

CDP



Research Update -- July 30, 2020

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- Resource of the Week -- Improving Substance Use Care: Addressing Barriers to Expanding Integrated Treatment Options for Post-9/11 Veterans (RAND)

<https://onlinelibrary.wiley.com/doi/abs/10.1111/cpsp.12344>

Improving engagement in evidence-based psychological treatments among Veterans: Direct-to-consumer outreach and pretreatment shared decision-making.

Bradley E. Karlin, Lisa A. Brenner

Clinical Psychology: Science and Practice

First published: 23 July 2020

<https://doi.org/10.1111/cpsp.12344>

Despite growing empirical support over the past half-century, evidence-based psychotherapies (EBPs) remain infrequently delivered. Organized efforts within large public and private systems, including the Veterans Health Administration, have brought significant optimism to closing the research-to-practice gap. Notwithstanding robust improvements, few Veterans and non-Veterans receive EBPs. The current article expands implementation knowledge and practice by extending focus of EBP implementation from provider, system, and policy-level requirements to key patient-level barriers and associated “pull strategies” for promoting interest, demand, and engagement. Specifically, the article presents a public health and clinical engagement strategy and innovations developed by the authors leveraging strategic actions for increasing EBP uptake and engagement in two key areas: (a) direct-to-consumer outreach and education, and (b) pretreatment shared decision-making.

<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

First published: 13 July 2020

<https://doi.org/10.1002/jts.22567>

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://www.tandfonline.com/doi/abs/10.1080/10826084.2020.1735438>

The Influence of Military Service Experiences on Current and Daily Drinking.

Andrew S. London, Janet M. Wilmoth, William J. Oliver & Jessica A. Hausauer

Substance Use & Misuse

Volume 55, 2020 - Issue 8, Pages 1288-1299

<https://doi.org/10.1080/10826084.2020.1735438>

Background:

An extensive public health literature associates military service with increased alcohol consumption and problematic drinking. However, few well-controlled population-based studies compare alcohol use among nonveterans and veterans with diverse military service experiences, and no such study examines everyday drinking.

Methods:

We use population-representative data from the 2010 and 2011 Behavioral Risk Factor Surveillance System and distinguish four groups of men: nonveterans; non-combat veterans without a psychiatric disorder (PD) or traumatic brain injury (TBI); combat veterans without a PD or TBI; and veterans (non-combat and combat combined) with a PD and/or TBI. We estimate hierarchical multivariate logistic regression models of current drinking (N = 21,947) and daily drinking (among current drinkers; N = 11,491). Results from supplemental analyses are discussed.

Results:

Relative to nonveterans, non-combat veterans with no PD or TBI and veterans with a PD and/or TBI, respectively, but not combat veterans with no PD or TBI, are more likely to be current drinkers. Among current drinkers, non-combat and combat veterans with no PD or TBI, respectively, are less likely than nonveterans to be daily drinkers.

Conversely, among current drinkers, veterans with a PD and/or TBI are more likely to be daily drinkers than nonveterans, non-combat veterans with no PD or TBI, and combat veterans with no PD or TBI.

Conclusion:

We document heterogeneous and countervailing influences of military service experiences on current and daily drinking. Results indicate that harmful military service experience may be associated with an increased risk of current, moderate daily drinking, which may represent a form of self-medication.

<https://www.sciencedirect.com/science/article/abs/pii/S1087079220301015>

Prevalence and Management of Sleep Disorders in the Veterans Health Administration.

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Sleep Medicine Reviews

Available online 20 July 2020

<https://doi.org/10.1016/j.smr.2020.101358>

The prevalence of diagnosed sleep disorders among Veterans treated at Veterans Affairs (VA) medical facilities increased significantly during fiscal years (FY) 2012 through 2018. Specifically, the prevalence of sleep-related breathing disorders (SRBD) increased from 5.5% in FY2012 to 22.2% in FY2018, and the prevalence of insomnia diagnoses increased from 7.4% in FY2012 to 11.8% in FY2018. Consequently, Veterans' demand for sleep medicine services also increased significantly between FY2012-2018, with steady increases in the annual number of VA sleep clinic appointments during this period (<250,000 in FY 2012; 750,000 in FY2018). Common co-morbid conditions among Veterans diagnosed with sleep disorders include obesity, diabetes, congestive heart failure, depression, post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). To address this healthcare crisis, the Veterans Health Administration (VHA) developed and/or implemented numerous innovations to improve the quality and accessibility of sleep care services for Veterans. These innovations include a TeleSleep Enterprise-Wide Initiative to improve rural Veterans' access to sleep care; telehealth applications such as the Remote Veteran Apnea Management Platform (REVAMP), Clinical Video Telehealth, and CBT-i Coach; increased use of

home sleep apnea testing (HSAT); and programs for Veterans who experience sleep disorders associated with obesity, PTSD, TBI and other conditions.

<https://www.tandfonline.com/doi/abs/10.1080/08854726.2020.1793094>

The role of military chaplaincy in addressing service member help avoidance: a critical review with treatment implications.

Michael Prazak & D. Oliver Herbel

Journal of Health Care Chaplaincy

Published online: 21 Jul 2020

<https://doi.org/10.1080/08854726.2020.1793094>

The problem of suicide and mental health difficulties generally among military service members has a prominent and central role at present. Notoriously, suicides have long represented more military deaths than actual combat. However, despite attempts to address this and related difficulties, the problem continues to rise, rather than subsist. The present review begins with an exploration of the severity and prevalence of mental health difficulties in the military, with a focus on suicide and trauma in particular. It then identifies and expands upon the three key barriers to help-seeking within a military context, and applies the aforementioned discussion to the valuable but understudied and underutilized role of healthcare chaplaincy in a military setting. Discussion of the steps that may be taken to better communicate the value and function of healthcare chaplaincy across the service from leadership to service members follows.

<https://link.springer.com/article/10.1007/s10896-020-00186-w>

Correlates of Help-Seeking Intentions among Airmen in the Context of Family Maltreatment Perpetration: Practical Barriers as a Moderating Influence.

Todd M. Jensen & Gary L. Bowen

Journal of Family Violence

Published 21 July 2020

<https://doi.org/10.1007/s10896-020-00186-w>

Efforts are warranted to understand correlates of formal help-seeking among active-duty military members self-reporting family maltreatment perpetration. Drawing from the Integrated Model of Determinants of Behavioral Intentions, we evaluate a hypothesized model in which the intention to seek formal services is associated with a set of plausible social-psychological variables. Practical barriers to help-seeking is assessed as a moderating influence. A representative sample of 5326 Airmen (88% male) from the 2011 Air Force Community Assessment Survey who self-reported recent family maltreatment perpetration is used for structural equation modeling to estimate direct associations between social support and intention to seek services, and indirect associations via career stigma, unit-based stigma, and sense of community. Social support is negatively associated with career stigma and unit-based stigma, and positively associated with sense of community. Career stigma and sense of community are negatively associated with intention to seek services. Significant indirect effects include a positive effect between social support and intention to seek services via a reduction in career stigma, and a negative effect via increases in sense of community. Higher levels of practical barriers magnify most associations. Especially when facing practical barriers, social support can both increase help-seeking intentions by reducing career stigma, and reduce intentions, either directly or indirectly by strengthening a sense of community. Military leaders should address career stigma perceptually and systematically, and engage in public awareness efforts and trainings to position members of informal networks to guide individuals with problematic behavior toward relevant formal services.

<https://www.tandfonline.com/doi/abs/10.1080/02699052.2020.1793387>

Psychological predictors of functional outcomes in service members with traumatic brain injury.

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Brain Injury

Published online: 19 Jul 2020

<https://doi.org/10.1080/02699052.2020.1793387>

Primary Objective

Research is increasingly demonstrating the significant impact that non-medical factors can have on outcomes of service members (SMs) with mild traumatic brain injury

(mTBI). Thus, the current study examined which demographic, TBI-related factors, and psychological variables are most predictive of functional outcomes.

Research Design

Retrospective database analysis from medical chart review.

Methods and Procedures

One hundred forty-one patients who received rehabilitation services at an outpatient TBI military treatment facility between 2013 and 2018. Data collected included demographic variables, time since injury, neuropsychological measures, psychological diagnoses, Personality Assessment Inventory (PAI) scores, and Walter Reed Functional Impairment Scale (FIS). Hierarchical linear regression models were used to predict functional outcomes (measured by FIS total, work, social functioning scales).

Main Outcomes and Results

Results indicated that comorbid PTSD diagnosis and PAI Negative Impression Management (NIM) score were predictive of total functional, work, and social outcomes, over and above demographic and TBI-related factors.

Conclusions

Current findings confirmed the importance of evaluating and treating psychological factors, as well as exploring one's responding style (NIM), when managing chronic mTBI in SMs. Given ongoing findings of psychological underpinnings to mTBI outcome, there is further need to focus on early interventions to optimize psychological and functional outcomes for SMs.

<https://link.springer.com/article/10.1007/s13178-020-00479-1>

The Role of Perceived Support and Perceived Prejudice in the Health of LGBT Soldiers.

Morgan A. Conway, Michael N. Dretsch, Maura R. Taylor & Phillip J. Quartana

Sexuality Research and Social Policy

Published 25 July 2020

<https://doi.org/10.1007/s13178-020-00479-1>

Introduction

Very little is known about factors that underlie the behavioral health status of LGBT compared with heterosexual soldiers. To address this knowledge gap, the current study explored the potential mechanistic roles of perceived prejudice and support for the LGBT community as they related to observed differences in behavioral health symptoms between LGBT and heterosexual soldiers.

Methods

Between May 10 and 12, 2016, a sample of active-duty soldiers (N = 759) completed a battery of study measures while attending an academic training institute. Latent variable models using diagonally weighted least squares (DWLS) estimation were used to test for the direct and indirect effects of LGBT identity on behavioral health symptoms when treating perceived prejudice and support as simultaneous mediators.

Results

There is no evidence for a direct effect of LGBT identity on behavioral health symptoms after accounting for the role of perceived prejudice and support. There are indirect effects of LGBT status on these behavioral health outcomes manifested through shared associations with perceived support for and prejudice against the LGBT community.

Conclusions

Even though “Don’t Ask, Don’t Tell” is no longer an explicit guideline, there are critical differences in the experience of LGBT and heterosexual soldiers, which may explain differences in mental and behavioral health. Specifically, perceived prejudice and perceived support appear to play a mechanistic role in those differences.

Policy Implications

The culture of the military following the repeal of Don’t Ask Don’t Tell continues to impact both heterosexual and LGBT Soldiers. Understanding the mechanistic role culture plays in the behavioral health of LGBT Soldiers may be one means of addressing their behavioral health needs.

<https://www.sciencedirect.com/science/article/abs/pii/S0376871620303549>

The relationship between insomnia and the intensity of drinking in treatment-seeking individuals with alcohol dependence.

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Drug and Alcohol Dependence

Available online 23 July 2020

<https://doi.org/10.1016/j.drugalcdep.2020.108189>

Highlights

- Higher severity of alcohol use was associated with moderate to severe insomnia.
- Moderate to severe insomnia was associated with a higher severity of alcohol use.
- Psychiatric symptoms mediated the relationship between severity of alcohol use and insomnia.
- Current alcohol consumption indices were not linked to the severity of insomnia.

Abstract

Background

Although insomnia is highly prevalent in alcohol use disorders(AUD), its associations with the severity of alcohol use, pre-existing psychiatric comorbidities and psychosocial problems are understudied. The present study evaluates the interplay between these factors using a structural equation model (SEM).

Methods

We assessed baseline cross-sectional data on patients with AUD (N = 123) recruited to a placebo-controlled medication trial. Severity of alcohol use was measured by the Brief Michigan Alcoholism Screening Test (B-MAST). Insomnia Severity Index was used to assess insomnia symptoms. The Hamilton scales for Depression and Anxiety, Short Index of Problems and Timeline Follow Back evaluated psychiatric symptoms, psychosocial consequences of drinking and level of alcohol consumption respectively. We used logistic regression to evaluate the association between insomnia and severity of alcohol use while controlling for covariates. We constructed a SEM with observed variables to delineate the effect of psychiatric symptoms, psychosocial factors and current alcohol use on the pathway between alcohol use severity and insomnia.

Results

The sample was predominately male(83.9%), Black(54.6%) and employed(60.0%). About 45% of the participants reported moderate-severe insomnia. The association between insomnia and B-MAST attenuated after adjustment for demographics, psychiatric symptoms and psychosocial problems(OR[95% CI] = 1.17(0.99-1.47)). SEM findings demonstrated that B-MAST and insomnia were linked to psychiatric symptoms

(95% Asymptotic-Confidence Interval (ACI): 0.015-0.159, $p < 0.05$) but not to psychosocial problems or current alcohol use.

Conclusion

Among treatment-seeking patients with AUD, psychiatric burden mediated the relationship between severity of alcohol use and insomnia. Clinicians should screen for underlying psychiatric disorders among treatment-seeking patients with AUD complaining of insomnia.

<https://link.springer.com/article/10.1007/s11065-020-09444-6>

Neuropsychological Impact of Trauma-Related Mental Illnesses: A Systematic Review of Clinically Meaningful Results.

Kristen Silveira, Mauricio A. Garcia-Barrera & Colette M. Smart

Neuropsychology Review

Published 23 July 2020

<https://doi.org/10.1007/s11065-020-09444-6>

A trauma history is present in approximately 90% of adults in the United States. Comparatively, lifetime post-traumatic stress disorder (PTSD) prevalence is only 8.3% (Kilpatrick et al. *Journal of Traumatic Stress*, 26, 537-547, 2013). A neuropsychological understanding of trauma is essential to effective trauma-informed assessments and treatments. Prior reviews have focused on PTSD, specific neuropsychological domains, and statistically rather than clinically significant results. The current systematic review investigated standardized test performance across neuropsychological domains in participants with trauma histories and any psychiatric diagnosis. The review was conducted in accordance with Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. From 2350 records, the search returned 21 eligible studies: 8 for combat trauma, 2 for childhood trauma, 2 for intimate partner violence and sexual assault, 2 for accidental trauma, 1 for refugee trauma, and 6 for unspecified trauma. Mean neuropsychological scores ranged from low to high average, with one mean verbal memory score in the borderline range. These findings diverge from reports of between-group differences or experimental task performance, which suggest greater levels of static cognitive impairment. Current results are limited by lack of distinction between trauma types in the literature, a dearth of cognitive domains examined, wide use of self-report trauma measures, and publication and outcome

reporting biases. Clinical implications for assessment and rehabilitation are discussed in relation to clinical significance, state versus trait based changes, intra-individual variability, changes from pre- to post-trauma, and within-group variability in resilience. Future directions are recommended in consideration of cultural factors, prospective and follow-up designs, and psychiatric diagnosis.

<https://academic.oup.com/milmed/article/doi/10.1093/milmed/usaa146/5866642>

High-risk and Long-term Opioid Prescribing to Military Spouses in the Millennium Cohort Family Study.

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Military Medicine

Published: 22 July 2020

<https://doi.org/10.1093/milmed/usaa146>

Introduction

The use and misuse of opioids by active service members has been examined in several studies, but little is known about their spouses' opioid use. This study estimates the number of military spouses who received high-risk or long-term opioid prescriptions between 2010 and 2014, and addresses how the Military Health System can help prevent risky prescribing in order to improve military force readiness.

Materials and Methods

This study used data from the Millennium Cohort Family Study, a nationwide survey of 9,872 spouses of service members with 2 to 5 years of military service, augmented with information from the military's Pharmacy Data Transaction Service about prescriptions for controlled drugs dispensed to these service members' spouses. Our objectives were to estimate the prevalence of opioid prescribing indicative of long-term use (≥ 60 day supply or at least one extended-release opioid prescription in any 3-month period) and, separately, high-risk use (daily dosage of ≥ 90 morphine mg equivalent or total dosage of $\geq 8,190$ morphine mg equivalent, or prescriptions from more than three pharmacies, or concurrent prescriptions). For each of these dependent variables, we conducted bivariate analyses and multiple logistic regression models using information about spouses' physical health, sociodemographic characteristics, substance use behaviors,

perceived social support, and stresses associated with military stress, among others. Informed consent, including consent to link survey responses to medical and personnel records, was obtained from all participants. The Naval Health Research Center's Institutional Review Board and the Office of Management and Budget approved the study.

Results

Spouses were predominantly female (86%), had not served in the military themselves (79%), and were spouses of enlisted (91%) active duty (86%) service members. Almost half (47.6%) of spouses obtained at least one opioid prescription during the 2-year observation window, and 8.5% had received opioid prescriptions that posed risk to their health. About 7% met the criteria for receipt of high-risk opioid prescriptions, 3% obtained opioids from three or more pharmacies during a 3-month period, and 4% of spouses who received any opioids received both long-term and high-risk prescriptions. Adverse childhood experiences, physical pain, and lack of social support were associated with increased odds of obtaining high-risk opioid prescriptions.

Conclusions

Approximately 48% of military spouses had used Military Health System insurance to fill at least one opioid prescription during the 2-year observation period. The Department of Defense has taken measures to minimize high-risk opioid prescribing, including passing prescribing guidelines in 2017, establishing the controlled drug management analysis reporting tool, establishing a pain management education and training program, and more. These efforts should continue to expand as reducing the numbers of service members and spouses at risk for adverse events may be effective in reducing opioid misuse and improve the overall health and safety of military spouses and thus, the readiness of the U.S. Armed Forces.

<https://www.tandfonline.com/doi/abs/10.1080/13811118.2020.1793857>

What's the harm in asking? A systematic review and meta-analysis on the risks of asking about suicide-related behaviors and self-harm with quality appraisal.

Christine Polihronis, Paula Cloutier, Jaskiran Kaur, Robin Skinner & Mario Cappelli

Archives of Suicide Research

Published online: 25 Jul 2020

<https://doi.org/10.1080/13811118.2020.1793857>

Research emphasizes the importance of asking about suicidality. Unfortunately, misperceptions of harm remain which can compromise clinical care, research, and public health surveillance efforts. Our objective was to evaluate the empirical evidence on whether and how asking about suicide related behaviors (SRB), such as suicidal ideation and suicide attempts, and non-suicidal self-injury (NSSI) results in harmful outcomes. We reviewed and rated seventeen studies and conducted a systematic review and random-effects meta-analysis on eight studies comparing those asked vs. not asked on immediate and later SRB, NSSI, and psychological distress (PD). Forest plots demonstrated no statistically significant effects of asking on SRB, NSSI, or PD. Eight RCTs provided the strongest evidence and demonstrated either low or unclear risk of bias, and the remaining cohort studies were of low to moderate quality. With the current available evidence, we found no harmful outcomes of asking, however more RCTs with a low risk of bias are required to firmly conclude that asking through self-report and interview methods does not further exacerbate distress, SRB and NSSI compared to those not asked.

<https://www.liebertpub.com/doi/abs/10.1089/neu.2019.6916>

Obstructive Sleep Apnea Risk is Associated with Cognitive Impairment After Controlling for mild TBI history: A Chronic Effects of Neurotrauma Consortium Study.

Dr. Amanda Garcia, Ms. Tea Reljic, Dr. Terri K. Pogoda, Dr. Kimbra Kenney, Dr. Amma A Agyemang, Dr. Maya Troyanskaya, Dr. Heather G. Belanger, Dr. Elisabeth A. Wilde, Dr. William C. Walker, and Dr. Risa Nakase-Richardson.

Journal of Neurotrauma

Published Online:24 Jul 2020

<https://doi.org/10.1089/neu.2019.6916>

The contribution of sleep disturbance to persistent cognitive symptoms following a mild traumatic brain injury (mild TBI) remains unclear. Obstructive sleep apnea (OSA) is common in those with mild TBI, yet the relationship between OSA risk and cognitive performance in those with history of mild TBI has not been investigated. The current study examined the risk of OSA in 391 combat exposed, post-911 veterans and service members (median age= 37 years) enrolled in the Chronic Effects of Neurotrauma Consortium (CENC), and the association between OSA risk and cognitive performance.

Participants included those with and without mild TBI (n = 326 and 65 respectively). When using clinical cut-offs, those with history of mild TBI were significantly more likely to be categorized as high risk for OSA (mTBI = 65% vs. no mTBI = 51%). Independent of TBI status and demographic variables, increased OSA risk was significantly associated with worse performance on measures of complex processing speed and executive functioning (WAIS IV Coding, Trailmaking Test B) and greater symptom burden. Thus, OSA, a modifiable behavioral health factor, may contribute to cognitive performance following mild TBI. Accordingly, OSA serves as a potential point of intervention to improve clinical and cognitive outcomes after injury.

<https://preprints.jmir.org/preprint/19807/accepted>

Quality of psychoeducational apps for military members with mild traumatic brain injury: An evaluation utilizing the Mobile Application Rating Scale.

Chelsea Jones, Kaitlin O'Toole, Kevin Jones, Suzette Bremault-Phillips

JMIR mHealth and uHealth

Date Accepted: Jul 13, 2020

<https://doi.org/10.2196/19807>

Background:

Military personnel have an elevated risk of sustaining mild traumatic brain injuries (mTBI) and post-concussion symptoms (PCS). Smartphone apps that provide psychoeducation may assist those with mTBI or PCS to overcome unique barriers that military personnel experience with stigma and accessing healthcare resources.

Objective:

(1) to evaluate smartphone apps advertised to provide psychoeducation for those who have sustained a mTBI or PCS utilizing the Mobile Application Rating Scale (MARS) and; (2) explore the relevance, utility and effectiveness of these apps to facilitate symptom management and overall recovery from mTBIs and PCS among military personnel.

Methods:

A 5-step systematic search for smartphone apps for military members with mTBI or PCS was conducted on January 31, 2020. Cost-free apps meeting the inclusion criteria

were evaluated using the Mobile App Rating Scale (MARS) and compared to evidence-based best-practice management protocols for mTBI and PCS.

Results:

The search yielded a total of 347 smartphone apps. After applying inclusion/exclusion criteria, 13 apps were subjected to evaluation. Two apps were endorsed by Veteran Affairs and the United States Department of Defense; all others (n=11) were developed for civilians. Once compared to evidence-based best-practice resources, the apps provided various levels of psychoeducational content. There are multiple considerations that healthcare professionals and those who sustain a mTBI or PCS should consider when choosing to utilize mobile health and choose a specific app for mTBI psychoeducation. These may include app platform, developer, internet requirement, cost, frequency of updates, language, additional features, acknowledgement of mental health, accessibility, and military specificity, as well as privacy and security of data.

Conclusions:

Psychoeducational interventions have a good evidence-base as a treatment for mTBIs and PCS. Utilizing apps for this purpose may be clinically effective, confidential, easily accessible, and cost-effective; however, more research is needed to explore the effectiveness, usability, safety, security, and accessibility of apps designed for mTBI management.

Clinical Trial: N/A

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1774321>

On moral grounds: Moral identity and moral disengagement in relation to military deployment.

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Military Psychology

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<https://doi.org/10.1080/08995605.2020.1774321>

Following Blasi's self-model of moral functioning, this exploratory study aims to gain insight into the construction of moral identity among military professionals experiencing daily moral dilemmas during deployment. Semi-structured interviews with 45

servicemen were content-coded and analyzed, exploring relationships between moral identity and verbalized moral disengagement. The results revealed three patterns, giving direction for further research. First, the analyses suggest that a higher moral awareness is associated with more justifications for one's own behavior. Second, leaders showed more inclination toward conscious moral identity than their subordinates. Third, the number of moral dilemmas experienced during deployment were similar for servicemen of all ranks. Moreover, critical self-reflection and self-assessment were relatively underreported across all ranks.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1760684>

The impact of social support and morally injurious events on PTSD symptoms in Veterans.

Kelly L. Harper, Melinda A. Stanley, Julie J. Exline, Kenneth I. Pargament, Terri L. Fletcher & Ellen J. Teng

Military Psychology

Published online: 28 Jul 2020

<https://doi.org/10.1080/08995605.2020.1760684>

Potentially morally injurious events (PMIEs), including committing transgressions (Transgressions-Self) and perceiving betrayals, have been positively associated with posttraumatic stress disorder (PTSD). A proposed mechanism for the association between PMIEs and PTSD symptoms is social disconnection. However, research on PMIEs and social disconnection is limited. Secondary data analysis from a larger study examined the moderating role of different sources of perceived social support (Family, Friends, and Significant Other) on the relation between PMIEs (Transgressions-Self and Betrayal) and PTSD. The interaction of Transgressions-Self and perceived social support subscales did not predict PTSD symptoms. However, the interaction of Betrayals and perceived social support (Significant Other and Family) predicted PTSD symptoms. Results suggest that perceived social support provides a protective effect for low to mean levels of perceived betrayals; however, for Veterans reporting high levels of betrayal, perceived social support did not attenuate PTSD symptom severity. Additional research on perceived betrayals and the association with PTSD is needed, especially for Veterans who experience high levels of perceived betrayals.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1754149>

Caring for a service member or Veteran following traumatic brain injury influences caregiver mental health.

Tracey A. Brickell, Louis M. French, Sara M. Lippa, Megan M. Wright & Rael T. Lange

Military Psychology

Published online: 28 Jul 2020

<https://doi.org/10.1080/08995605.2020.1754149>

This study examined factors related to poor mental health in caregivers assisting service members and Veterans (SMV) following traumatic brain injury (TBI). Participants were 201 military caregivers (96.0% female; Age: $M = 39.2$ years, $SD = 10.2$) of SMVs following a mild, moderate, severe, or penetrating TBI. The SF-36v2 Health Survey, Caregiver Appraisal Scale, Mayo-Portland Adaptability Inventory-4, and Caregiver Questionnaire were completed. Caregivers were divided into two mental health groups: Poor Mental Health ($n = 108$) and Good Mental Health ($n = 93$). Factors related to poor caregiver mental health were worse general health and stress appraisal, less personal time, unmet needs, and greater financial and employment strain. Factors also related to poor caregiver mental health included assisting a SMV who had sustained a mild TBI, did not have significant hospital care, had post-traumatic stress disorder, depression, and/or anxiety, was experiencing greater functional disability, and was experiencing physical expressions of irritability, anger, and aggression (all $p's < .05$; $d = .29$ to $d = .64$; $OR = 1.911$ to $OR = 4.984$). For many military caregivers, poor mental health may be related to the SMVs ongoing comorbid mental health symptoms and less so neurological impairment related to the brain injury. TBI treatment programs require a holistic approach that addresses the behavioral health concerns of both SMVs and their caregivers.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1754147>

Contextualizing inclusion: Developing a framework and measure for a military context.

Tara A. (Rench) Brown, Krista L. Ratwani, Melinda J. Key-Roberts, Mathias J. Simmons, Tatiana H. Toumbeva & Lisa H. Nishii

Military Psychology

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Given recent changes and transitions occurring within the US military, it is imperative – now more than ever – that leaders find a way to leverage demographic and functional diversity in their units to support mission effectiveness. Academic researchers have found that fostering a climate for inclusion, where all individuals feel like they are fairly treated, valued, and included, can maximize the benefits of diversity, while minimizing potential disadvantages. However, no research has systematically explored what it means to assess and develop a climate for inclusion in the military context. The current research employs a multi-study approach comprised of both qualitative and quantitative methods to understand how a climate for inclusion manifests itself within the military, how to assess it, and the factors that contribute to inclusive environments. Across the three studies, over 700 US Army Soldiers provided input via focus groups or surveys, resulting in a 16-item climate for inclusion measure representing two dimensions – horizontal social inclusion and vertical information inclusion. This research, and the resulting climate for inclusion measure, provides the foundation that military leaders need to effectively leverage diversity in their units to yield performance improvements.

Links of Interest

To solve military spouse unemployment, it needs to be tracked, report says

<https://www.militarytimes.com/pay-benefits/2020/07/25/to-solve-military-spouse-unemployment-it-needs-to-be-tracked-report-says/>

TBI researchers increased access to data expands ability to care

<https://www.health.mil/News/Articles/2020/07/24/TBI-researchers-increased-access-to-data-expands-ability-to-care>

Substance abuse can block veterans from getting mental health help, researchers warn

<https://www.militarytimes.com/news/pentagon-congress/2020/07/22/substance-abuse-can-block-veterans-from-getting-mental-health-help-researchers-warn/>

Vets With TBI, Mental Health Issues Drink More Often than Peers, Study Finds
<https://www.military.com/daily-news/2020/07/23/veterans-tbi-drink-more-often-peers-study-finds.html>

DVBIC eye-tracking tech may help Service members with concussions
<https://health.mil/News/Articles/2020/07/28/DVBIC-eye-tracking-tech-may-help-Service-members-with-concussions>

Resource of the Week -- [Improving Substance Use Care: Addressing Barriers to Expanding Integrated Treatment Options for Post-9/11 Veterans](#)

New, from the RAND Corporation:

Veterans who have served in the military since September 11, 2001, are at particularly high risk for co-occurring substance use disorders (SUDs) and mental health disorders, such as posttraumatic stress disorder and depression. Many treatment facilities require abstinence from substances prior to admission for mental health care, but the combination of symptoms that these disorders present makes them difficult to treat separately. Thus, integrated care—in which both SUDs and mental health problems are addressed concurrently—is a recommended form of treatment for these veterans.

To help improve access to effective treatment for these veterans, the authors review the literature on efficacious approaches to treating SUDs alone and alongside mental health disorders. They also present findings from an analysis of the availability of treatment centers that offer SUD care for veterans and from a series of interviews and site visits with treatment providers. The authors conclude with guidance and recommendations to support the delivery of quality care for veterans with SUDs and, ultimately, to help expand and enhance treatment opportunities for veterans with co-occurring SUDs and mental health disorders.

IMPROVING SUBSTANCE USE

CARE



Addressing Barriers to Expanding Integrated Treatment Options for Post-9/11 Veterans

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