

# CDP

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## Research Update -- January 23, 2020

### What's Here:

- PTSD Research Quarterly -- PTSD and Aging
- Caregiver Issues and Concerns Following TBI: A Review of the Literature and Future Directions.
- U.S. Military Veterans' Health and Well-Being in the First Year After Service.
- Emotional avoidance and social support interact to predict depression symptom severity one year after traumatic exposure.
- Psychiatric diagnosis, gender, aggression, and mode of attempt in patients with single versus repeated suicide attempts.
- Theoretical grounds of Pain Tracker Self Manager: An Acceptance and Commitment Therapy digital intervention for patients with chronic pain.
- Examining the Effectiveness of a Group-Based Behavioral Activation Treatment for Depression among Veterans.
- The Roles of Alcohol Use Severity and Posttraumatic Stress Disorder Symptoms as Risk Factors for Women's Intimate Partner Violence Experiences.
- Training for a new environment: Using military operational concepts in counseling veterans.
- Psychotherapy for veterans navigating the military-to-civilian transition: A case study.
- Impact of Pre-Existing Migraine and Other Co-Morbid or Co-Occurring Conditions on Presentation and Clinical Course Following Deployment-Related Concussion.

- Transitioning fractured identities: A grounded theory of veterans' experiences of operational stress injuries.
- Serving those who serve: Psychotherapy with military clients.
- Connecting Veterans and Their Community Through Narrative: Pilot Data on a Community Strengthening Intervention.
- Suicide-Related Training, Self-Efficacy, and Mental Health Care Providers' Reactions Toward Suicidal Individuals.
- Patients' Satisfaction With the Therapeutic Relationship and Therapeutic Outcome Is Related to Suicidal Ideation in the Attempted Suicide Short Intervention Program (ASSIP).
- Understanding the impact of complicated grief on combat related posttraumatic stress disorder, guilt, suicide, and functional impairment in a clinical trial of post-9/11 service members and veterans.
- Military Cohorts, Substance Use, and Male-Perpetrated Intimate Partner Violence.
- A lifeline in the dark: Breaking through the stigma of veteran mental health and treating America's combat veterans.
- Reconceptualizing the U.S. Military's Transition Assistance Program: The Success in Transition Model.
- Effect of comorbid anxiety and depression in complicated grief on perceived cognitive failures.
- The Association Between Sexual Functioning and Suicide Risk in U.S. Military Veteran Couples Seeking Treatment for Post-Traumatic Stress Disorder.
- From the military to college and beyond: Growing a culturally sensitive program to support veteran success.
- Military Sexual Trauma and Risky Behaviors: A Systematic Review.
- The Impact of Medical Cannabis on Intermittent and Chronic Opioid Users with Back Pain: How Cannabis Diminished Prescription Opioid Usage.
- Links of Interest
- Resource of the Week: Seeking the Military Suicide Solution (new podcast)

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[https://www.ptsd.va.gov/publications/rq\\_docs/V30N4.pdf](https://www.ptsd.va.gov/publications/rq_docs/V30N4.pdf)

## **PTSD Research Quarterly -- PTSD and Aging**

National Center for PTSD, Department of Veterans Affairs

Vol. 30(4), 2019

Population aging is a key demographic trend characterizing the United States (U.S.) and many industrialized countries, and an important consideration for research aiming to improve public health. Despite significant scientific advances in understanding the etiology and treatment of posttraumatic stress disorder (PTSD) since it became a formal diagnostic entity in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III; American Psychiatric Association [APA], 1980), PTSD and aging remains a largely understudied area. This issue of PTSD Research Quarterly provides a guide to some of the most important and well- conducted studies on this topic.

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<https://link.springer.com/article/10.1007/s12207-019-09369-3>

## **Caregiver Issues and Concerns Following TBI: A Review of the Literature and Future Directions.**

Everhart, D.E., Nicoletta, A.J., Zurlinden, T.M., Gencarelli, A.M.

Psychological Injury and Law

Published: 03 January 2020

<https://doi.org/10.1007/s12207-019-09369-3>

Survival following traumatic brain injury (TBI) has increased following advances in medical care. However, TBI survivors often experience significant deficits in cognitive function, psychological disturbance, and residual physical deficits. The caregivers for these survivors, who are often family members, may have limited capacity to provide the services and care that are required. Limitations in capacity may be attributable to poor preparation, increased burden, lack of appropriate resources, and lack of required support. Likewise, there are resultant consequences for the caregiver and the survivor. The purpose of this paper is to review issues associated with caregiver capacity

including preparation, burden, burnout, and consequences. In the latter portion of the paper, assessment of caregiver readiness and understanding and intervention is described (as well as current limitations). The final portions of the paper describe future directions, the call for increased research, and medicolegal implications.

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[https://www.ajpmonline.org/article/S0749-3797\(19\)30481-7/fulltext](https://www.ajpmonline.org/article/S0749-3797(19)30481-7/fulltext)

### **U.S. Military Veterans' Health and Well-Being in the First Year After Service.**

Dawne S. Vogt, PhD, Dawne S. Vogt, PhD, Fanita A. Tyrell, PhD, Emily A. Bramande, BA, Yael I. Nillni, PhD, Emily C. Taverna, BA, Erin P. Finley, PhD, Daniel F. Perkins, PhD, Laurel A. Copeland, PhD

American Journal of Preventive Medicine

Published online: January 01, 2020

<https://doi.org/10.1016/j.amepre.2019.10.016>

#### Introduction

This study examined the health and well-being of U.S. veterans during the first year after military service and tested several hypotheses regarding differences in veterans' well-being over time, across life domains, and based on sex, military rank, and deployment history.

#### Methods

A national sample of 9,566 veterans was recruited from a roster of all separating U.S. service members in the fall of 2016. Veterans' status, functioning, and satisfaction with regard to their health, work, and social relationships were assessed within 3 months of separation and then 6 months later. Analyses were completed in 2019.

#### Results

Health concerns were most salient for newly separated veterans, with many veterans reporting that they had chronic physical (53%) or mental (33%) health conditions and were less satisfied with their health than either their work or social relationships. By contrast, most veterans reported relatively high vocational and social well-being and only work functioning demonstrated a notable decline in the first year following separation. Enlisted personnel reported consistently poorer health, vocational, and social outcomes compared with their officer counterparts, whereas war zone-deployed

veterans reported more health concerns and women endorsed more mental health concerns compared with their nondeployed and male peers.

### Conclusions

Although most newly separated veterans experience high vocational and social well-being as they reintegrate into civilian life, findings point to the need for additional attention to the health of separating service members and bolstered support for enlisted personnel to prevent the development of chronic readjustment challenges within this population.

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<https://www.sciencedirect.com/science/article/abs/pii/S0165178119312375>

### **Emotional avoidance and social support interact to predict depression symptom severity one year after traumatic exposure.**

Courtney N. Forbes, Matthew T. Tull, Hong Xie, Nicole M. Christ, ... Xin Wang

Psychiatry Research

Volume 284, February 2020

<https://doi.org/10.1016/j.psychres.2020.112746>

### Highlights

- Emotional avoidance predicts depression severity 12-months after traumatic exposure.
- High emotional avoidance with low social support predicts most severe depression.
- Low social support is a risk factor for depression following traumatic exposure.

### Abstract

Individuals exposed to a traumatic event commonly develop symptoms of depression, a psychiatric disorder associated with a number of negative clinical and public health consequences. Both intrapersonal and interpersonal risk factors have been associated with heightened risk for depression following traumatic event exposure; however, less is known about how these risk factors may interact to predict trauma-exposed individuals' risk of subsequently developing depression symptoms. This study examined the interactive influence of emotional avoidance (an intrapersonal risk factor) and perceived social support (an interpersonal risk factor) on the development of depression symptoms over a one-year period among N = 46 individuals recruited shortly after

visiting a hospital emergency department for treatment following exposure to a traumatic event. Results revealed a significant main effect of emotional avoidance on 12-month depression symptoms. The main effect was qualified by an emotional avoidance by perceived social support interaction: the relation of emotional avoidance to 12-month depression symptoms was positive and significant only for individuals with low levels of perceived social support. Results highlight the need to consider both intrapersonal and interpersonal risk factors, as well as their interaction, when predicting which individuals may be most at risk to develop depression following traumatic event exposure.

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<https://www.sciencedirect.com/science/article/abs/pii/S0165178119312843>

### **Psychiatric diagnosis, gender, aggression, and mode of attempt in patients with single versus repeated suicide attempts.**

Athanasia Papadopoulou, Vasiliki Efstathiou, Christos Christodoulou, Rossetos Gournellis, ... Manolis Markianos

Psychiatry Research  
Volume 284, February 2020  
<https://doi.org/10.1016/j.psychres.2020.112747>

#### Highlights

- Clinical data of patients with single versus repeated suicide attempts were compared.
- Highest frequencies of patients with repeated attempts in bipolar disorder, and
- Lowest frequencies of these patients in adjustment/personality disorders.
- Females with repeated attempts were more likely to use non-violent mode of attempt.
- Higher aggression and hostility in females with repeated attempts and mood disorder.

#### Abstract

There is evidence that patients with multiple suicide attempts in their history are at greater risk to repeat attempt and eventually die by suicide compared to those with a single attempt. This cross-sectional study aimed to explore possible differences in clinical characteristics between patients with a single attempt and patients with repeated attempts. Two hundred thirty one patients hospitalised in psychiatric department after

suicide attempt were studied. Comparisons were made in relation to age, gender, psychiatric diagnosis, aggression, depression severity, suicide intent and mode of attempt. Highest frequencies of patients with repeated attempts were found for bipolar disorder (69%) and lowest for adjustment/personality disorders (39%). In patients with repeated attempts, female gender was associated with non-violent attempt mode. Depressive symptomatology was higher in patients with repeated attempts among females. In patients with depression those with repeated attempts were younger than patients with single attempt. In patients with mood disorders, total aggression and hostility scores were higher in females with repeated attempts but not in males. Psychiatric diagnosis, gender and attempt mode are features that differentiate patients with single and repeated attempts and should be considered to identify patients at increased risk to repeat attempt and design effective prevention interventions.

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<https://www.sciencedirect.com/science/article/pii/S2212144719301528>

### **Theoretical grounds of Pain Tracker Self Manager: An Acceptance and Commitment Therapy digital intervention for patients with chronic pain.**

Roger Vilaradaga, Pamela Stitzlein Davies, Kevin E. Vowles, Mark D. Sullivan

Journal of Contextual Behavioral Science  
Volume 15, January 2020, Pages 172-180  
<https://doi.org/10.1016/j.jcbs.2020.01.001>

#### Highlights

- Pain Tracker Self-Manager (PTSM) is a novel digital intervention for chronic pain.
- PTSM integrates Contextual Behavioral Science and Butler and Moseley's pain model.
- PTSM generated new ACT metaphors that can be readily used by clinical providers.
- PTSM's design capitalized on verbal and visual perspective-taking.
- Describing the theoretical grounds of digital interventions is key.

#### Abstract

##### Objective

To report the theoretical basis and design of a novel digital Acceptance and Commitment Therapy (ACT) intervention for people with chronic pain, the Pain Tracker Self Manager (PTSM), which had promising efficacy in a recent pilot trial.

## Methods

Content development by a multidisciplinary panel of experts in psychiatry, clinical psychology, nursing and social work, with feedback from a group of patients with chronic pain and their providers. Materials included paper-based sketching of a story character, visual metaphors, and a series of stories designed to deliver the theory-based components of our behavioral intervention.

## Results

This development and design process resulted in 4 digitally delivered clinical modules that combine visual and verbal cues. In addition, it generated a series of novel ACT metaphors specifically tailored to patients with chronic pain: Pain: Injury vs. Threat, Life Navigation System, The Fog of Pain, and Get Rhythm. Consistent with ACT theory and the contextual behavioral science framework, PTSM utilized: perspective-taking, values clarification, acceptance strategies, and nursing and psychological care recommendations.

## Discussion

Reports of the design and theoretical basis of digital health interventions are highly needed to increase the rigor of their development process and more progressively advance our body of knowledge. This pilot study developed and tested a series of ACT metaphors that can be readily used by ACT clinicians working with this population.

## Conclusion

PTSM is a novel digital ACT intervention for patients with chronic pain with features directly linked to ACT processes and theory.

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<https://link.springer.com/article/10.1007/s10862-019-09778-3>

## **Examining the Effectiveness of a Group-Based Behavioral Activation Treatment for Depression among Veterans.**

Amanda M. Raines, Elizabeth A. Thomas, Jamie L. Tock, Thomas M. Hallinan, Shannon Hartley, Holly MacKenna, Joseph I. Constans & C. Laurel Franklin

Journal of Psychopathology and Behavioral Assessment

Published 02 January 2020

<https://doi.org/10.1007/s10862-019-09778-3>



To date, the utility of behavioral activation (BA) as a treatment for depression has been primarily demonstrated in an individual therapy format, with few empirical investigations exploring group-based delivery. In addition, little is known about the utility of such interventions within veterans, a population known to have increased rates of depression. To this end, the purpose of the proposed study was to examine the potential therapeutic benefits of BA delivered in a group-based format to an outpatient sample of veterans with a primary depressive diagnosis. The sample consisted of 32 veterans presenting for psychological services within a general mental health clinic at a large, Southeastern Veterans Affairs (VA) hospital. Depression and quality of life symptoms were measured pre- and post- delivery of the Brief Behavioral Activation Treatment for Depression-Revised (BATD-R; Lejuez et al. Behavior Modification, 35(2), 111–161, 2011), a 10-session manualized protocol designed to address depressive symptoms by increasing patient contact with reinforcing environmental contingencies. Consistent with prediction, engagement in BATD-R led to reductions in depression symptoms and increases in overall life satisfaction from pre- to post-treatment. The present study provides preliminary support for the effectiveness of BATD-R delivered in a group-based format among an outpatient sample of veterans.

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<https://www.liebertpub.com/doi/abs/10.1089/jwh.2019.7944>

## **The Roles of Alcohol Use Severity and Posttraumatic Stress Disorder Symptoms as Risk Factors for Women's Intimate Partner Violence Experiences.**

Colin T. Mahoney and Katherine M. Iverson

Journal of Women's Health

Online Ahead of Print: January 6, 2020

<http://doi.org/10.1089/jwh.2019.7944>

### Background:

To reduce women's risk for intimate partner violence (IPV), it is critical to elucidate malleable psychiatric and behavioral health risk factors. We aimed to identify if alcohol use problems moderate the associations between posttraumatic stress disorder (PTSD) symptoms and past-year IPV victimization experiences among female veterans, a population at high risk for IPV.

#### Methods:

Female veterans (N = 198) completed mail surveys assessing PTSD symptoms, alcohol use, and IPV at two time points between 2012 and 2013. Regression analyses were used to examine the associations between PTSD symptoms and alcohol use at Time 1 with past-year IPV at Time 2.

#### Results:

More than a third of women (36.9%) reported past-year IPV. Alcohol use severity significantly moderated the association between PTSD symptoms and past-year physical IPV. Specifically, there was a significant positive association between PTSD symptoms and past-year IPV at high levels of alcohol use severity, but not at low or average levels of alcohol use. Although both PTSD symptoms and alcohol use were independent risk factors for past-year sexual and psychological IPV, no moderating effect was found for these IPV types.

#### Conclusions:

Findings can inform tailored IPV, psychiatric, and behavioral health screening and counseling. Such practices may reduce psychiatric distress and IPV risk.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.22919>

### **Training for a new environment: Using military operational concepts in counseling veterans.**

Christopher Morse

Journal of Clinical Psychology

First published: 07 January 2020

<https://doi.org/10.1002/jclp.22919>

Since September 11, 2001, the United States has engaged in an extended period of military conflict, resulting in 4.1 million men and women serving in support of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn. Whereas not all servicemembers experience mental health issues, many have experienced difficulties with readjusting to the civilian world, often requiring mental health services both inside and outside of the Department of Veterans Affairs. Issues related to stigma and military culture contribute to barriers not only for veterans seeking treatment but for clinicians providing services who may lack experience with military culture. This article

provides a framework to use military concepts in clinical sessions to further therapeutic engagement with the military/veteran client.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.22924>

**Psychotherapy for veterans navigating the military-to-civilian transition: A case study.**

Brian J. Stevenson

Journal of Clinical Psychology  
First published: 07 January 2020  
<https://doi.org/10.1002/jclp.22924>

Veterans face a range of challenges as they transition out of the military and into civilian life. For some, this period of transition is characterized by loss of identity, loss of daily structure, loss of community, and confusion about where they fit within society. If not attended to, problems associated with the military-to-civilian transition can lead to significant functional impairment. Yet, little is known about how psychotherapy can support this period of adjustment that every veteran will face. This article presents a case study of a veteran struggling to adjust to the civilian world following his service in the military. Critical areas of assessment, conceptualization, and intervention are explicated to help inform best practices for mental health providers working with veterans.

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<https://headachejournal.onlinelibrary.wiley.com/doi/abs/10.1111/head.13709>

**Impact of Pre-Existing Migraine and Other Co-Morbid or Co-Occurring Conditions on Presentation and Clinical Course Following Deployment-Related Concussion.**

Scott, B.R., Uomoto, J.M. and Barry, E.S.

Headache: The Journal of Head and Face Pain  
First published: 03 January 2020  
<https://doi.org/10.1111/head.13709>

## Objective

To describe the clinical presentation and early clinical course of a sample of deployed U.S. military service members following concussion, underscoring the impact of pre-existing migraine and other co-occurring conditions. It is important to obtain a comprehensive clinical history to identify evidence of underlying migraine and other health conditions which may contribute to an individual's presenting symptoms influencing early management and outcomes following concussion. Early outcome measures assessed include headache treatment response and fitness for return to duty.

## Background

Acute concussion is reported to result in an array of somatic, cognitive, and behavioral symptoms. It is well established that these symptoms are not specific for concussion and may result from exacerbation of pre-existing or underlying medical conditions and factors. Although most symptoms attributable to concussion resolve within days to weeks, there is evidence that persistent symptoms beyond that specific recovery time may be attributable to factors other than concussion. Military populations are at risk for a number of recognized co-morbid and co-occurring conditions, as well as special situational and psychosocial factors which may influence symptoms and clinical course following concussion. In addition, combat-related concussion frequently occurs in the setting of a blast or military vehicle accidents thus causing concurrent injuries where musculoskeletal injuries may contribute to the clinical presentation. The resultant acute stress reaction, secondary to the traumatic experience associated with concussion, may also cause or aggravate underlying psychological co-morbidities that may influence presenting symptoms. Prior studies identified co-morbidities associated with chronic post-concussive syndrome, which we find are also present during the early phase following deployment-related concussion, thereby influencing presentation and impacting recovery. This retrospective chart review was intended to demonstrate the presence and potential impact of co-morbid and co-occurring conditions contributing to symptoms following concussion, especially migraine due to its high prevalence among post-traumatic headaches.

## Methods

Retrospective chart review was performed by the treating neurologist of 40 service members following concussion in the deployed environment. Clinical symptoms and co-morbid and co-occurring conditions including evidence of pre-existing migraine identified during comprehensive neurologic evaluations were collected. Both pre-deployment/pre-traumatic and post-traumatic headache features supporting migraine and early instituted headache management and treatment response are described. Rates of return to duty in this sample were also tabulated.

## Results

Headaches were the most frequently reported acute symptom following concussion in this deployed service member population (38/40 patients [98%]), followed by insomnia, tinnitus, impaired concentration, nausea, dizziness, anxiety, impaired balance, depression, and hearing loss. Co-occurring acute injuries, acute stress reaction, and recent onset medication overuse were the most frequent co-occurring conditions identified by the treating neurologist as potentially contributing to the service member's presentation. Chronic co-morbidities identified included chronic headache, anxiety/depression, insomnia, and post-traumatic stress disorder. Service members with 3 or more identified co-morbidities or co-occurring conditions were more likely to require evacuation from theater. Pre-deployment headaches were reported by 25/40 [63%] service members, with 5/40 [12.5%] reporting known prior personal history of migraine. Of those reporting pre-deployment headaches, 21/25 [84%] described migraine features and/or triggers, though most [(15/25) 60%] reported as infrequent. Daily post-traumatic headaches were frequent (26/38 [68%]) and associated with typical migraine features and/or triggers. Of those treated with triptans (16/40 patient [42%]), most (12/16 patient [75%]) showed positive treatment response.

## Conclusions

Concussion in the deployed settings does not occur in isolation, with co-morbid and co-occurring conditions being common. Presence of multiple co-morbidities appears to influence clinical course and overall recovery. Post-traumatic headaches are often phenotypically fully consistent with migraine, and appear related to pre-existing migraine if supported by detailed pre-deployment headache history suggesting same. Careful and comprehensive history taking and evaluation is invaluable in identifying associated conditions including migraine, potentially helping clinicians with more accurate symptom attribution, diagnoses, and improved clinical management following acute concussion.

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<https://psycnet.apa.org/buy/2019-72137-001>

## **Transitioning fractured identities: A grounded theory of veterans' experiences of operational stress injuries.**

Smith-MacDonald, Lorraine, Raffin-Bouchal, Shelley, Reay, Gudrun, Ewashen, Carol, Konnert, Candace, Sinclair, Shane

Traumatology  
Dec 02 , 2019

Combat soldiers experience operational stress injuries (OSIs), exacerbating mental illnesses, social difficulties, and spiritual or moral distress. Although research continues to explore OSIs, one of the least understood and underresearched aspects are the perspectives of veterans themselves. The purpose of this research was to determine what elements of OSIs veterans deemed to be most injurious to them and why and develop an explanatory theory exclusively from veterans' perspectives. This research was conducted using classical grounded theory. Semistructured interviews were carried out with 18 Canadian combat veterans who had OSIs related to their military service. Interviews were audio-recorded, transcribed, coded, and constantly compared in accordance with the grounded theory method, to discover underlying key theoretical categories. The conceptual theory emerged as transitioning fractured identities and participants deemed 2 interrelated categories as being injurious: fracturing experiences and limboizing. Fracturing experiences were nearly synonymous with the current classification of moral injury, whereas limboizing referred to the military-to-civilian transition. Veterans expressed that unresolved morally injurious experiences often began their negative mental and emotional health trajectories, which frequently culminated in a psychiatric diagnosis and being medically released from the military. In addition, a failed military-to-civilian transition may be an important and yet unrecognized component of OSIs, in which moral injury may play a significant role. Veterans described effective OSIs treatment as not just focusing on their mental illness symptomology but rather as treatments that are equally capable of addressing their emotional and spiritual distress, lack of identity, and fractured sense of self. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

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<https://www.ncbi.nlm.nih.gov/pubmed/31909819>

J Clin Psychol. 2020 Jan 7. doi: 10.1002/jclp.22917. [Epub ahead of print]

### **Serving those who serve: Psychotherapy with military clients.**

Raskin PM

As in the Vietnam era, the wars in Iraq and Afghanistan are not the focus of the nightly news. Nevertheless, there are countless numbers of individuals enlisting, serving, deploying, redeploying, and leaving military branches every day. These individuals are

underserved in many ways, especially after they end their formal relationship with their service. The purpose of this introduction is to describe the ongoing concerns and psychological problems of our military personnel and the efforts, described by the authors of papers in this issue, to address these concerns and problems.

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<https://link.springer.com/article/10.1007/s10597-019-00540-3>

### **Connecting Veterans and Their Community Through Narrative: Pilot Data on a Community Strengthening Intervention.**

Daria Mamon, Arielle A. J. Scoglio, Rachelle M. Calixte, Rivka Tuval-Mashiach, Benjamin Patton & Charles E. Drebing

Community Mental Health Journal

Published: 06 January 2020

<https://doi.org/10.1007/s10597-019-00540-3>

Military personnel transitioning to civilian life commonly report difficulty with establishing friendships, reconnecting with family, and a greater sense that they do not “fit in.” Personal narrative interventions have the potential to increase the community’s interest and understanding of Veterans’ experience. This study examines the impact of a narrative intervention in which Veterans used film or verbal storytelling to describe their experience of being a Veteran to civilian audiences. A total 12 Veterans participated in at least one performance, and 88 community audience members attended one of six performances of the Veterans’ narratives. Survey data indicate increase in positive attitudes towards Veterans, as well as a shift in the Veterans’ perspective of civilians as receptive and supportive. These preliminary findings suggest that narrative interventions appear to have a positive impact on civilians’ interest in Veterans and therefore, may be a valuable community reintegration intervention.

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<https://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000647?journalCode=cri>

### **Suicide-Related Training, Self-Efficacy, and Mental Health Care Providers' Reactions Toward Suicidal Individuals.**

Sean M. Mitchell, Nathanael J. Taylor, Danielle R. Jahn, Jared F. Roush, Sarah L. Brown, Richard Ries, and Paul Quinnett

Crisis

Published online: January 10, 2020

<https://doi.org/10.1027/0227-5910/a000647>

Background:

Mental health care providers commonly encounter suicide ideation and suicidal behaviors among their patients despite a frequent lack of adequate knowledge and competence regarding suicide risk management.

Aims:

This study examined the associations among self-perceived sufficiency of training, self-efficacy, anxiety, and attitudes related to working with suicidal individuals. Method: Participants were 289 mental health care providers who completed a self-report survey.

Results:

Path analysis results indicated that perceived sufficiency of training was indirectly associated with negative attitudes (i.e., avoidance and discomfort) and cognitive and somatic anxiety about working with suicidal individuals through assessment self-efficacy.

Limitations:

The current study utilized cross-sectional data, and there were occupational heterogeneity and geographical homogeneity among the mental health care providers sampled.

Conclusion:

These findings suggest that sufficient suicide-related training focused on risk assessment may decrease mental health professionals' negative and anxious reactions toward suicidal individuals and enhance confidence in suicide risk management.

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<https://econtent.hogrefe.com/doi/full/10.1027/0227-5910/a000644>

**Patients' Satisfaction With the Therapeutic Relationship and Therapeutic Outcome Is Related to Suicidal Ideation in the Attempted Suicide Short Intervention Program (ASSIP).**



Mariann Ring and Anja Gysin-Maillart

Crisis

Published online: January 10, 2020

<https://doi.org/10.1027/0227-5910/a000644>

Background:

The therapeutic alliance may be a moderating factor of outcome in the Attempted Suicide Short Intervention Program (ASSIP).

Aims:

This study investigates the two components of the therapeutic alliance, patients' satisfaction with the therapeutic relationship and therapeutic outcome and their associations with suicidal ideation over time.

Method:

A total of 120 patients (55% female; mean age = 36 years) with a history of attempted suicide were randomly allocated to either the intervention group (N = 60) or the control group (N = 60). Patients' satisfaction with the therapeutic relationship and outcome were measured with the two subscales of the Helping Alliance Questionnaire. The Beck Scale of Suicide Ideation was used to measure suicidal ideation in this 24-month follow-up study.

Results:

The ASSIP group showed that patients' satisfaction with therapeutic relationship and outcome increased significantly from the first to the third session. Higher satisfaction with therapeutic outcome correlated significantly with lower suicidal ideation at follow-up. Conversely, the control group showed no significant results.

Limitations:

The collaborative approach adopted in the initial clinical interview of the control group could possibly have influenced the results of both scales.

Conclusion:

In particular, the component satisfaction with therapeutic outcome seems crucial to the subjectively perceived satisfaction of treatment and is associated with lower suicidal ideation over time. Thus, an enhanced understanding of components of the therapeutic alliance plays an important role in the development of interventions for suicidal patients.

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<https://onlinelibrary.wiley.com/doi/full/10.1002/da.22911>

**Understanding the impact of complicated grief on combat related posttraumatic stress disorder, guilt, suicide, and functional impairment in a clinical trial of post-9/11 service members and veterans.**

Naomi M. Simon MD, MSc, Susanne S. Hoepfner PhD, Rebecca E. Lubin, Donald J. Robinaugh PhD, Matteo Malgaroli PhD, Sonya B. Norman PhD, Ron Acierno PhD, Elizabeth M. Goetter PhD, Samantha N. Hellberg, Meredith E. Charney PhD, Eric Bui MD, PhD, Amanda W. Baker PhD, Erin Smith PhD, H. Myra Kim ScD, Sheila A. M. Rauch PhD

Depression & Anxiety

First published: 09 January 2020

<https://doi.org/10.1002/da.22911>

Background

Complicated grief (CG) is a bereavement-specific syndrome distinct from but commonly comorbid with posttraumatic stress disorder (PTSD). While bereavement is common among military personnel (Simon et al., 2018), there is little research on the impact of CG comorbidity on PTSD treatment outcomes.

Methods

To evaluate the impact of comorbid CG on PTSD treatment outcomes we analyzed data from a randomized trial comparing prolonged exposure, sertraline, and their combination in veterans with a primary diagnosis of combat-related PTSD (n = 194). Assessment of PTSD, trauma-related guilt, functional impairment, and suicidal ideation and behavior occurred at baseline and weeks 6, 12, and 24 during the 24-week trial.

Results

CG was associated with lower PTSD treatment response (odds ratio (OR) = 0.29, 95% confidence interval (CI) [0.12, 0.69], p = 0.005) and remission (OR = 0.28, 95% CI [0.11, 0.71], p = 0.007). Those with CG had greater severity of PTSD (p = 0.005) and trauma-related guilt (<0.001) at baseline and endpoint. In addition, those with CG were more likely to experience suicidal ideation during the study (CG: 35%, 14/40 vs. no CG 15%, 20/130; OR = 3.01, 95% CI [1.29, 7.02], p = 0.011).

## Conclusions

Comorbid CG is associated with elevated PTSD severity and independently associated with poorer endpoint treatment outcomes in veterans with combat-related PTSD, suggesting that screening and additional intervention for CG may be needed.

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<https://journals.sagepub.com/doi/abs/10.1177/1077801219893475>

## **Military Cohorts, Substance Use, and Male-Perpetrated Intimate Partner Violence.**

Roberto Cancio

Violence Against Women

First Published January 13, 2020

<https://doi.org/10.1177/1077801219893475>

This study considers variations of intimate partner violence (IPV) from the point of the perpetrator to test the impact of demographic factors on the type of IPV most prevalent among pre-9/11 and post-9/11 military families from the National Longitudinal Study of Adolescent to Adult Health (1994–2008): Waves I and IV in-home interviews (N = 499). Study findings indicate that the perpetration of physical and sexual IPV depends on the context of veteran cohort and race/ethnicity. Models for substance use and IPV patterns were not similar across military cohorts and/or racial/ethnic groups.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.22918>

## **A lifeline in the dark: Breaking through the stigma of veteran mental health and treating America's combat veterans.**

Gabriel Botero Jr., Nilsa I. Rivera, Shakeya C. Calloway, Pedro L. Ortiz, Emily Edwards, John Chae, Joseph C. Geraci

Journal of Clinical Psychology

First published: 11 January 2020

<https://doi.org/10.1002/jclp.22918>

For generations, veterans have answered the call to service and served their country honorably and with distinction. Unfortunately, the consequences of combat cause many veterans to struggle with life after the military and with readjustment/reintegration into civilian life. Today more than ever, there are a multitude of resources, education, and treatment options for combat veterans. For mental and physical health providers, business leaders, and other professionals who work with veterans, it is of the utmost importance that they learn about programs around them that are successful in treating veterans. The current article reviews two U.S. Department of Veterans Affairs nationwide programs—the Readjustment Counseling Service/Vet Center and Veteran Cultural Competence Training—designed to decrease mental health stigma for veterans and to increase veteran engagement with mental health services. These programs highlight the importance of being aware of the culture within military systems, being aware of personal biases, and fostering an environment of genuineness, safety, and nonjudgmental empathy. In doing so, these programs are successful in reducing the unspoken power of stigmatization; they effectively reach out to veterans in need, providing a lifeline in the dark.

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<https://journal-veterans-studies.org/articles/10.21061/jvs.v6i1.144/>

### **Reconceptualizing the U.S. Military’s Transition Assistance Program: The Success in Transition Model.**

James Whitworth, Ben Smet, Brian Anderson

Journal of Veterans Studies  
2020; 6(1), pp.25–35  
<http://doi.org/10.21061/jvs.v6i1.144>

This article describes and proposes the Success in Transition Model as a guiding framework for a reconceptualized Transition Assistance Program (TAP) to support U.S. military members as they leave the service. Key groups of veterans have ongoing difficulties adjusting to civilian settings after their time in the service. Even with recent changes, the current TAP has a narrow focus of primarily aiding members to prepare for finding post-military employment, education, and benefits. Little attention is given to other key areas of their functioning such as adjusting to their new work/educational/cultural settings, meeting family transition needs, financial management issues, procuring housing, dealing with trauma responses, or assuring that veterans truly obtain the benefits and support they need. This new model

addresses key flaws with the current TAP and is grounded in human and military transition theories and research into optimal ways to foster improved outcomes for transitioning military members.

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<https://onlinelibrary.wiley.com/doi/full/10.1002/da.22943>

## **Effect of comorbid anxiety and depression in complicated grief on perceived cognitive failures.**

Fisher, JE, Zhou, J, Liu, AG, Fullerton, CS, Ursano, RJ, Cozza, SJ

Depression & Anxiety

First published: 09 January 2020

<https://doi.org/10.1002/da.22943>

### Background

Bereavement is associated with cognitive difficulties, but it is unclear whether these difficulties are associated with normative and/or complicated grief (CG) and how comorbid depression and anxiety contribute to them. Self-reported “minor errors in thinking” (i.e., cognitive failures) may manifest following bereavement and be differentially affected by CG, anxiety, and depression.

### Methods

Associations between perceived cognitive failures and CG, anxiety, and depression were investigated in 581 bereaved participants. To examine both single and comorbid conditions across the spectrum of bereaved participants, these relationships were examined using both linear regressions and group comparisons.

### Results

Continuous measures of depression, anxiety, and grief each independently predicted perceived cognitive failures. Group comparisons indicated that the group with three comorbid conditions had the highest frequency of perceived cognitive failures and the group with no conditions had the lowest. In addition, groups with threshold depression levels (both alone and comorbid with another condition) had higher frequencies of perceived cognitive failures than other groups, suggesting that depression was more strongly associated with perceived cognitive failures than CG or anxiety.

## Conclusions

Future research about cognition following bereavement should address how multiple mental health symptoms or conditions combine to affect perceived and actual cognitive capacity.

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<https://link.springer.com/article/10.1007/s10508-019-01577-x>

## **The Association Between Sexual Functioning and Suicide Risk in U.S. Military Veteran Couples Seeking Treatment for Post-Traumatic Stress Disorder.**

Chandra E. Khalifian, Kayla Knopp, Chelsey R. Wilks, Jennalee Wooldridge, Min Ji Sohn, Derek Thomas & Leslie A. Morland

Archives of Sexual Behavior

Published 08 January 2020

<https://doi.org/10.1007/s10508-019-01577-x>

Intimate relationship distress has been identified as one of the most common precipitants of suicidal thoughts for U.S. military populations. Sexual functioning is associated with relationship distress and has recently been identified as a predictor of suicidal ideation with female military personnel; however, no studies have examined this association among a treatment-seeking sample of male and female veterans and their partners. Couples (N = 138) completed baseline assessments of sexual functioning, relationship functioning, suicidal ideation, and mental health prior to evaluation for engagement in a couples-based PTSD treatment study. Analyses revealed that decreased sexual pleasure and decreased frequency of sexual intercourse were associated with more recent suicidal ideation for male veterans, whereas increased sexual frequency was marginally associated with increased suicidal ideation for female veterans, controlling for PTSD and depression symptoms, relationship satisfaction, and medications. These findings stress the importance of assessing sexual functioning as a risk factor for suicide and taking into consideration the possibility that sexual functioning may be protective or predictive of suicidality depending on the person and context.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.22925>

**From the military to college and beyond: Growing a culturally sensitive program to support veteran success.**

Stefanie Ulrich, Benjamin D. Freer

Journal of Clinical Psychology

First published: 17 January 2020

<https://doi.org/10.1002/jclp.22925>

This paper addresses the unique characteristics of veterans and the role military culture continues to play for post-service veterans. We describe a series of programs developed to provide critically important assistance to current and recent student veterans by connecting them to a network of veteran peers and mentors. Through a discussion of psychological distress and healing, stigma, and the challenges of college, we hoped to galvanize student veterans to recognize the value of psychological well-being. We additionally offer suggestions, based on years of work with veterans, on the development of programs and the provision of clinical services for the veteran community.

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<https://journals.sagepub.com/doi/abs/10.1177/1524838019897338>

**Military Sexual Trauma and Risky Behaviors: A Systematic Review.**

Forkus, S. R., Weiss, N. H., Goncharenko, S., Mammay, J., Church, M., & Contractor, A. A.

Trauma, Violence, & Abuse

First Published January 10, 2020

<https://doi.org/10.1177/1524838019897338>

Introduction:

Military sexual trauma (MST) is a serious and pervasive problem among military men and women. Recent findings have linked MST with various negative outcomes including risky, self-destructive, and health-compromising behaviors.

Objective:

The current review summarizes the existing literature on the association between MST and risky behaviors among military men and women who have served in the U.S. Armed Forces.

Method:

We systematically searched five electronic databases (PubMed, EMBASE, PSYCINFO, PILOTS, and CINAHL Plus) using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.

Results:

Of the initial 2,021 articles, 47 met the inclusion criteria. Reviewed studies revealed three patterns of findings: (1) largely studied and consistent (i.e., suicidal behaviors, disordered eating), (2) mixed and in need of future research (i.e., alcohol and drug use, smoking), and (3) underexamined (i.e., sexual behaviors, illegal/aggressive behaviors) or completely neglected (e.g., problematic technology use, gambling).

Discussion:

The current systematic review advances literature by providing strong support for an association between MST and a wide range of risky behaviors. Moreover, it highlights important areas for future research.

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<https://www.liebertpub.com/doi/abs/10.1089/can.2019.0039>

**The Impact of Medical Cannabis on Intermittent and Chronic Opioid Users with Back Pain: How Cannabis Diminished Prescription Opioid Usage.**

Kevin M. Takakuwa, Jeffrey Y. Hergenrather, Frances S. Shofer, and Raquel M. Schears.

Cannabis and Cannabinoid Research  
Online Ahead of Print: January 9, 2020  
<http://doi.org/10.1089/can.2019.0039>

Objective:

To determine if cannabis may be used as an alternative or adjunct treatment for intermittent and chronic prescription opioid users.



Design:

Retrospective cohort study.

Setting:

A single-center cannabis medical practice site in California.

Patients:

A total of 180 patients who had a chief complaint of low back pain were identified (International Classification of Diseases, 10th Revision, code M54.5). Sixty-one patients who used prescription opioids were analyzed.

Interventions:

Cannabis recommendations were provided to patients as a way to mitigate their low back pain.

Outcome Measures:

Number of patients who stopped opioids and change in morphine equivalents.

Results:

There were no between-group differences based on demographic, experiential, or attitudinal variables. We found that 50.8% were able to stop all opioid usage, which took a median of 6.4 years (IQR=1.75–11 years) after excluding two patients who transitioned off opioids by utilizing opioid agonists. For those 29 patients (47.5%) who did not stop opioids, 9 (31%) were able to reduce opioid use, 3 (10%) held the same baseline, and 17 (59%) increased their usage. Forty-eight percent of patients subjectively felt like cannabis helped them mitigate their opioid intake but this sentiment did not predict who actually stopped opioid usage. There were no variables that predicted who stopped opioids, except that those who used higher doses of cannabis were more likely to stop, which suggests that some patients might be able to stop opioids by using cannabis, particularly those who are dosed at higher levels.

Conclusions:

In this long-term observational study, cannabis use worked as an alternative to prescription opioids in just over half of patients with low back pain and as an adjunct to diminish use in some chronic opioid users.

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## Links of Interest

VA Moving Forward on Implementing Clay Hunt Suicide Prevention Law

<https://www.military.com/daily-news/2020/01/16/va-moving-forward-implementing-clay-hunt-suicide-prevention-law.html>

These military towns have the highest rates of sexually transmitted diseases in the country

<https://www.militarytimes.com/news/your-military/2020/01/15/these-military-towns-have-the-highest-rates-of-sexually-transmitted-diseases-in-the-country/>

Finding new ways to better serve growing number of female veterans

<https://www.stripes.com/news/finding-new-ways-to-better-serve-growing-number-of-female-veterans-1.614685>

War Has Ripple Effects: I am a military widow. I know what the true cost of conflict is

<https://www.nytimes.com/2020/01/17/opinion/war-has-ripple-effects.html>

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### Resource of the Week: [Seeking the Military Suicide Solution](#)

A new weekly podcast from Military Times examines the alarming rate of military and veterans suicide, offering new insights based on research and effective clinical and peer support practices in suicide prevention. Hosted by Duane France, a retired Army combat veteran and mental health counselor, and Shauna Springer, a psychologist, author and nationally recognized expert on initiatives to benefit the military community, the podcast aims to move beyond awareness to actionable strategies that can impact the rising suicide rate among service members, veterans, and their families.

## Subscribe



## Episodes

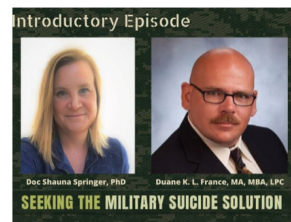
### Seeking the Military Suicide Solution Podcast, Episode 1: Dr. Barbara Van Dahlen, PREVENTS Task Force

This week, psychologist Barbara Van Dahlen talks about the mental health implications of the wars in Iraq and Afghanistan.



### Seeking the Military Suicide Solution Podcast, Episode 0: Introduction

A new weekly podcast from Military Times examines the alarming rate of military and veterans suicide, offering new insights and actionable strategies that can impact this critical public health issue.



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