



Research Update -- July 23, 2020

What's Here:

- Development of the PTSD-Repository: A Publicly Available Repository of Randomized Controlled Trials for Posttraumatic Stress Disorder.
- Are Clinicians Confident in the Risk Assessment of Suicide?: A Systematic Literature Review.
- The Mediating Role of Psychological Distress in the Association between Harassment and Alcohol Use among Lesbian, Gay, and Bisexual Military Personnel.
- Launching a Competency-Based Training Program in Evidence-Based Treatments for PTSD: Supporting Veteran-Serving Mental Health Providers in Texas.
- The Process of Developing a Unit-Based Army Resilience Program.
- Targeting the Reconsolidation of Traumatic Memories With a Brief 2-session Imaginal Exposure Intervention in Post-Traumatic Stress Disorder.
- Confidentiality and psychological treatment of moral injury: the elephant in the room.
- Intimate Partner Violence Predicts Posttraumatic Stress Disorder Severity Independent of Early Life and Deployment-Related Trauma in Deployed Men and Women Veterans.
- Depressive symptomatology and alcohol misuse among treatment-seeking military veterans: Indirect associations via ruminative thinking.

- Moral Injury and Social Well-Being: A Growth Curve Analysis.
- Veteran Therapeutics: The Promise of Military Medicine and the Possibilities of Disability in the Post-9/11 United States.
- Mental Health Symptoms Are Associated With Mild Traumatic Brain Injury History in Active Special Operations Forces (SOF) Combat and Combat Support Soldiers.
- Cumulative Trauma Exposure and Chronic Homelessness Among Veterans: The Roles of Responses to Intrusions and Emotion Regulation.
- Affirmative Dialectical Behavioral Therapy Skills Training With Sexual Minority Veterans.
- Relationship between intelligence and posttraumatic stress disorder in veterans.
- Suicide Death Rate after Disasters: A Meta-Analysis Study.
- Cognitive Behavioral Therapy for Insomnia in Restless Legs Syndrome Patients.
- Identifying risk factors for suicidal ideation across a large community healthcare system.
- When Psychotherapy Is Not Working: Ethical Considerations.
- Links of Interest
- Resource of the Week: Journal of Veterans Studies -- Special Collection: Military Caregiving

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22520>

Development of the PTSD-Repository: A Publicly Available Repository of Randomized Controlled Trials for Posttraumatic Stress Disorder.

O'Neil, M.E., Harik, J.M., McDonagh, M.S., Cheney, T.P., Hsu, F.C., Cameron, D.C., Carlson, K.F., Norman, S.B. and Hamblen, J.L.

Journal of Traumatic Stress

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Given the extensive research on posttraumatic stress disorder (PTSD) treatment, a single, updatable repository of data from PTSD treatment studies would be useful for clinical, research, and policy stakeholders. To meet this need, we established a preliminary dataset of abstracted PTSD trial data, which serve as the basis for the PTSD Trials Standardized Data Repository (PTSD-Repository), maintained by the National Center for PTSD (NCPTSD). We followed systematic review methods to identify published randomized controlled trials (RCTs) of PTSD interventions. We consulted with a panel of experts to determine a priori inclusion criteria, ensure that we captured all relevant studies, and identify variables for abstraction. We searched multiple databases for materials published from 1980 to 2018 and reviewed reference lists of relevant systematic reviews and clinical practice guidelines. In total, 318 RCTs of PTSD interventions that enrolled almost 25,000 participants were included. We abstracted 337 variables across all studies, including study, participant, and intervention characteristics as well as results. In the present paper, we describe our methods and define data elements included in the data tables. We explain coding challenges, identify inconsistencies in reporting across study types, and discuss ways stakeholders can use PTSD-Repository data to enhance research, education, and policy. The abstracted data are currently publicly available on the NCPTSD website and can be used for future systematic reviews and identifying research gaps and as an information resource for clinicians, patients, and family members.

<https://www.tandfonline.com/doi/abs/10.1080/13811118.2020.1792019>

Are Clinicians Confident in the Risk Assessment of Suicide?: A Systematic Literature Review.

Nicola D. Airey & Zaffer Iqbal

Archives of Suicide Research

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Suicide reduction is recognized as a vital focus for mental health clinicians. Clinician confidence to undertake suicide risk assessment, though poorly understood, appears related to job performance, though overconfidence has also been evident in clinical practice. A systematic literature search was undertaken on PSYCinfo and MEDLINE using the terms: suicide risk assessment, confidence, clinician. Of 192 papers identified, 10 articles were deemed pertinent. These for the most part suggested clinician

confidence above the 50% chance level though statistical evidence was lacking for all but two. The literature fails to provide sufficient and objective evidence of the impact of clinician confidence in practice. Recommendations are provided for future research.

<https://www.tandfonline.com/doi/abs/10.1080/10826084.2020.1790007>

The Mediating Role of Psychological Distress in the Association between Harassment and Alcohol Use among Lesbian, Gay, and Bisexual Military Personnel.

Raymond L. Moody, Elizabeth Savarese, Sitaji Gurung, H. Jonathon Rendina & Jeffrey T. Parsons

Substance Use & Misuse

Published online: 12 Jul 2020

<https://doi.org/10.1080/10826084.2020.1790007>

The purpose of this study was to examine the mediating role of psychological distress on the associations between two forms of harassment, military sexual trauma (MST) and sexual orientation-based discrimination (SOBD), and alcohol use in a sample of lesbian, gay, and bisexual (LGB) military personnel. Methods: Data were analyzed from 254 LGB military service members in the United States. Bivariate associations were examined between MST, SOBD, anxiety and depression, distress in response to stressful military events, and alcohol use. A latent psychological distress factor was estimated using anxiety and depression, and distress in response to stressful military events. Path analyses were used to estimate the direct effects of MST and SOBD on alcohol use and the indirect effects of MST and SOBD on alcohol use through psychological distress. Results: All bivariate associations were positive and significant between MST, SOBD, anxiety and depression, distress in response to military events, and alcohol use. In multivariable analyses, after adjusting for demographic covariates, a significant indirect effect was observed for SOBD on alcohol use through psychological distress. MST was not directly or indirectly associated with alcohol use when SOBD was included in the path model. Conclusion: Overall, findings suggest SOBD is associated with poorer mental health, which in turn places LGB military personnel at greater risk of alcohol use and associated problems. These results affirm the need for interventions that reduce SOBD in the military and suggest that these interventions will have a positive impact on the health of LGB military personnel.

<https://link.springer.com/article/10.1007/s10597-020-00676-7>

Launching a Competency-Based Training Program in Evidence-Based Treatments for PTSD: Supporting Veteran-Serving Mental Health Providers in Texas.

Katherine A. Dondanville, Brooke A. Fina, Casey L. Straud, Erin P. Finley, Hannah Tyler, Vanessa Jacoby, Tabatha H. Blount, John C. Moring, Kristi E. Pruiksma, Abby E. Blankenship, Wyatt R. Evans, Mariya Zaturenskaya & for the STRONG STAR Training Initiative

Community Mental Health Journal

Published: 14 July 2020

<https://doi.org/10.1007/s10597-020-00676-7>

Community mental health providers play an essential role in delivering services to veterans who either have limited access to U.S. Department of Veterans Affairs (VA) facilities or who prefer to seek care outside of the VA. However, there are limited training opportunities in evidence-based treatments for posttraumatic stress disorder (PTSD) outside of the VA. In 2017, the STRONG STAR Training Initiative was established to develop competency-based training in two evidence-based therapies for PTSD and to provide that training for mental health providers serving veterans and their families in community settings in Texas. This article describes the program's development and implementation, baseline characteristics of participating clinicians, and lessons learned toward the scale-up and extension of this competency-based training effort to include other interventions and locations.

<https://link.springer.com/article/10.1007/s11920-020-01169-w>

The Process of Developing a Unit-Based Army Resilience Program.

JD Dragonetti, TW Gifford & MS Yang

Current Psychiatry Reports

Volume 22, Article number: 48 (2020)

<https://doi.org/10.1007/s11920-020-01169-w>

Purpose of Review

We review military doctrine, military public health data, medical literature, and educational literature with the intent of condensing key precepts into a succinct, pragmatic description of the essential steps for leaders looking to build a resilience program to provide secondary prevention services.

Recent Findings

Although there continues to be a shortage of high-level evidence in support of specific preventive programs, there are numerous large-scale reviews of prevention and health promotion efforts. When combined with population-specific analyses, several essential concepts emerge as most relevant for smaller-scale prevention programs.

Summary

The key tenets that program leaders should embrace to optimize program effectiveness include utilization of an instructional design approach, focus on evidence-based practices, and teaching resilience skills in order to decrease risk factors and increase protective factors for improved mental health outcomes.

<https://www.sciencedirect.com/science/article/abs/pii/S0165032720324496>

Targeting the Reconsolidation of Traumatic Memories With a Brief 2-session Imaginal Exposure Intervention in Post-Traumatic Stress Disorder.

Joana Singer Vermes, Ricardo Ayres, Adara Saito Goés, Natalia Del Real, ... Felipe Corchs

Journal of Affective Disorders

Available online 15 July 2020

<https://doi.org/10.1016/j.jad.2020.06.052>

Highlights

- A brief 2-session imaginal exposure intervention during the reconsolidation of traumatic memories had enhanced effects over physiological measures.
- Decreases in subjective measure produced by the imaginal exposure intervention was not affected by previous traumatic retrieval.
- The dissociation observed between physiological and subjective measure suggests that their reconsolidation are distinct processes and, perhaps, involve different brain systems.

- Targeting the reconsolidation of traumatic memories with behavioral interventions appears to be a promising way of enhancing these techniques.

Abstract

Background

Evidence suggests that extinction during memory reconsolidation diminishes the return of defensive responses. In order to translate these effects to the clinical setting, we tested whether retrieving a traumatic memory and delivering a brief two-sessions imaginal exposure intervention during its reconsolidation would produce stronger decreases in reactivity to these memories than standard imaginal exposure method.

Methods

Participants with Post-Traumatic Stress Disorder (PTSD) had either their traumatic ($n = 21$) or a neutral ($n = 21$) memory retrieved 1 hour before an imaginal exposure session for two consecutive days. One day before and one day after, participants were exposed to script-driven imagery of their traumatic event, during which skin conductance responses were measured and, immediately after, subjective responses were assessed by means of Visual Analogue Scales.

Results

Traumatic retrieval improved the physiological, but not the subjective effects of imaginal exposure intervention on over-reactivity to traumatic memories.

Conclusions

Our results suggest that delivering extinction-based treatments over the reconsolidation of traumatic memories may enhance its effects. These results suggest that this is a promising path toward the development of new therapeutic techniques.

<https://militaryhealth.bmj.com/content/early/2020/07/12/bmjmilitary-2020-001534.abstract>

Confidentiality and psychological treatment of moral injury: the elephant in the room.

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BMJ Military Health

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<http://dx.doi.org/10.1136/bmjmilitary-2020-001534>

Morally injurious incidents may present ethical or legal quandaries, yet how military or civilian clinicians should manage such disclosures is poorly understood. Individuals who experience moral injury may be reluctant to seek help due to concerns about the legal ramifications of disclosure. Guidance on breaching patient confidentiality differs by regulatory body but also by profession, geography and context. As moral injury continues to become recognised in clinical practice, in the military and elsewhere, clarity is needed regarding best practice in managing moral injury cases and the dilemmas they present.

<https://journals.sagepub.com/doi/abs/10.1177/0886260520938514>

Intimate Partner Violence Predicts Posttraumatic Stress Disorder Severity Independent of Early Life and Deployment-Related Trauma in Deployed Men and Women Veterans.

Pierce, M. E., Fortier, C., Fonda, J. R., Milberg, W., & McGlinchey, R.

Journal of Interpersonal Violence

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<https://doi.org/10.1177/0886260520938514>

Intimate partner violence (IPV) refers to emotional, physical, and/or sexual abuse perpetrated by a current or former partner. IPV affects both genders, though little is known about its effects on men as victims. The aims of this study were to determine if IPV is a factor contributing to posttraumatic stress disorder (PTSD) severity independently of deployment-related trauma, and to determine if there are gender differences in these associations. Participants were 46 female and 471 male post-9/11 veterans. Four sequential regressions were employed to examine the independent contribution of IPV among multiple trauma types on PTSD severity in men and women at two epochs, post-deployment (participants were anchored to deployment-related PTSD symptoms) and current (within the past month). Models were significant for both epochs in men ($ps < .001$) but not in women ($ps > .230$). In men, IPV independently predicted PTSD severity in both epochs ($\beta > .093$). However, in women, early life trauma ($\beta = .284$), but not IPV was a significant and independent predictor for current

PTSD. Thus, there are distinct gender differences in how trauma type contributes to PTSD symptom severity. Although the statistical models were not significant in women, we observed similar patterns of results as in men and, in some cases, the β was actually higher in women than in men, suggesting a lack of power in our analyses. More research is clearly needed to follow-up these results; however, our findings indicate that IPV is a contributing factor to PTSD severity in veterans.

<https://www.sciencedirect.com/science/article/abs/pii/S0306460320306924>

Depressive symptomatology and alcohol misuse among treatment-seeking military veterans: Indirect associations via ruminative thinking.

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Addictive Behaviors

Available online 17 July 2020

<https://doi.org/10.1016/j.addbeh.2020.106562>

Highlights

- Sample included 230 military veterans presenting for mental health services at VA.
- Indirect effect between depression and alcohol misuse via rumination was found.
- Reflection but not brooding accounted for findings when testing rumination subtypes.
- Study offers novel insight as to when reflection may serve as a maladaptive process.

Abstract

Background

Veterans are particularly vulnerable to experiencing concurrent issues related to depression and alcohol misuse. Despite this well-established susceptibility, research explicating targetable mechanisms that can account for this comorbidity remains limited. The present study sought to examine the explanatory role of ruminative thought processing within the depression and alcohol misuse relationship. Method: The sample included 230 veterans (83% male, 58% African American, Mage = 50.61, SDage = 13.79) presenting to a general mental health clinic at a large Veterans Affairs hospital. As part of their intake appointment, veterans completed a brief battery of self-report

questionnaires to assist with diagnostic clarification and treatment planning. Results: A significant total effect was observed between depression and alcohol misuse. An indirect effect between depression and alcohol misuse via rumination was also found. Notably, when examining two subtypes of rumination, an indirect effect between depression and alcohol misuse via reflective pondering but not brooding was evinced. Conclusions: Findings suggest that ruminative thought processing may be an explanatory risk factor within the relationship between depression and alcohol misuse. By testing the simultaneous indirect effects of brooding rumination and reflective pondering, the present study also offers novel insights concerning the circumstances under which reflection may become a maladaptive process.

<https://journal-veterans-studies.org/articles/10.21061/jvs.v6i1.164/>

A Double Bind for the Ties that Bind: A Pilot Study of Mental Health Challenges among Female US Army Officers and Impact on Family Life.

Roche, R., Manzi, J. and Bard, K.

Journal of Veterans Studies

2020; 6(1), pp.200–210

<http://doi.org/10.21061/jvs.v6i1.164>

Female military personnel, rising in both number and in rank, are key to the success of the US military. Currently 16% of active-duty enlisted personnel and 18% of all officers in the US military are women (Department of Defense 2018). Unique stressors for women in the military now include combat stress, the stress of a minority status, military sexual violence, divorce and parenting. Our aim was to investigate these issues related to professionalism, personal health and support networks among female military officers while they also develop and maintain a command presence. The results of our pilot with 73 female US Army Officers support generalized research with female military personnel which illustrate high self-reporting and diagnoses of stress, anxiety and depression (Haskell et al. 2010; Bean-Mayberry et al. 2011; Shekelle et al. 2011). Importantly, 65.7% of servicewomen in our sample self-reported feelings of stress, anxiety, and depression as a direct result of their leadership role in the military. When women were asked how their psychological condition impacts their family as a wife and/or mother (caregiver), they responded with comments such as low energy, less patience and family discord because of distinct roles in and out of the military. As a result of these dichotomous roles, some reported that they hid their distress from their

families. These findings offer important insight for US veteran support services and highlight an under-researched set of health challenges experienced by US female military officers facing mental fatigue who simultaneously serve as a caregiver.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22567>

Moral Injury and Social Well-Being: A Growth Curve Analysis.

Chesnut, R.P., Richardson, C.B., Morgan, N.R., Bleser, J.A., Perkins, D.F., Vogt, D., Copeland, L.A. and Finley, E.

Journal of Traumatic Stress

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Moral injury (MI) may occur in the context of committing transgressions (i.e., self-directed MI reactions), witnessing transgressions, or being the victims of others' transgressions (i.e., other-directed MI reactions) that violate an individual's moral principles. Veterans with MI may experience impaired social well-being (SWB). Studies on MI and veterans' SWB have focused almost exclusively on social support and used cross-sectional data. The present study used growth curve analyses to examine the associations between self- and other-directed MI reactions and veterans' levels of social support, social functioning, social activities, and social satisfaction over the first 18 to 21 months of their transition to civilian life (N = 9,566). The results demonstrated declines in all SWB outcomes, with self- and other-directed MI reactions having differential effects. Higher versus lower levels of other-directed MI reactions were related to lower baseline scores on all SWB outcomes, β s = $-.06$ to $-.20$, and steeper declines over time in social functioning, $\beta = -.09$, and social satisfaction, $\beta = -.10$. Higher versus lower levels of self-directed MI reactions were related to lower baseline levels of social functioning, $\beta = -.07$, but higher baseline levels of social activity, $\beta = .04$. Higher versus lower levels of self-directed MI reactions were related to a steeper decline in social activity over time, $\beta = -.10$. These findings present a more nuanced picture than that depicted by current MI theoretical frameworks and support further research to uncover moderators of the associations between self- and other-directed MI reactions and SWB outcomes.

<https://anthrosource.onlinelibrary.wiley.com/doi/abs/10.1111/maq.12577>

Veteran Therapeutics: The Promise of Military Medicine and the Possibilities of Disability in the Post-9/11 United States.

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Medical Anthropology Quarterly

First published: 15 July 2020

<https://doi.org/10.1111/maq.12577>

This article draws on a decade of ethnographic work with injured U.S. soldiers and veterans to show the collateral effects of military medicine's salvific promise. In tracing these effects through recent changes in amputation protocols and less spectacular conditions such as posttraumatic stress disorder, I show that the prevalent model of “veteran therapeutics,” which posits cure as the aim of post-war, has perverse and cruel effects. Drawing on disability theory, I explore alternative ways to read the frictions that soldiers and veterans experience, stretched between the medical model of veteran therapeutics and an emergent sense that cure may be an impossible goal. Alternatively, the article turns to moments when veterans learn to live with disability, rather than living in anticipation of its end. Though small, such moments contain possibilities for a less cruel mode of inhabiting disability, offering incipient signs of what we might call a crip art of failure.

<https://academic.oup.com/milmed/article-abstract/doi/10.1093/milmed/usaa167/5872623>

Mental Health Symptoms Are Associated With Mild Traumatic Brain Injury History in Active Special Operations Forces (SOF) Combat and Combat Support Soldiers.

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Military Medicine

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<https://doi.org/10.1093/milmed/usaa167>

Introduction

Special Operations Forces (SOF) combat arms and combat support Soldiers are at risk for impaired mental health, such as mood- and stress-related disorders, due to operational and training demands. Additionally, these individuals experience high risk for sustaining mild traumatic brain injury (mTBI). These mTBIs have also been linked to negative psychological outcomes, such as anxiety and depressive symptoms. Studying mental illnesses and their related symptoms alone does not fully address mental health, which may be better understood by 2 separate but overlapping continua measuring both mental illness and subjective well-being (ie, emotional, psychological, and social well-being). Due to the lack of research in this area, current mental health symptoms in active SOF combat Soldiers in relation to mTBI warrants investigation.

Materials and Methods

In this study, 113 SOF combat and combat support Soldiers completed self-report psychological and mTBI history measures during an in-person laboratory setting. These psychometric measures included (1) psychological distress (Brief Symptom Inventory 18), (2) anxiety (Generalized Anxiety Disorder 7-item), (3) posttraumatic stress (PTSD Checklist for DSM-5), (4) somatization (Patient Health Questionnaire-15), and (5) subjective well-being (Mental Health Continuum Short Form).

Results

On average, SOF combat Soldiers endorsed moderate well-being and low psychological distress, somatization, posttraumatic stress, and anxiety. Most SOF combat Soldiers had sustained 1 or more mTBI. We observed mTBI history had significant effects on each dependent variable in the expected directions. History of more mTBIs, controlling for age, was associated with lower subjective well-being as well as higher psychological distress, somatization, posttraumatic stress, and anxiety symptoms.

Conclusion

Although SOF combat Soldiers reported relatively adaptive mental health symptoms across participants, there was considerable variance in the measures reported. Some of the variance in mental health symptoms was accounted for by mTBI history while controlling for age, with reporting higher numbers of lifetime mTBIs and older age being associated with worse mental health symptoms. Longitudinal investigations into these associations and their impact on Soldier performance is warranted.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22569>

Cumulative Trauma Exposure and Chronic Homelessness Among Veterans: The Roles of Responses to Intrusions and Emotion Regulation.

Macia, K.S., Moschetto, J.M., Wickham, R.E., Brown, L.M. and Waelde, L.C.

Journal of Traumatic Stress

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<https://doi.org/10.1002/jts.22569>

Veterans with mental health problems and a history of interpersonal and military trauma exposure are at increased risk for chronic homelessness. Although studies have examined posttraumatic stress disorder (PTSD) as a predictor of homelessness, there is limited understanding of specific mechanisms related to cumulative trauma exposure. We sought to elucidate how cumulative interpersonal and military trauma exposure may be linked to homelessness chronicity by examining the role of factors that influence trauma recovery and functional impairment. Specifically, we examined the indirect association of cumulative trauma exposure with homelessness chronicity through distress and responses to trauma-related intrusions and emotion regulation problems in a sample of 239 veterans in community-based homeless programs. Participants completed measures of trauma exposure, responses to intrusions, intrusion distress, difficulties with emotion regulation, and duration and episodes of homelessness. Structural equation modeling was used to test a serial indirect effect model in which cumulative trauma exposure was indirectly associated with homelessness chronicity through distress from and responses to intrusions as well as emotion regulation problems. The results supported the hypothesized sequential indirect effect for episodes of homelessness, indirect effect odds ratio (IE OR s) = 1.12–1.13, but not for current episode duration, IE OR = 1.05. Overall, the present findings elucidate specific trauma-related factors that may be particularly relevant to episodic patterns of homelessness and interfere with efforts to remain housed. These findings represent an important step toward shaping policy and program development to better meet mental health care needs and improve housing outcomes among homeless veterans.

<https://www.sciencedirect.com/science/article/abs/pii/S1077722920300730>

Affirmative Dialectical Behavioral Therapy Skills Training With Sexual Minority Veterans.

Jeffrey M. Cohen, Jerika C. Norona, James E. Yadavia, Brian Borsari

Cognitive and Behavioral Practice

Available online 17 July 2020

<https://doi.org/10.1016/j.cbpra.2020.05.008>

Highlights

- Affirmative DBT Skills Training targets factors that place sexual minorities at psychiatric risk.
- The adaptation includes a new handout which teaches minority stress.
- The treatment was implemented in a Veterans Health Administration clinic.
- The intervention increased emotion regulation and decreased depression.

Abstract

Minority stress theory posits that unique stressors create an invalidating environment, which places sexual minority individuals at increased risk for psychiatric morbidity. Sexual minority veterans' experience of minority stressors results in elevated levels of emotion dysregulation, anxiety, depression, and suicidality. Clinical interventions designed to address minority stress and treat emotional dysregulation and related disorders among sexual minority veterans are warranted. Professional guidelines recommend the adaptation of evidence-based treatments to address the unique features of sexual minority and veteran mental health. Dialectical Behavior Therapy (DBT) is a treatment for emotion dysregulation and related problems that addresses an invalidating environment, which is an appropriate framework for sexual minorities. The current research adapts the Emotion Regulation module of DBT Skills Training. This adaptation highlights minority stress as part of the invalidating environment and adds new teaching points to address the unique features of sexual minority mental health to create Affirmative DBT Skills Training. Six sexual minority veterans completed Affirmative DBT Skills Training meeting on a weekly basis for 10 consecutive weeks. Before and after treatment, participants completed measures of emotion regulation, anxiety, and depression as well as assessments of minority stress processes. Affirmative DBT Skills Training was well received in this sample. Results suggest that the intervention was effective in decreasing emotion dysregulation and symptoms of depression. These findings suggest Affirmative DBT Skills Training is a promising treatment, although more research is warranted, particularly given the small sample size and lack of a control group.

Relationship between intelligence and posttraumatic stress disorder in veterans.

Robert D. Shura, Erica L. Epstein, Anna S. Ord, Sarah L. Martindale, ... Katherine H. Taber

Intelligence

Volume 82, September–October 2020

<https://doi.org/10.1016/j.intell.2020.101472>

Highlights

- This study did not demonstrate a relationship between intelligence and PTSD.
- Instead, invalid performance and symptom overreporting were related to lower IQ.
- Not accounting for validity can lead to faulty conclusions about PTSD-IQ connection.

Abstract

Objective

Evaluate the relationships between posttraumatic stress disorder (PTSD) and measures of intelligence in veterans.

Method

Veterans (N = 338) who deployed to Iraq and/or Afghanistan were recruited for a VA study on primary blast exposure. PTSD was evaluated using the Clinician Administered PTSD Scale, 5th edition (CAPS-5) and the PTSD Checklist-5. Intelligence was measured using the Wechsler Adult Intelligence Scale, 4th edition and the Test of Premorbid Functioning (TOPF). Validity was assessed with the Medical Symptom Validity Test, b Test, and Structured Inventory of Malingered Symptomatology. Differences in Intelligence Quotient (IQ) estimates between individuals with and without PTSD were evaluated with t-tests. Correlations evaluated associations between symptom burden and intelligence.

Results

Of the seven IQ measures, only the Full Scale IQ score and TOPF Equated scores were significantly lower (but not abnormal) in the lifetime PTSD group. Moreover, these relationships were no longer significant when accounting for multiple comparisons, and symptom/performance validity appeared to better account for those relationships. Current symptom distress was weakly related to several outcomes, but not when using

CAPS-5 measures. Neither lifetime nor current PTSD diagnoses were associated with significantly lower IQ scores.

Conclusions

This study did not support prior conclusions that low IQ is a risk factor for developing PTSD. This discrepancy is likely due to the use of ability and symptom validity checks, and sample characteristics (e.g., education). Future research should further evaluate the relationship of symptom distress on intellectual outcomes in combat veteran samples.

<https://www.tandfonline.com/doi/abs/10.1080/13811118.2020.1793045>

Suicide Death Rate after Disasters: A Meta-Analysis Study.

Hamid Safarpour, Sanaz Sohrabizadeh, Leila Malekyan, Meysam Safi-Keykaleh, Davoud Pirani, Salman Daliri & Jafar Bazayr

Archives of Suicide Research

Published online: 16 Jul 2020

<https://doi.org/10.1080/13811118.2020.1793045>

Background

Disasters have undesirable effects on health among individuals such as psychosocial disorders which may lead to suicide in some cases. Thus, the present study aimed to measure the rate of suicide death after disasters all over the world.

Methods

In the present meta-analysis study, all of the articles published in English until the end of 2019 were probed in electronic databases such as Web of Science, PubMed, Cochrane Library, Science Direct, PsycINFO, PsycARTICLES, and Google Scholar. Then, the data were imported to STATA ver.13 software and analyzed through fixed- and random-effects models, meta-regression, and Cochrane statistical tests.

Results

A total of 11 studies including a sample size of 65495867 were considered. Suicide death rates before and after the disasters were calculated as 13.61 (CI95%: 11.59–15.77) vs. 16.68 (CI95%: 14.5–19.0) among the whole population, 28.36 (CI95%: 11.29–45.43) vs. 32.17 (CI95%: 17.71–46.62) among men, and 12.71 (CI95%:

5.98–19.44) vs 12.69 (CI95%: 5.17–20.21) among women. The rate of suicide death significantly increased in the whole population and men, while no significant difference was reported among women.

Conclusion

Suicide death rate increases after disasters indicating the destructive impact of this phenomenon on peoples' health. Therefore, implementing supportive and interventional measures is highly suggested after disasters in order to prevent suicide death among the affected people.

<https://www.sciencedirect.com/science/article/abs/pii/S1389945720303129>

Cognitive Behavioral Therapy for Insomnia in Restless Legs Syndrome Patients.

Mei Ling Song, Kyung Min Park, Gholam K. Motamedi, Yong Won Cho

Sleep Medicine

Available online 19 July 2020

<https://doi.org/10.1016/j.sleep.2020.07.011>

Highlights

- CBTI was effective treatment for RLS comorbid insomnia patients.
- Severity of insomnia was significantly decreased after CBTI treatment.
- CBTI seems more effective to subjective sleep related data than objective data.
- Anxiety was significantly decreased after CBTI treatment.
- Severity of RLS symptom did not significantly change after CBTI treatment.

Abstract

Objectives

The purpose of this study was to investigate the effects of cognitive behavioral therapy for insomnia (CBTI) in patients with Restless Legs Syndrome (RLS).

Methods

This is a randomized controlled study. The patients were sequentially selected and randomly assigned to either a CBTI group or a non-CBTI group. A total of 25 RLS patients with comorbid insomnia were recruited from a tertiary university hospital sleep center. Twelve were assigned to the CBTI group, and 13 were assigned to the non-CBTI group. The CBTI group received 4 sessions of behavioral therapy, while the non-

CBTI group received one informative session on sleep hygiene. All patients completed sleep and psychiatric-related questionnaires. In addition, each individual completed a one-week sleep log for collecting subjective sleep data and actigraphy for objective sleep data.

Results

After conducting the CBTI, there were significant improvements in severity of insomnia symptoms, subjective sleep efficiency, total sleep time, latency to sleep onset, wake after sleep onset, objective latency to sleep onset, and anxiety in the CBTI group as compared to the non-CBTI group. The effect of CBTI on sleep-related data was maintained for up to three months.

Conclusions

CBTI was effective in RLS patients by improving sleep quality and anxiety symptoms. CBTI may be considered in clinical practice for RLS patients with comorbid insomnia.

<https://www.sciencedirect.com/science/article/abs/pii/S0165032720324927>

Identifying risk factors for suicidal ideation across a large community healthcare system.

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Highlights

- Electronic health record data can identify patients at risk of suicide ideation
- Univariate analysis found twenty-two risk factors associated with suicide ideation
- Multivariable logistic analysis highlighted specific suicide ideation risk factors
- High-risk suicide patients can be flagged using electronic health record data

Abstract

Background:

Suicide is the tenth leading cause of death in the United States. Several studies have leveraged electronic health record (EHR) data to predict suicide risk in veteran and

military samples; however, few studies have investigated suicide risk factors in a large-scale community health population.

Methods:

Clinical data was queried for 9,811 patients from the Penn Medicine Health System who had completed a Patient Health Questionnaire-9 (PHQ-9) documented in the EHR between January 2017 and June 2019. Patient demographics, PHQ-9 scores, and psychiatric comorbidities were extracted from the EHR. Univariate and multivariable logistic regressions were applied to determine significant risk factors associated with suicide ideation responses from the PHQ-9.

Results:

25.8% of patients endorsed suicide ideation. Univariate analysis found twenty-two risk factors of suicide ideation. Multivariable logistic regression found significant positive associations (Odds Ratio, (95% Confidence Interval)) with the following: younger ages less than 18 years: 2.1, (1.69, 2.60) and 19-24 years: 1.55, (1.29, 1.87)), single marital status (1.22, (1.08, 1.38)), African American (1.22, (1.08, 1.38)), non-commercial insurance (1.16, (1.03, 1.31)), multiple comorbidities (1 comorbidity (1.65, (1.32, 2.07); 2 comorbidities (2.07, (1.61, 2.64)), 3+ comorbidities (2.49, (1.87, 3.33))), bipolar disorders (Type I: 1.38, (1.14, 1.67) and Type II: 1.94, (1.52, 2.49)), depressive disorders (1.70, (1.49, 1.94)), obsessive compulsive disorder (OCD) (1.43, (1.08, 1.90)), and stress disorders (1.53, (1.33, 1.76)).

Conclusion:

Community EHR information can be used to predict suicidal ideation. Thus this information can be used to design tools for identifying patients at risk for suicide in real-time.

<https://www.sciencedirect.com/science/article/abs/pii/S1077722920300705>

When Psychotherapy Is Not Working: Ethical Considerations.

Arthur M. Nezu

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Evidence-based practice (EBP) models have been developed, in part, to enhance the likelihood that the outcome of health care treatment, including psychotherapy, leads to positive improvement. However, two additional outcomes can occur: no change and poor outcome (e.g., harm, worsening of symptoms). What does the clinician do when psychotherapy is not working? When faced with various treatment decisions, such as this, the EBP model posits that therapists should apply their clinical expertise in considering the “best available research” within the context of various patient characteristics. In part because of various limitations of this approach, I suggest that another important set of principles are important to consider in tandem when faced with this clinical dilemma—that is, ethical concerns. Borrowing from the American Psychological Association’s (2017a) Ethics Code, I discuss how the following issues exist when clinicians wrestle with this question: avoidance of harm, competence, conflicts of interest, and informed consent. I conclude this paper with a list of suggestions that can potentially foster the application of ethical principles when making treatment decisions.

Links of Interest

Will a new push to end veteran suicide have more success than past promises?

<https://www.militarytimes.com/news/pentagon-congress/2020/07/17/will-a-new-push-to-end-veteran-suicide-have-more-success-than-past-promises/>

Camp Pendleton group therapy provides a cornerstone for mental wellness

<https://health.mil/News/Articles/2020/07/17/Camp-Pendleton-group-therapy-provides-a-cornerstone-for-mental-wellness>

MHS addresses sleep in the military through sleep studies

<https://health.mil/News/Articles/2020/07/20/MHS-addresses-sleep-in-the-military-through-sleep-studies>

The American diet now is a national security threat

<https://www.militarytimes.com/off-duty/military-culture/2020/07/21/the-american-diet-now-is-a-national-security-threat/>

Resource of the Week: [Journal of Veterans Studies -- Special Collection: Military Caregiving](#)

From the [introductory editorial](#):

As is the purpose of special issues of any journal, this one draws attention to a specific topic. Unfortunately, it is an area that is under-researched in the scholarly community, namely, the challenges associated with spousal caregiving to veterans and currently serving service members. In all fields of social science, inadequately researched areas result either in the perpetuation of ignorance, or insufficient levels of understanding. Both outcomes are unhealthy for the functioning of the academy whose purpose it is to research and seek to explain the social world around us. Additionally, areas that are poorly researched give rise to a situation where there exist little meaningful findings for policymakers to draw upon. As a consequence, well-intended policies may not be best suited to meet the needs of recipients. The authors of this body of articles do a good job of identifying problems and exploring solutions to them, and in a manner that is policy relevant. This special issue also allows members of the scholarly community to display solidarity with those who have been affected by conflict.

Articles include:

- [How eLearning Can Decrease Challenges of Informal Family Caregivers of Service Members & Veterans with Invisible Injuries](#)
- [A Double Bind for the Ties that Bind: A Pilot Study of Mental Health Challenges among Female US Army Officers and Impact on Family Life](#)
- [Unintended Consequences: Intimate Partner Violence, Military Caregivers, and the Law](#)

About the [Journal of Veterans Studies](#):

The Journal of Veterans Studies (ISSN 2470-4768) is an open-access, peer-reviewed journal. The goals of the journal are to sustain international research in veterans studies, facilitate interdisciplinary research collaborations, and narrow gaps between cultures, institutions, experiences, knowledge, and understanding.

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