

CDP



Research Update -- March 5, 2020

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<https://content.govdelivery.com/accounts/USVHA/bulletins/27e574e>

Does PTSD Get Worse with Age? PTSD Monthly Update - February 2020

Veterans Health Administration

Many older Veterans find they have PTSD symptoms even 50 or more years after their military experience. Some symptoms of PTSD include having nightmares or feeling like you are reliving the event, avoiding situations that remind you of the event, being easily startled, and loss of interest in activities.

Changes that come with aging can make you feel more vulnerable, and this can make your PTSD symptoms more noticeable.

Strategies that once seemed to help you avoid thinking about the trauma, like long hours spent at work or self-medicating with alcohol or drugs, may no longer work. Even positive coping strategies, like exercising or friendships with supportive peers, can be more difficult to maintain as you get older.

<https://link.springer.com/article/10.1007/s13178-020-00437-x>

Support for Transgender Military Service from Active Duty United States Military Personnel.

Shannon L. Dunlap, Ian W. Holloway, Chad E. Pickering, Michael Tzen, Jeremy T. Goldbach & Carl Andrew Castro

Sexuality Research and Social Policy

Published: 18 February 2020

<https://doi.org/10.1007/s13178-020-00437-x>

Introduction

Most transgender individuals are banned from serving in and joining the U.S. military. Historically, exclusions and limits have been placed on women, people of color, and sexual minority people seeking to serve and advance within the U.S. military. However,

both history and prior research demonstrate that diversity contributes to social and institutional advancement within both U.S. and international militaries.

Methods

We used an adapted respondent-driven sampling (RDS) approach to recruit transgender and cisgender heterosexual and LGB active duty military members in a first-of-its-kind study funded by the Department of Defense. We recruited 540 active duty service members serving one of the four major branches of the U.S. military between August 2017 and March 2018. We examined data from 486 heterosexual cisgender and LGB cisgender service members to understand their support for transgender people serving in the U.S. military.

Results

Findings indicate broad support for transgender military service across all four branches of the military and military ranks, with some statistically significant differences in support emerging by gender, sexual orientation, and race/ethnicity.

Discussion

Results suggest that the ban, in part, based on a belief that transgender service members degrade unit readiness, contradicts our findings of broad support for transgender service among active duty service members.

Policy Implications

Policies limiting transgender service in the U.S. military should be lifted given these data.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2019.1654292>

Resolution of Dissociated Ego States Relieves Flashback-Related Symptoms in Combat-Related PTSD: A Brief Mindfulness Based Intervention.

Genine P. Smith & Glenn Hartelius

Military Psychology

Published online: 21 Feb 2020

DOI: 10.1080/08995605.2019.1654292

A novel understanding and therapeutic approach to the treatment of PTSD-related flashback triggers are described. Triggered responses are conceptualized as the result of latent dissociative structures of neural organization and psychodynamic functioning activated by current events. The dissociative structure – here described as a dissociated ego state (DES) – reflects a fracturing of executive functioning resulting in a delimited aspect of self that is not under cognitive control or subject to cognitive inhibition by the self of daily experience, and is the psychological construct behind intrusive PTSD symptoms. Use of a mindful attentional state permits regulated access to the DES (therapeutic engagement without risk of emotional dysregulation) so that dissociated cognitive resources can be recovered and the dissociated structure deactivated. This may relieve maladaptive responses and behaviors associated with the DES in a profound and durable way, without the need for exposure to or recovery of traumatic memories. Based on this understanding, a 9-step intervention is introduced with a case example of a Vietnam veteran suffering PTSD symptoms for 49 years with significant gains maintained at 21 months follow up. These findings demonstrate rapid and durable resolution of chronic PTSD symptoms through a mindfulness-based approach that focused on deactivation of dissociated ego states, in contrast to targeting trauma memories. If proven efficacious, this novel approach may result in reduced treatment costs and improved outcomes for veterans suffering with PTSD.

<https://www.sciencedirect.com/science/article/abs/pii/S0005789420300319>

Brief Behavioral Treatment for Insomnia vs. Cognitive Behavioral Therapy for Insomnia: Results of a Randomized Non-inferiority Clinical Trial among Veterans.

Adam D. Bramoweth, Lisa G. Lederer, Ada O. Youk, Anne Germain, Matthew J. Chinman

Behavior Therapy

Available online 20 February 2020

<https://doi.org/10.1016/j.beth.2020.02.002>

Highlights

- Both BBTI and CBTI resulted in significant reductions of insomnia symptoms.
- There were no significant differences between BBTI and CBTI on any outcome measure.
- Non-inferiority of BBTI vs. CBTI was inconclusive.
- BBTI may be an appropriate intervention for broader implementation in the VA.

Abstract

The goal of this study was to compare a brief behavioral treatment for insomnia (BBTI), which has fewer sessions (4), shorter duration (< 30–45 minutes), and delivers treatment in-person plus phone calls to cognitive behavioral therapy for insomnia (CBTI), which has 5 in-person sessions. The hypothesis was BBTI would be non-inferior to CBTI. The Reliable Change Index was used to establish a non-inferiority margin (NIM) of 3.43, representing the maximum allowable difference between groups on the pre-post Insomnia Severity Index change (Δ ISI). Sixty-three Veterans with chronic insomnia were randomized to either BBTI or CBTI and Veteran in both groups had significant reductions of their insomnia severity per the ISI and improved their sleep onset latency, total wake time, sleep efficiency, and sleep quality per sleep diaries. While CBTI had a larger pre-post Δ ISI, this was not significantly different than Δ ISI BBTI and was less than the NIM. However, the 95% confidence interval of the between group pre-post Δ ISI extended beyond the NIM, and thus BBTI was inconclusively non-inferior to CBTI. Limitations, such as small sample size and high rate of drop out, indicate further study is needed to compare brief, alternative yet complementary behavioral insomnia interventions to CBTI. Still, evidence-based brief and flexible treatment options will help to further enhance access to care for Veterans with chronic insomnia, especially in non-mental health settings like Primary Care.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22487?af=R>

Posttraumatic Stress Disorder Symptoms and Reckless Behaviors: A Network Analysis Approach.

Armour, C., Greene, T., Contractor, A.A., Weiss, N., Dixon-Gordon, K. and Ross, J.

Journal of Traumatic Stress

First published: 22 February 2020

<https://doi.org/10.1002/jts.22487>

Existing literature indicates a theoretical and empirical relation between engagement in reckless behaviors and posttraumatic stress disorder (PTSD). Thus, the DSM-5 revision of the PTSD nosology added a new “reckless or self-destructive behavior” (RSDB) symptom (Criterion E2). The current study applied a network analytic approach to examine the item-level relations among a range of reckless behaviors and PTSD symptom clusters. Participants were recruited from Amazon's Mechanical Turk (N =

417), and network analysis was conducted with 20 variables: six PTSD symptom clusters, corresponding to the hybrid model of PTSD (Armour et al., 2015) and excluding the externalizing behavior cluster (Community 1), and 14 items related to reckless behavior (Community 2). The results showed that the network associations were strongest within each construct (i.e., within PTSD and within reckless behaviors), although several bridge connections (i.e., between PTSD clusters and reckless behaviors) were identified. Most reckless behavior items had direct associations with one or more PTSD symptom clusters. The present findings support the existence of close relations between a variety of reckless behaviors and PTSD symptom clusters beyond their relations with DSM Criterion E2. The results provide testable hypotheses about the associations between specific reckless behaviors and PTSD symptom clusters, which may inform future research.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1731251>

Confident, valued and supported: examining the benefits of employment support for military spouses.

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Military Psychology

Published online: 24 Feb 2020

DOI: 10.1080/08995605.2020.1731251

Military spouses face numerous challenges in obtaining employment as a result of their connection to the military. Previous research has linked military spouses underemployment to reduced well-being and satisfaction with military life, which in turn impacts on retention of the service person. In response to this the UK Ministry of Defence (MOD) trialed a 2 year programme of employment support for spouses in 2015. This paper reports the findings of a qualitative evaluation of this programme and its impact on spouses. Interviews were carried out with 30 spouses and 23 of their serving partners to examine the benefits and impact of the support provided. The majority of spouses and their serving partners perceived the employment support as providing a positive contribution from the military to help spouses get back into employment or improve their employability. Additionally, spouses felt invested in by the military and valued as constituents in their own right. No impact of employment support for spouses on the intention to remain or leave the Armed Forces was identified.

Longitudinal follow up will be required to determine any long-term impact of employment support on employment outcomes and retention.

<https://www.ingentaconnect.com/content/wk/mcar/2020/00000058/00000003/art00013>

The Prevalence and Incidence of Attention-deficit/Hyperactivity Disorder in the Veterans Health Administration From 2009 to 2016.

Hale, Andrew C.; Bohnert, Kipling M.; Spencer, Robert J.; Ganoczy, Dara; Pfeiffer, Paul N.

Medical Care

Volume 58, Number 3, 5 March 2020, pp. 273-279

<https://doi.org/10.1097/MLR.0000000000001287>

Background:

The prevalence and incidence of attention-deficit/hyperactivity disorder (ADHD) have increased substantially among children and adolescents over the past decade; however, little is known regarding trends in adult populations.

Objective:

The objective of this study was to explore trends in the prevalence, incidence, and correlates of adult ADHD in a national sample of veterans receiving care at Veteran Affairs (VA) hospitals and clinics.

Research Design:

A retrospective design was used to examine ADHD diagnosed in all VA primary care (PC) and mental health clinics (MHCs) from fiscal years (FYs) 2009 to 2016. Age-adjusted prevalence and incidence were calculated using direct standardization, and Poisson regressions modeled differences in trends between demographic groups.

Subjects:

All veterans with VA PC or MHC visits during the observation period.

Measures:

ADHD incidence and prevalence, psychiatric comorbidity, neuropsychological evaluation.

Results:

An annual average of 5.09 million (range: 4.63–5.42 million) VA patients attended a PC or MHC appointment between FY09 and FY16. During this period, age-adjusted annual prevalence increased 258% from 0.23% to 0.84% and incidence increased 240% from 0.14% to 0.48%. Black veterans and older veterans had the lowest prevalence and incidence across all years. Increases in prevalence and incidence occurred across all demographic subgroups. The proportion of patients who had a neuropsychological evaluation within 6 months before or after a new ADHD diagnosis decreased from 12.6% to 10.8% [$\chi^2(1)=16.59, P<0.001$].

Conclusion:

Overall increases and demographic differences in adult veterans diagnosed with ADHD suggest a growing need to establish the reliability of diagnostic practices to ensure appropriate and equitable care.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/cpsp.12330>

Therapist training in evidence-based interventions for mental health: A systematic review of training approaches and outcomes.

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Clinical Psychology: Science and Practice

First published: 13 February 2020

<https://doi.org/10.1111/cpsp.12330>

A lack of effective therapist training is a major barrier to evidence-based intervention (EBI) delivery in the community. Systematic reviews published nearly a decade ago suggested that traditional EBI training leads to higher knowledge but not more EBI use, indicating that more work is needed to optimize EBI training and implementation. This systematic review synthesizes the training literature published since 2010 to evaluate how different training models (workshop, workshop with consultation, online training, train-the-trainer, and intensive training) affect therapists' knowledge, beliefs, and behaviors. Results and limitations for each approach are discussed. Findings show that training has advanced beyond provision of manuals and brief workshops; more intensive training models show promise for changing therapist behavior. However, methodological issues persist, limiting conclusions and pointing to important areas for future research.

<https://link.springer.com/article/10.1007/s10597-020-00578-8>

Symptom Severity, Self-efficacy and Treatment-Seeking for Mental Health Among US Iraq/Afghanistan Military Veterans.

Mary Keeling, Nicholas Barr, Hazel Atuel & Carl A. Castro

Community Mental Health Journal

Published 17 February 2020

<https://doi.org/10.1007/s10597-020-00578-8>

Military veterans have high rates of mental health problems, yet the majority do not seek treatment. Understanding treatment-seeking in this population is important. This study investigated if symptom severity and self-efficacy are associated with treatment-seeking among US Iraq/Afghanistan veterans. Survey data from 525 veterans meeting clinical criteria for PTSD and depression were included of which, 54.4% had sought treatment in the past 12 months. Multivariate logistic regression analysis indicated that high symptom severity was associated with treatment seeking, whereas high self-efficacy was associated with a decreased likelihood to seek treatment. Self-efficacy could be an underlying mechanism of treatment seeking decisions.

<https://www.sciencedirect.com/science/article/abs/pii/S1049386720300025>

Associations between Augmentee Status, Deployment Stress Preparedness and Depression, Post-Traumatic Stress Disorder, and Binge Drinking in U.S. Servicewomen.

Michael A. Cucciare, Michelle A. Mengeling, Xiaotong Han, James Torner, Anne G. Sadler

Women's Health Issues

Available online 18 February 2020

<https://doi.org/10.1016/j.whi.2020.01.002>

Background

Being deployed without one's home unit (individual-augmentee) and low perceived deployment preparedness are risk factors for mental health symptoms and substance use in male service members. However, these relationships have not been examined specifically in U.S. servicewomen. This study sought to fill this gap by examining associations between augmentee status and deployment stress preparedness (independent variables) and depression, probable post-traumatic stress disorder (PTSD), and binge drinking (dependent variables) in a sample of U.S. servicewomen.

Methods

A community sample of service women from the Midwest, including both veterans and those serving at the time of data collection (N = 991), completed structured telephone interviews. Logistic regression was used to examine associations between augmentee status, deployment stress preparedness, and the likelihood of reporting depression, probable PTSD, and binge drinking after controlling for covariates.

Results

Findings showed that U.S. servicewomen in the Reserve/Guard who deployed as individual-augmentees were more likely to screen positive for depression, report probable PTSD, and disclose recent binge drinking than servicewomen in the Reserve/Guard deployed with their home unit. Also, among servicewomen deployed as individual-augmentees, those in the Reserve/Guard were more likely to report binge drinking than servicewomen in the active component. No statistically significant associations between deployment stress preparedness and mental health symptoms or binge drinking were observed.

Conclusions

Servicewomen in the Reserve/Guard who deployed as individual-augmentees may be at increased risk for depression, probable PTSD, and hazardous drinking when compared with their active component and Reserve/Guard peers deployed with their home units.

<https://www.sciencedirect.com/science/article/pii/S1087079220300186>

The Economic and Societal Burden of Excessive Daytime Sleepiness in Patients with Obstructive Sleep Apnea.

Damien Leger, Carl Stepnowsky

Sleep Medicine Reviews

Available online 17 February 2020

<https://doi.org/10.1016/j.smr.2020.101275>

Excessive daytime sleepiness (EDS) is common in patients with obstructive sleep apnea (OSA) and continues to persist in many patients despite adequate OSA treatment. EDS in OSA is associated with decreased quality of life (QOL) as well as increased societal burden, which may impact health care utilization and costs. However, economic burden is often not the primary focus in the treatment of EDS in OSA. This targeted literature review aimed to examine the published literature on the economic burden of EDS in OSA. This review identified available literature using a targeted PubMed search strategy using search terms related to EDS in OSA in adults. Results demonstrate that there are few studies that detailed the direct costs associated with EDS in OSA, though several studies indicated an association between EDS in OSA and indirect economic burdens, including motor vehicle accidents (MVAs), near misses, work productivity, mood, and QOL. Data from the literature confirmed that persistent EDS in OSA following continuous positive airway pressure persists in 12% to 65% of patients. Future studies should further describe the direct costs of EDS in OSA, quantify the cost associated with MVAs and lost work productivity, and detail QOL and social impacts of the condition.

<https://www.healio.com/psychiatry/journals/jpn/%7Becabdc63-595f-4805-9ca5-794eace7b58f%7D/the-influence-of-stigma-on-suicide-bereavement-a-systematic-review>

The Influence of Stigma on Suicide Bereavement: A Systematic Review.

Amy Evans, MSN, RN, ANP-C; Kathleen Abrahamson, PhD, RN

Journal of Psychosocial Nursing and Mental Health Services.

Posted February 17, 2020

<https://doi.org/10.3928/02793695-20200127-02>

Suicide loss affects a significant proportion of the population, and despite its prevalence there remains a stigma surrounding death by suicide. It is important for health professionals to understand the effects of suicide stigma on surviving friends and family members so that they can respond appropriately and provide effective support. A

systematic review of the literature was conducted to evaluate the impact of public stigma on bereavement of suicide survivors. A total of 11 qualitative and quantitative studies were reviewed. Suicide survivors reported feeling shamed, blamed, and judged. They perceived a general discomfort and awkwardness surrounding the suicide, which contributed to avoidance and secrecy. Higher perceived stigma levels were associated with global psychological distress, depression, self-harm, and suicidality. Despite the recognized negative impact of suicide stigma on the bereaved, studies on grief interventions for suicide survivors are scarce. There is a critical need for research and evidence-based recommendations on how to best to support this vulnerable population.

<https://annals.org/aim/fullarticle/2761421/management-chronic-insomnia-disorder-obstructive-sleep-apnea-synopsis-2019-u>

The Management of Chronic Insomnia Disorder and Obstructive Sleep Apnea: Synopsis of the 2019 U.S. Department of Veterans Affairs and U.S. Department of Defense Clinical Practice Guidelines.

Vincent Mysliwec, MD; Jennifer L. Martin, PhD; Christi S. Ulmer, PhD, DBSM; Susmita Chowdhuri, MD, MS; Matthew S. Brock, MD; Christopher Spevak, MD, MPH, JD; James Sall, PhD

Annals of Internal Medicine
2020; 172(5):325-336.
DOI: 10.7326/M19-3575

Description:

In September 2019, the U.S. Department of Veterans Affairs (VA) and the U.S. Department of Defense (DoD) approved a new joint clinical practice guideline for assessing and managing patients with chronic insomnia disorder and obstructive sleep apnea (OSA). This guideline is intended to give health care teams a framework by which to screen, evaluate, treat, and manage the individual needs and preferences of VA and DoD patients with either of these conditions.

Methods:

In October 2017, the VA/DoD Evidence-Based Practice Work Group initiated a joint VA/DoD guideline development effort that included clinical stakeholders and conformed to the Institute of Medicine's tenets for trustworthy clinical practice guidelines. The guideline panel developed key questions, systematically searched and evaluated the

literature, created three 1-page algorithms, and advanced 41 recommendations using the GRADE (Grading of Recommendations Assessment, Development and Evaluation) system.

Recommendations:

This synopsis summarizes the key recommendations of the guideline in 3 areas: diagnosis and assessment of OSA and chronic insomnia disorder, treatment and management of OSA, and treatment and management of chronic insomnia disorder. Three clinical practice algorithms are also included.

https://academic.oup.com/milmed/article/185/Supplement_1/286/5740790

Understanding How Clinicians Use a New Web-based Tool for Disseminating Evidence-Based Practices for the Treatment of PTSD: The PTSD Clinicians Exchange.

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Military Medicine

Volume 185, Issue Supplement_1, January-February 2020, Pages 286–295,
<https://doi.org/10.1093/milmed/usz313>

Introduction

Web-based interventions hold great promise for the dissemination of best practices to clinicians, and investment in these resources has grown exponentially. Yet, little research exists to understand their impact on intended objectives.

Materials & Methods

The Post-Traumatic Stress Disorder (PTSD) Clinicians Exchange is a website to support clinicians treating veterans and active duty military personnel with PTSD, evaluated in a randomized controlled trial (N = 605). This manuscript explores how a subset of clinicians, those who utilized the intervention (N = 148), engaged with it by examining detailed individual-level web analytics and qualitative feedback. Stanford University and New England Research Institutes Institutional Review Boards approved this study.

Results

Only 32.7% of clinicians randomized to the intervention ever accessed the website. The number of pages viewed was positively associated with changes from baseline to 12 months in familiarity ($P = 0.03$) and perceived benefit of practices ($P = 0.02$). Thus, engagement with the website did predict an improvement in practice familiarity and benefit outcomes despite low rates of use.

Conclusions

This study demonstrates the importance of methodologically rigorous evaluations of participant engagement with web-based interventions. These approaches provide insight into who accesses these tools, when, how, and with what results, which can be translated into their strategic design, evaluation, and dissemination.

<https://www.sciencedirect.com/science/article/abs/pii/S0022395619311926>

Fearlessness about death does not differ by suicide attempt method.

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Journal of Psychiatric Research

Volume 124, May 2020, Pages 42-49

<https://doi.org/10.1016/j.jpsychires.2020.02.014>

Modern theories of suicide, such as the Interpersonal Theory of Suicide, have overcome past conceptual limitations within suicide research by examining factors that help differentiate suicide attempters from those who experience suicidal ideation, but never attempt suicide. One such factor that has been studied extensively is fearlessness about death. Given the varying levels of lethality for different methods used in suicide attempts, an important question is if different levels of fearlessness about death are needed for specific methods. The central aim of this study was to test whether various methods for suicide are associated with different levels of fearlessness about death in a large sample of suicide attempt survivors. Participants were 620 suicide attempt survivors from active military, veteran, and civilian populations. Suicide attempt status was confirmed by two independent raters coding qualitative accounts and participants indicating at least one past attempt with intent to die on other survey items. Results indicated that fearlessness about death does not differ by attempt method and that nearly all methods are statistically equivalent to one another. Despite several methods

requiring significantly more time facing mortal fear and severe physical anguish (e.g., cutting, hanging/asphyxiation), as well as certain means being much more lethal (e.g., firearm), differences in ability to enact a suicide attempt with a particular method was not associated with fearlessness about death. This may further indicate the importance of clinicians focusing on practical capability aspects (e.g., means safety, access, comfort with method) with patients at an increased risk for suicide.

<https://www.sciencedirect.com/science/article/abs/pii/S0277953620300848>

Serving on multiple fronts: A grounded theory model of complex decision-making in military mental health care.

Erika L. King, David L. Snowden

Social Science & Medicine

Volume 250, April 2020

<https://doi.org/10.1016/j.socscimed.2020.112865>

Highlights

- Grounded theory decision-making model accounts for military-unique role strains.
- Antecedents influence role views—the most influential facet of decision-making.
- Decision-making impacts engagement in quality-enhancing and -detracting behaviors.
- A table of extracted quality-related behaviors offers clinical goalposts/targets.
- Behavioral consequences reverberate across client, provider, clinic and community.

Abstract

Rationale

Military mental health providers must navigate multiple competing professional boundaries when delivering care in complex cases. Currently no clear policy exists to balance clinical professional obligations to do no harm with potentially-contradictory military policies. Thusly, military providers may face Catch-22 situations where they must choose to seemingly neglect either their duty to the military or their duty to clinical professional standards.

Objective

Recognizing such situations as emblematic of role strain (Goode, 1960), this study

employed a grounded theory approach to examine military mental health providers' decision-making in the face of competing professional demands.

Method

An evolving, semi-structured interview guide steered discussions with 20 active duty and civilian mental health providers across 16 Air Force/Department of Defense facilities. Using a symbolic interactionism framework, three rounds of coding enabled increasing levels of abstraction, ultimately revealing a grounded theory model of complex decision-making.

Results

The final model includes four antecedents - training, resources, consultation, and clinic climate. Those antecedents influence development of three different role views: clinical professional, agent of the client, and agent of the military. Role views impact decision-making and provider behaviors that may either enhance or detract from quality care. Decision-making and provider behaviors link to consequences at the patient, provider, clinic, and community levels.

Conclusions

The model offers insights into military mental health providers' growth versus burnout, and engagement in quality-enhancing versus -detracting behaviors. It also illuminates strategies military leaders might leverage to normalize and relieve provider role strain as a means to improve individual and community trust, wellness, and helpseeking.

https://academic.oup.com/milmed/article/185/Supplement_1/143/5740702

Scrambler Therapy Treatment: The Importance of Examining Clinically Meaningful Improvements in Chronic Pain and Quality of Life.

Ann Nayback-Beebe, AN, USA, Tanya Panula, DNP, RN-BC, CMSRN, Sonya Arzola, MS, Brandon Goff, MC, USA

Military Medicine

Volume 185, Issue Supplement_1, January-February 2020, Pages 143–147

<https://doi.org/10.1093/milmed/usz253>

Introduction

Calmare Scrambler Therapy (ST) interferes with pain signal transmission by using

nerve fibers to convey a message of normality to the central nervous system. This prospective, double-blinded, randomized trial had three aims. First, we tried to determine ST's effectiveness in reducing chronic neuropathic pain symptoms and analgesic medication use in military service members, when compared to sham treatment. Next, we examined its effect on reported mental and physical health-related quality of life. Finally, we sought to describe participant perceptions of treatment effectiveness.

Materials and Methods

Forty-seven subjects were randomized to receive ten 30-minute active ST or sham treatments. Data were collected at baseline, posttreatment, and 1-month follow-up.

Results

The groups showed no statistically significant differences in pain scores, medication use, or mental or physical health-related quality of life with active versus sham treatment. However, both produced clinically meaningful reductions in pain and improvements in physical health-related quality posttreatment that was sustained at 1-month follow-up. Ninety percent of the blinded sample described the treatment intervention as a partial or complete success.

Conclusion

ST is no better than sham treatment in decreasing pain. Yet, patient perceptions of treatment effectiveness are equally important in chronic pain treatment.

<https://link.springer.com/article/10.1007/s11606-020-05692-7>

The Importance of “Being There”: a Qualitative Study of What Veterans with Depression Want in Social Support.

Alan R. Teo MD, MS, Heather E. Marsh MA, Sarah S. Ono PhD, Christina Nicolaidis MD, MPH, Somnath Saha MD, MPH & Steven K. Dobscha MD

Journal of General Internal Medicine

Published 19 February 2020

<https://doi.org/10.1007/s11606-020-05692-7>

Background

Social connectedness exerts strong influences on health, including major depression

and suicide. A major component of social connectedness is having individual relationships with close supports, romantic partners, and other trusted members of one's social network.

Objective

The objective of this study was to understand how individuals' relationships with close supports might be leveraged to improve outcomes for primary care patients with depression and at risk for suicide.

Design

In this qualitative study, we used a semi-structured interview guide to probe patient experiences, views, and preferences related to social support.

Participants

We conducted interviews with 30 primary care patients at a Veterans Health Administration (VA) medical center who had symptoms of major depression and a close support.

Approach

Thematic analysis of qualitative interview data examined close supports' impact on patients. We iteratively developed a codebook, used output from codes to sort data into themes, and selected quotations that exemplified themes for inclusion in this manuscript.

Key Results

"Being there" as an important quality of close supports emerged as a key concept. "Being there" was defined in three ways: physical proximity, frequent or responsive contact, or perceived availability. Close supports who were effective at "being there" possessed skills in intuitively sensing the patient's emotional state and communicating indirectly about depression. Three major barriers to involving close supports in depression care were concerns of overburdening the close support, a perception that awareness of the patient's depression would make the close support unnecessarily worried, and a desire and preference among patients to handle depression on their own.

Conclusions

"Being there" represents a novel, patient-generated way to conceptualize and talk about social support. Suicide prevention initiatives such as population-level communication campaigns might be improved by incorporating language used by patients and addressing attitudinal barriers to allowing help and involvement of close supports.

https://academic.oup.com/milmed/article/185/Supplement_1/263/5740797

Continuity in Psychological Health and Role Functioning Across Deployment.

Kenona H Southwell, PhD, Elizabeth C Coppola, MA, David B Topp, PhD, Shelley M MacDermid Wadsworth, PhD

Military Medicine

Volume 185, Issue Supplement_1, January-February 2020, Pages 263–273

<https://doi.org/10.1093/milmed/usz199>

Introduction

Scholars have described military deployments as one of the most stressful aspects of life for military couples. Deployment affects multiple roles and family members, yet little is known about the degree to which postdeployment outcomes are accounted for by predeployment functioning independent of deployment experiences.

Methods

Data collection included in-person interviews with National Guard couples experiencing a deployment and a comparison group whose deployment was canceled abruptly. Using hierarchical regression, this study assessed (a) how much variance in postdeployment functioning was explained by predeployment functioning and (b) whether variance accounted for by predeployment functioning differed by domain, respondent, or deployment status. Posthoc analyses revealed which combinations of predeployment functioning accounted for the most variance in postdeployment outcomes.

Results

We found evidence of modest continuity between predeployment and postdeployment functioning, particularly for psychological functioning and partner role functioning, and fewer differences than expected in patterns between groups. Certain demographic characteristics, risk factors, and resources accounted for significant variance in postdeployment outcomes in addition to baseline levels of role functioning.

Conclusions

Study findings reinforce the importance of predeployment preparation, providing families with resources to maximize resilience in response to the stress of deployment.

[https://academic.oup.com/milmed/advance-
article/doi/10.1093/milmed/usaa015/5739295](https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usaa015/5739295)

Mental Health Service Use in Depressed Military Personnel: A Systematic Review.

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Military Medicine

Published: 19 February 2020

<https://doi.org/10.1093/milmed/usaa015>

Introduction

Major depression is a leading cause of morbidity in military personnel and an important impediment to operational readiness in military organizations. Although treatment options are available, a large proportion of individuals with depression do not access mental health services. Quantifying and closing this treatment gap is a public health priority. However, the scientific literature on the major depression treatment gap in military organizations has never been systematically reviewed.

Methods

We systematically searched the EMBASE, MEDLINE, and PsychINFO databases for studies measuring recent mental health service use in personnel serving in the armed forces of a Five-Eye country (Australia, Canada, New Zealand, the United Kingdom, or the United States). We excluded studies conducted with retired veterans. Because of the substantial heterogeneity in included studies, we did not pool their results. Instead, we computed median period prevalence of mental health service use.

Results

Twenty-eight studies were included in the systematic review; 12 had estimated mental health service use in personnel with depression, and another 16 had estimated mental health service use in personnel with depression or another mental health disorder. The period prevalence of mental health service use in depressed military personnel ranged from 20 to 75% in 12 included studies, with a median of 48%, over 2–12 months. The other 16 studies yielded similar conclusions; they reported period prevalence of mental health service use in personnel with any mental health disorder ranging from 14 to 75%,

with a median of 36%, over 1–12 months. The median was higher in studies relying on diagnostic interviews to identify depressed personnel, compared to studies relying on screening tools (60% vs. 44%).

Conclusions

There is a large treatment gap for major depression in particular, and for mental health disorders in general, among military personnel. However, our results highlight the association between the use of measurement tools and treatment gaps: estimated treatment gaps were larger when depressed patients were identified by screening tools instead of diagnostic interviews. Researchers should be wary of overestimating the mental health treatment gap when using screening tools in future studies.

https://academic.oup.com/milmed/article/185/Supplement_1/342/5740762

Assessing the Well-being of Sexual Minority Soldiers at a Military Academic Institution.

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Military Medicine

Volume 185, Issue Supplement_1, January-February 2020, Pages 342–347
<https://doi.org/10.1093/milmed/usz198>

Introduction

The goal of the present study was to characterize behavioral health rates, behavioral health care utilization, loneliness, and perceived prejudice and support among sexual minority soldiers.

Materials and Methods

Cross-sectional survey data were obtained from 640 active-duty U.S. soldiers enrolled in an academic training institute who provided information on their sexual orientation. Survey topics included demographics, behavioral health, behavioral health care utilization, and mitigating factors (eg, perceived prejudice, perceived support, and loneliness). Chi-square analyses were utilized to determine any differences between groups for behavioral health rates and behavioral health care utilization. Robust regression was used for analysis of self-reported loneliness.

Results

A higher proportion of lesbian, gay, bisexual (LGB) soldiers than heterosexual soldiers screened positive for anxiety, post-traumatic stress disorder, and suicidality. No between-group differences in behavioral health care utilization were found; however, a higher proportion of LGB soldiers sought help from military family life counselors. No between-group differences for loneliness were found. Finally, perceived prejudice was higher for LGB soldiers and perceived support was lower.

Conclusion

Organizational barriers, such as perceived prejudice and lack of support, appear to still exist for sexual minority soldiers. Increasing organizational support and implementing training and education for health care providers in order to better support the LGB soldier community may mitigate these barriers.

https://academic.oup.com/milmed/article/185/Supplement_1/184/5740692

The Effect of Traumatic Brain Injury (TBI) on Cognitive Performance in a Sample of Active Duty U.S. Military Service Members.

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Military Medicine

Volume 185, Issue Supplement_1, January-February 2020, Pages 184–189

<https://doi.org/10.1093/milmed/usz202>

Introduction

Traumatic brain injury (TBI) is considered a signature injury from the fighting in Iraq and Afghanistan. Since the year 2000, over 370,000 U.S. active duty service members have been diagnosed with TBI. Although prior research has shown that even mild forms of TBI are associated with impaired cognitive performance, it is not clear which facets of cognition (computation, memory, reasoning, etc.) are impacted by injury.

Method

In the present study, we compared active duty military volunteers (n = 88) with and without TBI on six measures of cognition using the Automated Neuropsychological Assessment Metric software.

Results

Healthy volunteers exhibited significantly faster response times on the matching-to-sample, mathematical processing, and second round of simple reaction time tasks and had higher throughput scores on the mathematical processing and the second round of the simple reaction time tasks ($P < 0.05$).

Conclusion

In this population, cognitive impairments associated with TBI influenced performance requiring working memory and basic neural processing (speed/efficiency).

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usz483/5741352>

Identifying Risk and Resilience Factors Associated With the Likelihood of Seeking Mental Health Care Among U.S. Army Soldiers-in-Training.

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Military Medicine

Published: 20 February 2020

<https://doi.org/10.1093/milmed/usz483>

Introduction

The Department of Defense aims to maintain mission readiness of its service members. Therefore, it is important to understand factors associated with treatment seeking in order to identify areas of prevention and intervention early in a soldier's career that can promote positive functioning and increase their likelihood of seeking mental health care when necessary.

Method

Using a theory of planned behavior lens, this study identified potential barriers (risk) and facilitators (resilience) to treatment seeking among 24,717 soldiers-in-training who participated in the New Soldiers Study component of the "Army Study to Assess Risk and Resilience in Servicemembers" (Army STARRS). Approval for this study was granted by the University of Iowa IRB # 201706739. Hierarchical linear regression modeling and independent samples t-tests were used to examine associations between

demographics and study variables, intersections of risk and resilience, and to explore differences in the likelihood of seeking help based on mental health diagnoses.

Results

A four-stage hierarchical linear regression was conducted, using likelihood of help-seeking as the dependent variable, to identify the most salient factors related to help-seeking. “Step one” of the analysis revealed soldiers-in-training who identified as female, Hispanic or Other ethnicity, and married, divorced, or separated reported a greater likelihood of seeking help. “Step two” of the analysis indicated soldiers-in-training with a history of sexual trauma, experience of impaired parenting, and clinical levels of mental health symptomatology (anxiety, depression, PTSD) reported a greater likelihood of seeking help. Inversely, soldiers-in-training with a history of emotional trauma and parental absence/separation reported a lower likelihood of seeking help. “Step three” of the analysis demonstrated soldiers-in-training with a prior history of seeking help and larger social networks had a greater likelihood of seeking help. “Step four” of the analysis revealed several interactive effects between risk and resilience factors. Specifically, soldiers-in-training who reported greater depressive symptomatology in combination with prior history of treatment seeking reported a greater likelihood of help seeking, whereas soldiers-in-training who reported prior sexual trauma and PTSD in combination with large social networks reported a lower likelihood of seeking help. Finally, a greater percentage of soldiers-in-training with clinical levels of anxiety, depression, and PTSD indicated they would likely seek help in comparison to soldiers-in-training without clinical symptoms.

Conclusion

Findings suggest few soldiers-in-training are likely to seek help when experiencing a problem. General efforts to encourage help-seeking when needed are warranted with particular focus on subsets of soldiers-in-training (eg, men, those with a history of some adverse childhood experiences). Strengths of this study include the examination of a large sample of soldiers-in-training to identify possible leverage points for early intervention or prevention prior to entering stressful military operating environments. Limitations of this study include the examination of only one military branch and exclusion of soldiers not “in-training.” Future studies could consider replicating the current study using a sample of military personnel longitudinally to track behavioral trends as well as looking at military populations outside of basic combat training.

Predictors of Quality of Life Following Cognitive Processing Therapy Among Women and Men With Post-Traumatic Stress Disorder.

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Military Medicine

Published: 20 February 2020

<https://doi.org/10.1093/milmed/usz474>

Introduction

The effect of evidence-based post-traumatic stress disorder (PTSD) treatments on quality of life (QOL) is not well understood. In light of mixed findings on QOL after PTSD interventions, little is known about why some individuals experience functional and QOL improvements while others do not. This study examined treatment-related changes in depression, anger, and PTSD following cognitive processing therapy (CPT) as potential predictors of QOL change.

Materials and Methods

Data from two randomized controlled trials, one examining CPT among female civilians and veterans (women's study NCT02362477; $n = 126$) and the other on CPT delivered to male veterans (men's study NCT00879255; $n = 125$), were used to test study aims. Linear mixed modeling examined changes in depression, anger, and PTSD as predictors of post-treatment QOL while controlling for baseline QOL. The VA Pacific Island Health Care System's Institutional Review Board approved all study procedures.

Results

Among women, reductions in depression from pre- to post-treatment had the strongest predictive value of post-treatment QOL ($B = -1.15$, 95% confidence interval $(-1.71, -0.60)$, $t = -4.07$, $P < .001$). For men, reductions in trait anger from pre- to post-treatment predicted post-treatment QOL ($B = -0.55$, 95% confidence interval $(-0.90, -0.19)$, $t = -3.00$, $P = .003$).

Conclusions

Improvements in QOL may be predicted by different symptoms for men and women following evidence-based PTSD treatment. Our findings suggest that change in depression symptoms is an important predictor of post-treatment QOL among women, while anger symptoms are more influential for men. QOL and functioning is

underresearched within the context of PTSD treatment, and this study suggests that these domains should be examined within the context of gender.

Links of Interest

What's the Difference between Primary Care Behavioral Health and Specialty Behavioral Health?

<https://www.pdhealth.mil/news/blog/what-s-difference-between-primary-care-behavioral-health-and-specialty-behavioral-health>

Top 5 questions the military community has about higher education

<https://www.rallypoint.com/command-post/top-5-questions-the-military-community-has-about-higher-education>

Esper signs military tenants' bill of rights. Here's what covered and what's not.

<https://www.militarytimes.com/pay-benefits/2020/02/26/secdef-signs-military-tenants-bill-of-rights/>

Military families crave stability and more time together, survey finds

<https://www.militarytimes.com/pay-benefits/2020/02/26/military-families-crave-stability-and-more-time-together-survey-finds/>

Two-thirds of troops support allowing transgender service members in the military, Pentagon study finds

<https://www.militarytimes.com/news/your-military/2020/02/27/two-thirds-of-troops-support-allowing-transgender-service-members-in-the-military-pentagon-study-finds/>

Lost Care and Broken Promises: Military Retirees React to Tricare Changes

<https://www.military.com/daily-news/2020/02/27/lost-care-and-broken-promises-military-retirees-react-tricare-changes.html>

Brain Injury Awareness Month raises awareness of TBI in the military

<https://health.mil/News/Articles/2020/03/02/Brain-Injury-Awareness-Month-raises-awareness-of-TBI-in-the-military>

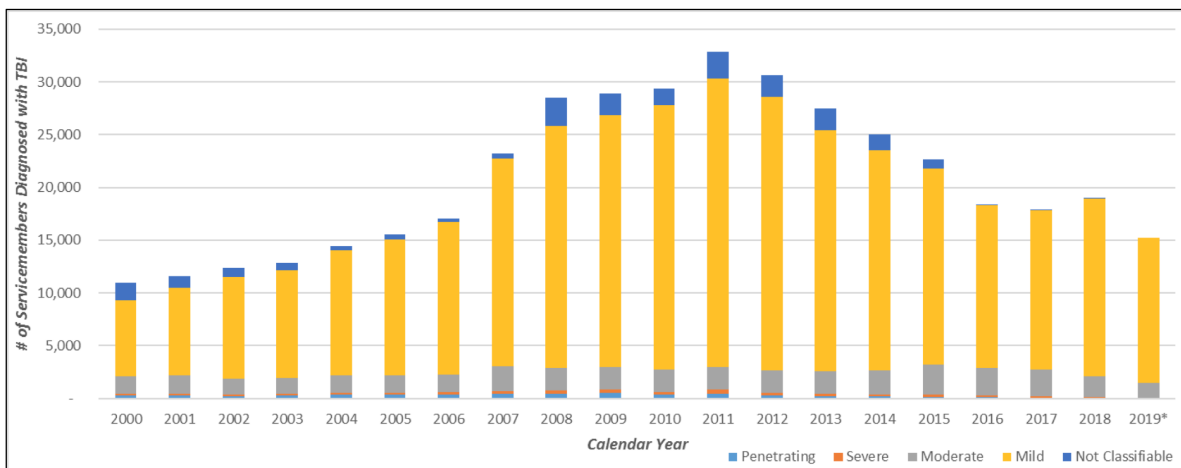
Resource of the Week: [Management of Mild Traumatic Brain Injury \(mTBI\) in the Military](#)

New, from the Congressional Research Service:

On January 7, 2020, the Department of Defense (DOD) reported that the Islamic Republic of Iran launched a number of ballistic missiles at certain Iraqi military bases hosting U.S. and coalition military forces. These forces utilize Iraqi military bases to support counter-terrorism operations within the region, including military actions against the Islamic State under Operation Inherent Resolve. DOD initially reported no U.S. or coalition casualties, then later stated that 34 U.S. servicemembers assigned to these locations were subsequently diagnosed with mild traumatic brain injury (mTBI) resulting from the missile blasts. On February 10, 2020, numerous media sources reported that DOD revised its count to 109 servicemembers diagnosed, with 76 of those members already having returned to duty. These numbers may increase in the future as servicemembers are further assessed.

This Insight provides a brief overview of DOD policies and programs to screen, assess, and manage mTBI, which includes deployment-related concussions.

Figure I. Servicemembers Diagnosed with TBI
Calendar Year 2000-2019*



Source: CRS graphic based on data compiled from the Defense and Veterans Brain Injury Center (DVBIC), “DoD Worldwide Numbers for TBI,” accessed January 28, 2020.

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