

CDP



Research Update -- January 14, 2021

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- Core components and strategies for suicide and risk management protocols in mental health research: a scoping review.
- Understanding the Role of Law in Reducing Firearm Injury through Clinical Interventions.
- Anger precedes and predicts nonsuicidal self-injury in veterans: Findings from an ecological momentary assessment study.

- Links of Interest
- Resource of the Week: Caring for People with Mental Health and Substance Use Disorders in Primary Care Settings (National Academies)

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22645>

Associations Between Service Members' Posttraumatic Stress Disorder Symptoms and Partner Accommodation Over Time.

Allen, E., Renshaw, K., Fredman, S.J., Le, Y., Rhoades, G., Markman, H. and Litz, B.

Journal of Traumatic Stress

First published: 28 December 2020

<https://doi.org/10.1002/jts.22645>

When service members manifest symptoms of posttraumatic stress disorder (PTSD), intimate partners may engage in behaviors to accommodate their partners' experiences (e.g., helping service members avoid situations that could make them uncomfortable, not expressing own thoughts and feelings to minimize PTSD-related conflict), which may inadvertently serve to maintain or increase PTSD symptoms over time. In a sample of 274 male service member/female civilian couples, we evaluated hypothesized bidirectional pathways between self-reported service member PTSD symptoms and partner accommodation, assessed four times over an approximately 18-month period. A random-intercept cross-lagged panel model disaggregating between and within effects revealed that, on average, couples in which the service member had higher levels of total PTSD symptoms also scored higher in partner accommodation, between-couple correlation, $r = .40$. In addition, at time points when service members' PTSD symptoms were higher relative to their own average symptom level, their partners' level of accommodation was also higher than their personal average, within-couple correlation $r = .22$. Longitudinally, service member PTSD symptom scores higher than their personal average predicted subsequent increases in partner accommodation, $\beta = .19$, but not vice versa, $\beta = .03$. Overall, the findings indicate both stable and time-specific significant associations between service member PTSD symptoms and partner accommodation and suggest that higher levels of PTSD symptoms are a significant driver of later increases in partner accommodation. These findings add further support for treating PTSD in an interpersonal context to address the disorder and concomitant relational processes that can adversely impact individual and relational well-being.

<https://www.tandfonline.com/doi/abs/10.1080/07448481.2020.1858837>

An examination of the mental health and academic performance of student veterans.

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Journal of American College Health
Published online: 05 Jan 2021
<https://doi.org/10.1080/07448481.2020.1858837>

Objective

The purpose of this study was to provide a more comprehensive look into the demographics of the veteran student subpopulation while exploring the relationship between the mental health of student veterans and their academic performance.

Methods:

A nationwide anonymous survey was distributed to student veterans who were enrolled in postsecondary institutions.

Results:

A large number of participants reported distress with symptoms of PTSD, depression, sleep disturbances, and/or suicidal ideation and attempts, and screened likely for mental health problems in these areas. Participants also endorsed academic problems ranging from the ability to stay focused to failing tests and quizzes. Additional findings demonstrated a positive association between GPA and both PTSD and depression.

Conclusion:

These findings can be used as a platform upon which to begin the discussion on the implications for mental health professionals, administrators, and educators.

<https://link.springer.com/article/10.1007/s11920-020-01220-w>

Management of Post-traumatic Stress Disorder in Veterans and Military Service Members: A Review of Pharmacologic and Psychotherapeutic Interventions Since 2016.

Bret A. Moore, Lynette Pujol, Scott Waltman & David S. Shearer

Current Psychiatry Reports

Published: 06 January 2021

<https://doi.org/10.1007/s11920-020-01220-w>

Purpose of Review

It is vitally important that providers treating post-traumatic stress disorder continue to stay abreast of research advances in the treatment of this disorder. This article updates the reader about advances in research in PTSD treatment in the past four years as well as the evolving recommendations of clinical practice guidelines.

Recent Findings

One of the most important developments is that trauma-focused therapy (TFT) has emerged as the first-line treatment for PTSD with pharmacologic options often being noted as second-line or adjunctive.

Summary

The quality and quantity of research into the treatment of PTSD continue to grow; however, the pace of research into treatment options lags behind our understanding of the development, course, and prognosis of the disorder. The development of new research-based evidence in the treatment of PTSD, both pharmacologic and psychotherapeutic, is needed and likely to necessitate frequent updates and re-evaluations of clinical practice guidelines.

<https://www.sciencedirect.com/science/article/abs/pii/S0005789420301672>

Cross-Lagged Relationships between Insomnia and Posttraumatic Stress Disorder in Treatment-Receiving Veterans.

Dzenana Kartal, Hussain-Abdulah Arjmand, Tracey Varker, Sean Cowlshaw, ... Mark Hinton

Behavior Therapy

Available online 5 January 2021

<https://doi.org/10.1016/j.beth.2020.12.006>

Highlights

- This study parsed the directionality of association between PTSD and insomnia over time.
- Results revealed a unique pattern of association during and following treatment.
- During the treatment period, PTSD symptoms significantly predicted insomnia symptoms.
- At 3 and 9 months post-treatment, insomnia symptoms persistently predicted PTSD symptoms.

Abstract

Insomnia is a risk factor for the development of Posttraumatic Stress Disorder (PTSD) while it is also plausible that PTSD symptoms can maintain insomnia symptoms. The present study examined longitudinal bidirectional relationships between insomnia and PTSD symptoms in treatment-seeking veterans. Participants were 693 ex-serving members of the Australian Defence Force who participated in an accredited, hospital-based outpatient PTSD program. Participants completed self-reported assessments of PTSD and insomnia symptoms at four time points: intake, discharge, 3-month and 9-months post-treatment follow-up.

Cross-lagged pathway analyses indicated significant bi-directional pathways between insomnia symptoms and PTSD symptoms at most time points. A final cross-lagged model between insomnia symptoms and the PTSD symptom clusters indicated that the PTSD symptom paths on insomnia symptoms, between intake and discharge, were attributable to re-experiencing PTSD symptoms. In contrast, across post-treatment follow-up time points there were significant paths of insomnia symptoms on all PTSD symptom clusters except from insomnia at 3-months to avoidance symptom at 9-months. PTSD symptoms and insomnia symptoms have bidirectional associations over time that may lead to the mutual maintenance or exacerbation of each condition following PTSD treatment. Where residual insomnia symptoms are present post-treatment, a sleep-focussed intervention is indicated and a sequenced approach to treatment recommended.

<https://link.springer.com/article/10.1007/s10566-020-09590-1>

A Scoping Review of the Effects of Military Deployment on Reserve Component Children.

Shelby Veri, Carolyne Muthoni, A. Suzanne Boyd & Margaret Wilmoth

Child & Youth Care Forum

Published: 04 January 2021

<https://doi.org/10.1007/s10566-020-09590-1>

Background

There are more than half a million military Reserve Component (RC) connected children but little research that has examined the effects of parental deployment on this population. Much of what is known comes from active duty families. There is a need to better understand the effects of RC parental deployment on children and families.

Objective

This scoping review examined the current literature on the impact of parental deployment in RC families.

Method

We used the PRISMA Extension for Scoping Reviews (PRISMA-ScR) to guide the search, data charting, synthesis, and review. We searched PubMed, PsychInfo, Scopus, and Social Work Abstracts databases for relevant articles published in English on impact of parental deployment on military connected children.

Results

Seventeen studies met the inclusion criteria out of the total 1393 studies identified in our search. These studies were all conducted in the USA, and years of publication ranged between 2002 and 2017. Findings were classified into four themes, namely, role changes for non-deployed parents, behavior changes in children, child anxiety and fear, and support networks.

Conclusions

Knowing if deployment impacts RC children and families differently from active duty families will guide development of appropriate policy and programs that better support them during periods of prolonged active duty service and to enhance recruitment and

retention. Therefore, further research is needed to identify and develop interventions to address problems highlighted in our themes including, behavioral problems in children, child anxiety and fear, and role changes for the non-deployed parents/children, and support networks.

<https://journals.sagepub.com/doi/abs/10.1177/0886260520983959>

Assessing Institutional Betrayal Among Female Veterans Who Experienced Military Sexual Trauma: A Rasch Analysis of the Institutional Betrayal Questionnaire.

Monteith LL, Schneider AL, Holliday R, Bahraini NH

Journal of Interpersonal Violence

First Published January 6, 2021

<https://doi.org/10.1177/0886260520983959>

Military sexual trauma (MST; i.e., sexual harassment and/or sexual assault during one's military service) is highly prevalent among female veterans and is associated with numerous adverse health and psychosocial sequelae. When institutions fail to prevent sexual trauma from happening or respond in an unsupportive manner (i.e., institutional betrayal [IB]), MST survivors typically report more severe health-related outcomes. Although the Institutional Betrayal Questionnaire.2 (IBQ.2) was developed to assess IB, no studies have examined the factor structure or dimensionality of the IBQ.2 among MST survivors. In addition, initial research has reported differing factor structures for this measure. The present study examined the dimensionality and factor structure of the IBQ.2, and tested for differential item functioning (DIF) based on whether military sexual assault was experienced. The sample comprised 235 female veterans who reported a history of MST in an anonymous national survey. Rasch analysis suggested multidimensionality and DIF based on history of military sexual assault. Exploratory factor analysis and parallel analysis suggested the IBQ.2 comprises three factors: (1) Environment Leading to MST, (2) Institutional Response to MST, and (3) Institutional Belongingness following MST. Although these results suggest that the IBQ.2 is multidimensional, the three-factor model had significant issues with respect to dimensionality, item fit, and person separation and reliability. Thus, using the full IBQ.2 may be more advantageous. Further examination of the IBQ.2 is warranted to ensure optimal assessment of IB in relation to MST, irrespective of whether the MST comprised

sexual harassment or sexual assault, as well as to ensure that the IBQ.2 is culturally meaningful for MST survivors.

<https://www.tandfonline.com/doi/abs/10.1080/13811118.2020.1848669>

A Systematic Review of Suicide Prevention Interventions in Military Personnel.

Mohammad Rostami, Fatemeh Rahmati-Najarkolaei, Mahmood Salesi & Esfandiar Azad

Archives of Suicide Research

Published online: 06 Jan 2021

<https://doi.org/10.1080/13811118.2020.1848669>

Objective

In response to the increasing rates of suicide in military personnel throughout the world, there is an increasing focus on the development and implement of interventions aimed at preventing suicide among this group. Therefore, the goal of the present systematic review was to examine the effectiveness of interventions focused on preventing suicidal ideation and behavior in military personnel.

Method

Search for articles was conducted in PsycINFO, PubMed, Web of Science, EMBASE, Google Scholar, Cochrane Central Register of Controlled Trials (CENTRAL), IranMedex, Scientific Information Database (SID), and MagIran. International databases were searched from June 2008 to May 2019, and Iranian databases were searched from their inception to May 2019. RCT and non-RCT studies focused on the effectiveness of preventive interventions for suicide in military personnel were included in the analysis. Narrative synthesis of results was the main strategy for data analysis.

Results

According to the inclusion and exclusion criteria, 18 articles were selected. Interventions were divided into four categories according to their nature: interventions based on psychotherapy, interventions based on crisis management, interventions based on pharmacotherapy, and community-based interventions. In addition, most studies had moderate methodological quality.

Conclusion

Most of the preventive interventions were effective in reducing suicidal ideation and behavior in military personnel; however, in some cases, there were serious challenges in terms of effectiveness. Interventions based on cognitive-behavioral approaches constitute a significant portion of the interventions. Overall, RCTs and non-RCTs, especially community-based studies, need to use more rigorous examinations in order to gain research and clinical support.

HIGHLIGHTS

- Interventions based on psychotherapy and community-based interventions were the most commonly used interventions, respectively.
- The majority of interventions based on psychotherapy came from cognitive-behavioral approaches.
- There are few evidence-based studies on prevention of suicide in military personnel.

<https://link.springer.com/article/10.1007/s10488-020-01097-0>

Areas of Improvement in Suicide Risk Identification, Assessment, and Risk Mitigation Documentation by Mental Health Prescribers at a Veterans Affairs Health Care System.

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Administration and Policy in Mental Health and Mental Health Services Research

Published: 05 January 2021

<https://doi.org/10.1007/s10488-020-01097-0>

Purpose

Veterans have a suicide rate 1.5 times higher than the non-veteran population. The Department of Veterans Affairs (VA) implemented suicide risk screening recommendations in 2018. This project assessed the impact of mental health (MH) prescribers on these recommendations and identified areas of improvement.

Methods

Seventy MH Clinical Pharmacy Specialists (CPS) and 52 other MH prescribers were included. Patients with a positive question nine (from the Patient Health Questionnaire-9) and a same-day Columbia Suicide Severity Rating Scale (C-SSRS) between

11/01/18 and 11/01/19 at a VA system were reviewed. Completion of same-day Comprehensive Suicide Risk Evaluation (CSRE), same-day Suicide Prevention Safety Plan (SPSP), number of patients who were not offered naloxone despite access to opioids, and number of patients who were not offered a gunlock despite access to firearms were compared between groups. Time from C-SSRS to suicidal behavior was compared between those who did and did not receive a same-day CSRE.

Results

MH CPS were significantly more likely to complete a same-day CSRE ($p = 0.0201$) and SPSP ($p < 0.001$) when recommended. Naloxone outcomes were not assessed due to availability of only one data point. Rates of gunlock offers did not differ significantly between groups (Fisher's exact test, $p = 0.3189$) however there was no documentation stating why they were not offered when appropriate 40% of the time. Time to suicidal behavior did not vary across patients based on CSRE completion ($p = 0.16$).

Conclusion

MH CPS play an important role in suicide risk screening for veterans. There is a need for improvement regarding the offering and documentation of firearm risk mitigation strategies.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/famp.12623>

The Association of Exposure to Military Sexual Trauma and Romantic Relationship Satisfaction Among Partnered Men Service Members/Veterans: The Influence of Compulsive Sexual Behavior.

Rebecca K. Blais

Family Process

First published: 05 January 2021

<https://doi.org/10.1111/famp.12623>

Civilian literature shows a strong, consistent association between exposure to sexual violence and poor romantic relationship satisfaction. The impact of sexual violence that occurred during military service, or military sexual trauma (MST), on romantic relationship satisfaction among partnered men service members/veterans (SM/Vs) is understudied. However, a recent study conducted in women observed that MST that involved an assault was associated with poorer relationship satisfaction through higher

sexual dysfunction and lower sexual satisfaction. The current study extended the literature by examining sexual function as a mediator of the association of exposure to MST and romantic relationship satisfaction among partnered men SM/Vs (N = 499). Participants completed self-report measures of MST exposure, romantic relationship satisfaction, erectile dysfunction, and compulsive sexual behavior, as well as a demographic inventory. The average score on relationship satisfaction was in the distressed range. Sixty-four participants (12.83%) reported MST exposure. MST exposure was related to lower relationship satisfaction through higher compulsive sexual behavior. The model explained 16% of the variance in relationship satisfaction. The indirect effect of erectile dysfunction was nonsignificant. Current findings are consistent with research in women SM/Vs: the association of MST and romantic relationship satisfaction appears to be indirect, through the effects of sexual function. Couples' therapy may be most effective if it addresses sexual health concerns among men MST survivors, particularly engagement in compulsive sexual behaviors. Due to low endorsement of MST that involved assault, the impact of MST severity could not be examined.

<https://www.liebertpub.com/doi/full/10.1089/tmj.2020.0304>

Rapid Conversion to Telemental Health Services in Response to COVID-19: Experiences of Two Outpatient Mental Health Clinics.

Matthew C. Mishkind, Jay H. Shore, Kammy Bishop, Kaitlin D'Amato, Azure Brame, Marshall Thomas, and Christopher D. Schneck

Telemedicine and e-Health

Published Online: 28 Dec 2020

<https://doi.org/10.1089/tmj.2020.0304>

Background:

The COVID-19 pandemic triggered changes across health care systems, with many sectors seeing significant drops in patient visits. Rapid transition to telemental health (TMH) allowed for the continued delivery of mental health care. Although several guidelines and best practices are available for the methodical development of a TMH service, there are few documented procedures on rapidly converting to fully virtualized services. We discuss how two outpatient mental health clinics at the University of Colorado Anschutz Medical Campus rapidly virtualized clinical services during the COVID-19 pandemic.

Methods:

All current clinical appointments were converted to virtual, and all new clinical intakes were scheduled as virtual visits starting March 16, 2020. Virtualization included a modified needs assessment, updated clinic procedures, focused patient and staff training on TMH, and increased frequency of team meetings. We conducted a retrospective evaluation of clinic log and electronic health record data to examine the number of appointments and no-shows before and after COVID-19 virtualization.

Results:

Virtualization was operational within two business days. Scheduled appointments decreased 10.6% immediately postvirtualization, followed by an increase of 17.8% across the 6 months postvirtualization. No-show rates dropped from 11.9% pre- to 6.8% postvirtualization, leading to a 26.2% increase in completed visits.

Discussion:

Rapid virtualization of mental health services can occur effectively. Wider use and acceptance of TMH, especially to patient-homes, is likely in the foreseeable future as health care providers and systems reconceptualize service delivery. Future research must include analyzing the impact such changes make on clinical outcomes and patient visit volumes.

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2774348>

Identification of Suicide Attempt Risk Factors in a National US Survey Using Machine Learning.

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JAMA Psychiatry

Published online January 06, 2021

<https://www.doi.org/10.1001/jamapsychiatry.2020.4165>

Key Points

Question

Can survey data identify risk factors of nonfatal suicide attempt in the general population?

Findings

This study used a large, nationally representative longitudinal survey of US adults to create a suicide attempt model addressing risk factors of suicide. The most important factors included previous suicidal ideation or behavior, feeling downhearted, doing activities less carefully or accomplishing less because of emotional problems, younger age, lower educational achievement, and recent financial crisis.

Meaning

By using an algorithmic approach to analyze survey data and identify new risk factors, this study offers new avenues to guide future clinical assessment and development of suicide risk scales in the general population.

Abstract

Importance

Because more than one-third of people making nonfatal suicide attempts do not receive mental health treatment, it is essential to extend suicide attempt risk factors beyond high-risk clinical populations to the general adult population.

Objective

To identify future suicide attempt risk factors in the general population using a data-driven machine learning approach including more than 2500 questions from a large, nationally representative survey of US adults.

Design, Setting, and Participants

Data came from wave 1 (2001 to 2002) and wave 2 (2004 to 2005) of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). NESARC is a face-to-face longitudinal survey conducted with a national representative sample of noninstitutionalized civilian population 18 years and older in the US. The cumulative response rate across both waves was 70.2% resulting in 34 653 wave 2 interviews. A balanced random forest was trained using cross-validation to develop a suicide attempt risk model. Out-of-fold model prediction was used to assess model performance, including the area under the receiver operator curve, sensitivity, and specificity. Survey design and nonresponse weights allowed estimates to be representative of the US civilian population based on the 2000 census. Analyses were performed between May 15, 2019, and June 10, 2020.

Main Outcomes and Measures

Attempted suicide in the 3 years between wave 1 and wave 2 interviews.

Results

Of 34 653 participants, 20 089 were female (weighted proportion, 52.1%). The weighted mean (SD) age was 45.1 (17.3) years at wave 1 and 48.2 (17.3) years at wave 2. Attempted suicide during the 3 years between wave 1 and wave 2 interviews was self-reported by 222 of 34 653 participants (0.6%). Using survey questions measured at wave 1, the suicide attempt risk model yielded a cross-validated area under the receiver operator characteristic curve of 0.857 with a sensitivity of 85.3% (95% CI, 79.8-89.7) and a specificity of 73.3% (95% CI, 72.8-73.8) at an optimized threshold. The model identified 1.8% of the US population to be at a 10% or greater risk of suicide attempt. The most important risk factors were 3 questions about previous suicidal ideation or behavior; 3 items from the 12-Item Short Form Health Survey, namely feeling downhearted, doing activities less carefully, or accomplishing less because of emotional problems; younger age; lower educational achievement; and recent financial crisis.

Conclusions and Relevance

In this study, after searching through more than 2500 survey questions, several well-known risk factors of suicide attempt were confirmed, such as previous suicidal behaviors and ideation, and new risks were identified, including functional impairment resulting from mental disorders and socioeconomic disadvantage. These results may help guide future clinical assessment and the development of new suicide risk scales.

<https://www.liebertpub.com/doi/abs/10.1089/tmj.2019.0248>

Who Benefits Most from Adding Technology to Depression Treatment and How? An Analysis of Engagement with a Texting Adjunct for Psychotherapy.

Caroline A. Figueroa, Orianna DeMasi, Rosa Hernandez-Ramos, and Adrian Aguilera.

Telemedicine and e-Health

Volume: 27 Issue 1: January 8, 2021, 39-46

<http://doi.org/10.1089/tmj.2019.0248>

Introduction:

Cognitive behavioral therapy (CBT) is an established treatment for depression, but its success is often impeded by low attendance. Supportive text messages assessing participants' mood in between sessions might increase attendance to in-clinic CBT, although it is not fully understood who benefits most from these interventions and how. This study examined (1) user groups showing different profiles of study engagement

and (2) associations between increased response rates to mood texts and psychotherapy attendance.

Methods:

We included 73 participants who attended Group CBT (GCBT) in a primary care clinic and participated in a supportive automated text-messaging intervention. Using unsupervised machine learning, we identified and characterized subgroups with similar combinations of total texting responsiveness and total GCBT attendance. We used mixed-effects models to explore the association between increased previous week response rate and subsequent week in-clinic GCBT attendance and, conversely, response rate following attendance.

Results:

Participants could be divided into four clusters of overall study engagement, showing distinct profiles in age and prior texting knowledge. The response rate to texts in the week before GCBT was not associated with GCBT attendance, although the relationship was moderated by age; there was a positive relationship for younger, but not older, participants. Attending GCBT was, however, associated with higher response rate the week after an attended session.

Conclusion:

User groups of study engagement differ in texting knowledge and age. Younger participants might benefit more from supportive texting interventions when their purpose is to increase psychotherapy attendance. Our results have implications for tailoring digital interventions to user groups and for understanding therapeutic effects of these interventions.

<https://www.liebertpub.com/doi/full/10.1089/tmj.2019.0313>

Effectiveness of a Cognitive Behavioral Coaching Program Delivered via Video in Real World Settings.

Anita Lungu, Matthew S. Boone, Shih Yin Chen, Connie E. Chen, and Robyn D. Walser

Telemedicine and e-Health

Volume: 27 Issue 1: January 8, 2021, 47-54

<http://doi.org/10.1089/tmj.2019.0313>

Background:

Many employees experience high levels of stress in the workplace, which negatively impact their productivity and well-being. Effective stress management interventions exist, but are inaccessible due to insufficient numbers of mental health providers, long waiting times to initiate care, high out-of-pocket cost of care, and stigma related to receiving psychotherapy.

Introduction:

The purpose of this study was to test the efficacy, in real-world circumstances, of a structured, cognitive behavioral coaching (CBC) program delivered through video or telephone.

Materials and Methods:

Retrospective data on 289 subjects who had sought support for emotional health through a behavioral health benefit offered through employers were examined. Changes in perceived stress and well-being over the course of the program were measured using the Perceived Stress Scale (PSS) and Warwick–Edinburgh Mental Well-being Scale (WEMWBS), respectively. Rates of reliable change and satisfaction with the coaching program were also assessed.

Results:

Scores on both the PSS and WEMWBS improved between baseline and follow-up. Approximately 61.9% (n = 289) of participants demonstrated reliable improvement on either measure.

Discussion:

CBC is a promising intervention that has the potential to significantly expand access to effective and more affordable interventions for emotional health care.

Conclusions:

Coaching, when delivered by accredited professionals trained in cognitive behavioral theory and interventions and working in real-world settings, can be efficacious in decreasing perceived stress and increasing well-being when delivered through video or telephone.

<https://journals.sagepub.com/doi/abs/10.1177/1749975520976033>

Gendered Power at Work: Constituting Moral Worth in a Hyper-Masculine Organizational Culture.

Karazi-Presler T.

Cultural Sociology

First Published January 7, 2021

<https://doi.org/10.1177/1749975520976033>

How do powerful women in a hyper-masculine organization talk about power? To answer this question, we should explore both cultural contents and gendered politics that inform women's discourse about social power. This article investigates how women morally evaluate their own and others' power. Based on in-depth interviews with 34 women serving in senior military positions, I argue that they achieve a sense of self-worth and professional subjectivity through moral work. This symbolic work involves three main discursive strategies regarding power: (1) Drawing symbolic moral boundaries between themselves and the morally 'degenerate' military environment; (2) Using 'performances of authenticity' to constitute their moral worth; and (3) (Non-)apology to counter the accusation implicit in the social expectation that they must apologize for their power as women. These strategies allow these women to talk about power in moral terms, bring power closer to themselves, and at the same time claim moral subjectivity. By morally justifying the use of military power, they make the internalized 'brass ceiling' transparent. Thus, I argue that although women are agentic in constituting their worth, this is not necessarily done by way of 'resistance', but rather through discursive maneuvering that relies on the same oppressive discursive patterns designed to restrict their power. Accordingly, their efforts to constitute their selves and 'do power' are carried out within, rather than outside, the gendered moral logic of the organizational culture.

<https://link.springer.com/article/10.1007/s41347-020-00183-2>

Illustrating Best Practices in Optimizing Social Media Strategy for a Campaign Targeting Military Mental Health Stigma.

Esther L. Hong, Patrick D. Slay, Molly Hampton, Daniel T. Critchfield, Tina Wenzlaff, Kristina W. Castille, Nicholas C. Polizzi & Tim Hoyt

Journal of Technology in Behavioral Science
Published 07 January 2021
<https://doi.org/10.1007/s41347-020-00183-2>

Military service members endorse stigma as a barrier to seeking psychological health care. In working to overcome this barrier, social media campaigns have shown positive effects. The current study illustrates efforts by the Department of Defense to optimize its social media strategy to promote help-seeking behavior and decrease stigma. Real Warriors Campaign staff conducted a performance and content analysis on the 50 Facebook and Twitter posts from the previous year that had the highest and lowest number of likes, shares, and comments (200 total posts). This analysis informed social media optimization, including decreasing content frequency, calls to action, increasing responses, and tailoring content with compelling videos and images designed for mobile devices. Interaction with the campaign was measured during two timeframes: (1) comparing the first 3 months of the optimized strategy to the prior 3 months and (2) a year-to-year comparison of the same calendar months in consecutive years. Results showed overall decreases in impressions, likes, and comment engagement but increases in key behaviors such as sharing content, visiting the website, and conversions to help-seeking behavior. These gains were shown despite decreasing the overall number of social media posts as part of the new strategy. There was a significant shift in interaction with the updated social media content, in line with industry trends. Optimizing outreach campaigns using iterative feedback can prioritize media elements that resonate and grab the attention of target audience members, ultimately driving behavior change with regard to military stigma and help seeking.

<https://pubmed.ncbi.nlm.nih.gov/33407006/>

TAPS Suicide Postvention Model™: A comprehensive framework of healing and growth.

Ruocco, K. A., Patton, C. S., Burditt, K., Carroll, B., & Mabe, M.

Death Studies
2021 Jan 6;1-12
<https://doi.org/10.1080/07481187.2020.1866241>

The TAPS Suicide Postvention Model™ is a three-phase approach to suicide grief that offers a framework for survivors and providers in the aftermath of a suicide. This framework proposes guidance on how to build a foundation for an adaptive grief journey and creates a research-informed, proactive, intentional pathway to posttraumatic growth. The Model follows the Tragedy Assistance Program for Survivors' peer-based model of care and has supported more than 16,000 military suicide loss survivors over the past decade. The Model is applicable to anyone grieving a suicide loss or coping with any associated trauma.

<https://www.sciencedirect.com/science/article/abs/pii/S0165032721000112>

Interpersonal predictors of suicide ideation and complicated-grief trajectories among suicide bereaved individuals: A four-year longitudinal study.

Yossi Levi-Belz, Daniela Aisenberg

Journal of Affective Disorders

Available online 6 January 2021

<https://doi.org/10.1016/j.jad.2021.01.006>

Highlights

- The first longitudinal study on suicide ideation and complicated-grief among suicide survivors.
- Thwarted belongingness increases the prospects of suicide ideation in the aftermath of suicide loss.
- Perceived burdensomeness predicts complicated-grief levels over time, beyond its natural trajectory.
- Interpersonal factors should be targeted in postvention programs among suicide survivors.

Abstract

Background

Survivors of suicide loss (suicide survivors) are recognized as an at-risk population for several psychiatric complications, including complicated grief (CG) and suicide ideation (SI). Recent studies have emphasized the contribution of interpersonal factors, such as thwarted belongingness and perceived burdensomeness, on distress and suicidality. However, no longitudinal study has examined the predictive values of these interpersonal factors on CG and SI trajectories among suicide survivors to date. In this

42-month prospective design study, we examined interpersonal variables as predictors of CG and SI over time.

Method

Participants were 152 suicide survivors, aged 18-70, who completed questionnaires tapping thwarted belongingness, perceived burdensomeness, CG, and SI at index measurement (T1) and again after 18 months (T2) and 40 months (T3).

Results

The integrated model showed that thwarted belongingness and perceived burdensomeness predicted SI and CG levels over time, both directly and indirectly. Thwarted belongingness was found to have a high predictive value on SI levels, whereas perceived burdensomeness was predictive of CG levels.

Limitations

The voluntary nature of the participants; self-report measures; lack of pre-suicide-loss assessment.

Conclusion

The study's findings highlight the critical role of interpersonal factors in facilitating CG and SI among suicide survivors. Those with higher levels of thwarted belongingness and perceived burdensomeness presented increased prospects of both SI and CG. Theoretical implications relating to healing processes are discussed, as well as focused clinical recommendations, including psychoeducational interventions for addressing PB and TB among suicide survivors.

<https://link.springer.com/article/10.1007/s11126-020-09861-z>

In Their Own Words: Veteran Experiences with Evidence-Based Treatments for PTSD in the Veterans Health Administration.

Jennifer M. Doran, McKenna O'Shea & Ilan Harpaz-Rotem

Psychiatric Quarterly

Published 06 January 2021

<https://doi.org/10.1007/s11126-020-09861-z>

The aim of the present study was to increase the understanding of veteran experiences with receiving an evidence-based psychotherapy (EBPs) for PTSD (Cognitive Processing Therapy and Prolonged Exposure therapy) in the Veterans Affairs Healthcare System (VA). Eighteen veterans who participated in the study were being seen in the outpatient PTSD clinic at a New England VA and had elected to participate in an EBP. The study assessed veteran experiences with, and outcomes from, treatment through the use of both quantitative and qualitative assessment tools. A rigorous data analytic approach, Consensual Qualitative Research, was applied to narrative data. Results fell into seven domains: Previous EBP & Outcome, Barriers to Treatment, Treatment Process, Treatment Outcome, Treatment Drop Out, and Feelings about Treatment. Overall, veterans reported diverse reactions to the EBPs for PTSD and identified both positive and negative aspects of the treatments. They identified multiple barriers to treatment completion and provided insight into their thoughts and feelings during the treatment protocol. Veterans who chose to drop out of treatment prematurely identified the factors that contributed to this decision. In this way, the study offers an initial but important look at veteran perceptions of and experiences with EBPs for PTSD.

<https://www.tandfonline.com/doi/abs/10.1080/15402002.2020.1862847>

Initial Session Effects of Brief Cognitive Behavioral Therapy for Insomnia: A Secondary Analysis of A Small Randomized Pilot Trial.

Todd M. Bishop, Hugh F. Crean, Jennifer S. Funderburk & Wilfred R. Pigeon

Behavioral Sleep Medicine

Published online: 07 Jan 2021

<https://doi.org/10.1080/15402002.2020.1862847>

Objective/Background:

While cognitive-behavioral therapy for insomnia (CBT-I) is typically delivered over six-eight sessions, the field has introduced ever briefer versions. We examined session by session effects on both insomnia and depression outcomes in a brief, four-session version of CBT-I.

Participants:

This is a secondary analysis of data drawn from participants randomized to brief cognitive behavioral therapy for insomnia (bCBTi) in a pilot clinical trial. All participants

(n = 19) were veterans enrolled in primary care who screened positive for insomnia and co-occurring PTSD and/or depression.

Methods:

Participants received four, weekly, individual sessions of bCBTi during which they provided self-report data on insomnia, depression, and sleep parameters over the preceding week. Baseline and follow-up assessments were also collected.

Results:

Changes in insomnia and depression severity between baseline and the beginning of session one were non-significant. Statistically significant decreases were observed, however, for insomnia severity between sessions one to two ($g = -.65$) and sessions two to three ($g = -.59$). This pattern was mirrored for depression severity with significant decreases between sessions one and two ($g = -.65$) and sessions two to three ($g = -.68$). However, there was little change for either outcome from session three to session four (insomnia $g = -.16$; depression $g = -.14$).

Conclusions:

This session by session analyses of bCBTi revealed that the majority of the treatment effect occurred over the first two sessions. Findings suggest that even brief interventions addressing insomnia may have a positive impact on both insomnia and co-occurring depression.

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0243743>

Single prolonged stress blocks sleep homeostasis and pre-trauma sleep deprivation does not exacerbate the severity of trauma-induced fear-associated memory impairments.

Christopher J. Davis, Jason R. Gerstner, William M. Vanderheyden

PLOS ONE

Published: January 6, 2021

<https://doi.org/10.1371/journal.pone.0243743>

Sleep is intimately linked to cognitive performance and exposure to traumatic stress that leads to post-traumatic stress disorder (PTSD) impairs both sleep and cognitive function. However, the contribution of pre-trauma sleep loss to subsequent trauma-

dependent fear-associated memory impairment remains unstudied. We hypothesized that sleep deprivation (SD) prior to trauma exposure may increase the severity of a PTSD-like phenotype in rats exposed to single prolonged stress (SPS), a rodent model of PTSD. Rats were exposed to SPS alone, SD alone, or a combination of SPS+SD and measures of fear-associated memory impairments and vigilance state changes were compared to a group of control animals not exposed to SPS or SD. We found that SPS, and SPS+SD animals showed impaired fear-associated memory processing and that the addition of SD to SPS did not further exaggerate the effect of SPS alone. Additionally, the combination of SPS with SD results in a unique homeostatic sleep duration phenotype when compared to SD, SPS, or control animals. SPS exposure following SD represses homeostatic rebound and eliminates sleep-deprivation-induced increases in NREM sleep delta power. This work identifies a unique time frame where trauma exposure and sleep interact and identifies this window of time as a potential therapeutic treatment window for staving off the negative consequences of trauma exposure.

<https://link.springer.com/article/10.1007/s10826-020-01887-y>

Military-Connected Adolescents' Emotional and Behavioral Risk Status: Comparisons of Universal Screening Data and National Norms.

Kimberly J. Vannest, Kelly M. Carrero, Brenda Patience, Georgette Price, Rob Altmann, April Haas & Stacey Smith

Journal of Child and Family Studies
Published 08 January 2021
<https://doi.org/10.1007/s10826-020-01887-y>

Differences in risk for social, emotional, and behavioral problems in the military dependent and non-military population across gender and age group, were examined using an instrument with established psychometric properties. Schools with an average of 25% military students (two elementary schools and two high schools) were selected based on their student population and absence of tier one or two intervention programming. A total of 3111 students were sampled; data for 2852 participants were available for analysis. Proportion differences across categories of risk indicate no statistically significant difference in risk between military and non-military students within the district overall but differences were found by age and gender. Statistically significant differences were also identified between military-student population national norms.

Implications include the use of universal screening to identify sub-groups for targeted programming.

<https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-020-03005-0>

Core components and strategies for suicide and risk management protocols in mental health research: a scoping review.

Katye Stevens, Vivetha Thambinathan, Elisa Hollenberg, Fiona Inglis, Andrew Johnson, Andrea Levinson, Soha Salman, Leah Cardinale, Brian Lo, Jenny Shi, David Wiljer, Daphne J. Korczak & Kristin Cleverley

BMC Psychiatry

Published 07 January 2021

<https://doi.org/10.1186/s12888-020-03005-0>

Background

Suicide and risk management protocols in mental health research aim to ensure patient safety, provide vital information on how to assess suicidal ideation, manage risk, and respond to unexpected and expected situations. However, there is a lack of literature that identifies specific components and strategies to include in suicide and risk management protocols (SRMPs) for mental health research. The goal of this scoping review was to review academic and grey literature to determine core components and associated strategies, which can be used to inform SRMPs in mental health research.

Methods and analysis

The methodological framework outlined by Arksey and O'Malley was used for this scoping review. The search strategy, conducted by a medical librarian, was multidisciplinary and included seven databases. Two reviewers independently assessed eligibility criteria in each document and used a standardized charting form to extract relevant data. The extracted data were then examined using qualitative content analysis. Specifically, summative content analysis was used to identify the core components and strategies used in SRMPs. The data synthesis process was iterative.

Results

This review included 36 documents, specifically 22 peer-reviewed articles and 14 documents from the grey literature. Five core components of SRMPs emerged from the reviewed literature including: training; educational resources for research staff;

educational resources for research participants; risk assessment and management strategies; and clinical and research oversight. Potential strategies for risk mitigation within each of the core components are outlined.

Conclusions

The five core components and associated strategies for inclusion in SRMPs will assist mental health researchers in conducting research safely and rigorously. Findings can inform the development of SRMPs and how to tailor them across various research contexts.

<https://journals.sagepub.com/doi/abs/10.1177/1073110520979416>

Understanding the Role of Law in Reducing Firearm Injury through Clinical Interventions.

Shultz, B. N., Lye, C. T., D'Onofrio, G., Gluck, A. R., Miller, J., Kraschel, K. L., & Ranney, M. L.

The Journal of Law, Medicine & Ethics : A Journal of the American Society of Law, Medicine & Ethics

First Published January 6, 2021

<https://doi.org/10.1177/1073110520979416>

Firearm injury in the United States is a public health crisis in which physicians are uniquely situated to intervene. However, their ability to mitigate harm is limited by a complex array of laws and regulations that shape their role in firearm injury prevention. This piece uses four clinical scenarios to illustrate how these laws and regulations impact physician practice, including patient counseling, injury reporting, and the use of court orders and involuntary holds. Unintended consequences on clinical practice of laws intended to reduce firearm injury are also discussed. Lessons drawn from these cases suggest that physicians require more nuanced education on this topic, and that policymakers should consult front-line healthcare providers when designing firearm policies.

<https://www.sciencedirect.com/science/article/abs/pii/S0022395621000121>

Anger precedes and predicts nonsuicidal self-injury in veterans: Findings from an ecological momentary assessment study.

Kirsten H. Dillon, Jeffrey J. Glenn, Paul A. Dennis, Stefanie T. LoSavio, ... Nathan A. Kimbrel

Journal of Psychiatric Research
Volume 135, March 2021, Pages 47-51
<https://doi.org/10.1016/j.jpsychires.2021.01.011>

Veterans have high rates of suicide, and nonsuicidal self-injury (NSSI) is one of the strongest predictors of suicide risk; however, there is presently little known about antecedents of NSSI that might inform intervention efforts. Accumulating research suggests that anger and hostility play an important role in NSSI, but whether these emotions precede and predict NSSI is currently unknown. The aim of the current study was to examine the temporal relationships between anger/hostility and NSSI urges and behavior among veterans diagnosed with NSSI disorder. Our hypothesis was that angry/hostile affect would predict subsequent NSSI urge and engagement, but not vice versa. Forty veterans with NSSI disorder completed a 28-day ecological momentary assessment study with three daily prompts to report on their affect and NSSI urges and engagement. Multilevel cross-lagged path modeling was used to determine the direction of effects between angry/hostile affect and NSSI urges and engagement over time. Consistent with our hypothesis, results indicated that the lagged effects of angry/hostile affect on subsequent NSSI urge and engagement were significant, whereas the lagged effects of NSSI urge and engagement on angry/hostile affect were not significant. Findings highlight the importance of assessing and treating anger among veterans who engage in NSSI.

Links of Interest

Air Force orders units to toss offensive morale patches, mottos
<https://www.airforcetimes.com/news/your-air-force/2021/01/06/air-force-orders-units-to-toss-offensive-morale-patches-mottos/>

Kaiser to Offer Connected Health Apps as Patient Care Plans

Kaiser Permanente is integrating connected health digital therapeutics such as mental health apps into patient care plans at no cost to improve behavioral healthcare.

<https://mhealthintelligence.com/news/kaiser-to-offer-connected-health-apps-as-patient-care-plans>

Readying for the worst: Pandemic's long deployments take a hard toll on crews, families and ships

<https://www.navytimes.com/news/your-navy/2021/01/11/readying-for-the-worst-pandemics-long-deployments-take-a-hard-toll-on-crews-families-and-ships/>

Female DIs Who Served at Marines' All-Male Boot Camp Say They Were Brought Out for VIP Visits, But Limited in Training Recruits

<https://www.military.com/daily-news/2021/01/11/best-man-job-how-female-drill-instructors-marines-all-male-boot-camp-faced-resistance-leaders-peers.html>

Spouses: Help researchers delve into long-term effects of military life

<https://www.militarytimes.com/pay-benefits/2021/01/11/spouses-help-researchers-delve-into-long-term-effects-of-military-life/>

Dear Hollywood: Here are some ideas for military movies and TV shows that won't suck

<https://taskandpurpose.com/culture/military-movies-and-shows-veterans-want/>

DOD Launches "My MilLife Guide" Text Message Program to Boost Wellness

<https://health.mil/News/Articles/2021/01/11/DOD-Launches-My-MilLife-Guide-Text-Message-Program-to-Boost-Wellness>

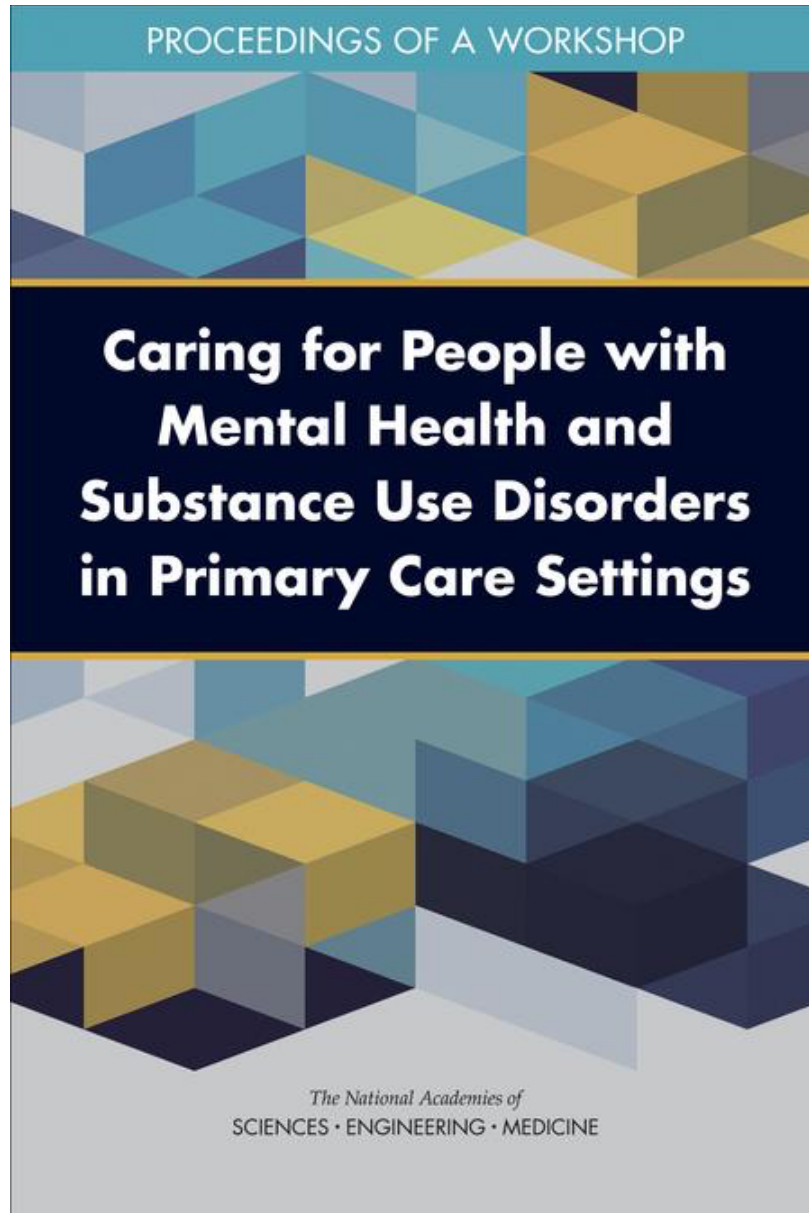
Army to review thousands of discharges of veterans who suffered from traumas

<https://www.stripes.com/news/us/army-to-review-thousands-of-discharges-of-veterans-who-suffered-from-traumas-1.658241>

Resource of the Week: [Caring for People with Mental Health and Substance Use Disorders in Primary Care Settings](#) (National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Board on Health Sciences Policy; Forum on Mental Health and Substance Use Disorders)

Behavioral health conditions, which include mental health and substance use disorders, affect approximately 20 percent of Americans. Of those with a substance use disorder, approximately 60 percent also have a mental health disorder. As many as 80 percent of patients with behavioral health conditions seek treatment in emergency rooms and primary care clinics, and between 60 and 70 percent of them are discharged without receiving behavioral health care services. More than two-thirds of primary care providers report that they are unable to connect patients with behavioral health providers because of a shortage of mental health providers and health insurance barriers. Part of the explanation for the lack of access to care lies in a historical legacy of discrimination and stigma that makes people reluctant to seek help and also led to segregated and inhumane services for those facing mental health and substance use disorders.

In an effort to understanding the challenges and opportunities of providing essential components of care for people with mental health and substance use disorders in primary care settings, the National Academies of Sciences, Engineering, and Medicine's Forum on Mental Health and Substance Use Disorders convened three webinars held on June 3, July 29, and August 26, 2020. The webinars addressed efforts to define essential components of care for people with mental health and substance use disorders in the primary care setting for depression, alcohol use disorders, and opioid use disorders; opportunities to build the health care workforce and delivery models that incorporate those essential components of care; and financial incentives and payment structures to support the implementation of those care models, including value-based payment strategies and practice-level incentives. This publication summarizes the presentations and discussion of the webinars.



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