

CDP



Research Update -- October 24, 2019

What's Here:

- Associations Among Childhood Trauma, Childhood Mental Disorders, and Past-Year Posttraumatic Stress Disorder in Military and Civilian Men.
- The continuum of sexual trauma: An examination of stalking and sexual assault in former US service members.
- Social Media and Suicide: A Review of Technology-Based Epidemiology and Risk Assessment.
- Gender Differences in Threat Biases: Trauma Type Matters in Posttraumatic Stress Disorder.
- Five-Year Impacts of Family Stressors and Combat Threat on the Mental Health of Afghanistan and Iraq War Veterans.
- Depression Suppresses Treatment Response for Traumatic Loss–Related Posttraumatic Stress Disorder in Active Duty Military Personnel.
- Effectiveness of the Intent to Complete and Intent to Attend Intervention to Predict and Prevent Posttraumatic Stress Disorder Treatment Drop Out Among Soldiers.
- An Empirical Crosswalk for the PTSD Checklist: Translating DSM-IV to DSM-5 Using a Veteran Sample.
- The Individual Health Insurance Mandate and Veterans Health Coverage.
- Small Area Estimation of Mental Distress Among United States Military Veterans in Illinois.

- Mapping the rise of digital mental health technologies: Emerging issues for law and society.
- Sleep problems contribute to post-concussive symptoms in service members with a history of mild traumatic brain injury without posttraumatic stress disorder or major depressive disorder.
- Military-related risk factors in female veterans and risk of dementia.
- Gambling and the Role of Resilience in an International Online Sample of Current and Ex-serving Military Personnel as Compared to the General Population.
- Adapting Mindfulness Training for Military Service Members With Chronic Pain.
- Systematic review and meta-analysis of the relationship between sleep disorders and suicidal behaviour in patients with depression.
- The Community Balance and Mobility Scale: Detecting Impairments in Military Service Members With Mild Traumatic Brain Injury.
- A Pilot Trial of Online Training for Family Well-Being and Veteran Treatment Initiation for PTSD.
- Coming home: Why veterans with disabilities withhold workplace accommodation requests.
- Veterans and Job Satisfaction in the U.S. Federal Government: The Importance of Role Clarity in the First Years of Civilian Employment.
- Suicide attempt survivors' experiences with mental health care services: A mixed methods study.
- The Relationship Between Suicide-Related Exposure and Personal History of Suicidal Behavior in Transgender and Gender-Diverse Veterans.
- Links of Interest
- Resource of the Week: Military Suicide Prevention and Response (CRS In Focus)

<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.

Rebecca Syed Sheriff, Miranda Van Hooff, Gin Malhi, Blair Grace, Alexander McFarlane

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://www.tandfonline.com/doi/abs/10.1080/08995605.2019.1664367>

The continuum of sexual trauma: An examination of stalking and sexual assault in former US service members.

Sara Kintzle, Ashley C. Schuyler, Eva Alday-Mejia & Carl A. Castro

Military Psychology

Published online: 17 Oct 2019

DOI: 10.1080/08995605.2019.1664367

The experience of stalking is an understudied yet essential factor in the prevention of sexual violence. Along with the devastating impact stalking can have on physical and psychological health, stalking can also act along a continuum of harm, creating environments that are conducive to sexual assault. The purpose of the study was to explore incidents of stalking in individuals who served in the US military, as well as the increased risk of reporting sexual assault in those who also report experiencing stalking. Data were collected on 1,035 Chicago, IL Veterans who participated in a large 2016 needs assessment study. Stalking during military service was reported by approximately 35% of Veterans in the sample. Among men, experiences of stalking during service conferred nearly 18 times greater odds of reporting MSA and a 5 times greater risk among women. Results demonstrate concerning rates of stalking experiences within the sample and indicate individuals who experience stalking may be at increased risk of experiencing sexual assault. Sexual assault prevention should move toward the inclusion of preventing, recognizing, and reporting of stalking behaviors in an effort not only to address the occurrence of stalking, but to reduce escalating behaviors along the sexual trauma continuum.

<https://www.liebertpub.com/doi/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

Published Online: 4 Oct 2019

<https://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://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22439>

Gender Differences in Threat Biases: Trauma Type Matters in Posttraumatic Stress Disorder.

Cowden Hindash, A. H., Lujan, C. , Howard, M. , O'Donovan, A. , Richards, A. , Neylan, T. C. and Inslicht, S. S.

Journal of Traumatic Stress

First published: 07 October 2019

<https://doi.org/10.1002/jts.22439>

Women are diagnosed with posttraumatic stress disorder (PTSD) at twice the rate of men. This gender difference may be related to differences in PTSD experiences (e.g., more hypervigilance in women) or types of trauma experienced (e.g., interpersonal trauma). We examined whether attentional threat biases were associated with gender, PTSD diagnosis, and/or trauma type. Participants were 70 civilians and veterans (38 women, 32 men; 41 with PTSD, 29 without PTSD) assessed with the Clinician Administered PTSD Scale for DSM-IV who completed a facial dot-probe attention bias task and self-report measures of psychiatric symptoms and trauma history. Factorial ANOVA and regression models examined associations between gender, PTSD diagnosis, index trauma type, lifetime traumatic experiences, and attentional threat biases. Results revealed that compared to women without PTSD and men both with and without PTSD, women with PTSD demonstrated attentional biases toward threatening facial expressions, $d = 1.19$, particularly fearful expressions, $d = 0.74$. Psychiatric symptoms or early/lifetime trauma did not account for these attentional biases. Biases were related to interpersonal assault index traumas, $\eta^2 = .13$, especially sexual assault, $d = 1.19$. Trauma type may be an important factor in the development of attentional threat biases, which theoretically interfere with trauma recovery. Women may be more likely to demonstrate attentional threat biases due to higher likelihood of interpersonal trauma victimization rather than due to gender-specific psychobiological pathways. Future research is necessary to clarify if sexual assault alone or in combination with gender puts individuals at higher risk of developing PTSD.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22437>

Five-Year Impacts of Family Stressors and Combat Threat on the Mental Health of Afghanistan and Iraq War Veterans.

Sanders, W., Smith, B. N., Fox, A. B. and Vogt, D.

Journal of Traumatic Stress

First published: 21 August 2019

<https://doi.org/10.1002/jts.22437>

It has been well established that warfare-related stress puts service members at risk for a range of mental health problems after they return from deployment. Less is known about service members' experience of family stressors during deployment. The aims of this study were to (a) evaluate whether family stressors would contribute unique

variance to posttraumatic stress disorder (PTSD) and depressive symptoms above and beyond combat threat during deployment and (b) examine whether family stressors would amplify the negative effects of combat threat on postmilitary mental health 5 years postdischarge. Study participants reported their experience of objective and subjective family stressors and combat threat during deployment. Objective family stressors demonstrated unique associations with PTSD and depression symptoms and remained significant after accounting for ongoing family stressors reported at follow-up. A significant interaction was found between objective family stressors and combat threat on PTSD symptoms, $r = -.10$. Although the association between combat threat and PTSD was significant for participants who reported high, $B = 0.04$; and low, $B = 0.09$, exposure to family stressors, the steeper slope for those exposed to fewer family stressors indicates a stronger effect of combat threat. Follow-up analyses revealed that veterans who experienced high amounts of family stress and high levels of combat threat reported significantly worse PTSD symptoms than those who reported low family stress, $t(256) = 3.98$, $p < .001$. Findings underscore the importance of attending to the role that family stressors experienced during deployment play in service members' postmilitary mental health.

<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.

Jacoby, V. M., Hale, W. , Dillon, K. , Dondanville, K. A., Wachen, J. S., Yarvis, J. S., Litz, B. T., Mintz, J. , Young-McCaughan, S. , Peterson, A. L., Resick, P. A., 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.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22427>

Effectiveness of the Intent to Complete and Intent to Attend Intervention to Predict and Prevent Posttraumatic Stress Disorder Treatment Drop Out Among Soldiers.

Shulman, G. P., Buck, B. E., Gahm, G. A., Reger, G. M. and Norr, A. M.

Journal of Traumatic Stress

First published: 20 August 2019

<https://doi.org/10.1002/jts.22427>

Active duty military service members have high dropout rates for trauma-focused treatment in both clinical practice and research settings. Measuring patients' intent to complete (ITC) and intent to attend (ITA) treatment have been suggested as methods to reduce dropout, but no studies have examined the effectiveness of such measures. In an attempt to reduce high dropout rates, measures of ITC and ITA were included in a randomized controlled trial evaluating prolonged exposure (PE) and virtual reality exposure (VRE) in active duty soldiers with posttraumatic stress disorder (PTSD). Participants ($N = 108$) were randomized to either PE or VRE, and the last 49 to enroll were administered a measure of ITC at enrollment and a measure of ITA at the end of every session. A score of 7 or below triggered a problem-solving discussion with the individual's therapist. The results revealed that the ITA assessment predicted treatment dropout after controlling for mental health stigma, PTSD symptoms, and age, odds ratio (OR) = 0.24, $p = .023$. Additionally, participants who completed the ITA assessment were less likely to drop out than those who were not administered the ITA, OR = 0.29 p

= .002. The ITC did not predict treatment dropout OR = 0.98, $p = .402$. These findings suggest that assessing ITA throughout trauma-focused therapy may reduce treatment dropout rather than solely measuring ITC prior to starting psychotherapy. Based on these preliminary findings, future research should randomize the measurement of ITA in clinical trials to evaluate its impact on treatment dropout.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22438>

An Empirical Crosswalk for the PTSD Checklist: Translating DSM-IV to DSM-5 Using a Veteran Sample.

Moshier, S. J., Lee, D. J., Bovin, M. J., Gauthier, G. , Zax, A. , Rosen, R. C., Keane, T. M. and Marx, B. P.

Journal of Traumatic Stress

First published: 18 October 2019

<https://doi.org/10.1002/jts.22438>

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) introduced numerous revisions to the fourth edition's (DSM-IV) criteria for posttraumatic stress disorder (PTSD), posing a challenge to clinicians and researchers who wish to assess PTSD symptoms continuously over time. The aim of this study was to develop a crosswalk between the DSM-IV and DSM-5 versions of the PTSD Checklist (PCL), a widely used self-rated measure of PTSD symptom severity. Participants were 1,003 U.S. veterans (58.7% with PTSD) who completed the PCL for DSM-IV (the PCL-C) and DSM-5 (the PCL-5) during their participation in an ongoing longitudinal registry study. In a randomly selected training sample ($n = 800$), we used equipercentile equating with loglinear smoothing to compute a "crosswalk" between PCL-C and PCL-5 scores. We evaluated the correspondence between the crosswalk-determined predicted scores and observed PCL-5 scores in the remaining validation sample ($n = 203$). The results showed strong correspondence between crosswalk-predicted PCL-5 scores and observed PCL-5 scores in the validation sample, ICC = .96. Predicted PCL-5 scores performed comparably to observed PCL-5 scores when examining their agreement with PTSD diagnosis ascertained by clinical interview: predicted PCL-5, $\kappa = 0.57$; observed PCL-5, $\kappa = 0.59$. Subsample comparisons indicated that the crosswalk's accuracy did not differ across characteristics including gender, age, racial minority status, and PTSD status. The results support the validity of this newly developed PCL-C to PCL-5

crosswalk in a veteran sample, providing a tool with which to interpret and translate scores across the two measures.

<https://journals.sagepub.com/doi/abs/10.1177/0095327X19878874>

The Individual Health Insurance Mandate and Veterans Health Coverage.

Dongjin Oh, Frances Stokes Berry

Armed Forces & Society

First Published October 13, 2019

<https://doi.org/10.1177/0095327X19878874>

In December 2017, Congress repealed the individual insurance mandate penalty. Given the poor health status of veterans, their higher demands for health insurance, and the substantial number of uninsured veterans, the repeal of the individual mandate should have a significant impact on the veterans. This article investigates how the repeal of the individual mandate effective in January 2019 is likely to affect the number of uninsured veterans and their enrollments in Veterans Affairs (VA) insurance. By analyzing 52,692 nonelderly veterans in Florida and California from 2008 to 2017, the findings suggest that the repeal will lead to a considerable increase in the number of uninsured veterans. Veterans who are unemployed, poor, and suffering disabilities are more likely to sign up for the VA insurance than better-off veterans. Thus, one of the important functions of veteran health care is to serve as a social safety net for vulnerable veterans. Thus, the Veterans Health Administration should establish a policy to minimize the expected negative repercussions of the repeal.

<https://link.springer.com/article/10.1007/s10597-019-00488-4>

Small Area Estimation of Mental Distress Among United States Military Veterans in Illinois.

Justin T. McDaniel, Minjee Lee, David L. Albright, Hee Y. Lee, Jay Maddock

Community Mental Health Journal
First Online: 15 October 2019
<https://doi.org/10.1007/s10597-019-00488-4>

The aim of the present study was to estimate the prevalence of mental distress at the county-level for the service member or veteran (SMV) population in Illinois. Multilevel small-area estimation methodology (SAE) was used to estimate and map the prevalence of SMV mental distress in Illinois counties using data from the 2016 Behavioral Risk Factor Surveillance System. Furthermore, local indicators of spatial association analysis (LISA) was conducted in order to identify hotspots of SMV mental distress in Illinois. For 2016, the average model-based mental distress rate for SMVs in Illinois counties was 8.6%. LISA analysis revealed a significant cluster ($p < 0.01$) of “high–high” SMV mental distress prevalence in St. Clair County and Clinton County. These findings highlight the importance of examining SMV health from a population perspective and reveal the need for further examination of geographic-based SMV health disparities.

<https://www.sciencedirect.com/science/article/abs/pii/S0160252719300950>

Mapping the rise of digital mental health technologies: Emerging issues for law and society.

Piers Gooding

International Journal of Law and Psychiatry
Volume 67, November–December 2019
<https://doi.org/10.1016/j.ijlp.2019.101498>

The use of digital technologies in mental health initiatives is expanding, leading to calls for clearer legal and regulatory frameworks. However, gaps in knowledge about the scale and nature of change impede efforts to develop responsible public governance in the early stages of what may be the mass uptake of ‘digital mental health technologies’. This article maps established and emerging technologies in the mental health context with an eye to locating major socio-legal issues. The paper discusses various types of technology, including those designed for information sharing, communication, clinical decision support, ‘digital therapies’, patient and/or population monitoring and control, bio-informatics and personalised medicine, and service user health informatics. The discussion is organised around domains of use based on the actors who use the

technologies, and those on whom they are used. These actors go beyond mental health service users and practitioners/service providers, and include health and social system or resource managers, data management services, private companies that collect personal data (such as major technology corporations and data brokers), and multiple government agencies and private sector actors across diverse fields of criminal justice, education, and so on. The mapping exercise offers a starting point to better identify cross-cutting legal, ethical and social issues at the convergence of digital technology and contemporary mental health practice.

<https://www.ncbi.nlm.nih.gov/pubmed/31256090>

NeuroRehabilitation. 2019;44(4):511-521. doi: 10.3233/NRE-192702

Sleep problems contribute to post-concussive symptoms in service members with a history of mild traumatic brain injury without posttraumatic stress disorder or major depressive disorder.

Lu LH, Reid MW, Cooper DB, Kennedy JE

BACKGROUND:

Many with a history of mild traumatic brain injury (TBI) experience sleep problems, which are also common symptoms of stress-related and mood disorders.

OBJECTIVE:

To determine if sleep problems contributed unique variance to post-concussive symptoms above and beyond symptoms of posttraumatic stress disorder/major depressive disorder (PTSD/MDD) after mild TBI.

METHODS:

313 active duty service members with a history of mild TBI completed sleep, PTSD, and mood symptom questionnaires, which were used to determine contributions to the Neurobehavioral Symptom Inventory.

RESULTS:

59% of the variance in post-concussive symptoms were due to PTSD symptom severity while depressive symptoms and sleep problems contributed an additional 1% each. This pattern differed between those with and without clinical diagnosis of PTSD/MDD. For those with PTSD/MDD, PTSD and depression symptoms but not sleep contributed

to post-concussive symptoms. For those without PTSD/MDD, PTSD symptoms and sleep contributed specifically to somatosensory post-concussive symptoms. Daytime dysfunction and sleep disturbances were associated with post-concussive symptoms after PTSD and depression symptoms were controlled.

CONCLUSIONS:

PTSD symptom severity explained the most variance for post-concussive symptoms among service members with a history of mild TBI, while depression symptoms, daytime dysfunction, and sleep disturbances independently contributed small amounts of variance.

<https://www.ncbi.nlm.nih.gov/pubmed/30541865>

Neurology. 2019 Jan 15;92(3):e205-e211. doi: 10.1212/WNL.0000000000006778. Epub 2018 Dec 12

Military-related risk factors in female veterans and risk of dementia.

Yaffe K, Lwi SJ, Hoang TD, Xia F, Barnes DE, Maguen S, Peltz C

OBJECTIVE:

To determine whether diagnoses of traumatic brain injury (TBI), posttraumatic stress disorder (PTSD), and depression, alone or in combination, increase dementia risk among older female veterans.

METHODS:

This cohort study included data from 109,140 female veterans ≥ 55 years of age receiving care from Veterans Health Administration medical centers in the United States between October 2004 and September 2015 with at least 1 follow-up visit. TBI, PTSD, depression, and medical conditions at study baseline and incident dementia were determined according to ICD-9-CM codes. Fine-Gray proportional hazards models were used to determine the association between military-related risk factors and dementia diagnosis, accounting for the competing risk of death.

RESULTS:

During follow-up (mean 4.0 years, SD 2.3), 4% of female veterans ($n = 4,125$) developed dementia. After adjustment for demographics and medical conditions,

women with TBI, PTSD, and depression had a significant increase in risk of developing dementia compared to women without these diagnoses (TBI-adjusted subdistribution hazard ratio [adjusted sHR] 1.49, 95% confidence interval [CI] 1.01-2.20; PTSD adjusted sHR 1.78, 95% CI 1.34-2.36; and depression-adjusted sHR 1.67, 95% CI 1.55-1.80), while women with >1 diagnosis had the highest risk for dementia (adjusted sHR 2.15, 95% CI 1.84-2.51).

CONCLUSIONS:

We found that women with military-related risk factors had an ≈50% to 80% increase in developing dementia relative to women without these diagnoses, while female veterans with multiple risk factors had a >2-fold risk of developing dementia. These findings highlight the need for increased screening of TBI, PTSD, and depression in older women, especially female veterans. © 2018 American Academy of Neurology.

Comment in

[Associations of TBI, PTSD, and depression with dementia risk among female military veterans: Not just men.](#) [Neurology. 2019]

<https://link.springer.com/article/10.1007/s10899-019-09900-w>

Gambling and the Role of Resilience in an International Online Sample of Current and Ex-serving Military Personnel as Compared to the General Population.

A. C. Milton, H. La Monica, M. Dowling, H. Yee, T. Davenport, K. Braunstein, A. Flego, J. M. Burns, I. B. Hickie

Journal of Gambling Studies

First Online: 16 October 2019

<https://doi.org/10.1007/s10899-019-09900-w>

Compared to the general population, military personnel are particularly vulnerable to developing gambling problems. The present study examined the presentation of gambling—including gambling frequency, personal thoughts on reducing gambling and recommendations from others to reduce gambling—across these populations. Additionally, the study measured the association between gambling and various psychosocial risk and protective factors—including psychological distress, suicidal ideation, external encouragement to reduce substance use, days out of role, personal wellbeing, resilience, social support and intimate bonds. Data was extracted from the

Global Health & Wellbeing Survey, an online self-report survey conducted in Australia, Canada, New Zealand, the United Kingdom and the United States. Of the 10,765 eligible respondents, 394 were military veterans and 337 were active military personnel. Consistent with previous research, a higher proportion of gambling behaviours were observed in both current and ex-serving military samples, compared to the general population. To varying degrees, significant associations were found between the different gambling items and all psychosocial risk and protective factors in the general population sample. However, the military sample yielded only one significant association between gambling frequency and the protective factor 'resilience'. A post hoc stepwise linear regression analysis demonstrated the possible mediating role resilience plays between gambling frequency and other psychosocial risk (psychological distress, and suicidal thoughts and behaviour) and protective factors (personal wellbeing) for the military sample. Given the findings, it is recommended that routine screening tools identifying problem gambling are used within the military, and subsequent resilience focused interventions are offered to at risk personnel.

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usz312/5588766>

Adapting Mindfulness Training for Military Service Members With Chronic Pain.

Carrie E Brintz, PhD, Shari Miller, PhD, Kristine Rae Olmsted, MSPH, Michael Bartoszek, MD, Joel Cartwright, PhD, Paul N Kizakevich, MS, Michael Butler, PhD, Nakisa Asefnia, BA, Alex Buben, BA, Susan A Gaylord, PhD

Military Medicine

Published: 17 October 2019

<https://doi.org/10.1093/milmed/usz312>

Introduction

Rates of chronic pain in military personnel are disproportionately high. Chronic pain is often associated with mental health and substance use disorders as comorbid conditions, making treatment of chronic pain complex. Mindfulness-based interventions (MBIs) are a promising behavioral approach to managing chronic pain and psychosocial sequelae. The unique nature of the military context may require adaptations to original MBIs for successful delivery in active-duty military populations. This study adapted the mindfulness-based stress reduction (MBSR) program to create a mindfulness training program that was relevant to active-duty Army personnel experiencing chronic pain.

This article delineates the adaptation process employed to modify the MBSR program to the military context and discusses the resulting training program.

Materials and Methods

The adaptation process consisted of three iterative stages: 1) Drafting the preliminary intervention protocol with recommendations from stakeholders, including military healthcare providers; 2) Refining the preliminary protocol after pretesting the sessions with research team members and a military Veteran advisory committee; and 3) Delivering the preliminary protocol to one cohort of active-duty Soldiers with chronic pain, collecting feedback, and further refining the intervention protocol.

Results

Military-related adaptations to MBSR addressed three areas: military culture, language and terminology, and practical and logistical factors relevant to implementation in the military setting. This adaptation process resulted in a live, online program with six, weekly, sessions. Feedback from a military Veteran advisory committee resulted in modifications, including increasing military-relevant examples; preliminary testing with the target population resulted in additional modifications, including shortening the sessions to 75 min and structuring discussions more efficiently.

Conclusions

The adaptation process was successful in generating an engaging mindfulness training program that was highly relevant to the military context. Obtaining input from stakeholders, such as military healthcare providers and active-duty soldiers, and iterative feedback and modification, were key to the process. Moreover, the program was designed to maintain the integrity and core elements of MBIs while adapting to military culture. A future randomized controlled trial design will be used to evaluate the effectiveness of the intervention in improving chronic pain in military personnel. This program is responsive to the military's call for nonpharmacologic treatments for chronic pain that are easily accessible. If effective, the mindfulness program has the potential for widespread dissemination to complement standard care for Service Members experiencing chronic pain.

<https://link.springer.com/article/10.1186/s12888-019-2302-5>

Systematic review and meta-analysis of the relationship between sleep disorders and suicidal behaviour in patients with depression.

Xiaofen Wang, Sixiang Cheng, Huilan Xu

BMC Psychiatry

December 2019, 19:303

<https://doi.org/10.1186/s12888-019-2302-5>

Background

The potential link between sleep disorders and suicidal behaviour has been the subject of several reviews. We performed this meta-analysis to estimate the overall association between sleep disorders and suicidal behaviour and to identify a more specific relationship in patients with depression.

Methods

A systematic search strategy was developed across the electronic databases PubMed, EMBASE and the Cochrane Library from inception to January 1, 2019 for studies that reported a relationship between sleep disorders and suicidal behaviour in depressed patients. The odds ratio (OR) and corresponding 95% confidence interval (CI) were used to measure the outcomes. Heterogeneity was evaluated by Cochran's Q test and the I² statistic. The Newcastle-Ottawa Scale (NOS) was adopted to evaluate the methodological quality of each of the included studies, and the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach was used to assess the quality of the evidence. We calculated the overall association between sleep disorders and suicidal behaviour and estimated more specific categories, including insomnia, nightmares, hypersomnia, suicidal ideation, suicide attempt, and completed suicide.

Results

A total of 18 studies were included in this study. Overall, sleep disorders were closely related to suicidal behaviour in patients with depression (OR = 2.45 95% CI: 1.33 4.52). The relatively increased risks of sleep disorders with suicidal ideation, suicide attempt and completed suicide ranged from 1.24 (95% CI: 1.00 1.53) to 2.41 (95% CI: 1.45 4.02). Nightmares were found to be highly correlated with the risk of suicidal behaviour (OR = 4.47 95% CI: 2.00 9.97), followed by insomnia (OR = 2.29 95% CI: 1.69 3.10). The certainty of the evidence was rated as very low for the overall outcome and the major depression subgroup and was rated as low for the depression subgroup.

Conclusions

This meta-analysis supports the finding that sleep disorders, particularly nightmares and insomnia, increase the risk of suicidal behaviour in depressed patients. Considering that all included studies were observational, the quality of the evidence is rated as very low.

More well-designed studies are needed to confirm our findings and to better explain the mechanisms by which sleep disorders aggravate suicidal behaviour in depressed patients.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usz265/5588763>

The Community Balance and Mobility Scale: Detecting Impairments in Military Service Members With Mild Traumatic Brain Injury.

Marcy M Pape, PT, DPT, Paula N Kodosky, PT, DPT, Peter Hoover, BS

Military Medicine

Published: 17 October 2019

<https://doi.org/10.1093/milmed/usz265>

Introduction

The objective of this study was to determine the utility of the Community Balance and Mobility scale (CB&M) among service members presenting with mild traumatic brain injury (mTBI), to compare the results against well-established balance assessments, and to find a new military-specific CB&M cut score to help differentiate those with and without mTBI.

Materials and Methods

The setting was a 4-week, intensive-outpatient, interdisciplinary program for active duty service members with mTBI. This was a nonrandomized, cross-sectional design that compared multiple measures between two groups: active duty service members with ($n = 45$) and without ($n = 45$) mTBI. The assessments, including the Activities-Specific Balance Confidence Scale, gait speed (comfortable and fast), the Functional Gait Assessment, and the CB&M, were provided to both sample groups.

Results

The mTBI group performed significantly worse ($P \leq 0.01$) across all measures. A higher cut score for the CB&M of 81.5 is suggested. The CB&M demonstrated the best sensitivity (78%) and specificity (91%) ratio, as well as the largest effect size and area under the curve(0.92).

Conclusion

All objective measures distinguish participants with mTBI from controls, ranging from

fair to excellent. The recommended CB&M cut score of 81.5 allows for good variance, standard deviation, and reduced risk of ceiling or floor effects. Further examination of the recommended CB&M cut score is warranted for use in the mTBI civilian populations.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usz326/5588770>

A Pilot Trial of Online Training for Family Well-Being and Veteran Treatment Initiation for PTSD.

Christopher R Erbes, PhD, Eric Kuhn, PhD, Melissa A Polusny, PhD, Josef I Ruzek, PhD, Michele Spont, PhD, Laura A Meis, PhD, Elizabeth Gifford, PhD, Kenneth R Weingardt, PhD, Emily Hagel Campbell, MS, Heather Oleson, MA, Brent C Taylor, PhD

Military Medicine

Published: 17 October 2019

<https://doi.org/10.1093/milmed/usz326>

Introduction

Family members are important supports for veterans with Posttraumatic Stress Disorder (PTSD), but they often struggle with their own distress and challenges. The Veterans Affairs—Community Reinforcement and Family Training (VA-CRAFT) website was designed to teach family members of veterans with PTSD effective ways to interact with their veterans to encourage initiation of mental health services as well as to care for themselves and improve their relationships. This article presents a pilot investigation of VA-CRAFT.

Materials and Method

Spouse/partners of veterans who had screened positive for PTSD but were not in mental health treatment were randomized to either use the VA-CRAFT website (n = 22) or to a waitlist control condition (n = 19) for 3 months. Veteran mental health service initiation was assessed posttreatment. Spouse/partner distress, caregiver burden, quality of life, and relationship quality were assessed pre and posttreatment. The study was approved by the Minneapolis VA Health Care System Institutional Review Board (IRB).

Results

Differences between groups on veteran treatment initiation were small ($\Phi = 0.17$) and

not statistically significant. VA-CRAFT participants reported large and statistically significantly greater decreases in overall caregiver burden ($\eta^2 = 0.10$) and objective caregiver burden ($\eta^2 = 0.14$) than control participants. Effects were larger for those with greater initial distress. Effects sizes for other partner outcomes were negligible ($\eta^2 = 0.01$) to medium ($\eta^2 = 0.09$) and not statistically significant. Postintervention interviews suggested that only 33% of the VA-CRAFT participants talked with their veterans about starting treatment for PTSD during the trial.

Conclusion

Results from this pilot trial suggest that VA-CRAFT holds initial promise in reducing caregiver burden and as such it could be a useful resource for family members of veterans with PTSD. However, VA-CRAFT does not enhance veteran treatment initiation. It may benefit from enhancements to increase effectiveness and caregiver engagement.

<https://journals.sagepub.com/doi/abs/10.1177/0018726719875810>

Coming home: Why veterans with disabilities withhold workplace accommodation requests.

Gonzalez, K., Tillman, C. J., & Holmes, J. J.

Human Relations

First Published October 17, 2019

<https://doi.org/10.1177/0018726719875810>

Veterans with disabilities are often hesitant to request an accommodation in the workplace, despite the fact that many intranational legal frameworks require employers to provide reasonable accommodation. This study draws from social identity and disability help-seeking theoretical perspectives to examine various factors – veteran identity, disability attributes, and workplace inclusive climate perceptions – which shape feelings of psychological safety and the decision to request a disability accommodation among military veterans with disabilities. Findings suggest veteran identity strain (an incongruence between one's civilian work and military identity) is related to withholding of an accommodation request through decreased psychological safety. We also find veteran identity strain is less likely to be associated with decreased psychological safety when an organization is perceived to have a strong climate of inclusion, especially for military veterans with higher degrees of disability invisibility. The current study sheds

light on why veterans with disabilities might not engage in help-seeking behaviors, and contributes to research streams on workplace disability and veteran workplace integration. Practically, we encourage employers to be especially aware of the needs of vulnerable employees and to develop inclusive climates in order to better support all military personnel transitioning to a civilian workforce.

<https://journals.sagepub.com/doi/abs/10.1177/0091026019878210>

Veterans and Job Satisfaction in the U.S. Federal Government: The Importance of Role Clarity in the First Years of Civilian Employment.

Tao, A. K., & Campbell, J. W.

Public Personnel Management

First Published October 18, 2019

<https://doi.org/10.1177/0091026019878210>

Veterans can face difficulties adjusting to civilian employment due to their experiences in highly structured and regimented military service organizations. This study focuses on factors that affect the job satisfaction of veterans employed in the civilian U.S. Federal Government. Drawing on sector imprinting theory, we propose that role clarity will have a stronger link with job satisfaction for government employees who have served in the military than for those who have not. Second, we argue that this difference will dissipate over time, with the importance of role clarity for veterans being strongest at the earliest stages of the transition to civilian employment. We present evidence for our theory from an analysis of the 2013 Federal Employee Viewpoint Survey. Finally, after discussing the limitations of our study, we suggest practical managerial tactics that can complement ambitious public sector veteran employment initiatives.

<https://psycnet.apa.org/record/2019-52379-001>

Suicide attempt survivors' experiences with mental health care services: A mixed methods study.

Hom, M. A., Albury, E. A., Gomez, M. M., Christensen, K., Stanley, I. H., Stage, D. L., & Joiner, T. E.

Professional Psychology: Research and Practice

Advance online publication.

<http://dx.doi.org/10.1037/pro0000265>

Suicide attempt survivors represent a group at elevated suicide risk that may benefit from connection to mental health care services; however, little is known empirically regarding attempt survivors' perspectives on their experiences with psychiatric services, including their insights into how these services can be improved. This mixed methods study aimed to examine attempt survivors' experiences interfacing with mental health care services. Interview transcript data from 96 suicide attempt survivors (66.7% female) collected for the Live Through This suicide education advocacy project were coded and analyzed to address study aims. Analyses included both quantitative and qualitative approaches. Most attempt survivors (93.7%) reported engaging with mental health care services. Treatment-related factors (e.g., effective medications, therapy offering a new perspective) and positive social support were the most commonly reported factors that contributed to positive experiences with care. The most commonly reported factors that led to negative experiences in care were treatment related (e.g., medication problems), provider related (e.g., inadequate assessment, stigma), and infrastructure related (e.g., lack of access to care, loss of autonomy during involuntary hospitalization). The majority of participants did not offer suggestions for improving treatment, but of the 34 who did, the most common suggestion was to connect attempt survivors to others with lived experience. Findings indicate that for some attempt survivors, traditional evidence-based interventions may be perceived as helpful; findings also highlight factors that may negatively impact care received by attempt survivors. Additional research is needed to systematically identify how experiences with psychiatric services might be improved for suicide attempt survivors. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

<https://www.liebertpub.com/doi/abs/10.1089/lgbt.2019.0120>

The Relationship Between Suicide-Related Exposure and Personal History of Suicidal Behavior in Transgender and Gender-Diverse Veterans.

Raymond P. Tucker, Sarah Pardue-Bourgeois, Annie Snow, Mike Bradstreet, and Julie Cerel

LGBT Health

Published Online:15 Oct 2019

<http://doi.org/10.1089/lgbt.2019.0120>

Purpose:

Transgender and gender-diverse (TGD) veterans experience a high prevalence of suicidal thoughts and behaviors (STBs). Within the general U.S. population, suicide-related exposure is an identified risk factor for STBs. This study explores the impact of suicide-related exposure in TGD veterans.

Methods:

Self-identified TGD veterans (n = 195) completed an online cross-sectional survey that included self-report measures of suicide-related exposures, experience of past-year suicidal ideation (SI), and history of suicide attempt (SA)(s).

Results:

A considerable number of respondents indicated that they were close to someone who attempted suicide (40.5%) or died by suicide (32.8%). When asked about the gender identity of decedents, 6.7% indicated that at least one individual was TGD and 18.5% indicated knowing at least one close TGD individual who attempted suicide. Exposure to SA and to suicide were both independently related to a history of at least one SA. Neither type of suicide exposure was related to past year SI. Participants exposed to the SA of a close TGD individual were more likely to report past-year SI than those not exposed.

Conclusion:

TGD veterans may be more vulnerable to suicidal behaviors if suicide-related exposures are experienced. Public health suicide prevention initiatives, both inside and outside of the TGD community, may help to reduce suicide in these veterans.

Links of Interest

Army ROTC must find more officers than it has in years, and here's how it's happening
<https://www.armytimes.com/news/your-army/2019/10/16/army-rotc-must-find-more-officers-than-it-has-in-years-and-heres-how-its-happening/>

Marines: Your transition time out of the Corps could be longer. Here's why
<https://www.marinecorpstimes.com/news/marine-corps-times/2019/10/16/marines-your-transition-time-out-of-the-corps-could-be-longer-heres-why/>

Why federal spending on veterans education benefits has soared nearly 250 percent
<https://www.militarytimes.com/education-transition/2019/10/16/why-gi-bill-spending-has-soared-nearly-250-percent/>

New Army Chief Wants to Let Soldiers Stay Longer at Favorite Duty Stations
<https://www.military.com/daily-news/2019/10/17/new-army-chief-wants-let-soldiers-stay-longer-favorite-duty-stations.html>

Community partners and support key to veteran suicide prevention
<https://www.militarytimes.com/opinion/commentary/2019/10/18/community-partners-and-support-key-to-veteran-suicide-prevention/>

Women are more than twice as likely as men to suffer from PTSD. Studies are underway to find out why
https://www.washingtonpost.com/health/women-are-more-than-twice-as-likely-as-men-to-suffer-from-ptsd-studies-are-underway-to-find-out-why/2019/10/18/0a8da112-e5f7-11e9-b403-f738899982d2_story.html

Joint Website Debuts as Major Military Health Care Merge Gets Underway
<https://www.military.com/daily-news/2019/10/18/joint-website-debuts-major-military-health-care-merge-gets-underway.html>

Overcoming Barriers to Prescribing Exercise for Mental Health
<https://www.pdhealth.mil/news/blog/overcoming-barriers-prescribing-exercise-mental-health>

Why the military should treat mental health the same as physical health
<https://www.militarytimes.com/opinion/commentary/2019/10/22/why-the-military-should-treat-mental-health-the-same-as-physical-health/>

Resource of the Week: [Military Suicide Prevention and Response](#) (CRS In Focus)

When a servicemember dies by suicide, those close to the member often experience shock, anger, guilt, and sorrow. As such, a servicemember's suicide

may adversely impact the wellbeing of his or her family and friends. Further, it may affect the morale and readiness of his or her unit. The military’s response to suicidal thoughts (ideation), attempts, and deaths involves coordinated efforts among command and unit leadership, medical professionals, counselors, and others across the military community.

Under the authority given to Congress in Article 1, Section 8 of the U.S. Constitution, to raise and support armies; provide and maintain a navy; and provide for organizing, disciplining, and regulating them, Congress strives to understand the scope of this issue as it pertains to the military, the efforts previously taken to address it, and the considerations for confronting it in the future.

Table 1. Unadjusted Suicide Mortality Rates by Service and Component, 2013-2018
(rate per 100,000 personnel)

Service	2013	2014	2015	2016	2017	2018
Active Total	18.5	20.4	20.2	21.5	21.9	24.8
Army	22.5	24.6	24.4	27.4	24.3	29.5
Air Force	14.4	19.1	20.5	19.4	19.6	18.5
Navy	12.7	16.6	13.1	15.9	20.1	20.7
Marine Corps	23.1	17.9	21.2	20.1	23.4	31.4
Reserve Total	22.8	21.6	24.7	22.0	25.7	22.9
Army Reserve	29.6	21.4	27.7	20.6	32.1	25.3
Air Force Reserve	nr	nr	nr	nr	nr	nr
Navy Reserve	nr	nr	nr	nr	nr	nr
Marine Corps Reserve	nr	nr	nr	nr	nr	nr
Natl Guard Total	28.9	19.8	27.5	27.3	29.1	30.6
Army Guard	33.7	21.8	29.8	31.6	34.6	35.3
Air Guard	nr	nr	19.9	nr	nr	nr

Source: Compiled by CRS from Annual Suicide Reports and DOD Suicide Event Reports.

Notes: Rates for subgroups with fewer than 20 suicides are not reported (nr) by DOD due to statistical instability.

See also: [Suicide Rates and Risk Factors for the National Guard](#) (CRS Insight)

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