Research Update -- May 14 , 2020

What's Here:

- Factors that influence mental health service use among female partners of posttraumatic stress disorder-affected veterans.
- Gambling Problems in US Military Veterans.
- Examining Rates of Postpartum Depression in Active Duty U.S. Military Servicewomen.
- Dissociative Symptoms in a Nationally Representative Sample of Trauma-Exposed U.S. Military Veterans: Prevalence, Comorbidities, and Suicidality.
- Multimorbidity and quality of life after blast-related injury among US military personnel: a cluster analysis of retrospective data.
- Alcohol screening and brief intervention among military service members and veterans: rural–urban disparities.
- Internet-Based Cognitive Behavioral Therapy to Reduce Suicidal Ideation: A Systematic Review and Meta-analysis.
- Disagreement in Satisfaction Between Patients and Providers in the Use of Videoconferences by Depressed Adults.
- Religious Service Attendance and Deaths Related to Drugs, Alcohol, and Suicide Among US Health Care Professionals.
- Peer support during in vivo exposure homework to reverse attrition from prolonged exposure therapy for posttraumatic stress disorder (PTSD): description of a randomized controlled trial.

- Comparison of Clinical Psychologist and Physician Beliefs and Practices Concerning Malingering: Results from a Mixed Methods Study.
- Predicting boundary violation propensity among mental health professionals.
- Structuring the Invisible War: Base and Community Influences on Military Sexual Assault Occurrence.
- Delayed Homelessness After Military Discharge: Examination of a Sleeper Effect.
- Factors in the Transition of Career Military Personnel to the Civilian Workforce.
- Factors associated with PTSD symptom improvement among Iraq and Afghanistan veterans receiving evidenced-based psychotherapy.
- Eating Disorders and Overweight/Obesity in Veterans: Prevalence, Risk Factors, and Treatment Considerations.
- "We serve too!": Everyday militarism of children of US service members.
- Preferences in Information Processing: Understanding Suicidal Thoughts and Behaviors among Active Duty Military Service Members.
- Prevalence of intimate partner violence perpetration among military populations: A systematic review and meta-analysis.
- Frequency of Clinicians' Assessments for Access to Lethal Means in Persons at Risk for Suicide.
- Assessing the postdeployment quality of treatment for substance use disorders among Army enlisted soldiers in the military health system.
- Suicidal ideation and affect lability in single and multiple suicidal attempters with Major Depressive Disorder: An exploratory network analysis.
- Links of Interest
- Predicting 36-Month Attrition in the U.S. Military: A Comparison Across Service Branches (RAND)

Factors that influence mental health service use among female partners of posttraumatic stress disorder-affected veterans.

Beks, T. A., & Cairns, S. L.

Partners of posttraumatic stress disorder (PTSD)-affected veterans experience unique challenges and stressors that may benefit from engagement with mental health services. Although mental health services have been designed to support partners of PTSD-affected veterans, little is known about the particular factors and/or events that facilitate or hinder engagement with existing services. To fill this gap, this enhanced critical incident technique study explored factors influencing mental health service use among 16 Canadian female partners (English-speaking) of male veterans with PTSD. The findings revealed 150 critical incidents of what helped, hindered, or would have helped, partners' continued use of mental health services. Four categories of critical incidents emerged following data analysis: (a) personal-level, (b) spousal- and peer-level, (c) system- and institutional-level, and (d) provider- and service-level. The findings are discussed with respect to implications for future practice and policy. (PsycINFO Database Record (c) 2020 APA, all rights reserved)

Gambling Problems in US Military Veterans.

Repairer Etuk, Steven D. Shirk, Joshua Grubbs & Shane W. Kraus

Purpose of Review
Gambling disorder (GD) is a debilitating mental illness characterized by persistent patterns of dysregulated gambling behaviors. Recent evidence suggests that US military veterans are a high-risk population vulnerable to the development of problem gambling. This systemic review examined the published literature on the rates, correlates, comorbidities, treatment, and genetic contributions to US veterans' gambling behaviors in 39 studies.

Recent Findings
Overall, we found that US military veterans have higher rates of GD (including subthreshold problem gambling/at-risk problem gambling) compared with civilian populations. Further, we found that GD often co-occurred with trauma-related conditions, substance use, and suicidality, which may complicate treatment outcomes. We also noted a lack of published interventions tested among US veterans and standardized screening for gambling problems among veterans across US federal agencies (i.e., Department of Defense, Department of Veterans Affairs) is lacking and remains a significant gap for ongoing prevention and treatment efforts.

Summary
Despite growing evidence that individuals from military backgrounds (active-duty personnel, retired military veterans) are vulnerable to developing problem gambling, limited research has been centered on developing prevention and treatment interventions for affected individuals and their families. The lack of standardized screening for problem gambling among healthcare providers that work directly with US military populations remains a significant barrier to care for problem gamblers.

-----

https://www.liebertpub.com/doi/abs/10.1089/jwh.2019.8172

Examining Rates of Postpartum Depression in Active Duty U.S. Military Servicewomen.

Juliann H. Nicholson, Brian A. Moore, Katherine Dondanville, Brigid Wheeler, and Ellen R. DeVoe.

Background:
Postpartum depression (PPD) is understudied in military populations. The present descriptive transversal study evaluated the incidence of PPD diagnoses in U.S. military electronic health records, based on International Classification of Diseases, Ninth Revision (ICD-9) and ICD-10 codes, among active duty military servicewomen between 2001 and 2018.

Methods:
Data on 3,724 active duty military servicewomen who served between 2001 and 2018 were drawn from the Defense Medical Epidemiological Database and stratified by race, age, marital status, service branch, and military pay grade. Single sample chi squares were used to examine observed versus expected differences in diagnosis rates.

Results:
The incidence rate of PPD among all U.S. military servicewomen was the lowest in 2001 (1.96 per 1,000) and the highest in 2018 (29.95 per 1,000). Servicewomen most often diagnosed with PPD were white (60%), married (74%), in the enlisted pay grades of E-1 to E-4 (60%), in the Army (43%), and were between 20 and 24 years old (46%). Statistically significant differences ($p < 0.001$) were found between observed and expected counts across all five demographic variables.

Conclusions:
This is the first population-based study to assess the incidence rates of PPD among all active duty military servicewomen. Findings that some groups were over- and underdiagnosed within each demographic category, and that PPD incidence rates have increased between 2001 and 2018, underscore the importance of further research to inform policies and interventions supporting this vulnerable population.

-----

https://www.sciencedirect.com/science/article/abs/pii/S0165032719334469

Dissociative Symptoms in a Nationally Representative Sample of Trauma-Exposed U.S. Military Veterans: Prevalence, Comorbidities, and Suicidality.

Sarah Herzog, Brienna M. Fogle, Ilan Harpaz-Rotem, Jack Tsai, Robert H. Pietrzak

Highlights
- 1 in 5 veterans in a broad national sample endorsed mild-to-severe dissociative symptoms.
- Vets with dissociative symptoms had greater psychiatric comorbidity and poorer functioning.
- Dissociative symptoms predicted suicide risk above other comorbidities and trauma history.
- Dissociative symptoms in veterans may be a transdiagnostic risk factor independent of PTSD.

Abstract

Background

Dissociative symptoms have been documented in diverse clinical and non-clinical populations, and are associated with poor mental health outcomes. Yet, research on dissociative symptoms is frequently limited to PTSD samples, and therefore little is known about the prevalence, clinical correlates, and risk factors related to dissociative symptoms in broader, representative trauma-exposed populations.

Methods

The current study assessed dissociative symptoms in a contemporary, nationally representative sample of trauma-exposed U.S. veterans irrespective of PTSD diagnostic status. We then compared sociodemographic, military, and psychiatric characteristics, trauma histories, level of functioning, and quality of life in veterans with dissociative symptoms to those without dissociative symptoms; and determined the incremental association between dissociative symptoms, and suicidality, functioning, and quality of life, independent of comorbidities.

Results

A total 20.8% of U.S. veterans reported experiencing mild-to-severe dissociative symptoms. Compared to veterans without dissociative symptoms, veterans with dissociative symptoms were younger, and more likely to be non-white, unmarried/partnered and unemployed, had lower education and income, and were more likely to have been combat-exposed and use the VA are their primary source of healthcare. They also had elevated rates of psychiatric comorbidities, lower functioning and quality of life, and a 5-fold greater likelihood of current suicidal ideation and 4-fold greater likelihood of lifetime suicide attempt history.

Limitations
Cross-sectional data limit inference of the directionality of findings, and results may not generalize to non-veteran populations.

Conclusions
Dissociative symptoms are prevalent in U.S. veterans and may be an important transdiagnostic marker of heightened risk for suicidality and psychiatric comorbidities. These results underscore the importance of assessing, monitoring, and treating dissociative symptoms in this population.

-----

https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-08696-4

Multimorbidity and quality of life after blast-related injury among US military personnel: a cluster analysis of retrospective data.

Andrew J. MacGregor, James M. Zouris, Jessica R. Watrous, Cameron T. McCabe, Amber L. Dougherty, Michael R. Galarneau & John J. Fraser

Background
Blast injury emerged as a primary source of morbidity among US military personnel during the recent conflicts in Iraq and Afghanistan, and led to an array of adverse health outcomes. Multimorbidity, or the presence of two or more medical conditions in an individual, can complicate treatment strategies. To date, there is minimal research on the impact of multimorbidity on long-term patient-reported outcomes. We aimed to define multimorbidity patterns in a population of blast-injured military personnel, and to examine these patterns in relation to long-term quality of life (QOL).

Methods
A total of 1972 US military personnel who sustained a blast-related injury during military operations in Iraq and Afghanistan were identified from clinical records. Electronic health databases were used to identify medical diagnoses within the first year postinjury, and QOL was measured with a web-based assessment. Hierarchical cluster analysis methods using Ward's minimum variance were employed to identify clusters

with related medical diagnosis categories. Duncan's multiple range test was used to group clusters into domains by QOL.

Results
Five distinct clusters were identified and grouped into three QOL domains. The lowest QOL domain contained one cluster with a clinical triad reflecting musculoskeletal pain, concussion, and mental health morbidity. The middle QOL domain had two clusters, one with concussion/anxiety predominating and the other with polytrauma. The highest QOL domain had two clusters with little multimorbidity aside from musculoskeletal pain.

Conclusions
The present study described blast-related injury profiles with varying QOL levels that may indicate the need for integrated health services. Implications exist for current multidisciplinary care of wounded active duty and veteran service members, and future research should determine whether multimorbidity denotes distinct post-blast injury syndromes.

Alcohol screening and brief intervention among military service members and veterans: rural–urban disparities.

Background
Access to screening, brief intervention and referral to treatment programmes for alcohol use have been shown to be effective; however, little is known about access to these services among service members and veterans. We examined the association of service member or veteran rural-dwelling area and the following outcomes: recent general health check-up, alcohol screening and alcohol brief intervention.

Methods
Data on 5080 military service members and veterans were obtained from the 2017 Behavioural Risk Factor Surveillance System of the USA. We estimated rural–urban

disparities in the receipt of a recent voluntary general health check-up, as well as the receipt of alcohol screening and brief intervention, using a mixed logit model.

Results
Of the 5080 participants in the study, a total of 4666 (90.49%, 95% CI 89.39% to 91.48%) reported a general health check-up in the last 2 years. Results showed 7.48% of the sample (95% CI 6.64% to 8.41%) exhibited heavy alcohol consumption patterns. Of the 414 participants who did not undergo a general health check-up, 13.80% (95% CI 9.63% to 19.41%) exhibited a pattern of heavy alcohol consumption. Rural individuals were less likely to report a recent health check-up (adjusted OR=0.82, 95% CI 0.79 to 0.87). Rurality was also independently associated with decreased likelihood of receiving an alcohol screening and brief intervention.

Conclusion
Greater access to telehealth or other geographically flexible screening and brief intervention programmes is needed in rural areas for service members and veterans.

-----

https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2765056

Internet-Based Cognitive Behavioral Therapy to Reduce Suicidal Ideation: A Systematic Review and Meta-analysis.

Büscher R, Torok M, Terhorst Y, Sander L.

Key Points
Question
Is internet-based cognitive behavioral therapy directly targeting suicidal ideation or behaviors associated with reduced suicidal ideation?

Findings
In this meta-analysis including 6 unique randomized clinical trials and 1567 unique participants, internet-based cognitive behavioral therapy interventions for suicide prevention were associated with significantly reduced suicidal ideation after intervention

compared with controls. First indications suggest that the treatment effect might be maintained at follow-up.

Meaning

Internet-based self-help interventions for suicide prevention based on cognitive behavioral therapy may be effective in reducing suicidal ideation and may be considered as a low-threshold treatment option, complementing current services.

Abstract

Importance

Suicidal ideation is a widespread phenomenon. However, many individuals at risk for suicide do not seek treatment, which might be addressed by providing low-threshold, internet-based self-help interventions.

Objective

To investigate whether internet-based self-help interventions directly targeting suicidal ideation or behavior are associated with reductions in suicidal ideation.

Data Sources

A systematic search of PsycINFO, MEDLINE, Cochrane Central Register of Controlled Trials (CENTRAL), and the Centre for Research Excellence of Suicide Prevention (CRESP) databases for trials from inception to April 6, 2019, was performed, supplemented by reference searches. Search strings consisted of various search terms related to the concepts of internet, suicide, and randomized clinical trials.

Study Selection

Two independent researchers reviewed titles, abstracts, and full texts. Randomized clinical trials evaluating the effectiveness of internet-based self-help interventions to reduce suicidal ideation were included. Interventions were eligible if they were based on psychotherapeutic elements. Trials had to report a quantitative measure of a suicide-specific outcome. Mobile-based and gatekeeper interventions were excluded; no further restrictions were placed on participant characteristics or date of publication.

Data Extraction and Synthesis

This study followed the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) reporting guidelines. Risk of bias was evaluated using the Cochrane Risk of Bias Tool. Standardized mean differences were calculated using a random-effects model.

Main Outcomes and Measures
Suicidal ideation was the a priori primary outcome.

Results
Six unique eligible trials (1567 unique participants; 1046 [66.8%] female; pooled mean [SD] age, 36.2 [12.5] years) were included in the systematic review and meta-analysis. All identified interventions were internet-based cognitive behavioral therapy (iCBT). Participants assigned to the iCBT condition experienced a significantly reduced suicidal ideation compared with controls following intervention in all 6 trials (standardized mean difference, −0.29; 95% CI, −0.40 to −0.19; P < .001). Heterogeneity was low (I2 = 0%). The effect appeared to be maintained at follow-up in 4 trials (standardized mean difference, −0.18; 95% CI, −0.34 to −0.02; P = .03; I2 = 36%). Studies did not report sufficient data on completed suicides and suicide attempts to assess potential associations.

Conclusions and Relevance
These results show that iCBT interventions are associated with significant reductions in suicidal ideation compared with control conditions. Considering their high scalability, iCBT interventions have the potential to reduce suicide mortality. Future research should assess the effect of these digital health interventions on suicidal behavior and identify moderators and mediators to advance understanding of the mechanisms of effectiveness of these interventions.

-----

https://www.liebertpub.com/doi/abs/10.1089/tmj.2019.0055

Disagreement in Satisfaction Between Patients and Providers in the Use of Videoconferences by Depressed Adults.

Lone Fisker Christensen, Frederik Alkier Gildberg, Christian Sibbersen, Mette Maria Skjoeth, Connie Thuroe Nielsen, and Jens Peter Hansen

Aim:
To evaluate whether there was a difference in satisfaction scores between providers and patients in the use of videoconferences (VCs) by depressed adults.

Method:
This study was a subanalysis of the joint European project, MasterMind, and participants were recruited from 15 pilot studies in 11 different countries. The Client Satisfaction Questionnaire (CSQ)-3 was used as assessment tool, and scores were summed to give total scores. The questionnaire consists of three items evaluating general satisfaction, fulfillment of needs in treatment, and usability.

Results:
A total of 362 respondents, 201 patients and 161 providers, completed the questionnaire. Providers had a mean total CSQ-3 score of 9.17 (95% confidence interval [CI] = 8.90–9.45), whereas patients had a mean of 9.70 (95% CI = 9.44–9.98). Mean scores for item 1 (the extent to which VCs had met the needs of the participants): patients 3.19, providers 2.93 (p = 0.00048); for item 2 (general satisfaction): patients 3.22, providers 3.08 (p = 0.083); and item 3 (whether participants wanted to use VCs again): patients 3.28 providers 3.16 (p = 0.045).

Conclusion:
The results showed that total satisfaction scores were higher in patients than in providers. The differences between patients and providers were significant for items 1 and 3 (p < 0.05), but we did not find a significant difference regarding item 2.

-----

https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2765488

Religious Service Attendance and Deaths Related to Drugs, Alcohol, and Suicide Among US Health Care Professionals.

Chen Y, Koh HK, Kawachi I, Botticelli M, VanderWeele TJ

Key Points
Question
Is frequent religious service attendance associated with a lower risk of deaths related to drugs, alcohol, and suicide (referred to as deaths from despair) among US health care professionals?

Findings

In this cohort study of 66 492 female registered nurses and 43 141 male health care professionals in the US, attendance at religious services at least once per week was associated with a 68% lower hazard of death from despair among women and a 33% lower hazard among men compared with never attendance.

Meaning

The findings suggest that frequent attendance at religious services is associated with lower subsequent risk of deaths from despair.

Abstract

Importance

The increase in deaths related to drugs, alcohol, and suicide (referred to as deaths from despair) has been identified as a public health crisis. The antecedents associated with these deaths have, however, seldom been investigated empirically.

Objective

To prospectively examine the association between religious service attendance and deaths from despair.

Design, Setting, and Participants

This population-based cohort study used data extracted from self-reported questionnaires and medical records of 66 492 female registered nurses who participated in the Nurses' Health Study II (NHSII) from 2001 through 2017 and 43 141 male health care professionals (eg, dentist, pharmacist, optometrist, osteopath, podiatrist, and veterinarian) who participated in the Health Professionals Follow-up Study (HPFS) from 1988 through 2014. Data on causes of death were obtained from death certificates and medical records. Data analysis was conducted from September 2, 2018, to July 14, 2019.

Exposure

Religious service attendance was self-reported at study baseline in response to the question, "How often do you go to religious meetings or services?"

Main Outcomes and Measures

Deaths from despair, defined specifically as deaths from suicide, unintentional poisoning by alcohol or drug overdose, and chronic liver diseases and cirrhosis. Cox proportional hazards regression models were used to estimate the hazard ratio (HR) of deaths from despair by religious service attendance at study baseline, with adjustment

for baseline sociodemographic characteristics, lifestyle factors, psychological distress, medical history, and other aspects of social integration.

Results
Among the 66 492 female participants in NHSII (mean [SD] age, 46.33 [4.66] years), 75 incident deaths from despair were identified (during 1 039 465 person-years of follow-up). Among the 43 141 male participants in HPFS (mean [SD] age, 55.12 [9.53] years), there were 306 incident deaths from despair (during 973 736 person-years of follow-up). In the fully adjusted models, compared with those who never attended religious services, participants who attended services at least once per week had a 68% lower hazard (HR, 0.32; 95% CI, 0.16-0.62) of death from despair in NHSII and a 33% lower hazard (HR, 0.67; 95% CI, 0.48-0.94) of death from despair in HPFS.

Conclusions and Relevance
The findings suggest that religious service attendance is associated with a lower risk of death from despair among health care professionals. These results may be important in understanding trends in deaths from despair in the general population.

-----

https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-020-04302-5

Peer support during in vivo exposure homework to reverse attrition from prolonged exposure therapy for posttraumatic stress disorder (PTSD): description of a randomized controlled trial.

Melba A. Hernandez-Tejada, Wendy Muzzy, Matthew Price, Stephanie Hamski, Stephanie Hart, Edna Foa & Ron Acierno

Background
Effective treatments for posttraumatic stress disorder (PTSD) (e.g., prolonged exposure (PE); cognitive processing therapy (CPT)) exist and are widely adopted by the Departments of Veterans Affairs (VA) and Defense (DoD). Unfortunately, dropout from these treatments regularly exceeds 30%. However, in a recent survey of patients who dropped out of PE, approximately half indicated a greater likelihood of completion if a

peer who had completed treatment were available to help with the in vivo exposure homework.

Methods

We will use a between-groups randomized controlled design with repeated assessment at baseline, post treatment, and 3- and 6-month follow-up across measures of PTSD, depression, and functioning with 150 veterans who have indicated that they intend to drop out of treatment. Participants will be randomly assigned to one of two PE + Peer Support conditions: (1) a peer will offer support directly during in vivo exposure homework for 3–4 weeks; vs (2) a peer will call weekly for 3–4 weeks to offer general support and to check in on treatment progress.

Discussion

The present study was designed to test the hypothesis that dropout from exposure-based PTSD treatment may be mitigated by using peers as support agents directly during PE in vivo homework experiences. Specifically, we intend to determine: whether patients who have dropped out of PE and are offered the "in vivo peer" adjunctive component to PE therapy will (1) return and complete treatment and (2) evince reduced PTSD symptomatology, compared to the same PE treatment, but with general peer support more reflective of current VA practices.

Trial registration

This study protocol is approved and information is available at ClinicalTrials.gov, ID: NCT03485391. Registered on 2 April 2018.

-----

https://link.springer.com/article/10.1007%2Fs12207-020-09374-x

Comparison of Clinical Psychologist and Physician Beliefs and Practices Concerning Malingering: Results from a Mixed Methods Study.

Stephen L. Aita, Nicholas C. Borgogna, Lilah J. Aita, Melissa L. Ogden & Benjamin D. Hill

Malingering, or intentional feigning of impairment for an external incentive, has been the topic of extensive psychological research in recent decades. The emphasis on symptom validity assessment in training, practice, and research in clinical psychology is not echoed across other health professions. While past surveys of clinical psychologists revealed positive beliefs and attitudes toward validity assessment, much less is known about physicians in this area, particularly in regard to how they identify suspected malingering. To address this gap, we surveyed a sample of demographically similar clinical psychologists (n = 57) and physicians (n = 54) regarding their beliefs and practices about malingering. Unique to this study was the use of a mixed survey and mixed methods approach to analyzing quantitative and qualitative data. Broadly, survey findings indicated that more clinical psychologists reported documenting malingering in their careers compared with physicians (65.0% vs. 33.0%). Consistently, more clinical psychologists endorsed "always" or "often" being able to recognize malingering compared with physicians (73.7% vs. 22.2%). Clinical psychologists indicated that they ask patients or evaluees about potential external incentives (e.g., current involvement in litigation) much more often than physicians (70.0% vs. 16.0%). On average, clinical psychologists estimated higher base rates of malingering in six high-risk malingering diagnostic categories compared with physicians, with greatest estimation difference noted for mild traumatic brain injury (19.9% vs. 5.9%). Qualitative examination of respondent data generally converged with quantitative findings and provided additional insights to how conceptualizations of malingering differ across healthcare disciplines. Implications for practice and study limitations are discussed.

-----

https://onlinelibrary.wiley.com/doi/abs/10.1002/cpp.2465

Predicting boundary violation propensity among mental health professionals.

Edward Dickeson, Rachel Roberts, Matthew F. Smout

Despite its clear importance, there have been very few empirical investigations of boundary violation propensity among mental health professionals. The present study explored the relationships between self-reported propensity for boundary violations and predictors theorized to increase their likelihood. Australian mental health professionals (N = 275) completed an online questionnaire battery including demographics, the

Sexual Boundary Violation Index, Boundaries In Practice Scale, Boundary Violations Propensity Questionnaire, Marlow-Crowne Social Desirability Scale, Circumplex of Interpersonal Problems, Brief Inventory of Pathological Narcissism, Barratt Impulsiveness Scale Brief Version, Satisfaction With Life Scale, Brief Experiential Avoidance Questionnaire, Adverse Childhood Experiences Questionnaire and the Interpersonal Reactivity Index. Regression analysis was used to identify unique predictors. Boundary violation propensity was associated with nurturant interpersonal styles in females and dominant interpersonal styles in males. In regression analysis, unique predictors for male boundary violation propensity were grandiose narcissism, vulnerable narcissism, self-centred interpersonal traits and low levels of empathic concern. For females, unique predictors were impulsivity, childhood adversity, self-sacrificing interpersonal traits and vulnerable narcissism. In addition to informing theory about those at risk of perpetrating boundary violations, the identified predictors can inform those involved in selection for training programs and staff appointments and serve as markers for providing closer supervision.

-----

https://www.sciencedirect.com/science/article/abs/pii/S074937972030132X

Structuring the Invisible War: Base and Community Influences on Military Sexual Assault Occurrence.

Ráchael A. Powers, Richard K. Moule, Cassandra E. Dodge, Lyndsay N. Boggess

Introduction
This study examined the relationship between military sexual assault and structural factors including base (e.g., base density) and community (e.g., economic deprivation) characteristics.

Methods
Data on military sexual assault against men and women for fiscal years 2013–2016 were drawn from Sexual Assault Prevention and Response Office's 2017 report, "Sexual Assault Received at Military Installations and Combat Areas of Interest." Base information was pulled from fiscal years 2012 and 2013 Department of Defense's Base Structure Reports. Community-level information was drawn from 5-year American

Community Survey estimates (2008–2012). Analyses were conducted in 2019. Negative binomial models were used to examine predictors of military sexual assault.

Results
Compared with civilian personnel, higher concentrations of military personnel on bases increased military sexual assault (incident rate ratio=1.01, p=0.025). Compared with Air Force–controlled installations, Navy and Marine bases were associated with higher military sexual assault prevalence (incident rate ratio=2.22, p<0.001; incident rate ratio=2.38, p<0.001, respectively). Community economic disadvantage was inversely related to military sexual assault (incident rate ratio=0.69, p=0.001), whereas residential mobility (incident rate ratio=1.07, p=0.002), percentage of racial/ethnic minorities (incident rate ratio=1.02, p=0.024 black; incident rate ratio=1.03, p<0.001 Hispanic), and percentage of residents who are veterans (incident rate ratio=1.13, p<0.001) were positively related to military sexual assault.

Conclusions
Military sexual assault prevalence is associated with the structural characteristics of military installations and characteristics of the communities in which these installations are located. Findings suggest that further research on structural predictors of military sexual assault is needed and prevention programs and services may benefit from more community engagement.

-----

https://www.sciencedirect.com/science/article/pii/S0749379720300969

Delayed Homelessness After Military Discharge: Examination of a Sleeper Effect.

Jack Tsai, Dorota Szymkowiak, Robert H. Pietrzak

Introduction
Addressing veteran homelessness is a major federal priority, but there has been little research on the period between military discharge and homelessness. There are public concerns about new waves of homelessness among recent veterans and questions about a possible sleeper effect, that is, a delayed risk that becomes stronger with time.

Methods
Data from 2 national samples were analyzed: Department of Veterans Affairs administrative records of a population-based sample of 275,775 homeless Department of Veterans Affairs service users in 2000–2019 and a nationally representative community survey of 115 veterans with a history of homelessness conducted in 2018.

Results
In the Department of Veterans Affairs sample, the average time between discharge and homelessness was 5.5 (SD=4.2) years. In the community veteran sample, the average time between discharge and homelessness was 9.9 (SD=10.5) years. Service in Iraq and Afghanistan was significantly associated with shorter duration between discharge and homelessness. Service in Vietnam, younger age at military discharge, more chronic medical conditions, depression, and alcohol use problems were associated with longer interval between discharge and homelessness. Among homeless service users who were discharged from 2000 to 2003, the rate of homelessness doubled between 10 and 15 years after discharge. Similarly, among those discharged from 2009 to 2013, the rate of homelessness more than doubled between 2 and 5 years after discharge.

Conclusions
There appears to be a sleeper effect in veteran homelessness after military discharge. The primary and secondary preventions focused on chronic health conditions, and social adjustment may be needed to address homelessness among recent veterans.

-----

https://www.siop.org/Research-Publications/Items-of-Interest/ArticleID/3435/ArtMID/19366

Factors in the Transition of Career Military Personnel to the Civilian Workforce.

Krigbaum, Genomary; Good, Christine C.; Ogle, Ann K.; Walsh, Michael; Hess, Robert; Krigbaum, Jeff

The Industrial-Organizational Psychologist
Spring 2020, Vol. 57, Issue 4, p51-65

Veterans transitioning to the civilian workforce face many challenges. Yearly, approximately 18,000 veterans reenter civilian life, which includes transitioning into a second career, facing issues of life satisfaction, and encountering differences in military versus civilian work structures. Data on veterans indicates continued struggles in

securing civilian employment commensurate with their skills. In this study (N = 146), the predictors of a successful transition from the military to the civilian workforce were analyzed. Demographic data and scores on standardized measurements were computed. Regression analyses yielded results of life satisfaction alone ($< .05$) and life satisfaction with race-ethnicity ($< .01$) as strong predictors for securing employment. Age alone and age combined with the number of years of military service, workability, and social capital were found to be strong predictors ($< .01$) of being employed. Although satisfaction with life increases the likelihood of a successful transition from military service to civilian work, social capital indicates that support is required to bolster one's personal assessments of self-worth, skills, and ability to work because self-identity does alter self-perceptions (Amiot et al., 2015). Though little can be done to change demographic predictors, such as race-ethnicity, age, and length of service (number of years in the military), initiatives can be designed to strengthen dispositional factors, such as life satisfaction, workability, and social capital. It is recommended that initiatives be explored specifically targeted to such factors. Practical implications of the results are discussed.

-----

https://www.sciencedirect.com/science/article/abs/pii/S0165032720306133

Factors associated with PTSD symptom improvement among Iraq and Afghanistan veterans receiving evidenced-based psychotherapy.

Shira Maguen, Nicholas Holder, Yongmei Li, Erin Madden, ... Brian Shiner

Highlights
- We identified a cohort receiving evidence-based psychotherapy (EBP) over 14 years.
- Improvements in PTSD following EBP were associated with timing, dose and modality.
- Modifiable factors like timing and modality can be used to improve EBP outcomes.

Abstract

Background

Despite availability of evidence-based psychotherapies (EBPs) for posttraumatic stress disorder (PTSD), not all veterans who initiate EBPs experience benefit. Better understanding factors associated with clinically significant improvement can help ameliorate care.

Methods

A cohort of Iraq and Afghanistan War veterans who initiated an EBP was identified (N = 32,780) with ≥1 post-deployment psychotherapy visit at the Veterans Health Administration from 10/2001-6/2017, a post-deployment PTSD diagnosis, and ≥2 PTSD symptom measures. We used random-effects logistic regression to assess whether patient-level, diagnostic, and treatment factors were associated with achieving symptom improvement.

Results

Increased odds of PTSD symptom improvement were seen in women (OR = 1.19; 95% CI: 1.09--1.29), those who initiated EBP within a year of engaging in mental healthcare compared with the delayed EBP group (OR = 1.20; 95% CI: 1.14--1.28), those who completed at least 8 EBP sessions in 16 weeks (OR = 1.23; 95% CI:1.11--1.36), those who received PE only (vs. CPT or both; OR = 2.23; 95% CI: 1.86--2.68) or CPT individual therapy only (vs. CPT group or both; OR = 1.34; 95% CI: 1.22--1.48), and those with a drug dependence diagnosis (OR = 1.24; 95% CI: 1.11--1.39). Decreased odds of improvement were seen in Black veterans (OR=0.75; 95% CI: 0.69--0.81) and those with service-connected disability (OR = 0.61; 95% CI: 0.52--0.71).

Limitations

Diagnoses were from medical charts and not confirmed with gold standard assessment tools; we only included veterans with at least two PTSD measurements, which may cause bias.

Conclusion

Modifiable factors associated with PTSD improvement (timing, dose, and modality) can be used to improve EBP outcomes.

Eating Disorders and Overweight/Obesity in Veterans: Prevalence, Risk Factors, and Treatment Considerations.

Kristy Cuthbert, Sabrina Hardin, Rachel Zelkowitz & Karen Mitchell

Purpose of Review
Eating disorders (EDs) and overweight/obesity (OW/OB) have a significant impact on veterans. This review highlights current research on EDs and OW/OB in this population.

Recent Findings
Prevalence estimates for both EDs and OW/OB among veterans remain consistent with and possibly higher than those in the general population. Both diagnoses share multiple risk factors, including trauma history, and mental health comorbidities. Although weight loss treatments have been fairly well studied among veteran samples, there are no published investigations on psychotherapies for EDs in this population. The Veterans Healthcare Administration is working to train providers in ED treatments. VHA treatments for OW/OB show some benefits and areas for improvement.

Summary
Areas for future research include structured assessments for EDs and disordered eating behaviors in veterans to clarify prevalence estimates. There is a need for interventions that consider common mechanisms for ED and OW/OB, and there is a need for more research on the associations between different types of trauma and ED/OW/OB in veterans.

"We serve too!": Everyday militarism of children of US service members.

Frain, S. C., & Frain, B.

Childhood
First Published May 6, 2020
https://doi.org/10.1177/0907568220914709

There are 2 million United States military–attached children worldwide; however, the US government does not track the data of those who commit suicide. Military children's daily lives are affected by the everyday and slow violence of constantly preparing for war. This article conducts a critical content analysis of family resiliency resources and children's books to highlight the ongoing need for structural change. We conclude with recommendations on how to best address the specific needs of military-attached children.

-----

https://www.tandfonline.com/doi/abs/10.1080/13811118.2020.1760156

Preferences in Information Processing: Understanding Suicidal Thoughts and Behaviors among Active Duty Military Service Members.

Robert J. Cramer, Michael Franks, Craig A. Cunningham & Craig J. Bryan

The present study examined Preferences in Information Processing (PIP), an emerging model of understanding suicidal thoughts and behaviors (STBs), in a clinical military sample for the first time. Constructs of need for affect (NFA; i.e., extent to which one engages or avoids emotional content) and need for cognition (NFC; i.e., extent of preference for and enjoyment of cognitive effort) are central individual differences of the PIP model hypothesized to be associated with STBs. Data (n = 200 active duty personnel) were drawn from medical records and self-report questionnaires from two outpatient treatment settings in a military hospital. Primary findings include: (1) moderate positive bivariate associations of NFA avoidance with mental health symptoms and lifetime STBs; (2) consistent patterns in which NFA approach buffers the negative associations of depression with life STBs, clinical suicide risk, perceived burdensomeness and thwarted belonging. Recommendations are offered for military suicide prevention, and future suicide theory testing.

Prevalence of intimate partner violence perpetration among military populations: A systematic review and meta-analysis.

J. Kwan, K. Sparrow, E. Facer-Irwin, G. Thandi, ... D. MacManus

Highlights
- IPV perpetration is prevalent in military populations.
- Prevalence past-year physical IPV perpetration higher among men vs women, veteran vs Active Duty, clinical vs general samples
- Need to consider impact of the act of IPV perp on victim - not just act itself.

Abstract
Intimate partner violence (IPV) is a global health issue that impacts both civilian and military populations. Factors associated with military service may result in increased risk of IPV perpetration among Veterans and Active Duty military personnel. Six bibliographic databases were searched to identify studies that estimated the prevalence of IPV perpetration among military populations by sociodemographic and military characteristics. Where possible, random effect meta-analyses were conducted to determine pooled prevalence estimates. 42 studies were eligible for inclusion in this systematic review. 28 of these studies met the requirements for inclusion in subsequent meta-analyses. Among studies that measured past-year physical IPV perpetration, the pooled prevalence was higher among men compared to women (26% and 20% respectively). Among Veterans, there were consistently higher prevalences compared to Active Duty samples. Similarly, higher prevalences were found among studies in general military settings compared to clinical settings. Further research that considers the impact of the act(s) of IPV perpetration on the victims is needed. This, along with the use of a consistent measurement tools across studies will help to develop a stronger evidence base to inform prevention and management programs for all types of IPV perpetration among military personnel.

Frequency of Clinicians' Assessments for Access to Lethal Means in Persons at Risk for Suicide.

Jennifer M. Boggs, LeeAnn M. Quintana, J. David Powers, Steve Hochberg & Arne Beck

Objective:
We measured the frequency of clinicians' assessments for access to lethal means, including firearms and medications in patients at risk of suicide from electronic medical and mental health records in outpatient and emergency settings.

Methods:
We included adult patients who reported suicide ideation on the PHQ-9 depression screener in behavioral health and primary care outpatient settings of a large integrated health system in the U.S. and those with suicidal behavior treated in the emergency department. Two separate natural language processing queries were developed on medical record text documentation: (1) assessment for access to firearms (8,994 patients), (2) assessment for access to medications (4,939 patients).

Results:
Only 35% of patients had documentation of firearm or medication assessment in the month following treatment for suicidal behavior in the emergency setting. Among those reporting suicidal ideation in outpatient setting, 31% had documentation of firearm assessment and 23% for medication assessment. The accuracy of the estimates was very good for firearm assessment (F1 = 89%) and medication assessment in the outpatient setting (F1 = 91%) and fair for medication assessment in the emergency setting (F1 = 70%) due to more varied documentation styles.

Conclusions:
Lethal means assessment following report of suicidal ideation or behavior is low in a nonacademic health care setting. Until health systems implement more structured documentation to measure lethal means assessment, such as discrete data field, NLP methods may be used to conduct research and surveillance of this important prevention practice in real-world settings.

Assessing the postdeployment quality of treatment for substance use disorders among Army enlisted soldiers in the military health system.

Rachel Sayko Adams, Deborah W. Garnick, Alex H.S. Harris, Elizabeth L. Merrick, ... Mary Jo Larson

Highlights
- Rates of postdeployment substance use disorder diagnoses are lower than expected.
- Engagement in substance use treatment is low in the Military Health System.
- Efforts to identify substance use disorder in the military should be increased.

Abstract
Little is known about the rates and predictors of substance use treatment received in the Military Health System among Army soldiers diagnosed with a postdeployment substance use disorder (SUD). We used data from the Substance Use and Psychological Injury Combat study to determine the proportion of active duty (n = 338,708) and National Guard/Reserve (n = 178,801) enlisted soldiers returning from an Afghanistan/Iraq deployment in fiscal years 2008 to 2011 who had a SUD diagnosis in the first 150 days postdeployment. Among soldiers diagnosed with a SUD, we examined the rates and predictors of substance use treatment initiation and engagement according to the Healthcare Effectiveness Data and Information Set criteria. In the first 150 days postdeployment 3.3% of active duty soldiers and 1.0% of National Guard/Reserve soldiers were diagnosed with a SUD. Active duty soldiers were more likely to initiate and engage in substance use treatment than National Guard/Reserve soldiers, yet overall, engagement rates were low (25.0% and 15.7%, respectively). Soldiers were more likely to engage in treatment if they received their index diagnosis in a special behavioral health setting. Efforts to improve substance use treatment in the Military Health System should include initiatives to more accurately identify soldiers with undiagnosed SUD. Suggestions to improve substance use treatment engagement in the Military Health System will be discussed.

Suicidal ideation and affect lability in single and multiple suicidal attempters with Major Depressive Disorder: An exploratory network analysis.

D. Núñez, J.L. Ulloa, S. Guillaume, E. Olié, ... P. Courtet

Highlights
- Affect lability and anxiety as trait were the most central psychopathological aspects in suicidal attempters with a primary diagnosis of Major Depressive Disorder.
- Suicidal ideation was specifically connected with anxiety as trait and hopelessness.
- There were some differences between the symptomatic profiles of repeaters and non-repeaters and also between high and low suicidal ideation.
- Emotional regulation difficulties might be suitable targets for early detecting and treating suicidal patients.

Abstract
Introduction:
A better understanding of the specific contribution of risk factors to suicidal behavior could arise from analyzing suicidal ideation (SI) in clinical samples, and comparing single versus multiple suicide attempters through contemporary methods allowing complex and dynamical analyses of multiple and simultaneously interacting suicide risk factors.

Method:
We explored associations among suicidal ideation (SI), affect lability and other suicide risk factors in 323 suicidal attempters diagnosed with major depressive disorder (MDD). We analyzed the network structure and centrality of the total sample, and compared single versus multiple attempters and subjects with low and high suicidal ideation.

Results:
SI was connected with anxiety (trait) and hopelessness. Central nodes for global and specific groups were affect lability (from anxiety to depression), anxiety as a trait, and harm avoidance. We observed some specific differences between clinical profiles of repeaters and non-repeaters and significant network density between high and low SI.

Limitations:
Because our cross-sectional design, we cannot establish casual relationships among variables. We only examined associations at group level but not at single subject level.

Conclusions:
Affect lability (mainly the shifts from anxiety to depression) and trait anxiety were central in each estimated network. These symptoms might be suitable targets for early detecting and treating suicidal patients.

Links of Interest

How Can Patients Access the Behavioral Health Consultant?
https://www.pdhealth.mil/news/blog/how-can-patients-access-behavioral-health-consultant

Tobacco-sale age will be 21 on military bases, ships in US ports starting in August
https://www.stripes.com/news/us/tobacco-sale-age-will-be-21-on-military-bases-ships-in-us-ports-starting-in-august-1.628963

Veteran unemployment up to nearly 12 percent amid coronavirus crisis
https://www.militarytimes.com/education-transition/2020/05/08/veteran-unemployment-up-to-nearly-12-percent-amid-coronavirus-crisis/

Many low-income military families need SNAP, but can't overcome an eligibility hurdle
https://www.militarytimes.com/opinion/commentary/2020/05/09/many-low-income-military-families-need-snap-but-cant-overcome-an-eligibility-hurdle/

Navigating Psychological Health Resources in the Military
https://www.pdhealth.mil/news/blog/navigating-psychological-health-resources-military

Survivors of Military Domestic Violence Asked to Share Their Stories with Congress
https://www.military.com/daily-news/2020/05/11/survivors-military-domestic-violence-asked-share-their-stories-congress.html

This new site is all about money for military spouses
https://www.militarytimes.com/pay-benefits/2020/05/12/this-new-site-is-all-about-money-for-military-spouses/

Why veterans need more than Transition Assistance Programs
https://www.militarytimes.com/education-transition/2020/05/12/why-veterans-need-more-than-transition-assistance-programs/

What if military recruiting could screen for wash-outs?
https://www.militarytimes.com/news/your-military/2020/05/11/what-if-military-recruiting-could-screen-for-wash-outs/

**Resource of the Week: Predicting 36-Month Attrition in the U.S. Military
A Comparison Across Service Branches**

New, from the RAND Corporation:

> First-term attrition—in which a new enlisted recruit does not complete his or her first contract—is a costly and ongoing issue across all military service branches, costing, on average, thousands of dollars per enlistment and millions of total dollars per year. Past research has shown that attrition is strongly associated with several characteristics of recruits that are observable at the time of recruitment, or at least by the time of accession. Comparison across studies is difficult because different studies focus on different services, use different sets of variables, or use samples from different time periods. The author of this report provides a comparative analysis of the predictors of attrition.

> The analysis relies on data consisting of all enlisted accessions between fiscal years 2002 and 2013 in the Army, Air Force, Marine Corps, and Navy, for a total of 2,189,024 accessions from 2,034,045 unique individuals, and shows who accesses, who attrites, when they attrite, and what observable characteristics are associated with attrition at various points during the first 36 months of service. The analysis also documents the predictive power of the data to distinguish attriters from nonattriters to assess the value of recruitment and accession data

in developing policies to mitigate attrition. To highlight promising avenues for future research, the author hypothesizes potential mechanisms behind attrition, based on observed similarities and differences across services and over the course of the first term.

Shirl Kennedy
Research Editor (HJF)
Center for Deployment Psychology
www.deploymentpsych.org
shirley.kennedy.ctr@usuhs.edu
240-535-3901