headache).

Results:

Approximately half of the sample (52.5%) met the proposed research criteria for CTE (i.e., traumatic encephalopathy syndrome). If one accepts the delayed-onset criterion as being present, meaning that the men in the sample were presenting with depression years after retirement from sports or the military, then 83.2% of this sample would meet the research criteria for diagnosis.

Conclusions:

The clinical problems attributed to CTE, such as depression, suicidality, anxiety, anger control problems, and headaches, co-occurred in this sample of men with depression from the general population—illustrating that these problems are not specific or unique to CTE. More research is needed to determine whether depression is, in fact, a clinical subtype of CTE.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22450>

Associations Among Childhood Trauma, Childhood Mental Disorders, and Past-Year Posttraumatic Stress Disorder in Military and Civilian Men.

Syed Sheriff, R., Van Hooff, M., Malhi, G., Grace, B. and McFarlane, A.

Journal of Traumatic Stress

First published: 07 October 2019

<https://doi.org/10.1002/jts.22450>

To identify early life factors associated with posttraumatic stress disorder (PTSD), we investigated the association between childhood trauma and mental disorders with International Classification of Diseases (ICD)-diagnosed past-year PTSD in employed military and civilian men. Data were derived from the 2010 Australian Defence Force (ADF) Mental Health Prevalence and Wellbeing Study (N = 1,356) and the 2007 Australian Bureau of Statistics (ABS) National Survey of Mental Health and Wellbeing Study (N = 2,120) and analyzed using logistic regression and generalized structural equation modeling. After controlling for demographics, PTSD was associated with childhood anxiety, adjusted odds ratio (AOR) = 3.94, 95% CI [2.36, 6.58]; and depression, AOR = 7.01, 95% CI [2.98, 16.49], but not alcohol use disorders, in the ADF. In civilians, PTSD was associated with childhood anxiety only, AOR = 7.06, 95% CI [3.50, 14.22]. These associations remained significant after controlling for childhood and adult trauma in both populations and service factors and deployment, combat, or adult trauma in the ADF. In both populations, PTSD was associated with more than three types of childhood trauma: AOR = 2.97, 95% CI [1.53, 5.75] for ADF and AOR = 5.92, 95% CI [3.00, 11.70] for ABS; and childhood interpersonal, but not noninterpersonal, trauma: AOR = 3.08, 95% CI [1.61, 5.90] for ADF and AOR = 6.63, 95% CI [2.74, 16.06] for ABS. The association between childhood trauma and PTSD was fully mediated by childhood disorder in the ADF only. Taking a lifetime perspective,

we have identified that the risk of PTSD from childhood trauma and disorder is potentially predictable and, therefore, modifiable.

<https://academic.oup.com/sleep/article/42/10/zsz150/5571183>

Depression prevention via digital cognitive behavioral therapy for insomnia: a randomized controlled trial.

Philip Cheng, David A Kalmbach, Gabriel Tallent, Christine Lm Joseph, Colin A Espie, Christopher L Drake

Sleep

Volume 42, Issue 10, October 2019

<https://doi.org/10.1093/sleep/zsz150>

Study Objectives

Insomnia is a common precursor to depression; yet, the potential for insomnia treatment to prevent depression has not been demonstrated. Cognitive behavioral therapy for insomnia (CBT-I) effectively reduces concurrent symptoms of insomnia and depression and can be delivered digitally (dCBT-I); however, it remains unclear whether treating insomnia leads to sustained reduction and prevention of depression. This randomized controlled trial examined the efficacy of dCBT-I in reducing and preventing depression over a 1-year follow-up period.

Methods

Patients with Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) insomnia disorder were randomly assigned to receive dCBT-I or an attentional control. The follow-up sample included 358 patients in the dCBT-I condition and 300 patients in the online sleep education condition. The primary outcome measure was relative rate ratios for depression at 1-year follow-up. Insomnia responses to treatment were also tested as predictors of incident depression at the 1-year follow-up.

Results

At 1-year follow-up, depression severity continued to be significantly lower in the dCBT-I condition relative to control. In addition, the number of individuals who reported no depression at 1-year follow-up was 51% higher in the dCBT-I condition relative to control. In those with minimal to no depression at baseline, the incident rate of

moderate-to-severe depression at 1-year follow-up was reduced by half in the dCBT-I condition relative to the control condition.

Conclusion

dCBT-I showed robust effects as an intervention that prevents depression. Future research should examine dose–response requirements and further characterize mechanisms of action of dCBT-I for depression prevention.

Clinical Trial

Sleep to Prevent Evolving Affective Disorders; NCT02988375.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/eat.23180>

Parental deployment and distress, and adolescent disordered eating in prevention-seeking military dependents.

Higgins Neyland, MK, Shank, LM, Burke, NL, et al.

International Journal of Eating Disorders

First published: 08 October 2019

<https://doi.org/10.1002/eat.23180>

Objective

Parental military deployment can lead to stress in the family system due to concerns about the deployed service-member's safety and increased responsibilities for those not deployed. Parent-related stress can impact adolescent disordered eating. Given the important role that stress plays in disordered eating and obesity, it is crucial to understand the impacts of unique stressors to which vulnerable populations are exposed.

Method

We studied 126 adolescent (14.3 ± 1.6 years; 59.5% girls; 44.4% non-Hispanic White; BMI-z, $1.91 \pm .39$) military dependents prior to entering an obesity and binge-eating disorder prevention trial. The Eating Disorder Examination was used to assess adolescent disordered eating. Parents self-reported their own distress and family deployment history that occurred during the adolescent's lifetime.

Results

Parental distress interacted with frequency of parental deployments such that for those with high parental distress, more frequent deployment was associated with greater adolescent shape and weight concerns ($\beta = .21$, $p = .012$) and global eating pathology ($\beta = .18$, $p = .024$).

Discussion

In this hypothesis-generating study, the combination of number of deployments and parental distress may be associated with disordered eating among adolescent military dependents seeking prevention of binge-eating disorder and adult obesity. If these preliminary findings are supported longitudinally, interventions to reduce parental stress related to deployment may be warranted to reduce disordered eating in adolescent dependents.

https://journals.lww.com/jaanp/Abstract/2019/10000/Finding_the_evidence_Screening_of_Military_Family.3.aspx

Finding the evidence: Screening of Military Family Research, 2014–2017.

Yablonsky, Abigail Marter; Brock, Whitney W.; Whalen, Allyson E.; Melvin, Kristal C.; Agazio, Janice

Journal of the American Association of Nurse Practitioners
October 2019 - Volume 31 - Issue 10 - p 551–554
doi: 10.1097/JXX.0000000000000285

Of 1.3 million active duty service members, the majority have family responsibilities; 54.3% are married, and 41.2% have at least one child. The authors sought to determine existing areas of focus in military family research and to identify areas that are currently understudied. The authors queried four literature databases from January 2014 to May 2017, and 2,502 articles were identified in the initial catchment. All 595 article abstracts that met inclusion criteria were sorted into one or more of 12 topics. Topics with the highest number of articles included Mental Health and Care ($n = 276$), Adult/Couple Partner Relationships ($n = 247$), and Deployment Issues ($n = 244$). Topics with sparse articles included Maternal/Child & Newborn Health ($n = 27$), Health Promotion ($n = 10$), and Special Health Care Needs ($n = 4$). The three topics with the highest number of articles reflect interdependent and overlapping themes and showcase the importance of family relationships to the operational readiness of active duty members. The topics with

fewer numbers of articles highlight areas where more evidence is needed. Understanding the current evidence allows nurse practitioners to support military families appropriately in real time.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usz352/5584912>

The Influence of Self-Reported Tobacco Use on Baseline Concussion Assessments.

Sean P Roach, ATC, CSCS, Megan N Houston, PhD, ATC, Karen Y Peck, MEd, ATC, CCRP, COL Steven J Svoboda, MC USA, (Ret.), MD, Tim F Kelly, MS, ATC, Steven R Malvasi, MS, ATC, Lt Col Gerald T McGinty, BSC USAF, (Ret.), PT, DPT, Col Darren E Campbell, MC USAF, (Ret.), MD, Kenneth L Cameron, PhD, MPH, ATC

Military Medicine

Published: 11 October 2019

<https://doi.org/10.1093/milmed/usz352>

Introduction:

Baseline symptom, balance, and neurocognitive scores have become an integral piece of the concussion management process. Factors such as sleep, learning disorders, fitness level, and sex have been linked to differences in performance on baseline assessments; however, it is unclear how tobacco use may affect these scores. The objective of this study was to compare baseline concussion assessment scores between service academy cadets who use and do not use tobacco.

Methods:

Cadets completed a standard battery of concussion baseline assessments per standard of care and were classified into two groups: tobacco users ($n = 1,232$) and nonusers ($n = 5,922$). Dependent variables included scores on the Balance Error Scoring System, Standardized Assessment of Concussion, Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT), Brief Symptom Inventory-18, and Brief Sensation Seeking Scale (BSSS). Separate Mann–Whitney U-tests were used to compare all baseline assessment scores between groups with an adjusted P-value < 0.004 .

Results:

Cadets that used tobacco performed significantly worse on the impulse control ($P < 0.001$) section of the ImPACT, reported greater ImPACT symptom severity scores ($P <$

0.001), and were more likely to take risks as measured by the BSSS ($P < 0.001$). No differences were detected for Balance Error Scoring System, Standardized Assessment of Concussion, Brief Symptom Inventory-18, and Sport Concussion Assessment Tool-3 symptom scores, verbal memory, visual memory, visual-motor speed, or reaction time on the ImPACT ($P > 0.004$).

Conclusions:

Tobacco users performed significantly worse than tobacco nonusers on the impulse control section of the ImPACT, reported greater symptom severity scores on the ImPACT, and were more likely to take risks as measured by the BSSS. Despite statistical significance, these results should be interpreted with caution, as the overall effect sizes were very small. Future research should examine the influence of tobacco use on recovery post-concussion.

<https://www.sciencedirect.com/science/article/pii/S00104440X19300586>

Prevention of suicide and reduction of self-harm among people with substance use disorder: A systematic review and meta-analysis of randomised controlled trials.

Prianka Padmanathan, Katherine Hall, Paul Moran, David Gunnell, ... Matthew Hickman

Comprehensive Psychiatry

Available online 10 October 2019

<https://doi.org/10.1016/j.comppsy.2019.152135>

Highlights

- We identified six randomised controlled trials.
- These trials were from four countries and comprised 468 participants in total.
- All but one trial investigated psychosocial interventions.
- Overall there was weak evidence of a small positive effect of interventions.

Abstract

Background

People with substance use disorder (SUD) are at significantly greater risk of suicide compared with the general population. In recent years the number of suicides resulting from drug poisoning in England and Wales has increased. We review studies to identify

and evaluate the effect of interventions to prevent suicide or reduce self-harm among people with SUD.

Methods

We conducted a systematic review of randomised controlled trials (RCTs) of interventions for people with SUD that included suicide or self-harm-related primary outcomes. We searched Cochrane Central Register of Controlled Trials (CENTRAL), PsycINFO, PubMed, Embase and Web of Science from inception until 13th January 2019. Studies were assessed for bias using the Cochrane Risk of Bias tool. A meta-analysis was conducted.

Results

We identified six RCTs from four countries (Australia, Iran, the United States of America and the United Kingdom) comprising 468 participants in total. All but one study investigated psychosocial interventions. The pooled post-test standardised mean difference with regards to suicide or self-harm outcomes was negligible ($d = -0.18$, 95% CI = $-0.38-0.01$).

Limitations

Studies were heterogeneous in terms of population, intervention, controls and outcome. There were some concerns regarding bias for all trials. All trials were liable to type II error.

Conclusions

Evidence is currently lacking regarding the effectiveness of interventions to prevent suicide and reduce self-harm amongst people with SUD.

<https://link.springer.com/article/10.1186/s12888-019-2255-8>

Are volunteering and caregiving associated with suicide risk? A Census-based longitudinal study.

Michael Rosato, Foteini Tseliou, David M. Wright, Aideen Maguire, Dermot O'Reilly

BMC Psychiatry

First Online: 11 October 2019

<https://doi.org/10.1186/s12888-019-2255-8>

Background

Opposing risks have been identified between different prosocial activities, with volunteering having been linked to better mental health while caregiving has been associated with higher prevalence and incidence of depression. This study explored suicide risk of people engaged in prosocial activities of caregiving and/or volunteering.

Methods

A Census-based record linkage study of 1,018,000 people aged 25–74 years (130,816 caregivers; 110,467 volunteers; and 42,099 engaged in both) was undertaken. Caregiving (light: 1–19; intense: ≥ 20 h/week), volunteering and mental health status were derived from 2011 Census records. Suicide risk (45 months follow-up) was assessed using Cox models adjusted for baseline mental health.

Results

Intense caregiving was associated with worse mental health (OR_{adj} = 1.15: 95%CI = 1.12, 1.18) and volunteering with better mental health (OR = 0.87: 95%CI = 0.84, 0.89). For those engaged in both activities, likelihood of poor mental health was determined by caregiving level. There were 528 suicides during follow-up, with those engaged in both activities having the lowest risk of suicide (HR = 0.34: 95%CI = 0.14, 0.84). Engaging in either volunteering or caregiving was associated with lower suicide risk for those with good mental health at baseline (HR = 0.66: 95%CI = 0.49, 0.88) but not for their peers with baseline poor mental health (HR = 1.02: 95%CI = 0.69, 1.51).

Conclusions

Although an increased risk of poor mental health was identified amongst caregivers, there was no evidence of an increased risk of suicide.

<https://www.sciencedirect.com/science/article/abs/pii/S0732118X19300613>

Nonlinear change processes and the emergence of suicidal behavior: A conceptual model based on the fluid vulnerability theory of suicide.

Craig J. Bryan, Jonathan E. Butner, Alexis M. May, Kelsi F. Rugo, ... AnnaBelle O. Bryan

New Ideas in Psychology

Volume 57, April 2020

<https://doi.org/10.1016/j.newideapsych.2019.100758>

Although ideation-to-action theories of suicide aim to explain the emergence of suicidal behaviors, researchers have primarily focused on the content of underlying mechanisms (i.e., who dies by suicide). Much less attention has focused on the temporal dynamics of suicide risk (i.e., when suicide occurs). The fluid vulnerability theory conceptualizes suicide as an inherently dynamic construct that follows a nonlinear time course. Newer research implicates the existence of multiple nonlinear change processes among suicidal individuals, some of which appear to be associated with the emergence of suicidal behavior. The cusp catastrophe model provides a useful model for conceptualizing these change processes and provides a foundation for explaining a number of poorly understood phenomena including sudden emergence of suicidal behavior without prior suicidal planning. The implications of temporal dynamics for suicide-focused theory, practice, and research are discussed.

<https://www.ncbi.nlm.nih.gov/books/NBK547514/>

An Approach to Evaluate the Effects of Concomitant Prescribing of Opioids and Benzodiazepines on Veteran Deaths and Suicides.

National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Committee on Developing a Protocol to Evaluate the Concomitant Prescribing of Opioids and Benzodiazepine Medications and Veteran Deaths and Suicides.

Washington (DC): National Academies Press (US); 2019 Sep 24.

ISBN-13: 978-0-309-49599-8 ISBN-10: 0-309-49599-7

Opioid prescriptions for acute and chronic pain increased dramatically from the late 1990s into the current decade in both the civilian and the Department of Veterans Affairs and Department of Defense treatment environments. Similarly, prescriptions for benzodiazepines also increased significantly for anxiety and insomnia. Combinations of opioid and benzodiazepines have proven fatal when taken concurrently, with research demonstrating this phenomenon for nearly 40 years. This issue is exacerbated within the veteran population because of higher rates of pain, anxiety and other related health issues due to military life. An evaluation of the relationship between opioid and

benzodiazepine medication practices at the VA is necessary to improve treatment for mental health and combat-related trauma for veterans. An Approach to Evaluate the Effects of Concomitant Prescribing of Opioids and Benzodiazepines on Veteran Deaths and Suicides investigates the effects of opioid initiation and tapering strategies in the presence of benzodiazepines in veterans. This report explores neurobiology and the principles of addiction and tolerance, in addition to the current use of opioids and benzodiazepines for treating pain and anxiety in both the veteran and general population. It also provides a protocol to evaluate the relationship between opioid and benzodiazepine medication practices. This framework is a critical foundation for further research to improve concomitant opioid and benzodiazepine medication practices for veterans and the general population.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2019.1654306>

The invisible battle: A descriptive study of religious/spiritual struggles in Veterans.

Matthew M. Breuninger, Joshua A. Wilt, Chandra L. Bautista, Kenneth I. Pargament, Julie J. Exline, Terri L. Fletcher, Melinda A. Stanley & Ellen J. Teng

The invisible battle: A descriptive study of religious/spiritual struggles in Veterans

Military Psychology

Published online: 15 Oct 2019

DOI: 10.1080/08995605.2019.1654306

The current study systematically explored and described religious/spiritual (r/s) struggles – distress, tension, and conflict about certain aspects of r/s belief, practice, or experience – in a Veteran sample. Participants were 178 United States Veterans (148 men, 30 women) receiving care at a VA hospital and affiliated outpatient clinics who reported a current r/s struggle. Veterans completed a psychiatric interview and self-report measures of demographics, military experience, and levels of religiousness. They completed self-report scales assessing levels of r/s struggle across different domains (i.e. divine, demonic, interpersonal, moral, doubt, ultimate meaning), provided open-ended descriptions of r/s struggles that were coded for these domains, and reported on a variety of characteristics related to their r/s struggle (e.g., duration, course, perceived cause, perceived impact on life, spiritual growth/decline resulting from the r/s struggle). Descriptive results from quantitative and qualitative data showed that Veterans

perceived r/s struggles, particularly moral struggles, as salient and impactful. Veterans reported substantial positive effects and small negative effects of r/s struggles on their psychological and r/s functioning. Higher perceived negative effects were related to higher levels of r/s struggle domains. Statistical analyses comparing levels of r/s struggles and r/s struggle attributes across sample characteristics (e.g., demographics, psychiatric diagnosis, military experience) showed that, after controlling for religiousness, older age showed a positive association with positive perceived adaptation to r/s struggles, whereas the presence of a mental disorder and distressing military experiences showed associations with negative perceived adaptation. We discuss potential implications of these findings for research and clinical work.

Links of Interest

The Unknown Legacy of Military Mental Health Programs

<https://thewarhorse.org/newsroom-archive/the-unknown-legacy-of-military-mental-health-programs/>

Each of us has a role in preventing veteran suicide

<https://thehill.com/opinion/healthcare/465140-each-of-us-has-a-role-in-preventing-veteran-suicide>

New veteran suicide numbers raise concerns among experts hoping for positive news

<https://www.militarytimes.com/news/pentagon-congress/2019/10/09/new-veteran-suicide-numbers-raise-concerns-among-experts-hoping-for-positive-news/>

Brain Stimulation Shows Promise in Treating Severe Depression

<https://www.nytimes.com/2019/10/04/health/deep-brain-stimulation-depression.html>

Hackers target job-hunting service members, veterans with sham employment website

<https://www.militarytimes.com/veterans/2019/10/10/hackers-target-job-hunting-service-members-veterans-with-sham-employment-website/>

More than half of Army spouses in survey say they are stressed, overwhelmed and tired, report shows

<https://www.armytimes.com/news/your-army/2019/10/07/more-than-half-of-army-spouses-in-survey-say-they-are-stressed-overwhelmed-and-tired-report-shows/>

Combat troops at higher risk for opioid, heroin addiction, study says

<https://www.militarytimes.com/pay-benefits/2019/10/14/combat-troops-at-higher-risk-for-opioid-heroin-addiction-study-says/>

Here's why the Army is changing its family readiness groups

<https://www.militarytimes.com/pay-benefits/2019/10/15/heres-why-the-army-is-changing-its-family-readiness-groups/>

Paving the way: The 6888th all-female, all-black unit inspires others

<https://www.stripes.com/news/us/paving-the-way-the-6888th-all-female-all-black-unit-inspires-others-1.603102>

Men and Women Seeing Different Failure Rates on Army's Gender-Neutral Fitness Test

<https://www.military.com/daily-news/2019/10/15/men-and-women-seeing-different-failure-rates-armys-gender-neutral-fitness-test.html>

Exclusive: Soldiers are smoking a whole lot more weed in states where it's legalized

<https://taskandpurpose.com/army-marijuana-legalization>

Marines and Sailors Could Soon Get College Credit for Military Education

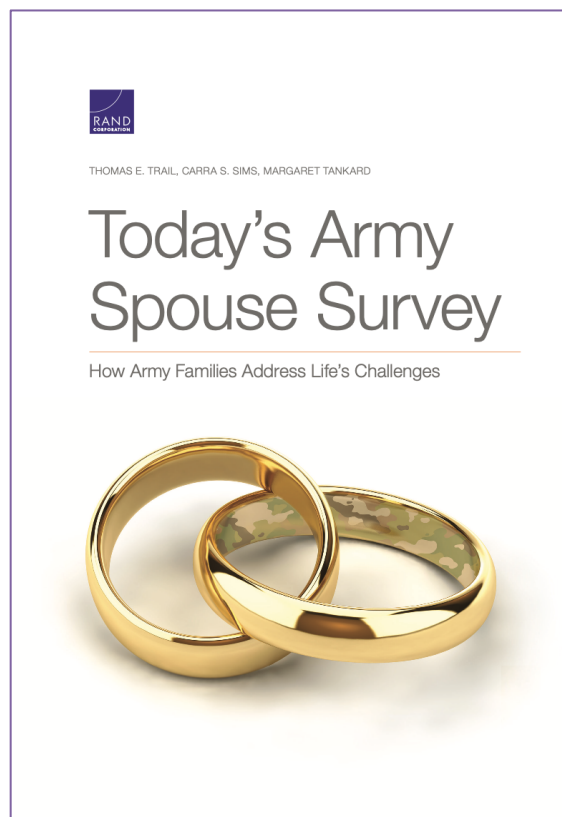
<https://www.military.com/daily-news/2019/10/15/marines-and-sailors-could-soon-get-college-credit-military-education.html>

Resource of the Week -- [Today's Army Spouse Survey: How Army Families Address Life's Challenges](#)

New, from the RAND Corporation:

U.S. Army families face not only challenges affecting all families but also those related to military service; the latter challenges may create new problems or exacerbate existing problems. The Army has recognized these unique challenges and implemented programs and services to help Army families and Army spouses, in particular. The authors of this report describe the results of the unique survey approach to understanding Army family program use through the lens of a problem-solving process.

In the survey, completed by more than 8,500 Army spouses, participants received a list of specific challenges within nine problem domains, and spouses were asked to prioritize which two top problem domains contained the most significant problems they faced in the past year; what their top needs were for each problem; which resources, if any, they had contacted to meet the needs; and whether using those resources met their needs. Finally, respondents were asked about three specific outcomes — experience of stress, general attitudes toward the Army, and support for the soldier spouse remaining in the Army — and the authors analyzed the association between the problem-solving process and these three outcomes.



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