

CDP



Research Update -- April 29, 2021

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- Strategic Spirituality: Positive Psychology, the Army, and the Ambiguities of "Spirituality Fitness".
- Links of Interest
- Resource of the Week -- Defense Health Care: DOD Needs to Fully Assess Its Non-clinical Suicide Prevention Efforts and Address Any Impediments to Effectiveness (GAO)

<https://doi.org/10.1177/2167702621994544>

Involuntary Memories of War-Related Scenes in Veterans With PTSD.

Staugaard SR, Fuglsang AK, Berntsen D.

Clinical Psychological Science

First Published April 16, 2021

Studies suggest that general control deficits and elevated affect intensity in posttraumatic stress disorder (PTSD) extend beyond memory for the index trauma. However, few researchers have pursued this possibility experimentally by examining memory for novel events. We used an experimental design to measure the frequency and characteristics of involuntary memories over time. Veterans with and without PTSD saw pictures of neutral and war-related scenes. Half of the participants completed an involuntary-retrieval task immediately after encoding, whereas the other half completed the retrieval task after 1 week. Veterans with PTSD had stronger emotional reactions to their involuntary memories of the scenes regardless of their original valence. The emotional impact and specificity of the memories did not diminish over time in PTSD veterans but did so in the control group. The findings are consistent with an increased emotional response to a range of memories that include—but are not limited to—memories of traumatic events.

<https://doi.org/10.1177/08862605211007932>

Moral Injury and Suicide Ideation Among Combat Veterans: The Role of Trauma-Related Shame and Collective Hatred.

Schwartz, G., Halperin, E., & Levi-Belz, Y.

Journal of Interpersonal Violence

First Published April 16, 2021

Exposure to potentially morally injurious events (PMIEs) among combat veterans has been acknowledged as a significant stressful combat event that may lead to mental health problems, including suicide ideation (SI). Several studies have examined the risk

and protective factors that can explain the conditions in which PMIEs may contribute to the development and maintenance of SI. However, the contribution of social-emotional factors has yet to be examined. In the current study, we examined the association between PMIE-Self and SI among combat veterans and explored the mediating role of trauma-related shame and the moderation role of collective hatred in this association. A volunteer sample of 336 Israeli combat veterans was recruited, completing self-report questionnaires in a cross-sectional study. Results indicated that PMIE-Self was positively associated with SI, and trauma-related shame mediated this association. Moreover, collective hatred moderated both their direct (PMIE–SI) and indirect (PMIE–Shame–SI) association. Notably, collective hatred had an inverse role for each of the associations. Thus, collective hatred was found to comprise both a risk and a protective factor for SI following PMIE-Self. The current findings highlight the crucial contribution of trauma-related shame and collective hatred to the association between moral injury and suicidality. Moreover, the findings demonstrate that even years after their military service release, combat veterans exposed to PMIEs may still feel consumed by painful memories and maintain premonitions of a foreshortened future. Furthermore, the findings help to better understand the dynamics of collective hatred and the challenge of modifying it.

<https://doi.org/10.1037/ser0000540>

Trauma-informed and affirmative mental health practices with LGBTQ+ clients.

Levenson, J. S., Craig, S. L., & Austin, A.

Psychological Services

Advance online publication

People with diverse sexual orientations, gender identities, and gender expression are at greater risk for trauma, discrimination, and victimization than heterosexual and cisgender populations. Trauma-informed care (TIC) provides a framework for providing lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ +) mental health services. Substance Abuse and Mental Health Services Administration (SAMHSA)'s principles of TIC guide practitioners to create safety, trust, transparency, collaboration, and empowerment in helping relationships, and to ensure that services have cultural and gender relevance. This article first explores the role of trauma in contributing to behavioral health concerns presented by LGBTQ + clients. The application of TIC to mental health counseling and social services for LGBTQ + clients will then be

described, with specific suggestions for translating TIC principles into affirmative practice. Through the lens of trauma, clinicians can improve clinical case conceptualization and effective treatment strategies for LGBTQ + clients. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1016/j.jad.2021.04.012>

Anxiety sensitivity and suicide risk: Mindfulness as a psychological buffer for Black adults.

Jasmin R. Brooks, Antoine Lebeaut, Maya Zegel, Rheeda L. Walker, Anka A. Vujanovic

Journal of Affective Disorders

Available online 17 April 2021

Highlights

- Anxiety sensitivity is positively associated with suicide ideation and elevated suicide risk.
- Mindfulness is inversely associated with suicide ideation and elevated suicide risk
- Anxiety sensitivity is directly and indirectly associated with suicide ideation and elevated suicide risk via lower levels of mindfulness.
- The primary clinical implication is mindfulness' potential utility as a tool for reducing anxious arousal and client distress among Black Americans

Abstract

Background

Anxiety sensitivity (AS), defined as the fear of anxiety-related sensations, is associated with increased risk for suicide and related behavior. However, investigations of AS have centered on primarily non-Hispanic White men and women and with limited attention to clinically relevant underlying factors.

Methods

The purpose of this preliminary study was to examine the indirect effect of AS on suicide ideation and elevated suicide risk through mindfulness in a sample of 307 Black adults (79.2% female; Mage = 22.4, SD = 5.6). Participants completed an online questionnaire battery that included measures of AS, mindfulness, suicide ideation, and elevated suicide risk.

Results

After controlling for age and gender, results indicated that AS was directly and indirectly associated with suicide ideation and elevated suicide risk via lower levels of mindfulness.

Limitations

Limitations include using a cross-sectional methodological design and exclusive reliance on self-report measures.

Conclusions

These findings provide preliminary insight into novel risk and protective factors that influence suicide ideation and elevated suicide risk among Black Americans.

<https://doi.org/10.1037/abn0000595>

Do suicidal desire and facets of capability for suicide predict future suicidal behavior? A longitudinal test of the desire–capability hypothesis.

Ribeiro, J. D., Linthicum, K. P., Joiner, T. E., Huang, X., Harris, L. M., & Bryen, C. P.

Abnormal Psychology
2021; 130(3), 211–222

Capability-based models propose that people die by suicide because they want to, and they can. Despite the intuitive appeal of this hypothesis, longitudinal evidence testing its predictive validity has been limited. This study tested the predictive validity of the desire–capability hypothesis. A total of 1,020 self-injuring and/or suicidal adults were recruited worldwide online from suicide, self-injury, and mental health web forums. After baseline assessment, participants completed follow-up assessments at 3, 14, and 28 days after baseline. Participant retention was high (>90%) across all follow-up assessments. Analyses examined the effect of the statistical interaction between suicidal desire and indices of capability for suicide on future nonfatal suicide attempts. Main analyses focused on the fearlessness about death facet of capability for suicide; exploratory analyses examined preparations for suicide. Logistic regression was used to predict suicide attempt status at follow-up; zero-inflated negative binomial models were implemented to predict the frequency of nonfatal suicide attempts at follow-up. Results were consistent across models, finding very little evidence of the desire–capability

interaction as a significant predictor of suicide attempt status or frequency at follow-up. We close with a discussion of the limitations of this study as well as the implications of our findings for future suicide science. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1007/s10896-021-00274-5>

Associations between Family Maltreatment Perpetration and Latent Profiles of Personal and Family Strengths among Active-Duty Air Force Members.

Jensen, T.M., Bowen, G.L. & King, E.L.

Journal of Family Violence

Published 17 April 2021

Although individual and family strengths have been found to impact family maltreatment risk, optimal approaches to their assessment are lacking. To substantiate the utility of holistically assessing multiple strengths among active-duty Air Force members (i.e., Airmen) who might be at risk of perpetrating family maltreatment, the current study aimed to identify latent patterns of personal and family strengths among Airmen and assess associations with family maltreatment perpetration. A representative sample of 30,187 Airmen from the 2011 Air Force Community Assessment Survey was used to identify patterns across latent-factor scores representing unit leader support, informal support, family functioning, individual fitness, and personal resilience. Latent profile analysis was conducted to extract an optimal number of response patterns and estimate associations with family maltreatment perpetration. A five-profile solution was optimal, representing patterns marked by low (10%), below average (26%), mixed (16%), above average (36%), and high (12%) levels of personal and family strengths. Predicted probabilities of family maltreatment among families not identifying as stepfamilies were 39%, 21%, 14%, 10%, and 8% across low, below average, mixed, above average, and high patterns, respectively. Among stepfamilies (20% of sample), predicted probabilities were 49%, 29%, 21%, 15%, and 12%, respectively. Findings encourage a holistic assessment of personal and family strengths among Airmen. The Personal and Family Strengths Inventory, which was developed to gauge these strengths, can position practitioners well to engage Airmen in conversations around strengths and growth opportunities for the purposes of service planning aimed at preventing family maltreatment.

<https://doi.org/10.1016/j.jadr.2021.100148>

Acute suicide prevention: A systematic review of the evidence and implications for clinical practice.

Helen M. Stallman, Andrew Allen

Journal of Affective Disorders Reports
Volume 5, July 2021

Highlights

- Suicide prevention is an international health priority.
- Evidence-based interventions are needed for health professionals to deliver quality suicide prevention care.
- A systematic review of the literature revealed no randomised control trials supporting acute suicide prevention strategies.
- There is an urgent need for clinical trials to evaluate and compare acute suicide prevention interventions.

Abstract

Objective

Responding appropriately to people in acute distress, including suicidality, is a critical aspect of suicide prevention. Six clinical interventions are used to respond to acute suicidality—pharmacotherapy, Observations, Contracting for Safety, Crisis Response Planning, Safety Planning, and Care • Collaborate • Connect. This study used a systematic review to identify the efficacy of these acute suicide prevention interventions.

Method

OvidSP was used to search EMBASE, Emcare, Medline, Ovid Nursing, and PsycINFO from inception to 1 December 2020. The searches combined the terms for suicid* in the title AND observation OR contract*, OR no-suicide OR no-harm OR safe* OR crisis response, OR CRP, OR coping, OR Care Collaborate Connect in the title, abstract, or keywords.

Results

Five randomised control trials that evaluated one or more of the five interventions were identified. Interventions evaluated Contracting for Safety, Crisis Response Planning,

Safety Planning, and Care • Collaborate • Connect. However, no studies met inclusion criteria.

Discussion

Efficacy trials of suicide prevention interventions are urgently needed to ensure those seeking support for suicidality receive timely and effective interventions and to meet this international health priority.

<https://doi.org/10.1111/sltb.12712>

Veteran peer suicide prevention: A community-based peer prevention model.

Beehler, S., LoFaro, C., Kreisel, C., Dorsey Holliman, B., & Mohatt, N. V.

Suicide and Life-Threatening Behavior
2021 Apr;51(2):358-367

Objective:

The purpose of this study was to develop a conceptual model of community-based veteran peer suicide prevention.

Method:

We conducted a qualitative study in which semi-structured interviews were followed by three focus groups. Participants (n = 17) were chosen from community-based organizations who had peers working on veteran suicide prevention; the sample included veteran peers, non-peers, program managers, and community stakeholders. Interview data were analyzed thematically and inductively to identify key components and subcomponents of veteran peer suicide prevention. A draft model was shared with each focus group to elicit feedback and refine key concepts.

Results:

A conceptual model containing nine components and twenty-six subcomponents was developed. Participants emphasized key organizational, relational, and practical elements needed to achieve positive outcomes. In addition, they described critical contextual and cultural factors that impacted veteran peers' ability to prevent suicide and promote overall wellness.

Conclusions:

Community-based veteran peer efforts are a promising public health approach to preventing veteran suicide. Provided veteran peers are supported and fully allowed to contribute, these efforts can complement existing clinic-based efforts. Future research on community-based veteran peer suicide prevention should document a range of outcomes (e.g., clinical, wellness, financial) and allow for considerable flexibility in peer approaches.

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<https://doi.org/10.1016/j.jadr.2021.100136>

The Relationship Between Emotion Dysregulation and Suicide Ideation and Behaviour: A Systematic Review.

H Turton, K Berry, A Danquah, D Pratt

Journal of Affective Disorders Reports
Available online 18 April 2021

Highlights

- Twenty-one original articles were identified in the systematic review
- There is a positive association between emotion dysregulation and suicidal ideation and attempts
- Emotion dysregulation did not predict suicidality when controlling for covariates
- The majority of studies used cross-sectional data thus causality cannot be inferred
- Longitudinal research is required in this area

Abstract

Background

Suicide is a major public health issue. Psychological models and theories have suggested that difficulties regulating emotions may contribute to suicidal experiences. This systematic review aims to evaluate empirical research examining the relationship between emotion regulation and suicide ideation and behaviour in adults.

Method

Articles were required to include any measure of suicide ideation or attempt and the Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) to assess emotion regulation. Peer reviewed, quantitative empirical papers, written in the English language were considered. All participants had to be aged 18 years or over. EMBASE, Medline and Psycinfo were searched for relevant articles. A quality assessment measured risk of bias. PRISMA guidelines were followed.

Results

Twenty-one papers were identified as eligible. Significant positive associations were reported between emotion dysregulation and suicide ideation and attempts. However, emotion dysregulation was often not predictive of ideation or attempts when controlling for other psychological variables.

Discussion

Findings suggest that clinical intervention targeting emotion dysregulation alone would not be enough to reduce suicide ideation and behaviour. Longitudinal, experimental research is required to further analyse this relationship alongside potential covariates. The majority of studies were cross-sectional in design so causality cannot be inferred.

<https://pubmed.ncbi.nlm.nih.gov/33876486/>

Is the outpatient mental health workforce ready to save lives? Suicide prevention training, knowledge, self-efficacy, and clinical practices prior to the implementation.

Labouliere, C. D., Green, K. L., Vasan, P., Cummings, A., Layman, D., Kammer, J., Rahman, M., Brown, G. K., Finnerty, M., & Stanley, B.

Suicide and Life-Threatening Behavior
2021 Apr;51(2):325-333

Objective:

Many public health approaches to suicide prevention emphasize connecting at-risk individuals to professional treatment. However, it is unclear to what degree the outpatient mental health workforce has the requisite knowledge and skills to provide the evidence-based care needed to help those at risk. In this project, prior to the

implementation of a statewide suicide prevention initiative, we assessed the baseline suicide prevention training and clinical practices of the New York State outpatient mental health workforce, a group likely representative of the broader U.S. clinical workforce.

Method:

A workforce survey of suicide prevention training and clinical practices was administered to 2,257 outpatient clinicians, representing 169 clinics serving approximately 90,000 clients. Clinicians were asked to complete the survey online, and all responses were confidential.

Results:

Clinicians reported substantial gaps in their suicide prevention knowledge and training. The vast majority reported moderate self-efficacy working with suicidal clients and endorsed using evidence-based assessment procedures, but varied in utilization of recommended intervention practices.

Conclusions:

This study highlights gaps in clinicians' training and clinical practices that need to be overcome to provide evidence-based suicide care. Promisingly, positive associations were found between training and clinician knowledge, self-efficacy, and use of evidence-based practices.

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<https://doi.org/10.1093/sleep/zsaa245>

Insomnia in the context of short sleep increases suicide risk.

Anna Karin, H., Hössjer, O., Bellocco, R., Ye, W., Trolle, L. Y., & Åkerstedt, T.

Sleep

2021 Apr 9;44(4):zsaa245

Study objectives:

The relationship between insomnia and suicide risk is not completely understood. We aimed to investigate the influence of insomnia on suicide risk, taking both sleep duration and depression into consideration.

Methods:

The present study is based on a Swedish prospective cohort study of 38,786 participants with a mean follow-up time of 19.2 years. Cox proportional hazards models with attained age as time-scale were used to estimate hazard ratios (HRs) of death by suicide with 95% confidence intervals (CI) for participants categorized by frequency of insomnia symptoms. Causal mediation analysis was performed to assess to what extent the relationship between insomnia and suicide risk is mediated by depression.

Results:

Insomnia was only associated with suicide risk among short sleepers, whereas no significant association was observed among those who slept 7 h/night or more. The total effect of insomnia in the context of short sleep on suicide risk, expressed on the HR scale, was 2.85 (95% CI 1.42-5.74). The direct effect was 2.25 (95% CI 1.12-4.54) and the indirect effect, mediated by depression, was 1.27 (95% CI 1.05-1.53). Of the total effect, 32% was mediated by depression. The association between insomnia and suicide risk became more pronounced with decreasing depressive symptoms (p value for trend <0.05).

Conclusions:

Insomnia in the context of short sleep increases suicide risk, both directly and indirectly by affecting the risk of depression. Abnormalities of sleep duration and insomnia symptoms should be evaluated when assessing suicide risk.

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<https://doi.org/10.1001/jamapsychiatry.2021.0350>

Association of Multigenerational Family History of Depression With Lifetime Depressive and Other Psychiatric Disorders in Children: Results from the Adolescent Brain Cognitive Development (ABCD) Study.

JAMA Psychiatry
April 21, 2021

Key Points

Question

Does having multiple prior generations affected by depression increase risk of psychopathology in children, and can it be reliably measured in large, diverse samples using informant-reported family history?

Findings

In this secondary analysis of the Adolescent Brain Cognitive Development study including 11 200 children from 9462 families, the highest risks of depressive and other psychiatric disorders were found in children with 2 depression-affected generations compared with those with 1 or no affected generations. This pattern held across sex, socioeconomic status, and race/ethnicity.

Meaning

In this study, family history methods across 3 generations were associated with increased psychiatric risk in offspring and may enable selection of homogenous samples for genetic and biological studies as well as development of screening tools in applied mental health settings.

Abstract

Importance

Three-generation family studies of depression have established added risk of psychopathology for offspring with 2 previous generations affected with depression compared with 1 or none. Because of their rigorous methodology, there are few of these studies, and existing studies are limited by sample sizes. Consequently, the 3-generation family risk paradigm established in family studies can be a critical neuropsychiatric tool if similar transmission patterns are reliably demonstrated with the family history method.

Objective

To examine the association of multigenerational family history of depression with lifetime depressive disorders and other psychopathology in children.

Design, Setting, and Participants

In this analysis of the Adolescent Brain Cognitive Development (ABCD) study data, retrospective, cross-sectional reports on psychiatric functioning among 11 200 children (generation 3 [G3]) and parent reports on parents' (G2) and grandparents' (G1) depression histories were analyzed. The ABCD study sampling weights were used for generalized estimating equation models and descriptive analyses. Data were collected

from September 2016 to November 2018, and data were analyzed from July to November 2020.

Main Outcomes and Measures Four risk categories were created, reflecting how many prior generations had history of depression: (1) neither G1 nor G2 (G1-/G2-), (2) only G1 (G1+/G2-), (3) only G2 (G1-/G2+), and (4) both G1 and G2 (G1+/G2+). Child lifetime prevalence and relative risks of psychiatric disorders were based on child and caregiver reports and grouped according to familial risk category derived from G1 and G2 depression history.

Results

Among 11 200 included children, 5355 (47.8%) were female, and the mean (SD) age was 9.9 (0.6) years. By parent reports, the weighted prevalence of depressive disorder among children was 3.8% (95% CI, 3.2-4.3) for G1-/G2- children, 5.5% (95% CI, 4.3-7.1) for G1+/G2- children, 10.4% (95% CI, 8.6-12.6) for G1-/G2+ children, and 13.3% (95% CI, 11.6-15.2) for G1+/G2+ children (Cochran-Armitage trend = 243.77; $P < .001$). The weighted suicidal behavior prevalence among children was 5.0% (95% CI, 4.5-5.6) for G1-/G2- children, 7.2% (95% CI, 5.8-8.9) for G1+/G2- children, 12.1% (95% CI, 10.1-14.4) for G1-/G2+ children, and 15.0% (95% CI, 13.2-17.0) for G1+/G2+ children (Cochran-Armitage trend = 188.66; $P < .001$). By child reports, the weighted prevalence of depressive disorder was 4.8% (95% CI, 4.3-5.5) for G1-/G2- children, 4.3% (95% CI, 3.2-5.7) for G1+/G2- children, 6.3% (95% CI, 4.9-8.1) for G1-/G2+ children, and 7.0% (95% CI, 5.8-8.5) for G1+/G2+ children (Cochran-Armitage trend = 9.01; $P = .002$), and the weighted prevalence of suicidal behaviors was 7.4% (95% CI, 6.7-8.2) for G1-/G2- children, 7.0% (95% CI, 5.6-8.6) for G1+/G2- children, 9.8% (95% CI, 8.1-12.0) for G1-/G2+ children, and 13.8% (95% CI, 12.1-15.8) for G1+/G2+ children (Cochran-Armitage trend = 46.69; $P < .001$). Similar patterns were observed for other disorders for both parent and child reports and across sex, socioeconomic status, and race/ethnicity.

Conclusions and Relevance

In this study, having multiple prior affected generations was associated with increased risk of childhood psychopathology. Furthermore, these findings were detectable even at prepubertal ages and existed in diverse racial/ethnic and socioeconomic groups. Clinically, they underscore the need for screening for family history in pediatric settings and highlight implications for biological research with homogenous subgroups using magnetic resonance imaging or genetic analyses.

<https://doi.org/10.1111/famp.12654>

A Closer Examination of Relational Outcomes from a Pilot Study of Abbreviated, Intensive, Multi-Couple Group Cognitive-Behavioral Conjoint Therapy for PTSD with Military Dyads.

Family Process

2021 Apr 20

Cognitive-behavioral conjoint therapy for posttraumatic stress disorder (CBCT for PTSD) is associated with improvements in patients' PTSD symptoms, partners' psychological distress, and relationship satisfaction. However, little is known about whether CBCT for PTSD is associated with changes in other relationship domains that have theoretical and clinical relevance to the relational context of PTSD. The current study is a secondary analysis of relational outcomes from an uncontrolled, within-group trial designed to examine whether an abbreviated, intensive, multi-couple group version of CBCT for PTSD (AIM-CBCT for PTSD) delivered in a retreat during a single weekend was associated with improvements in PTSD symptoms and relationship satisfaction. In this investigation, we examined whether AIM-CBCT for PTSD is also associated with improvements in ineffective arguing, supportive dyadic coping by partner, joint dyadic coping, and partners' accommodation of patients' PTSD symptoms. Participants were 24 couples who included a post-9/11 U.S. service member or veteran with PTSD. At 1- and 3-month follow-up, patients reported significant reductions in couples' ineffective arguing ($d_s = -.71$ and $-.78$, respectively) and increases in supportive dyadic coping by partners relative to baseline ($d_s = .50$ and $.44$, respectively). By 3-month follow-up, patients also reported significant increases in couples' joint dyadic coping ($d = .57$), and partners reported significant reductions in their accommodation of patients' PTSD symptoms ($d = -.44$). Findings suggest that AIM-CBCT for PTSD is associated with improvements in multiple relationship domains beyond relationship satisfaction but that these may be differentially salient for patients and partners.

<https://doi.org/10.1002/jclp.23144>

Post-9/11 military veterans' adjustment to civilian life over time following separation from service.

Park, C. L., Sacco, S. J., Finkelstein-Fox, L., Sinnott, S. M., Scoglio, A., Lee, S. Y., Gnall, K. E., Mazure, C., Shirk, S. D., Hoff, R. A., & Kraus, S. W.

Objectives:

US military veterans face many challenges in transitioning to civilian life; little information is available regarding veterans' reintegration experiences over time. The current study characterized veterans' postdeployment stressful life events and concurrent psychosocial wellbeing over one year and determined how stressors and wellbeing differ by demographic factors.

Methods:

Recent Post-9/11 veterans (n = 402) were assessed approximately every three months for 1 year. Participants were 60% men, primarily White (78%), and 12% Latinx; the average age was 36 years.

Results:

The frequency of stressful events decreased over time but was higher for men and minority-race veterans (independent of time since separation). Veterans reported high mean levels of posttraumatic stress disorder, anxiety, and insomnia symptoms, which improved slightly over time. Minority-race and Latinx veterans had higher symptom levels and slower rates of symptom reduction.

Conclusion:

Veterans remain distressed in their overall transition to civilian life. Interventions to promote resilience and help veterans manage readjustment to civilian life appear urgently needed.

<https://doi.org/10.1186/s40359-021-00561-2>

Post-traumatic stress impact on health outcomes in Gulf War Illness.

Mary Jeffrey, Fanny Collado, Jeffrey Kibler, Christian DeLucia, Steven Messer, Nancy Klimas & Travis J. A. Craddock

BMC Psychology

Published: 20 April 2021

Background

Gulf War Illness (GWI) is a chronic, multi-symptomatic disorder affecting an estimated 25–32% of the returning military veterans of the 1990–1991 Persian Gulf War. GWI presents with a wide range of symptoms including fatigue, muscle pain, cognitive problems, insomnia, rashes and gastrointestinal issues and continues to be a poorly understood illness. This heterogeneity of GWI symptom presentation complicates diagnosis as well as the identification of effective treatments. Defining subgroups of the illness may help alleviate these complications. Our aim is to determine if GWI can be divided into distinct subgroups based on PTSD symptom presentation.

Methods

Veterans diagnosed with GWI ($n = 47$) and healthy sedentary veteran controls ($n = 52$) were recruited through the Miami Affairs (VA) Medical Health Center. Symptoms were assessed via the RAND short form health survey (36), the multidimensional fatigue inventory, and the Davidson trauma scale. Hierarchical regression modeling was performed on measures of health and fatigue with PTSD symptoms as a covariate. This was followed by univariate analyses conducted with two separate GWI groups based on a cut-point of 70 for their total Davidson Trauma Scale value and performing heteroscedastic t-tests across all measures.

Results

Overall analyses returned two symptom-based subgroups differing significantly across all health and trauma symptoms. These subgroups supported PTSD symptomatology as a means to subgroup veterans. Hierarchical models showed that GWI and levels of PTSD symptoms both impact measures of physical, social, and emotional consequences of poor health ($\Delta R^2 = 0.055\text{--}0.316$). However, GWI appeared to contribute more to fatigue measures. Cut-point analysis retained worse health outcomes across all measures for GWI with PTSD symptoms compared to those without PTSD symptoms, and healthy controls. Significant differences were observed in mental and emotional measures.

Conclusions

Therefore, this research supports the idea that comorbid GWI and PTSD symptoms lead to worse health outcomes, while demonstrating how GWI and PTSD symptoms may uniquely contribute to clinical presentation.

Depression, suicide risk, and declining to answer firearm-related survey items among military personnel and veterans.

Bryan, C. J., Bryan, A. O., May, A. M., Harris, J. A., & Baker, J. C.

Suicide & Life-Threatening Behavior
2021 Apr;51(2):197-202

Objectives:

To describe the characteristics of military personnel and veterans who decline to answer survey items asking about firearm availability at home, and to determine how these characteristics compare to those of military personnel and veterans who answered these items.

Methods:

Self-report surveys were administered to 2025 military personnel and veterans visiting a primary care clinic located at five military installations across the United States for a routine visit. Multinomial logistic regression was used to identify factors that distinguished participants with firearms at home, participants without firearms at home, and participants who declined answering.

Results:

In univariate analyses, participants who selected "refuse to answer" in response to an item asking about firearm access at home did not differ demographically from participants who selected "yes," but were significantly more likely to screen positive for depression and recent thoughts of death or self-harm. These differences were not statistically significant in multivariate analyses, however. Participants who selected "refuse to answer" or "yes" were significantly more likely than participants who selected "no" to be male, white, and previously deployed.

Conclusions:

Military personnel and veterans who decline answering firearm-related survey items are indistinguishable from those who report having a firearm at home. Declining to answer firearm-related items is more common among those who screen positive for depression or recent thoughts of death or self-harm, but this association is statistically accounted for by demographic factors (i.e., male gender, white race).

<https://doi.org/10.17294/2330-0698.1776>

A patient-centered study examining self-identification of mental health challenges among female military officers.

Roche R, Manzi J, Bard K.

Journal of Patient-Centered Research and Reviews

Publication Date: 4-19-2021

Due to the expansion of leadership roles in the military for women, female military personnel now face stressors equal to, and yet unique from, their male counterparts. This pilot study surveyed 73 female U.S. Army officers regarding their experiences of leadership and mental wellness within the military. A mixed-methods survey was distributed via 2 private Facebook groups for female Army officers following an anonymized convenience sampling. This anonymous, patient-centered protocol was used to protect against known stigma surrounding disclosing mental health concerns in the military. Respondents were asked a series of questions including perceived mental health status and access to behavioral health services. Most respondents reported feelings of stress related to their roles as officers (86.6%). Self-reported feelings of anxiety (83.6%) and depression (65.7%) were high. In contrast, only 30.1% had ever received a formal diagnosis of anxiety or depression by a mental health professional. Our survey confirmed a large percentage, 65.7% of respondents, reported avoiding mental/behavioral health services. Female military officers are able to recognize their feelings as symptoms of anxiety and depression; however, many take active steps to hide these symptoms from their family members and senior officers and avoid seeking professional care.

<http://dx.doi.org/10.1136/bmjmilitary-2021-001786>

Age at entry to UK military service and long-term mental health.

Bergman BP, Mackay D, Fear N, Pell JP

Introduction

It has been suggested that 'junior entry' to the UK Armed Forces (prior to age 17.5 years) increases the risk of adverse mental health outcomes. We used data from a large cohort of veterans to examine long-term mental health outcomes in veterans by age at entry to the UK Armed Forces, compared with non-veterans.

Methods

Retrospective cohort study of 78 157 veterans in Scotland, born between 1945 and 1995 and 252 637 matched non-veterans, with up to 37 years follow-up, using Cox proportional hazard models to examine the association between veteran status and cumulative risk of major mental health disorder, stratified by birth cohort, and age at recruitment for the veterans.

Results

The risk of mental health disorder in the veterans increased with age at entry, ranging from HR 1.12, 95% CI 1.06 to 1.18, $p < 0.001$ for junior entrants to HR 1.37, 95% CI 1.27 to 1.80, $p < 0.001$ for those aged 20–25 years at entry. The pattern was most marked for veterans born before 1960, and age at recruitment had little impact in recent birth cohorts. Post-traumatic stress disorder accounted for most of the observed differences. Younger age at recruitment was associated with longer service, median 7.4 years (IQR 3.0–14.7) compared with 5.6 years (IQR 2.1–11.7) for entrants aged 20–25 years.

Conclusion

We found no evidence that early recruitment is associated with adverse impact on long-term mental health. Paradoxically, it was veterans who entered service at age 20–25 years who demonstrated increased risk, although this attenuated in more recent birth cohorts.

<https://doi.org/10.1093/milmed/usaa503>

Methodology of the U.S. Army's Suicide Prevention Leadership Tool Study: The Behavioral Health Readiness and Suicide Risk Reduction Review (R4).

Curley, J. M., Duffy, F. F., Kim, P. Y., Clarke-Walper, K. M., Nugent, K. L., Penix, E. A., Elliman, T. D., Wilk, J. E., & Riviere, L. A.

Introduction:

The Secretary of the U.S. Army issued two directives in late 2017 to directly combat the problem of suicide in the U.S. Army. The first was to develop an Army tool to assist commanders and first-line leaders in preventing suicide and improving behavioral health (BH) outcomes, which has been previously published as the BH Readiness and Risk Reduction Review (R4). The second was to conduct an evaluation study of the tool with Army units in the field. This study is the first to empirically examine the Army's tool-based methods for identifying and caring for the health and welfare of soldiers at risk for suicide, and this article outlines the methodology employed to study the effectiveness of the R4 tools and accomplish the Secretary's second directive.

Methods:

The Walter Reed Army Institute of Research Institutional Review Board approved the R4 study. The study employed a repeated measurements in pre/post quasi-experimental design, including a nonequivalent but comparable business-as-usual control group. The R4 intervention consisted of the R4 tools, accompanying instructions, and an orientation. Samples were drawn from two geographically separated U.S. Army divisions in the continental United States, each composed of four comparable brigades. Study implementation consisted of three phases and three data collections over the course of 12 months. Soldiers completed anonymous survey instruments to assess a range of health factors, behaviors, characteristics, tool-related decision-making processes, and the frequency, type, and quality of interactions between soldiers and leaders.

Results:

The R4 study commenced on May 6, 2019, and concluded on June 4, 2020. Sample size goals were achieved for both the divisions at all three data collection time points.

Conclusions:

The methodology of the R4 study is critical for the U.S. Army from both a precedential and an outcome-based standpoint. Despite the use of many previous tools and programs for suicide prevention, this is the first time the Army has been able to empirically test the effectiveness of tool-supported decision-making among Army units in a rigorous fashion. The methodology of such a test is a critical marker for future interventional inquiries on the subject of suicide in the Army, and the results will allow for more informed decision-making by leaders when approaching these ongoing

challenges.

Published by Oxford University Press on behalf of the Association of Military Surgeons of the United States 2020. This work is written by (a) US Government employee(s) and is in the public domain in the US.

<https://doi.org/10.1016/j.jad.2020.12.161>

Sleep moderates symptom experience in combat veterans.

Martindale, S. L., Lad, S. S., Ord, A. S., Nagy, K. A., Crawford, C. D., Taber, K. H., & Rowland, J. A.

Journal of Affective Disorders
2021 Mar 1;282:236-241

Background:

Though sleep disturbance has shown to negatively affect outcomes related to post-deployment conditions, it is unclear whether and how sleep disturbance affects mental health symptoms beyond these conditions. We evaluated the independent and moderating effects of sleep quality on posttraumatic stress disorder (PTSD), depressive, and neurobehavioral symptoms beyond mild traumatic brain injury (TBI) and PTSD diagnosis.

Methods:

Participants were 274 US combat veterans who deployed after 9/11. All completed diagnostic TBI and PTSD interviews and self-report measures of sleep quality, as well as PTSD, depressive, and neurobehavioral symptoms. Only those who passed symptom validity were included in analyses. Hierarchical regression evaluated the contribution of sleep quality to outcomes beyond PTSD and mild TBI. Moderation analyses evaluated interactions between mild TBI, PTSD, and sleep quality on symptom outcomes.

Results:

Mild TBI was only significantly associated with PTSD ($p = .006$) and neurobehavioral ($p = .003$) symptoms. PTSD diagnosis was associated with PTSD ($p < .001$), depressive ($p < .001$), and neurobehavioral symptoms ($p < .001$) beyond mild TBI. Sleep quality explained additional significant variance in all three outcome measures ($p < .001$), and

also significantly moderated the effects of PTSD diagnosis on neurobehavioral symptoms ($\Delta R^2 = .01$, $p = .023$).

Limitations:

Sleep was evaluated subjectively and therefore must be interpreted in this context.

Conclusions:

These results provide support that sleep quality is an independent contributing factor to health outcomes in post-deployment veterans and should be considered in etiology of complaints.

<https://doi.org/10.1016/j.jad.2020.12.003>

Association of remote traumatic brain injury and military employment with late-life trajectories of depressive symptom severity.

Kumar, R. G., Jayasinghe, N., Walker, R. L., Gibbons, L. E., Power, M. C., Larson, E. B., Crane, P. K., & Dams-O'Connor, K.

Journal of Affective Disorders
2021 Feb 15;281:376-383.

Background:

Traumatic brain injury (TBI) and military service are common lifetime exposures among current older adults that may affect late-life mental health. The objective of the present study was to evaluate the association between TBI with loss of consciousness (LOC) and military employment and late-life depressive symptom severity trajectory.

Methods:

1445 males and 2096 females adults at least 65 years old without dementia or recent TBI were enrolled and followed biennially for up to 10 years in the Adult Changes in Thought study from Kaiser Permanente Washington in Seattle, Washington.

Results:

Using group-based trajectory modeling, we documented four distinct depressive symptom severity trajectories that followed a similar course in males and females (Minimal, Decreasing, Increasing, and Persistent). In multinomial regression analyses, TBI with LOC in males was associated with greater likelihood of Persistent versus

Minimal depressive symptom severity compared to individuals without TBI (OR = 1.51, 95% CI: 1.01, 2.27; $p=0.046$). Males reporting past military employment had greater likelihood of Decreasing versus Minimal depressive symptom severity compared to individuals without past military employment (OR = 1.54, 95% CI: 1.03, 2.31; $p=0.035$). There was no association between TBI or military employment and depression trajectories in females, and no evidence of effect modification by age or between exposures.

Limitations:

Lifetime history of TBI was ascertained retrospectively and may be subject to recall bias. Also, past military employment does not presuppose combat exposure.

Conclusions:

Remote TBI and past military employment are relevant to late-life trajectories of depressive symptom severity in dementia-free older males.

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<https://doi.org/10.1093/milmed/usaa274>

A Retrospective Study of Demographic, Medical, and Psychological Predictors of Readiness in Service Members With Mild Traumatic Brain Injury.

Schneider, J. C., Hendrix-Bennett, F., Beydoun, H. A., & Johnstone, B.

Military Medicine

2021 Feb 26;186(3-4):e401-e409

Introduction:

Given the significant number of service members who have incurred mild traumatic brain injury (TBI) over the past two decades, this study was completed to determine the relative contribution of demographic, TBI-related, and psychological factors that predict the readiness of service members with primarily mild TBI.

Methods and materials:

This retrospective study included 141 service members who were evaluated at an outpatient military TBI rehabilitation clinic. Information regarding demographics, TBI-related variables, and psychological factors was collected and entered into hierarchical

multinomial logistic regressions to predict military work status. Demographic predictor variables included age, race, gender, rank, service branch; TBI-specific variables including time since injury and neuropsychological variables (i.e., Wechsler Adult Intelligence Scale-IV (WAIS-IV) Full Scale Intelligence Quotient (FSIQ) and Processing Speed Indices; California Verbal Learning Test-IV total recall t-score); and psychiatric variables including concomitant psychiatric diagnoses and Personality Assessment Inventory indices. The outcome variable was the service member's military work status (i.e., return to duty (RTD); Medical Evaluation Board-disabled (MEB); retired) at time of discharge from the TBI clinic.

Results:

Statistical analyses indicated that the total model predicted 31% of the variance in work status, with demographics predicting 16% of the variance, concomitant psychiatric diagnoses and WAIS-IV FSIQ predicting an additional 12%, and subjective somatic/psychological distress (Personality Assessment Inventory indices) predicting an additional 3%. Regarding the primary groups of interest (i.e., RTD vs. MEB), stepwise regressions indicated that those who RTD have higher intelligence and report less physical/psychological distress than the disabled group.

Conclusions:

In general, those service members who were able to RTD versus those who were classified as disabled (MEB) were of higher IQ and reported less somatic/psychological distress. Of note, traditional indices of TBI severity did not predict the ability of the sample to RTD. The results suggest the importance of treating psychological conditions and identifying possible indicators of resilience (e.g., higher intelligence) to increase the readiness of service members with mild TBI.

Published by Oxford University Press on behalf of the Association of Military Surgeons of the United States 2020. This work is written by (a) US Government employee(s) and is in the public domain in the US.

<https://doi.org/10.1080/08995605.2021.1897497>

Containing the good idea fairy: A deep dive into Navy firearms restriction policy.

Tim Hoyt, Kenneth Richter, Arlene Saitzyk, Stephanie Long, Robert Lippy & Carrie H. Kennedy

Statement of Problem:

US Navy suicide is an ongoing concern, with more than half of suicide deaths each year related to firearms. Although decreasing firearms access by those who are at risk for suicide has been well-established as a tactic for reducing risk, implementation of firearms restrictions has a significant cultural and occupational impact among service members that may increase the stigma of seeking mental health care. During a recent Deep Dive review of all previous year suicide deaths, subject matter experts from across the US Navy identified significant variability in command utilization of firearms restriction.

Methodology:

Based on this finding, a review was conducted to identify best practice for firearms restriction related to suicide risk across the US military services and municipal police departments.

Findings:

Findings from this review suggested that the Department of the Navy may benefit from adopting consistent standards for disarming and rearming service members at risk for suicide, base decisions on objective suicide risk rather than routine stressors, decrease access primarily when service members are off duty, and engage with service members to decrease core drivers of suicide behavior through command channels.

Implications:

Implementing these recommendations may be a crucial step in balancing precautions to decrease suicide risk with the stigma of firearms restriction in military settings.

<https://doi.org/10.1037/ser0000542>

Mental health service utilization after military missions: The double-edged consequences of unit-level organizational support.

Russell, D. W., Russell, C. A., & Hill, R. P.

Psychological Services

Advance online publication

Many faced with mental health issues do not seek care, especially individuals working in high-risk occupations. This research reports on two studies that investigated the relationships between military service-induced mental health issues and utilization of professional mental health services, and whether the perceived organizational support received from the military unit in which mental health issues arise moderates those relationships. The context for the research is the relatively understudied United States Army Reserve Component. Results reveal that greater social support within the unit, often promoted as a protective factor among servicemembers, have an unintended consequence: Those who experienced high levels of mental health symptoms and also perceived greater support from their units were less likely to use professional mental health services compared to those who perceived weaker unit support. Implications and recommendations for future research to address the double-edged effect of organizational support on utilizing mental health services are discussed. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1038/s41598-021-88337-x>

Sleep parameters improvement in PTSD soldiers after symptoms remission.

P. F. Rousseau, R. Vallat, O. Coste, H. Cadis, F. Nicolas, M. Trousselard, P. Ruby & S. Khalfa

Scientific Reports

Published: 23 April 2021

Eye movement desensitization and reprocessing (EMDR) is a psychotherapy for the treatment of posttraumatic stress disorder (PTSD). It is still unclear whether symptoms remission through EMDR therapy is associated with a beneficial effect on one of the PTSD symptoms, sleep disturbance. Our objective was therefore to study sleep parameters before and after symptom remission in soldiers with PTSD. The control group consisted of 20 healthy active duty military men who slept in a sleep lab with standard polysomnography (PSG) on two sessions separated by one month. The patient group consisted of 17 active duty military with PTSD who underwent EMDR therapy. PSG-recorded sleep was assessed 1 week before the EMDR therapy began and 1 week after PTSD remission. We found that the increased REMs density after remission was positively correlated with a greater decrease of symptoms. Also, the number of EMDR sessions required to reach remission was correlated with intra-sleep

awakenings before treatment. These results confirm the improvement of some sleep parameters in PTSD after symptoms remission in a soldier's population and provide a possible predictor of treatment success. Further experiments will be required to establish whether this effect is specific to the EMDR therapy.

<https://doi.org/10.1093/jaarel/lfab010>

Strategic Spirituality: Positive Psychology, the Army, and the Ambiguities of “Spirituality Fitness”.

Steven Weitzman

Journal of the American Academy of Religion
Volume 89, Issue 1, March 2021, Pages 240–271

In the wake of increased mental health issues resulting from combat in Afghanistan and Iraq, psychologists affiliated with the field of positive psychology developed a resiliency training program for the US Army that included strengthening “spirituality fitness” as one of its goals. The initiative represents what may be the largest single effort to use spirituality to intervene in people’s mental health, but it also represents an intervention in the semantics of spirituality, an attempt to make it signify in new ways. This study treats this intervention as an exercise in “strategic ambiguity,” the use of unclear language to balance between contradictory goals, and draws from this approach some inferences about what it is that those working in the field of positive psychology import into the spirituality they have promoted within American military culture.

Links of Interest

Air Force suicides plateaued above 100 deaths in 2020

<https://www.airforcetimes.com/news/your-air-force/2021/04/22/air-force-suicides-plateaued-above-100-deaths-in-2020/>

Family policy appointee will bring more military family voices to DoD, including her own

<https://www.militarytimes.com/pay-benefits/mil-money/2021/04/23/family-policy-appointee-will-bring-more-military-family-voices-to-dod-including-her-own/>

No legal objection, per se

<https://warontherocks.com/2021/04/no-legal-objection-per-se/>

Air Force Survey Shows One-Third of Respondents Fear Reprisal for Reporting Mistreatment

<https://www.military.com/daily-news/2021/04/21/air-force-survey-shows-one-third-of-respondents-fear-reprisal-reporting-mistreatment.html>

This is what the pandemic taught us about military child care

<https://www.militarytimes.com/pay-benefits/mil-money/2021/04/21/this-is-what-the-pandemic-taught-us-about-military-child-care/>

'Dirty, Embarrassing Secret:' Veterans with PTSD Struggle to Shed Stigma of Bad Paper Discharges

<https://www.military.com/daily-news/2021/04/21/dirty-embarrassing-secret-veterans-ptsd-struggle-shed-stigma-of-bad-paper-discharges.html>

As a military spouse, I suffered secondary traumatic stress, which is real and often debilitating

https://www.washingtonpost.com/health/secondary-traumatic-stress-veterans-families/2021/04/23/204fec4d-8688-11eb-8a8b-5cf82c3dffe4_story.html

How words are used in military culture to describe strength and weakness (commentary)

<https://www.militarytimes.com/opinion/commentary/2021/04/28/how-words-are-used-in-military-culture-to-describe-strength-and-weakness/>

Resource of the Week: -- [Defense Health Care: DOD Needs to Fully Assess Its Non-clinical Suicide Prevention Efforts and Address Any Impediments to Effectiveness](#)

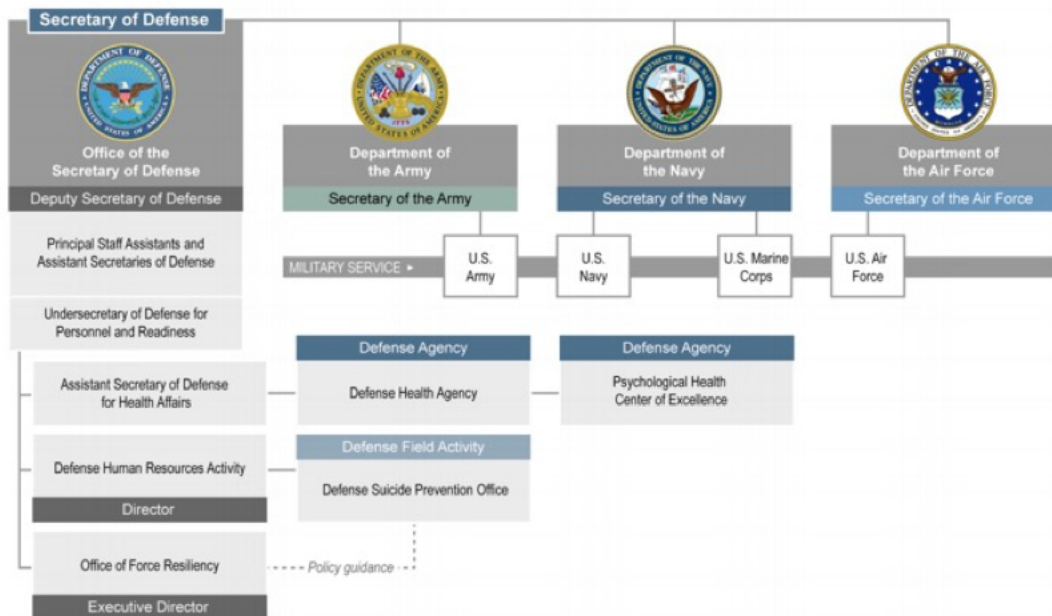
New, from the Government Accountability Office (GAO):

The Department of Defense (DOD) has a variety of suicide prevention efforts that are implemented by the military services (Army, Navy, Air Force, and Marine Corps). These include clinical prevention efforts that are generally focused on individual patient treatment and interventions, as well as non-clinical efforts that are intended to reduce the risk of suicide in the military population. This includes,

for example, training servicemembers to recognize warning signs for suicide and encouraging the safe storage of items such as firearms and medications.

Officials with DOD's Defense Suicide Prevention Office (DSPO) told GAO that most ongoing non-clinical efforts are evidence based. Officials added that a suicide prevention effort is considered to be evidence based if it has been assessed for effectiveness in addressing the risk of suicide in the military population, which has unique risk factors such as a higher likelihood of experiencing or seeing trauma. These officials stated that newer efforts are generally considered to be "evidence informed," which means that they have demonstrated effectiveness in the civilian population, but are still being assessed in the military population.

DSPO officials further explained that assessments of individual prevention efforts can be challenging because suicide is a complex outcome resulting from many interacting factors. In 2020, DSPO published a framework for assessing the collective effect of the department's suicide prevention efforts by measuring outcomes linked to specific prevention strategies, such as creating protective environments. However, this framework does not provide DOD with information on the effectiveness of individual non-clinical prevention efforts. Having a process to assess individual efforts would help DOD and the military services ensure that their non-clinical prevention.



Source: GAO analysis of DOD organizational charts. | GAO-21-300

Note: These offices represent the key DOD offices involved in the department's clinical and non-clinical suicide prevention efforts.

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