

CDP



Research Update -- August 13, 2020

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<https://www.sciencedirect.com/science/article/abs/pii/S0885985X20300474>

“No one should see what they have to do”: Military children and media representations of war.

Brian Gibbs, Jeremy Hilburn

The Journal of Social Studies Research
Available online 1 August 2020
<https://doi.org/10.1016/j.jssr.2020.07.002>

The primary objective of this article is to describe how the children of soldiers critiqued and examined media representations of war. Taken from a more extensive qualitative case study involving eight teachers, this article examines one social studies teacher and her students' perspectives on media coverage of war through two Socratic Seminar discussions focused on two wars: the American Civil War and Gulf War. Data was collected through interviews, focus groups, and classroom observations. Students leveled a specific set of critiques at television media and those who consume it. They also grappled with two ethical quandaries: censorship and the justness of war.

This article emerged from an unusual place – a Mathew Brady photograph. The teacher, a lecturer typically, decided to engage her students in discussion. This discussion was designed to provide “process and sense-making time,” according to their teacher, Ms. Jones, after four days of lecture on the American Civil War. Yet, the discussion grew into something much different than Ms. Jones’s original plan. It evolved into an interrogation of how the media represents war. Inspired by the thoughtful discussion, several months later, Ms. Jones engaged the same students in an examination of media representations of the first Gulf War. Ms. Jones is the focus of this article because out of the eight other teachers in the larger qualitative study, she was the only one to focus on classroom time (two entire class sessions) on media representations of war.

<https://www.sciencedirect.com/science/article/abs/pii/S0165178120318977>

Ecological momentary assessment (EMA) of mental health outcomes in veterans and servicemembers: A scoping review.

Molly Gromatsky, Sarah R. Sullivan, Angela Page Spears, Emily Mitchell, ... Marianne Goodman

Psychiatry Research

Volume 292, October 2020

<https://doi.org/10.1016/j.psychres.2020.113359>

Highlights

- Ecological momentary assessment (EMA) is a valuable tool for tracking changes in dynamic mental health variables.
- EMA of mental health outcomes in military samples is underutilized.
- EMA is most often used to assess PTSD and/or SUDs in these samples.
- Far fewer studies used EMA to study suicide risk in veterans or servicemembers.
- EMA has great potential for understanding mental health of military personnel.

Abstract

This PRISMA scoping review explores existing research conducted with United States military samples utilizing ecological momentary assessment (EMA) to evaluate mental health outcomes. EMA facilitates understanding of temporal changes of dynamic variables subject to change difficult to capture in standard laboratory assessment. It also elucidates understanding of complex etiology of mental illness in military and veteran samples and treatment approaches. Thirty-two articles published between 1995 and 2019 met inclusion criteria. Most (68.7%) included studies examined mental health symptoms and their temporal relationship to other outcomes among servicemembers and/or veterans, particularly posttraumatic stress disorder and substance use disorders. EMA was frequently employed to better understand underlying mechanisms of mental illness, predict symptom changes, assess feasibility among special populations, and assess treatment outcomes. Considerable variability existed in assessment period duration, number of daily assessments, and EMA modalities utilized. Several research gaps were identified, including underutilization of EMA to study suicide risk in veterans/servicemembers. EMA has great potential for increasing understanding of an array of complex mental health problems; however, this highly promising approach has been largely underutilized to study mental health issues among veteran and military populations to date, perhaps due to institutional delays in its adoption secondary to privacy/data security concerns.

<https://link.springer.com/article/10.1007/s10995-020-02964-w>

Mechanisms Through Which a Family Caregiver Coaching Intervention Might Reduce Anxiety Among Children in Military Households.

Megan Shepherd-Banigan, Kelley A. Jones, Ke Wang, Nicole DePasquale, Courtney Van Houtven & Jennifer M. Olsen

Maternal and Child Health Journal

Published 04 August 2020

<https://doi.org/10.1007/s10995-020-02964-w>

Objectives

Children of injured or disabled veterans and service members may be at risk for mental health and adjustment problems due to household stress. Yet, there are few widely available interventions to address the needs of this population. Reducing distress and improving coping skills of the parent who cares for the injured or disabled adult may improve child outcomes. This paper examines whether changes in caregiver psychosocial outcomes after a caregiver coaching intervention are associated with decreases in child anxiety.

Methods

Using programmatic data collected between 2015 and 2019 from participants in a family caregiver coaching intervention (170 caregivers, 294 children), we apply linear mixed models to assess associations between changes in family caregiver well-being, including problem solving, depressive symptoms, burden, health complaints and quality of life, and changes in parent-reported child anxiety.

Results

The baseline median Spence Children's Anxiety Scale—Parent score was 17; children aged 6–11 had slightly higher scores. Child anxiety scores decreased on average 2.8 points (SD 8.4) between baseline and follow-up. In adjusted models, decreases in caregiver depressive symptoms and health complaints were associated with decreases in child anxiety. Caregiver problem-solving skills, quality of life, and subjective burden were not associated with changes in child anxiety.

Conclusion

Family caregiver-focused interventions that decrease caregiver stress may positively affect children in the household. Few resources are directed at military children; therefore, practitioners should consider ways to leverage caregiver interventions to

address child well-being, such as incorporating information on parenting strategies and addressing issues faced by military children.

<https://www.sciencedirect.com/science/article/abs/pii/S0022395620309006>

Gambling problems among military personnel after deployment.

Sean Cowlshaw, Olivia Metcalf, Ellie Lawrence-Wood, Jonathon Little, ... Alexander C. McFarlane

Journal of Psychiatric Research

Available online 4 August 2020

<https://doi.org/10.1016/j.jpsychires.2020.07.035>

Military and veteran populations may exhibit heightened vulnerability to gambling problems; however, there is scant relevant evidence outside the US, and few studies of transition periods, including return from operational deployment. The aim of this study was thus to highlight the extent, risk-factors, and implications of gambling problems among current members of the Australian Defence Force (ADF) following deployment to the Middle East Area of Operations (MEAO). It involved analyses of data from $n = 1,324$ ADF personnel who deployed between 2010 and 2012, and completed surveys within four months of returning to Australia. The Problem Gambling Severity Index (PGSI) identified Problem Gambling (PG: PGSI ≥ 5) and At-Risk Gambling (ARG: PGSI 1–4), alongside measures of Depression (PHQ-9), Posttraumatic Stress Disorder (PCL-C), alcohol use problems (AUDIT), distress (K10), and post-deployment stressors. Analyses indicated that 7.7% of personnel reported at least some gambling problems post-deployment, including 2.0% that were distinguished by PG, and 5.7% indicating ARG. These figures were comparable to conditions including probable depression and alcohol dependence, while levels of any gambling problems were high relative to harmful drinking. Higher levels were observed among personnel who were aged 18-24, reported 0-4 years of military service, served in the Army, and comprised Non-Commissioned Officers/Other Ranks. There were strong associations with gambling problems and various indicators of mental health and wellbeing, and self-reported post-deployment difficulties. The findings indicate that gambling problems are salient concerns for some Australian military personnel post-deployment, and highlight the need for increased recognition and responses to these problems.

<https://www.sciencedirect.com/science/article/abs/pii/S0022395620309067>

Impact of Specific Combat Experiences on Suicidal Ideation and Attempt in U.S. Military Veterans: Results from the National Health and Resilience in Veterans Study.

Brandon Nichter, Melanie Hill, Sonya Norman, Moira Haller, Robert H. Pietrzak

Journal of Psychiatric Research

Available online 8 August 2020

<https://doi.org/10.1016/j.jpsychires.2020.07.041>

BACKGROUND

A burgeoning body of research suggests that specific types of combat experiences may be a stronger predictor of suicidality among veterans than a history of combat exposure itself. To date, however, little population-based data exist about these associations in representative samples of veterans. This study examined the association between overall severity of combat exposure and specific combat experiences with suicidal ideation and attempt(s) (SI/SA) in a nationally representative sample of combat veterans.

METHODS

Data were from the National Health and Resilience in Veterans Study, a nationally representative survey of U.S. combat veterans (n =1,100). Analyses (a) compared veterans with/without current SI and lifetime SA on sociodemographic, military, and clinical characteristics; and (b) examined associations between overall combat exposure and specific combat experiences, and SI/SA.

RESULTS

Hierarchical regression analyses revealed that overall combat exposure was positively, albeit weakly, associated with SI/SA, after adjusting for sociodemographic characteristics and lifetime trauma burden [odds ratios (ORs)=1.02-1.03]. Combat experiences involving direct exposure to death, killing, or grave injury were independently associated with SI/SA (ORs=1.46-1.70), whereas several general combat experiences (e.g., combat patrols) were negatively associated with SI/SA (ORs=0.44-0.65).

DISCUSSION

Results indicate that U.S. combat veterans who have witnessed others be killed or

wounded in combat are at substantially higher risk for SI/SA relative to those without such histories. Collectively, findings suggest that combat exposure, when examined as an aggregate severity measure, may yield a poor prognostication of suicide risk, as it may be insufficiently sensitive to detect the effects of specific combat-related experiences.

<https://psycnet.apa.org/record/2020-56957-002>

Implementing a home-based suicide prevention program with rural veterans.

Brancu, M., Cleary, B., Cunningham, K. C., Anderson, S. R., Gerard, G. R., Fernandez, P. E., & Matarazzo, B. B.

Journal of Rural Mental Health
2020; 44(3), 146–155
<https://doi.org/10.1037/rmh0000138>

Veterans living in rural areas are at elevated risk for suicide compared with the veteran population as a whole. The Home-Based Mental Health Evaluation (HOME) program is an evidence-based suicide prevention intervention for veteran patients being discharged from a psychiatric hospitalization. The initial program was developed and tested with patients returning to nonrural home environments. The current article aims to describe the feasibility of adapting the HOME program when implemented with rural patients at a new facility in a new region of the country. Implementing and adapting the clinical HOME program for rural veteran patients did not require a significantly different approach to achieve similar levels of program engagement as the original research trial. Despite the ease with which these adaptations were made, the barrier of distance remained an obstacle to delivering home-based interventions to rural patients. Methods of addressing barriers to program and treatment engagement are offered for future adaptations of this and other in-home mental health-care programs for rural patients. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

<https://www.sciencedirect.com/science/article/abs/pii/S0022395620308943>

Hyperarousal symptoms and perceived burdensomeness interact to predict suicidal ideation among trauma-exposed individuals.

Danielle M. Morabito, Joseph W. Boffa, Carter E. Bedford, Jimmy P. Chen, Norman B. Schmidt

Journal of Psychiatric Research

Available online 4 August 2020

<https://doi.org/10.1016/j.jpsychires.2020.07.029>

Highlights

- Hyperarousal symptoms of posttraumatic stress disorder predict suicidal ideation
- Re-experiencing and avoidance symptoms do not uniquely predict suicidal ideation
- Those high in hyperarousal and perceived burdensomeness are at higher risk
- Perceived burdensomeness and hyperarousal represent important intervention targets

Abstract

The association between posttraumatic stress disorder (PTSD) and suicidal ideation is well-established and recent prospective studies have demonstrated the unique role of hyperarousal symptoms. In particular, over-arousal may elevate suicide risk in the presence of interpersonal vulnerability factors including thwarted belongingness, perceived burdensomeness, and acquired capability. Therefore, the current study sought to examine the differential associations between PTSD symptom clusters and suicidality and the impact of interpersonal risk factors. Trauma-exposed adults (N = 247) completed a questionnaire battery at baseline and three-month follow-up, as part of a larger randomized controlled trial of computerized interventions for suicide risk. Given the focus of the current study, treatment condition was controlled for in all analyses. Results indicated that hyperarousal symptoms significantly predict suicidality, while reexperiencing and avoidance symptoms do not. Specifically, greater hyperarousal symptoms predicted increased suicidal ideation among individuals with high perceived burdensomeness. Although the interaction effect was not significant, hyperarousal symptoms were also pertinent among individuals with high acquired capability. Taken together, findings suggest that assessment of hyperarousal symptoms and perceived burdensomeness may serve to identify trauma-exposed individuals at greater risk for suicide. Additionally, these factors may serve as effective intervention targets.

<https://www.tandfonline.com/doi/abs/10.1080/1533256X.2020.1793066>

Military-civilian differences in a driving under the influence (DUI) program sample.

Jennifer Head & Susan I. Woodruff

Journal of Social Work Practice in the Addictions

Published online: 07 Aug 2020

<https://doi.org/10.1080/1533256X.2020.1793066>

It is unknown how military-connected participants in DUI programs differ from civilians on sociodemographic, health, and alcohol severity factors. This study analyzed data from 19,639 DUI program participants from 2009 to 2014. Compared to civilians, active duty participants were younger, more likely male and married/partnered or separated, less likely disabled, more likely to be Black, less likely to report anxiety or involvement in domestic violence, more likely to report prior alcohol treatment and having a first-time conviction, and less likely to score in the problematic drinking category. Veterans showed patterns similar to those of active duty with some notable exceptions. Results may be helpful in tailoring culturally competent DUI program content, particularly among social workers who often serve this population.

<https://psycnet.apa.org/record/2020-29827-001>

Nonsuicidal self-injury in veterans with posttraumatic stress disorder: Current theory and implications for practice.

Mastin, T. M., Bautista, C. L., & Teng, E. J.

Professional Psychology: Research and Practice

2020; 51(4), 335–340

<https://doi.org/10.1037/pro0000317>

Suicidality is a major area of concern for clinicians working with veterans. Nonsuicidal self-injury (NSSI) is associated with suicide risk, but research on NSSI in veteran populations is limited. Recent studies have found high rates of NSSI among veterans seeking treatment for posttraumatic stress disorder (PTSD). In addition, NSSI is a predictive factor for suicidal ideation and suicide attempts. Converging theories about NSSI, PTSD, and suicidality highlight possible connections between these serious

mental health concerns. Specifically, NSSI may serve to relieve intense negative emotions, counteract feelings of numbness, and help manage difficult social interactions for veterans with PTSD. Reliance on NSSI for coping not only is maladaptive but also may increase veterans' acquired capability for suicide. Despite this, there is little guidance for clinicians working with veteran trauma survivors who present with NSSI. This article discusses existing therapeutic approaches with an emphasis on a functional rather than diagnostic perspective. Contributing factors such as military culture and combat exposure are also discussed. Additional research is needed to examine the functional relationship between NSSI, PTSD, and suicide, with the overarching goal of developing more effective interventions for the growing at-risk population of veterans. (PsychoInfo Database Record (c) 2020 APA, all rights reserved)

<https://www.tandfonline.com/doi/abs/10.1080/15332691.2020.1795038>

Military Chaplains and Intimate Partner Violence: Ethical Dilemmas in the Armed Forces.

Jason B. Whiting, Garrett Cardinet & Lisa V. Merchant

Journal of Couple & Relationship Therapy

Published online: 06 Aug 2020

<https://doi.org/10.1080/15332691.2020.1795038>

Chaplains in the military attend to the spiritual and emotional needs of military personnel, their families, and civilians. As chaplains encounter intimate partner violence (IPV) they are faced with ethical dilemmas. For example, unlike most professionals, chaplains do not have a duty to report violence, which affects decisions about safety. This article reviews three key areas of ethical dilemmas related to IPV: (a) the ethics of confidentiality, (b) the ethics of cultural competence, and (c) the ethics of intervention. Two case studies are presented to help chaplains and therapists who work with them assist those experiencing violence.

<https://www.tandfonline.com/doi/abs/10.1080/07481187.2020.1802628>

Those left behind: A scoping review of the effects of suicide exposure on veterans, service members, and military families.

Amanda Peterson, Melanie Bozzay, Ansley Bender, Maureen Monahan & Jason Chen

Death Studies

Published online: 07 Aug 2020

<https://doi.org/10.1080/07481187.2020.1802628>

Veteran and service member suicide remains a significant public health concern. One factor that may impact suicide risk is suicide exposure—knowing someone who has died by suicide or attempted suicide. However, the majority of the extant literature has focused on nonmilitary samples, which may not generalize to military veterans and service members. The current review synthesizes findings regarding suicide exposure in military veterans, service members, their families, and military systems. Our review suggests that the relationship between suicide exposure, suicide risk, and mental health outcomes remains inconsistent. Future research should further explore this important area.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/cpp.2495>

An integrated model of chronic trauma-induced insomnia.

Erika M. Roberge & Craig J. Bryan

Clinical Psychology & Psychotherapy

First published: 06 August 2020

<https://doi.org/10.1002/cpp.2495>

Insomnia is the most commonly reported symptom of posttraumatic stress disorder (PTSD), with at least 70% of patients with PTSD reporting disturbed sleep. Although posttraumatic insomnia has traditionally been conceptualized as a consequence of PTSD, it is the most likely symptom to not remit following otherwise successful PTSD treatment. This suggests that the relationship between PTSD and insomnia is more complex, such that they likely share underlying pathological mechanisms, and that factors non-specific to PTSD maintain chronic trauma-induced insomnia. Although several theories and hypotheses have been presented to explain the relationship between PTSD and insomnia, neurobiological and psychological models have not been integrated, thereby limiting their comprehensiveness and abilities to inform effective intervention. Further, existing models have not addressed how acute trauma-induced

insomnia becomes chronic. The present review examined models of PTSD and insomnia separately, as well as existing theorized mechanisms of their co-morbidity. The distinct characteristics of trauma-induced insomnia were also reviewed and presented to describe the unique clinical presentation of trauma-induced insomnia. Review and integration of the literature was used to propose an integrated model of chronic trauma-induced insomnia informed by a neuropsychobiological framework. Clinical implications and future research directions are presented and discussed.

<https://www.sciencedirect.com/science/article/abs/pii/S0272735820300830>

Sleep and suicide: A systematic review and meta-analysis of longitudinal studies.

Richard T. Liu, Stephanie J. Steele, Jessica L. Hamilton, Quyen B.P. Do, ... Nimesha Gerlus

Clinical Psychology Review

Volume 81, November 2020

<https://doi.org/10.1016/j.cpr.2020.101895>

Highlights

- A meta-analysis was conducted of longitudinal studies of sleep and suicide outcomes.
- Sleep disruption, including insomnia, prospectively predicted suicide outcomes.
- Studies of sleep disturbance as a short-term risk factor are needed.
- Future research is needed clearly differentiating acute from chronic sleep disturbance.
- A mediational model was presented of sleep, inflammation, executive control, and suicide.

Abstract

The current review provides a quantitative synthesis of the empirical literature on sleep disturbance as a risk factor for suicidal thoughts and behaviors (STBs). A systematic search of PsycINFO, MEDLINE, and the references of prior reviews resulted in 41 eligible studies included in this meta-analysis. Sleep disturbance, including insomnia, prospectively predicted STBs, yielding small-to-medium to medium effect sizes for these associations. Complicating interpretation of these findings however, is that few studies of suicidal ideation and suicide attempts, as well as none of suicide deaths, assessed short-term risk (i.e., employed follow-up assessments of under a month). Such studies

are needed to evaluate current conceptualizations of sleep dysregulation as being involved in acute risk for suicidal behavior. This want of short-term risk studies also suggests that current clinical recommendations to monitor sleep as a potential warning sign of suicide risk has a relatively modest empirical basis, being largely driven by cross-sectional or retrospective research. The current review ends with recommendations for generating future research on short-term risk and greater differentiation between acute and chronic aspects of sleep disturbance, and by providing a model of how sleep disturbance may confer risk for STBs through neuroinflammatory and stress processes and associated impairments in executive control.

<https://www.tandfonline.com/doi/abs/10.1080/10530789.2020.1801020>

Examining veteran housing instability and mortality by homicide, suicide, and unintentional injury.

Meagan Cusack, Ann Elizabeth Montgomery, John Cashy, Melissa Dichter, Thomas Byrne & John R. Blosnich

Journal of Social Distress and Homelessness

Published online: 05 Aug 2020

<https://doi.org/10.1080/10530789.2020.1801020>

To examine the relationship between Veterans' housing instability and mortality by homicide, suicide, and unintentional injury, this retrospective study examined administrative data from Veterans Health Administration (VHA) patients who responded to the Homelessness Screening Clinical Reminder (HSCR) between October 1, 2012 and September 30, 2016 and were searched through the National Death Index (NDI) for date and cause of death (N = 5,850,044). Analyses calculated survival time and compared mortality for three groups—(1) stably housed Veterans, (2) unstably housed Veterans, and (3) Veterans at imminent risk for housing instability—using adjusted Cox proportional hazards models. Stably housed Veterans had a significantly longer median survival time (3.3 years) than unstably housed Veterans and those at imminent risk for housing instability (2.5 and 2.6 years, respectively). Unstably housed Veterans and those at imminent risk for housing instability had greater risk of all-cause mortality (Adjusted Hazard Ratio [aHR] = 1.69 and 1.48, respectively) and of dying by homicide (aHR = 3.01 and 2.65, respectively), suicide (aHR = 1.75 and aHR = 1.80, respectively), and unintentional injury (aHR = 3.13 and aHR = 1.92, respectively) compared with stably

housed Veterans. More proactive measures are needed to prevent external causes of mortality among Veterans who are unstably housed or at imminent risk for housing instability.

<https://journal-veterans-studies.org/articles/10.21061/jvs.v6i1.171/>

“Shelter from the Storm”: Military Service Member Spousal Caregiver Challenges and Barriers to Resources in the Midst of Enduring Conflicts.

April Cobos

Journal of Veterans Studies

Published on 05 Aug 2020

<http://doi.org/10.21061/jvs.v6i1.171>

The enduring nature of the Global War on Terrorism has created a generation of active duty service members and recently retired veterans who spent the majority of their careers training and deploying to combat. Their long-term persistent service heightens the likelihood of symptoms of PTSD, moral distress, or moral injury (Frankfurt & Frazier, 2016) and the enduring nature of the conflicts means many remained undertreated or undiagnosed for extensive periods of time (Conard & Sauls, 2014). In the past decade, expansive research has begun to study the psychological implications of these extensive conflicts on service members and has begun to offer ways to mitigate and treat this generation. However, the research and institutional and financial support are often given to the active duty service member or veteran despite the knowledge that the active duty service member’s combat service has extensive mental health impacts on the spouse caregiver and other family members. While research and resources for spousal caregivers and family members are becoming more frequent, this article argues the need for additional resources for spouse caregivers of active duty service members or recently retired service members who have served primarily in combat-related positions and who have cases of undiagnosed, underdiagnosed, or untreated cases of PTSD or moral distress or injury after several decades of conflicts. Implementing, and providing adequate awareness of, additional institutional and individual support services for the spousal caregiver can help to heal the family unit more effectively.

<https://www.sciencedirect.com/science/article/abs/pii/S1077722920300791>

Development of a Brief Adjunctive Intervention for Family Members of Veterans in Individual PTSD Treatment.

Johanna Thompson-Hollands, Michele Strage, Ellen R. DeVoe, Rinad S. Beidas, Denise M. Sloan

Cognitive and Behavioral Practice

Available online 6 August 2020

<https://doi.org/10.1016/j.cbpra.2020.06.007>

Highlights

- The Brief Family Intervention (BFI) was feasible and acceptable to family members
- Veterans and family members described positive changes to their interactions
- 80% of veterans and 100% of family members approached agreed to participate

Abstract

Family involvement in the treatment of posttraumatic stress disorder (PTSD) among veterans has the potential to improve treatment retention and outcomes. Current protocols that incorporate family members into treatment tend to involve at least 15 sessions, and none are designed to complement Cognitive Processing Therapy (CPT) or Prolonged Exposure (PE), the two most widely used and heavily promoted evidence-based PTSD therapies in the Veterans Affairs (VA) healthcare system. The current paper describes the development and initial feasibility and acceptability of a Brief Family Intervention (the BFI) designed to be delivered as an adjunct to veterans' individual CPT/PE. The BFI focuses on providing psychoeducation about PTSD and treatment, building family member support for treatment, and reducing family symptom accommodation. A detailed review of the treatment structure and activities is provided, and qualitative data from four dyads (veterans and their spouses/significant others) at baseline and post-intervention are presented. Veterans and partners reported positive responses to the program and were enthusiastic about its utility. Larger randomized controlled studies will be needed to determine the protocol's efficacy and effectiveness.

<https://journals.sagepub.com/doi/abs/10.1177/0030222820947241>

Complicated Grief With Post-Traumatic Stress Disorder Addressed With Accelerated Resolution Therapy: Case Discussions.

Toftshagen, C., Hernandez, D. F., Mason, T. M., Buck, H. G., & Kip, K. E.

OMEGA - Journal of Death and Dying

First Published August 5, 2020

<https://doi.org/10.1177/0030222820947241>

Complicated grief is a significant health concern for older adults, resulting in significant psychological and physical morbidity. Elements of post traumatic stress disorder (PTSD) are often present in individuals with complicated grief. Accelerated Resolution Therapy (ART) is a brief form of psychotherapy that utilizes the techniques of imaginal exposure, rescripting of events, and lateral eye movements that may be useful in complicated grief with PTSD symptoms. Two cases where ART was used for complicated grief with PTSD are presented. Both individuals had attempted to come to terms with their loss through traditional grief therapy with an inadequate response and substantial residual grief symptoms. These cases illustrate how ART can be used to address CG and PTSD and describe situations where it may be appropriate. Clinical and research implications are also discussed.

<https://www.liebertpub.com/doi/abs/10.1089/neu.2020.7062>

Prevalence of Lifetime History of Traumatic Brain Injury among Older Male Veterans Compared to Civilians: A Nationally Representative Study.

Dr. Erica S. Kornblith, Dr. Kristine C. Yaffe, Dr. Kenneth M Langa, and Dr. Raquel C. Gardner.

Journal of Neurotrauma

Online Ahead of Editing: August 6, 2020

<http://doi.org/10.1089/neu.2020.7062>

Traumatic brain injury (TBI) is common among older adults as well as among Veterans in the United States and can increase risk for dementia. We compared prevalence of TBI in older male Veterans and civilians using a nationally representative sample. We

examined data from 599 male respondents to the 2014 Wave of the Health and Retirement Study (HRS), a nationally representative survey of older adults, randomly selected to participate in a comprehensive TBI survey. Respondents self-reported no injury, non-TBI head/neck injury (NTI), or TBI. We used weighted analyses to examine prevalence of injury and relative risk of injury sub-types. Among male Veterans, we found a national prevalence of over 70% for lifetime history of any head/neck injury (TBI plus NTI), 14.3% for multiple NTI, and 36% for lifetime history of at least one TBI. In contrast, prevalence estimates for male civilians were 58% for lifetime history of head/neck injury, 4.8% for multiple NTI, and 45% for lifetime history of at least one TBI (all comparisons $p < 0.001$). Male civilians have higher self-reported TBI prevalence, while male Veterans have higher self-reported NTI and multiple-NTI prevalence. Further research on drivers of the unexpectedly higher prevalence of lifetime history of TBI in male civilians, as well as on mechanisms and sequelae of the highly prevalent non-TBI head/neck injuries among older male Veterans, is warranted.

<https://psycnet.apa.org/record/2020-52233-001>

Development and refinement of educational materials to help older veterans use VA mental health mobile apps.

Gould, C. E., Loup, J. R., Scales, A. N., Juang, C., Carlson, C., Ma, F., & Sakai, E. Y.

Professional Psychology: Research and Practice
2020; 51(4), 414–423
<https://doi.org/10.1037/pro0000354>

The U.S. Department of Veterans Affairs (VA), in collaboration with the Department of Defense, has created mobile applications (apps) that target military veteran-specific mental health challenges. With over half of veterans being older than 65, it is essential to support these individuals' access to and use of these apps. One critical barrier to older adults using apps is that they may not be aware of mental health apps and often need assistance learning to use their devices. To address these gaps in knowledge, we designed and evaluated patient education materials teaching how to download apps and the basics of mobile device use. The materials also included step-by-step guides for three VA mobile apps: Mindfulness Coach, Mood Coach, and PTSD Coach. Guided by user-centered design and feedback from providers and older veterans, the materials were developed and refined. Six local technology and geriatric content experts provided initial feedback. Next, 6 older veterans ($M = 78.5$ years; 50% owned smartphones)

formally evaluated the materials with a majority (83.3%) electing to “recommend the materials to others.” Lastly, 12 providers provided feedback on the materials and 79% rated the materials as helpful. Providers viewed the materials as especially useful for patients who are unable to return to clinic. Overall, providers and veterans found the materials easy to understand and valuable for novice users. Findings suggest the use of user-centered design principles and iterative evaluations to create patient technology education materials are vital to increase the use of mental health mobile apps among older veterans. (PsyInfo Database Record (c) 2020 APA, all rights reserved)

<https://www.sciencedirect.com/science/article/pii/S0278584620303766>

Increased use of ketamine for the treatment of depression: Benefits and concerns.

Kyoung-Sae Naa, Yong-Ku Kim

Highlights

- The rapid antidepressant effects of ketamine have generated much interest.
- The long-term efficacy and safety of the esketamine nasal spray should be further investigated.
- The effects of ketamine on cognition vary by subject and disease condition.
- Rapid-onset antidepressants without ketamine-like adverse effects are expected to be developed.

Abstract

Ketamine was initially used as an anesthetic which could induce cognitive impairment and psychomimetic effects. In initial randomized controlled trials (RCTs) that mostly included a small sample size and were investigator-initiated, ketamine reportedly exerted antidepressant effects 1 to 2 h after a single intravenous infusion in patients with major depressive episodes, particularly treatment-resistant depression (TRD). Interest in ketamine was reported in systematic reviews and meta-analyses, however, many were primarily focused on the rapid onset of ketamine effects without equal attention to its safety and tolerability. Furthermore, several meta-analyses were based on many duplicated RCTs. The initial trends emphasized the clinical utility of ketamine as an antidepressant. The development of esketamine nasal spray by a pharmaceutical company led to an RCT with a large sample size and segmented therapeutic strategy, which provided results applicable to patients with TRD in the real-world clinical environment. However, possible effects of ketamine on cognitive function have not yet

been investigated in RCTs. In numerous studies, chronic, recreational use of ketamine reportedly substantially impaired cognitive function in most domains. Although results of several human and animal studies indicated the therapeutic use of ketamine for treatment of depression did not induce cognitive impairment, this issue should be further investigated. Based on the current knowledge about ketamine, future antidepressants are expected to be glutamatergic drugs without ketamine-like adverse events (e.g., psychomimetic symptoms and cognitive impairment), but having only ketamine-like therapeutic properties (e.g., rapid antidepressant effects without time lag).

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usaa201/5890329>

Demographic and Occupational Risk Factors Associated With Suicide-Related Aeromedical Evacuation Among Deployed U.S. Military Service Members.

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Introduction

Suicide is a significant problem in the U.S. military, with rates surpassing the U.S. general population as of 2008. Although there have been significant advances regarding suicide risk factors among U.S. military service members and veterans, there is little research about risk factors associated with suicide that could be potentially identified in theater. One salient study group consists of service members who receive a psychiatric aeromedical evacuation out of theater. The primary aims of this study were as follows: (1) determine the incidence of suicide-related aeromedical evacuation in deployed service members, (2) identify demographic and military characteristics associated with suicide-related aeromedical evacuation, and (3) evaluate the relationship between suicide-related aeromedical evacuation from a deployed setting and military separation.

Materials and Methods

This was an archival analysis of U.S. Transportation Command Regulating and Command and Control Evacuation System and Defense Manpower Data Center electronic records of U.S. military service members (N = 7023) who were deployed to Iraq or Afghanistan and received a psychiatric aeromedical evacuation out of theater between 2001 and 2013. χ^2 tests of independence and standardized residuals were used to identify cells with observed frequencies and proportions, respectively, that significantly differed from what would be expected by chance. In addition, odds ratios were calculated to provide context about the nature of any significant relationships.

Results

For every 1000 psychiatric aeromedical evacuations that occurred between 2001 and 2013, 34.4 were suicide related. Gender, ethnicity, branch of service, occupation classification, and deployment theater were associated with suicide-related aeromedical evacuation (odds ratios ranged from 1.37 to 3.02). Overall, 53% of all service members who received an aeromedical evacuation for any psychiatric condition had been separated from the military for a variety of reasons (both voluntary and involuntary) upon record review in 2015. Suicide-related aeromedical evacuation was associated with a 37% increased risk of military separation compared to evacuation for another psychiatric condition ($P < 0.02$).

Conclusions

Findings provide novel information on risk factors associated with suicide-related aeromedical evacuation as well as military separation following a suicide-related aeromedical evacuation. In many cases, the psychiatric aeromedical evacuation of a service member for suicidal ideations and their subsequent separation from active duty is in the best interest of the individual and the military. However, the evacuation and eventual military separation can be costly for the military and the service member. Consequently, the military should focus on indicated prevention interventions for individuals who show sufficient early signs of crisis and functional problems so that specialized interventions can be used in theater to prevent evacuation. Indicated prevention interventions should start with leaders' awareness and mitigation of risk and, when feasible, evidence-based interventions for suicide risk provided by behavioral health (eg, brief cognitive behavioral therapy for suicide). Future research should evaluate the feasibility, safety, and efficacy of delivering suicide-related interventions in theater.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/sltb.12678>

Post-traumatic symptom severity mediates the association between combat exposure and suicidal ideation in veterans.

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Suicide and Life-Threatening Behavior

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Objective

Previous studies of military veterans have produced mixed findings regarding whether combat exposure is directly related to suicidal ideation or is indirectly related to suicidal ideation via its influence on other factors. The present study used a longitudinal design to test the hypothesis that post-traumatic stress disorder (PTSD) symptom severity mediates the effect of combat exposure on suicidal ideation in veterans.

Method

Participants included 319 post-9/11 veterans (83.4% male; 42.1% White/52.1% Black; M age = 39.7) assessed at baseline, 6, and 12 months. Structural equation modeling and bootstrapped confidence intervals were employed to examine the direct and indirect relationships between combat exposure, suicidal ideation, and PTSD symptom severity.

Results

Results from the mediation model, in which demographic variables and non-combat trauma were included as covariates, revealed that the indirect effect of combat exposure on suicidal ideation via PTSD symptom severity was statistically significant, accounting for 64.1% of the covariance between combat exposure and suicidal ideation.

Conclusions

This study provides longitudinal evidence that the effects of combat exposure on suicidal ideation are mediated by PTSD symptom severity, suggesting the importance of targeting such symptoms in treatment to mitigate suicide risk among veterans with combat exposure.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/cpp.2438>

Pain persistence and lethality of suicide attempts.

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Clinical Psychology & Psychotherapy

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The interpersonal–psychological theory of suicide posits that elevated pain tolerance is necessary to engage in suicidal behaviour. It is assumed that suicidal intent only leads to lethal (or near lethal) suicide attempts when an individual has the capability to persist the pain involved in dying. The aim of this study was to assess whether objective pain persistence moderates the association between suicide intent and lethality of a recent suicide attempt. Ninety-seven inpatients, who were hospitalized due to a recent suicide attempt, were interviewed regarding lifetime suicide attempts as well as their most recent suicide attempt: Method of attempt, intention to die, medical risk of death, probability of an intervention, and physical condition following the attempt were inquired. Pain persistence was examined using a pressure algometer. Contrary to the expectation, pain persistence did not moderate the association between suicide intent and lethality of a recent suicide attempt, that is, medical risk of death, probability of an intervention, or physical condition following the attempt. Future studies are needed to examine method specific pain persistence for suicidal behaviour in a longitudinal study design.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/cpp.2443>

Developments of prolonged exposure in treatment effect of post-traumatic stress disorder and controlling dropout rate: A meta-analytic review.

Yaoguang Zhou, Luna Sun, Yan Wang, Lili Wu, Zhuoer Sun, Fan Zhang, Weizhi Liu

Prolonged exposure (PE) has been proved as an efficacious psychological treatment for post-traumatic stress disorder (PTSD). There are mainly two changed formats of PE: the modified PE (mPE) and the PE combined with drug (PE/d). Symptom reduction following these two PE training formats has been reported in the patients with PTSD.

However, very little is focusing on the direct comparison of mPE + PE/d and PE. Therefore, this paper aims to compare the mPE + PE/d with PE on the PTSD treatment effect and the dropout rate directly through the meta-analysis. Eighteen studies with total sample size of 1,397 met the final inclusion criteria. The results showed that mPE + PE/d had significantly lower posttreatment PTSD severity than control group (relaxation, wait list, etc.). There was no significant difference between mPE + PE/d and PE on the posttreatment, the follow-up PTSD score, and the posttreatment dropout rate. Compared with PE, lower PTSD symptoms and marginally lower dropout rate following the treatment were observed in the PE/d group. PE/d yielded a significantly larger effect size than mPE when compared with PE on the posttreatment PTSD symptom severity. The significance of the above results would not be changed even if studies causing high heterogeneity were removed. Although PE/d enhanced treatment effect and lowered dropout rate when compared with PE, it was still insufficient to draw the conclusion that formats of adjustments would specifically improve the implementation of PE. Further studies are warranted to develop an easily accomplished and efficacy-guaranteeing PE programme for PTSD patients.

Links of Interest

Air Force mental health team provides for deployed troops

<https://health.mil/News/Articles/2020/08/04/Air-Force-mental-health-team-provides-for-deployed-troops>

A fifth of Virginia military families — most in Hampton Roads — say they don't have reliable food access, according to survey

<https://www.pilotonline.com/military/vp-nw-military-food-insecurity-20200807-3pdnignynjgsbihiizukdr4qby-story.html>

Veterans unemployment down for third month in a row, but still double pre-pandemic levels

<https://www.militarytimes.com/news/2020/08/07/veterans-unemployment-down-for-third-month-in-a-row-but-still-double-pre-pandemic-levels/>

VA reduces prescription opioid use by 64% during past eight years

<https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5492>

Airmen with child custody arrangements will now be stationed near their kids if possible
<https://www.airforcetimes.com/news/your-air-force/2020/08/05/airmen-with-child-custody-arrangements-will-now-be-stationed-near-their-kids-if-possible/>

Air Force Assesses Education Quality, License Portability Near USAF Installations
<https://www.airforcemag.com/air-force-assesses-education-quality-license-portability-near-usaf-installations/>

Military families can now access database to find hourly child care
<https://www.stripes.com/news/us/military-families-can-now-access-database-to-find-hourly-child-care-1.640777>

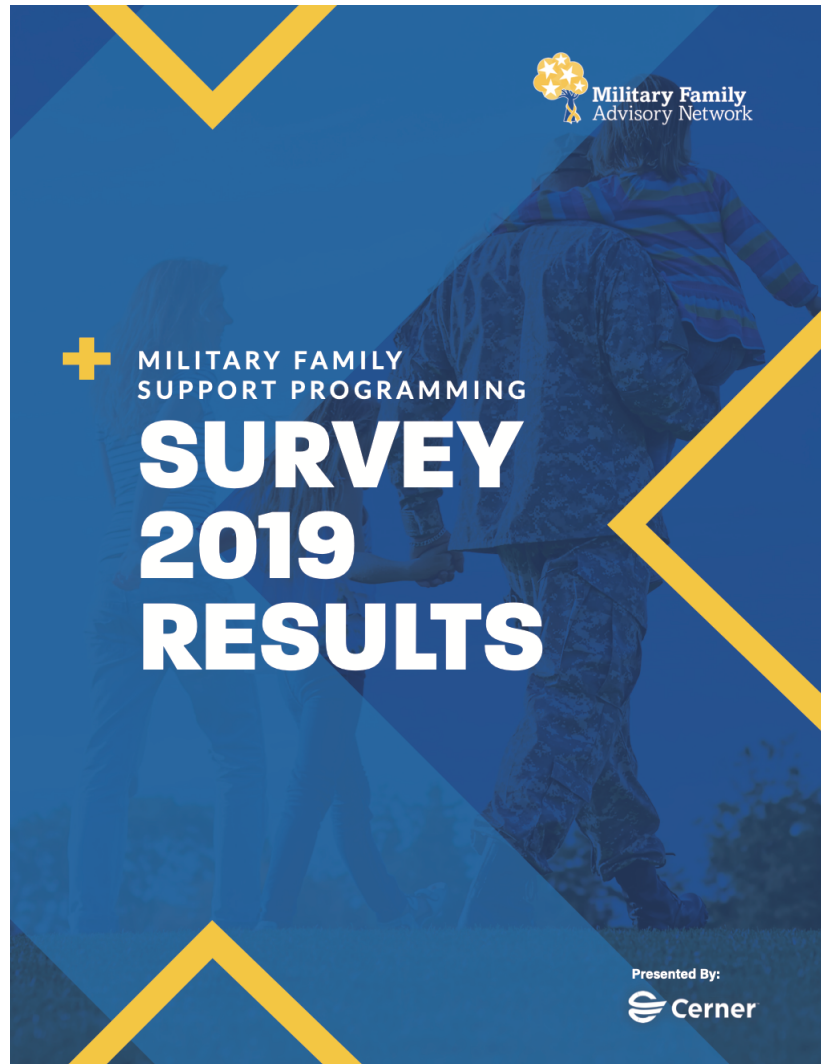
Coping with Separation from Family and Friends during the COVID-19 Pandemic
<https://www.pdhealth.mil/news/blog/coping-separation-family-and-friends-during-covid-19-pandemic>

Poor Sleep Linked With Higher Blood Sugar
<https://newsinhealth.nih.gov/2020/07/poor-sleep-linked-higher-blood-sugar>

Resource of the Week: [Military Family Support Programming Survey 2019 Results](#)

(O)nly half of the military and veteran family members who responded to MFAN's 2019 Military Family Support Programming Survey, presented by Cerner Government Services, said they could easily access mental health care and their biggest obstacle was not having enough appointments available.

With the COVID-19 virus impacting how behavioral health care providers can see patients and deliver services, anecdotes about military and veteran family members having even less access to providers and appointments are surfacing, especially overseas. Fortunately, more than one-third of active duty family survey respondents said they would be likely or very likely to use telehealth options if such options were available.



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