

CDP



Research Update -- May 27, 2021

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<https://doi.org/10.1080/08995605.2021.1897496>

Effectiveness of a rational emotive behavior therapy (REBT)-informed group for post-9/11 Veterans with posttraumatic stress disorder (PTSD).

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Military Psychology

Published online: 08 Apr 2021

Various treatments aimed for posttraumatic stress disorder (PTSD) have been developed for Veterans, but many are not formatted for use in groups, do not address common psychiatric comorbidities, and include inherent barriers (e.g., substantial time commitment). This program evaluation study aimed to examine the effectiveness of a five-session treatment, a Rational Emotive Behavior Therapy (REBT)-Informed Group focused on changing irrational beliefs to address comorbid depression and anxiety (as well as anger and guilt) among post-9/11 Veterans with PTSD. Participants (n = 47) completing the REBT-Informed Group demonstrated significant reductions at posttreatment in depression and PTSD symptoms. Compared to Veterans in a ten-session treatment-as-usual group (n = 47), there was no significant difference in PTSD symptom improvement despite the reduction in number of sessions. The study demonstrates that a five-week group treatment for PTSD comorbid with depression or anxiety in post-9/11 Veterans – a therapy that may be uniquely suited to a military or Veteran population, but potentially generalizable to civilians as well – can lead to significant reductions in depression and PTSD symptoms. Future directions include development of a manual for dissemination and replication of findings of the REBT-Informed Group to other military or Veterans Affairs medical centers.

<https://doi.org/10.1080/10668926.2021.1925176>

Emerging Adult Military-Connected Students Express Challenges Transitioning into Higher Education: Implications for Helping Professionals.

KL Clary, L Byrne

Community College Journal of Research and Practice

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Emerging adult (EA; aged 18–29) military-connected students experience major developmental changes, often coupled with the transition into the civilian sector and higher education. This conglomeration may exacerbate anxiety, stress, and negative coping mechanisms, including substance use. Substance use rates are highest among EAs, across the lifespan. To our knowledge, limited research has looked at EA military-connected students' transition into higher education during this developmental stage. We qualitatively interviewed 16 EA military-connected students who reported high-risk substance use behaviors. To our knowledge, no student veteran research study has considered this characteristic. This is important since military members are more likely to misuse substances and encounter related consequences than their civilian counterparts, and these developmental and transitional stressors put them at higher risk for misusing substances. In 74-minute interviews, we asked participants about (1) challenges transitioning into higher education and (2) techniques helping professionals should use to support EA military-connected students. Two coders employed Thematic Analysis to identify themes using NVivo. We found challenges include: (1) starting over, (2) unable to relate to others, (3) lacking a purpose or plan, (4) support system changes, and (5) people view you as only a veteran. EA military-connected students' suggestions for helping professionals include: (1) use straightforward communication, (2) show a genuine interest, (3) offer guidance on creating a support system, and (4) treat me as a human, not only a veteran. This study provides translational examples for helping professionals such as encouraging involvement in military and veteran community organizations to promote a sense of belonging.

<https://doi.org/10.1017/S0033291721001628>

Effectiveness and comparative effectiveness of evidence-based psychotherapies for posttraumatic stress disorder in clinical practice.

Maguen, S., Madden, E., Holder, N., Li, Y., Seal, K., Neylan, T., . . . Shiner, B.

Psychological Medicine

18 May 2021

Background

While evidence-based psychotherapy (EBP) for posttraumatic stress disorder (PTSD) is a first-line treatment, its real-world effectiveness is unknown. We compared cognitive processing therapy (CPT) and prolonged exposure (PE) each to an individual psychotherapy comparator group, and CPT to PE in a large national healthcare system.

Methods

We utilized effectiveness and comparative effectiveness emulated trials using retrospective cohort data from electronic medical records. Participants were veterans with PTSD initiating mental healthcare (N = 265 566). The primary outcome was PTSD symptoms measured by the PTSD Checklist (PCL) at baseline and 24-week follow-up. Emulated trials were comprised of 'person-trials,' representing 112 discrete 24-week periods of care (10/07–6/17) for each patient. Treatment group comparisons were made with generalized linear models, utilizing propensity score matching and inverse probability weights to account for confounding, selection, and non-adherence bias.

Results

There were 636 CPT person-trials matched to 636 non-EBP person-trials. Completing ≥ 8 CPT sessions was associated with a 6.4-point greater improvement on the PCL (95% CI 3.1–10.0). There were 272 PE person-trials matched to 272 non-EBP person-trials. Completing ≥ 8 PE sessions was associated with a 9.7-point greater improvement on the PCL (95% CI 5.4–13.8). There were 232 PE person-trials matched to 232 CPT person-trials. Those completing ≥ 8 PE sessions had slightly greater, but not statistically significant, improvement on the PCL (8.3-points; 95% CI 5.9–10.6) than those completing ≥ 8 CPT sessions (7.0-points; 95% CI 5.5–8.5).

Conclusions

PTSD symptom improvement was similar and modest for both EBPs. Although EBPs are helpful, research to further improve PTSD care is critical.

<https://doi.org/10.1016/j.sleep.2020.10.010>

Relationships between insomnia and alcohol and cocaine use frequency with aggression among veterans engaged in substance use treatment.

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Sleep Medicine

Volume 83, July 2021, Pages 182-187

Highlights

- Veterans with substance use problems have high rates of violence.

- Sleep disturbances are related to violence among substance using veterans.
- Attention to sleep disturbances may aid violence prevention efforts.

Abstract

Background

Veterans with substance use problems have rates of partner and non-partner violence that typically exceed the general population. Sleep problems may exacerbate violence and maintain addictive behaviors in non-veterans, but requires study in veterans. Therefore, we examine the interrelationships between substance use, insomnia, and violence in veterans.

Methods

Veterans (N = 762) screened for a randomized controlled trial at veterans affairs mental health and substance use clinics. Participants completed modified Conflict Tactics Scales to quantify past-year violence and the Insomnia Symptom Questionnaire to assess sleep disturbance. We evaluated associations between substance use and sleep in predicting the target of aggression (partner or non-partner) and degree of violence (aggression or injury) using binomial logistic regressions.

Results

Half of participants endorsed symptoms suggestive of insomnia, 23.2% endorsed physical aggression toward partners (PA-P) and 33.9% non-partners (PA-NP), and 9.7% endorsed physical injury of partners (PI-P) and 17.6% of non-partners (PI-NP). Regressions revealed significant models for PA-P, PA-NP, and PI-NP, whereas the PI-P model was not significant. PA-P was higher among non-Caucasian race and older veterans. PA-NP was more common in those with insomnia and increased with frequency of cocaine use. Insomnia moderated the relationship between cocaine use and PA-NP; there was a weaker relationship between cocaine use and PA-NP in those with insomnia. PI-NP was more common with higher frequency of alcohol and cocaine use, and in those with insomnia.

Conclusions

This study finds sleep disturbances are meaningful predictors of violence among veterans with differential relationships with aggression severity, victims, and substance use concurrence.

<https://doi.org/10.1007/s10608-021-10230-8>

Posttraumatic Stress Disorder and Pain in Veterans: Indirect Association Through Anxiety Sensitivity.

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Cognitive Therapy and Research
Published 20 May 2021

Background

Despite high rates of comorbidity between pain and posttraumatic stress disorder (PTSD), little is known about factors that may account for this association. Previous research demonstrates that anxiety sensitivity (AS), the tendency to fear bodily sensations associated with anxious arousal, is elevated among patients with these conditions. However, no research to date has examined whether AS explains the association between pain and PTSD symptom severity.

Methods

The current sample included 115 veterans with a trauma- and stressor-related disorder (i.e., PTSD or subthreshold PTSD) presenting for psychological services to an outpatient PTSD clinic at a Veterans Affairs hospital.

Results

Findings revealed a significant association between self-reported pain and PTSD symptom severity that was indirect via AS and in particular, AS cognitive concerns.

Conclusions

These findings, though limited by their cross-sectional nature, provide support for AS as a risk factor for perceived pain and PTSD symptoms, particularly among veteran samples.

<https://doi.org/10.1037/pro0000372>

Firearm lethal means safety with military personnel and veterans: Overcoming barriers using a collaborative approach.

Hoyt, T., Holliday, R., Simonetti, J. A., & Monteith, L. L.

Professional Psychology: Research and Practice
Advance online publication

Suicides by firearm have increased over the past decade among United States service members and veterans. As firearm access is a suicide risk factor, firearm-related lethal means safety is critical to suicide prevention. However, identity, occupational, and cultural barriers may deter efforts to promote lethal means safety with service members and veterans. The current manuscript describes a collaborative framework to guide mental health providers in conducting firearm-related lethal means safety with service members and veterans, including within the context of Safety Planning. In approaching firearm lethal means safety conversations with patients, clinicians must work to overcome their own reticence, address patient concerns directly, and remain culturally sensitive to the values of the military and veteran communities. This approach is illustrated using case vignettes that encompass addressing firearm-related lethal means safety with service members and veterans. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1177/00302228211016218>

Risk Factors for Complicated Grief in the Military Community.

Seamon-Lahiff GE, Dooley CM, Bartone PT, Carroll B.

OMEGA - Journal of Death and Dying
First Published May 20, 2021

Death, grief, and loss have always been a part of the military community. Historically, research on grief in the military has focused on the impact of combat operations and deployment separations on the grief experience of service members and loved ones. However, as the transient nature of military life and the dangers of military service exist outside of combat operations and military deployments, it is important to examine how grief may impact the military community in times of peace as well as war. The purpose of this commentary is to discuss the components of the military community that place its members at a higher risk of experiencing complicated grief.

<https://doi.org/10.1016/j.jpsychires.2021.02.022>

Trauma-related guilt and posttraumatic stress disorder symptoms in military veterans: The role of psychological inflexibility.

Kachadourian, L. K., Lyons, R., Davis, B., Haller, M., & Norman, S.

Journal of Psychiatric Research
2021 May;137:104-110

A growing body of evidence has shown consistent support for the association between trauma-related guilt and posttraumatic stress disorder (PTSD). However, factors that account for this association are not well understood. The present study examined psychological inflexibility as a potential mediator between trauma-related guilt and PTSD symptoms in a sample of U.S. military veterans. Secondary data analyses from a larger randomized control trial were conducted. Specifically, three separate mediation models were used to test if psychological inflexibility mediated the association between trauma-related guilt (guilt cognitions, guilt distress, overall guilt) and PTSD symptoms in 85 treatment-seeking veterans diagnosed with PTSD and alcohol use disorder. All three components of trauma-related guilt were positively associated with both psychological inflexibility and PTSD symptoms; psychological inflexibility was also positively associated with PTSD symptoms. Furthermore, psychological inflexibility partially mediated the association between all facets of trauma-related guilt and PTSD severity. These findings provide further support for the association between trauma-related guilt and PTSD and also provide insight into one mechanism linking trauma-related guilt to PTSD symptoms. Thus, psychological inflexibility may serve as an important intervention target for veterans with comorbid PTSD and alcohol use disorder struggling with trauma-related guilt.

<https://doi.org/10.1016/j.addbeh.2021.106919>

Pre-deployment personality traits predict prescription opioid receipt over 2-year post-deployment period in a longitudinal cohort of deployed National Guard soldiers.

Polusny, M. A., Hintz, S., Mallen, M., Thuras, P., Krebs, E. E., Erbes, C. R., & Arbisi, P. A.

Addictive Behaviors

2021 Aug;119:106919

Background:

While military service members are at risk for pain conditions, receipt of prescribed opioids is associated with a range of serious adverse outcomes. The goal of this study is to examine the association between pre-deployment personality traits and receipt of prescription opioids after return from deployment.

Method:

Data were drawn from the Readiness and Resilience in National Guard Soldiers (RINGS) cohort study, an ongoing study of post-deployment health. Participants (N = 522) completed baseline assessments one month prior to deploying to Iraq (2006-2007). At baseline, we assessed personality traits using abbreviated versions of the Personality Psychopathology Five scales from the Minnesota Multiphasic Personality Inventory-2. Follow-up assessments were conducted three months, one year, and two years post-deployment. The primary outcome was total amount of prescribed opioids dispensed from Department of Veterans Affairs outpatient pharmacies in the two-year period following soldiers' return from deployment. Unadjusted and adjusted negative binomial regression models examined the relationships of pre-deployment personality traits, demographics (age, gender, and rank), baseline trauma symptoms, deployment related risk factors (difficult living/working environment, deployment injury, combat exposure), and post-deployment trauma symptoms with post-deployment opioid prescribing.

Results:

Disconstraint, negative emotionality, and introversion/low positive emotionality were associated with receipt of more prescribed opioids over the two years after return from deployment. Personality traits measured at baseline remained statistically significant after adjusting for all eight baseline and deployment risk factors of interest.

Conclusions:

Understanding how pre-deployment personality traits contribute to post-deployment prescription opioid use could inform efforts to improve veterans' health.

<https://doi.org/10.1016/j.addbeh.2021.106889>

The association between type of trauma, level of exposure and addiction.

Levin, Y., Lev Bar-Or, R., Forer, R., Vaserman, M., Kor, A., & Lev-Ran, S.

Addictive Behaviors

2021 Jul;118:106889

Exposure to trauma is considered a risk factor for the development of addictive disorders. Currently, there is a knowledge gap concerning specific links between types and levels of exposure to traumatic events and addiction. In this study we explored the associations between interpersonal trauma and risk of addictive behaviors, stratified by type of trauma (physical, weapon, sexual assault, and combat) and level of exposure (direct/indirect), focusing on a wide range of substances and behaviors. Data from an online representative sample of 4025 respondents were collected, including the Life Events Checklist (LEC-5), substance use disorders and behavioral addictions metrics, and sociodemographic data. Substantial differences were found between specific types of trauma and risk of addiction. Among those exposed to sexual assault, the risk of alcohol use disorder was found to 15.4%, 95%CI[14.4-16.4%], compared to 12.1%, 95%CI[11.3-12.8] among those exposed to combat-related trauma. Both direct and indirect exposure to trauma were found to be significantly related with risk of addiction. While direct exposure was most highly associated with addictions across several types of trauma, in the case of combat-related trauma, indirect exposure was more highly associated with alcohol and pornography addiction (14.5%, 95%CI[13.2-15.8%] and 10.0%, 95%CI[6.3-15.0%], respectively) compared to direct exposure (10.7%, 95%CI[9.9-11.6%] and 7.4%, 95%CI[4.7-11.6%], respectively). Our findings emphasize the strong association between all types of trauma and the risk of several specific substance and behavioral addictions. Specifically, the role of indirect exposure to trauma is highlighted.

<https://doi.org/10.1097/WNN.0000000000000264>

Posttraumatic Stress Disorder Subsequent to Apparent Mild Traumatic Brain Injury.

Rieke, J. D., Lamb, D. G., Lewis, G. F., Davila, M. I., Schmalfuss, I. M., Murphy, A. J., Tran, A. B., Bottari, S. A., & Williamson, J. B.

Posttraumatic stress disorder (PTSD) is prevalent among veterans with a history of traumatic brain injury (TBI); however, the relationship between TBI and PTSD is not well understood. We present the case of a 31-year-old male veteran with PTSD who reported TBI before entering the military. The reported injury appeared to be mild: He was struck on the head by a baseball, losing consciousness for ~10 seconds. Years later, he developed severe PTSD after combat exposure. He was not receiving clinical services for these issues but was encountered in the context of a research study. We conducted cognitive, autonomic, and MRI assessments to assess brain function, structure, and neurophysiology. Next, we compared amygdala volume, uncinate fasciculus diffusion, functional connectivity, facial affect recognition, and baroreceptor coherence with those of a control group of combat veterans (n = 23). Our veteran's MRI revealed a large right medial-orbital prefrontal lesion with surrounding atrophy, which the study neuroradiologist interpreted as likely caused by traumatic injury. Comparison with controls indicated disrupted structural and functional connectivity of prefrontal-limbic structures and impaired emotional, cognitive, and autonomic responses. Detection of this injury before combat would have been unlikely in a clinical context because our veteran had reported a phenomenologically mild injury, and PTSD is a simple explanation for substance abuse, sleep impairment, and psychosocial distress. However, it may be that right prefrontal-limbic disruption imparted vulnerability for the development of PTSD and exacerbated our veteran's emotional response to, and recovery from, PTSD.

<https://doi.org/10.1016/j.jpsychires.2020.10.042>

The environment contributes more than genetics to smaller hippocampal volume in Posttraumatic Stress Disorder (PTSD).

Bremner, J. D., Hoffman, M., Afzal, N., Cheema, F. A., Novik, O., Ashraf, A., Brummer, M., Nazeer, A., Goldberg, J., & Vaccarino, V.

Journal of Psychiatric Research

2021 May;137:579-588

Background:

Studies using structural magnetic resonance imaging (MRI) volumetrics showed smaller hippocampal volume in patients with post-traumatic stress disorder (PTSD). These studies were cross-sectional and did not address whether smaller volume is secondary to stress-induced damage, or whether pre-existing factors account for the findings. The purpose of this study was to use a co-twin case control design to assess the relative contribution of genetic and environmental factors to hippocampal volume in PTSD.

Methods:

Monozygotic (N = 13 pairs) and dizygotic (N = 21 pairs) twins with a history of Vietnam Era military service, where one brother went to Vietnam and developed PTSD, while his brother did not go to Vietnam or develop PTSD, underwent MR imaging of the brain. Structural MRI scans were used to manually outline the left and right hippocampus on multiple coronal slices, add the areas and adjust for slice thickness to determine hippocampal volume.

Results:

Twins with Vietnam combat-related PTSD had a mean 11% smaller right hippocampal volume in comparison to their twin brothers without combat exposure or PTSD ($p < .05$). There was no significant interaction by zygosity, suggesting that this was not a predisposing risk factor or genetic effect.

Conclusions:

These findings are consistent with smaller hippocampal volume in PTSD, and suggest that the effects are primarily due to environmental effects such as the stress of combat.

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<https://doi.org/10.1089/jwh.2019.8029>

Factors Associated with U.S. Military Women Keeping Guns or Weapons Nearby for Personal Security Following Deployment.

Sadler, A. G., Mengeling, M. A., Cook, B. L., & Torner, J. C.

Journal of Women's Health
2021 Jan;30(1):103-112

Background:

The relationship between postdeployment health characteristics and U.S. military women and women Veteran's gun/weapons use for personal safety outside of military is not well understood. The purpose of this exploratory study was to determine if Operation Enduring and Iraqi Freedom era military women and women Veterans keep guns/weapons nearby for personal security outside of military duties postdeployment and factors associated with this.

Methods:

A Midwestern community sample of US Army and Air Force currently serving Military women and women Veterans (N = 978) who had deployed to Iraq/Afghanistan (I/A) or outside of the United States completed telephone interviews (March 2010 to December 2011) querying sociodemographic and military characteristics, combat and gender-based trauma, and guns/weapons use postdeployment. Data were analyzed in June 2019 with chi-square, Fisher's Exact test, and odds ratios. A classification tree analysis identified subgroups with the greatest proportion of keeping guns/weapons nearby for security.

Results:

One-fifth of participants reported having guns/weapons nearby to feel secure. Women more likely to report this were younger, patrolled their homes for security (age adjusted odds ratio [aOR] 7.0); experienced combat (aOR 3.0-4.9) or gender-based traumas (aOR 1.9-2.0); self-reported mental health conditions (aOR 1.5-4.3), including post-traumatic stress disorder (PTSD; aOR 4.3); or relied on friends/family for housing (aOR 4.8). Most had seen a provider in the preceding year. The classification tree found women patrolling their homes, PTSD positive, and injured/wounded in I/A had the largest proportion of women keeping guns/weapons nearby for security.

Conclusions:

Keeping gun/weapons nearby for personal self-defense is a potential marker for complex postdeployment readjustment conditions and an overlooked public health concern. Provider recognition and assessment of women's postdeployment fears and safety-related activities are essential to address military women and women Veterans and their families' safety in this high-risk population.

<https://doi.org/10.1111/sltb.12694>

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).

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<https://doi.org/10.1111/sltb.12709>

Three Department of Defense-funded public health approaches to reduce military suicide.

LaCroix, J. M., Walsh, A., Baggett, M. A., Madison Carter, K., Suicide Care, Prevention, and Research Initiative (Suicide CPR Initiative) Team, & Ghahramanlou-Holloway, M.

Suicide & Life-Threatening Behavior
2021 Apr;51(2):334-343

Background:

Suicide is a serious and growing public health concern, both for the United States (U.S.) and for the Department of Defense (DoD).

Methods:

Using the social-ecological framework, we provide examples of how three newly developed, DoD-funded pilots/programs have incorporated a public health approach to help prevent military suicide.

Key results:

The first two programs demonstrate how non-clinical, community-based approaches can be tailored to specific military subgroups at the individual, relational, and community levels. These programs include a universal suicide prevention program developed for Special Operations service members, spouses, and mental health providers, and a selective suicide prevention program pilot developed for military chaplains to support them in their role as a "gateway" to care for distressed service members, improve mental health and chaplaincy collaboration, and prevent burnout. The third program illustrates how the creation of and policy of a methodology/infrastructure to conduct standardized, theory-driven suicide death reviews across the DoD may inform the DoD public health approach to surveillance, review, and synthesis of suicide data, informed by the social-ecological model. Potential program limitations and evaluation efforts are discussed.

Conclusion:

Future prevention approaches should enhance coordination and communication

between DoD, VA, and community organizations to enhance multi-level suicide prevention programming for military personnel, veterans, and civilians.

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<https://doi.org/10.1111/sltb.12707>

Military suicide prevention: The importance of leadership behaviors as an upstream suicide prevention target.

Trachik, B., Oakey-Frost, N., Ganulin, M. L., Adler, A. B., Dretsch, M. N., Cabrera, O. A., & Tucker, R. P.

Suicide & Life-Threatening Behavior
2021 Apr;51(2):316-324

Objective: To evaluate the longitudinal relationships between unit cohesion, Army leader behaviors, and subordinate suicidal/death ideation. Recent cross-sectional research indicates that subordinates who perceive that their leaders instill a sense of purpose regarding military service demonstrate less frequent suicidal ideation.

Method: Five hundred fifty-nine soldiers completed self-report measures of perceptions of leadership behaviors, unit cohesion, and suicidal/death ideation during deployment as well as one and three months following deployment. Latent change score modeling was conducted to evaluate the course and direction of study variables as well as the relationship between them.

Results: Although lower levels of suicidal/death ideation were related to leader-provided purpose, leader-provided meaning, and unit cohesion at baseline, only leader-provided purpose and unit cohesion prospectively predicted changes in suicidal/death ideation.

Conclusions: Consistent with the goal of military leadership to augment effective clinical interventions that reduce suicide risk, prevention programs that reach a broader population of personnel should be considered. Enhanced leadership training may be an important primary prevention tool to reduce suicide risk that warrants further research.

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<https://doi.org/10.1002/jts.22689>

A Comparison of Dimensional and Categorical Approaches to Characterizing the Association Between Posttraumatic Stress Disorder and Future Suicide Attempts.

Lee, D.J., Kearns, J.C., Stanley, I.H., Spitzer, E.G., Woodward, B., Keane, T.M. and Marx, B.P.

Journal of Traumatic Stress
First published: 21 May 2021

The present study compared the utility of categorical (i.e., diagnostic status) and dimensional (i.e., symptom severity) approaches to measuring posttraumatic stress disorder (PTSD) in predicting future suicide attempts among participants in a nationwide, longitudinal study of U.S. military veterans who were deployed in support of operations in Iraq or Afghanistan after the September 11, 2001, terrorist attacks (9/11) and were enrolled in Veterans Health Administration services (N = 1,649). Following an initial assessment of PTSD symptoms, we assessed for suicide attempts at two subsequent time points (M = 28.74 months, SD = 8.72 and M = 55.11 months, SD = 6.89 following the initial assessment). Between the initial and final assessments, 125 participants (7.58%) made at least one suicide attempt. All categorical and dimensional indicators of PTSD predicted suicide attempts at both time points except the categorical indicator for reexperiencing symptoms. Categorical indicators predicting suicide attempts demonstrated excellent sensitivity but poor specificity and overall accuracy. The point along the continuum at which PTSD symptom severity was most accurate regarding the prediction of future suicide attempts was well above the threshold previously established as indicating a probable diagnosis. Although this score was less sensitive than diagnostic indicators, it demonstrated greater specificity and overall accuracy in predicting future suicide attempts. The present results indicate that veterans whose PTSD symptoms satisfy the diagnostic criteria have a higher risk of future suicide attempts, but this risk appears to be even higher for veterans with symptom levels above the diagnostic threshold.

<https://doi.org/10.1080/00207284.2021.1890088>

The Research-Practice Psychotherapy Wars: The Case of Group Psychotherapy in the Treatment of PTSD.

Les R. Greene, Ph.D., CGP, DLFAGPA

International Journal of Group Psychotherapy

Published online: 24 May 2021

In light of two recent meta-analyses of the efficacy of group psychotherapy in treating posttraumatic stress disorder (PTSD), this article critically reviews the randomized control trial (RCT) generated findings as well as two of its outgrowths—the production of a variety of clinical practice guidelines for treating PTSD and the dissemination efforts to transfer laboratory findings to clinical practice. All three of these activities have received considerable pushback from experienced clinicians and Boulder-identified scientist practitioners, creating an ongoing and entrenched gap or split between researcher and clinician. The article also reviews the various suggestions that have been offered to heal this gap and ending the hegemony of RCT outcome research as the only game in town for declaring what constitutes evidence. Specifically, the literature suggests two primary strategies for helping to realize the scientist-practitioner model and thus advancing the cause of psychotherapy, in general, and group psychotherapy, in particular: (a) leveling the playing field so that both researcher and practitioner have real authority and voices for shaping the field; and (b) shifting the research priority away from a purely outcome focus, asking only does it work, and moving to a more sophisticated, theoretically guided empirical study of process-outcome, examining the how, why, when, and for whom it works.

<https://doi.org/10.1186/s12913-021-06536-8>

Predictors of Veterans Health Administration utilization and pain persistence among soldiers treated for postdeployment chronic pain in the Military Health System.

Rachel Sayko Adams, Esther L. Meerwijk, Mary Jo Larson & Alex H. S. Harris

BMC Health Services Research

Published: 24 May 2021

Background

Chronic pain presents a significant burden for both federal health care systems designed to serve combat Veterans in the United States (i.e., the Military Health System [MHS] and Veterans Health Administration [VHA]), yet there have been few studies of Veterans with chronic pain that have integrated data from both systems of care. This study examined 1) health care utilization in VHA as an enrollee (i.e., linkage to VHA) after military separation among soldiers with postdeployment chronic pain identified in the MHS, and predictors of linkage, and 2) persistence of chronic pain among those utilizing the VHA.

Methods

Observational, longitudinal study of soldiers returning from a deployment in support of the Afghanistan/Iraq conflicts in fiscal years 2008–2014. The analytic sample included 138,206 active duty soldiers for whom linkage to VHA was determined through FY2019. A Cox proportional hazards model was estimated to examine the effects of demographic characteristics, military history, and MHS clinical characteristics on time to linkage to VHA after separation from the military. Among the subpopulation of soldiers who linked to VHA, we described whether they met criteria for chronic pain in the VHA and pain management treatments received during the first year in VHA.

Results

The majority (79%) of soldiers within the chronic pain cohort linked to VHA after military separation. Significant predictors of VHA linkage included: VHA utilization as a non-enrollee prior to military separation, separating for disability, mental health comorbidities, and being non-Hispanic Black or Hispanic. Soldiers that separated because of misconduct were less likely to link than other soldiers. Soldiers who received nonpharmacological treatments, opioids/tramadol, or mental health treatment in the MHS linked earlier to VHA than soldiers who did not receive these treatments. Among those who enrolled in VHA, during the first year after linking to the VHA, 49.7% of soldiers met criteria for persistent chronic pain in VHA.

Conclusions

The vast majority of soldiers identified with chronic pain in the MHS utilized care within VHA after military separation. Careful coordination of pain management approaches across the MHS and VHA is required to optimize care for soldiers with chronic pain.

<https://doi.org/10.1016/j.psychres.2021.114027>

The After-Effects of Momentary Suicidal Ideation: A Preliminary Examination of Emotion Intensity Changes Following Suicidal Thoughts.

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Psychiatry Research
Available online 24 May 2021

Highlights

- Emotional consequences of suicidal thoughts measured in real-time
- Greater emotion intensity immediately following a suicidal thought
- Delayed reductions in stress and anxiety following a suicidal thought
- Role of suicide functions in predicting negative emotion intensity in real-time

Abstract

Research using ecological momentary assessments has highlighted the importance of negative emotions as predictors of day-to-day suicidal thoughts. Yet only one study has examined the real-time consequences of these thoughts. This preliminary investigation examined changes in emotion intensity following suicidal thoughts. It also explored associations between these changes and endorsement of suicide functions as an escape and/or as a solution, examined both as momentary thoughts and intractable beliefs about suicide. Thirty-nine community participants endorsing suicidal ideation were followed for two-weeks and completed multiple daily surveys related to suicidal thoughts, functions of suicide, and emotion intensity. Participants reported heightened emotion intensity immediately following a suicidal thought across six emotions, with delayed reductions in stress and anxiety following ideation onset. When assessed in the moment, suicide as a solution to a problem predicted increases in hopelessness, sadness, stress and general negative affect immediately following a thought, while suicide as an escape predicted increases in anger immediately after a thought. When measured as intractable beliefs, only stronger belief in suicide as a solution to a problem predicted delayed reductions in stress following ideation. Increased intensity of negative emotions immediately following suicidal ideation suggests a potential vicious cycle of heightened emotion intensity and suicidality.

<https://doi.org/10.1093/pm/pnab175>

Support for the Reliability and Validity of the National Institutes of Health Impact Stratification Score in a Sample of Active-Duty U.S. Military Personnel with Low Back Pain.

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Pain Medicine

Published: 21 May 2021

Objective

Evaluate the Impact Stratification Score (ISS) measure of low back pain impact that assesses physical function, pain interference, and pain intensity.

Design

Secondary analyses of a prospective comparative effectiveness trial of active-duty military personnel with low back pain.

Setting

A Naval hospital at a military training site (Pensacola, Florida) and two military medical centers: 1) Walter Reed National Military Medical Center (Bethesda, Maryland); and 2) San Diego Naval Medical Center.

Subjects

The 749 active-duty military personnel had an average age of 31, 76% were male and 67% white.

Methods

Participants completed questionnaires at baseline, 6-weeks later, and 12-weeks later. Measures included the ISS, Roland-Morris Disability Questionnaire (RMDQ), PROMIS-29 v1.0 satisfaction with social role participation scale, and single-item ratings of average pain, feeling bothered by low back pain in the past week, and a rating of change in low back pain.

Results

Internal consistency reliability for the ISS was 0.92–0.93 at the three time points. The ISS correlated 0.75 to 0.84 with the RMDQ, 0.51 to 0.78 with the single-item ratings, and -0.64 to -0.71 with satisfaction with social role participation. The ISS was

responsive to change on the three single items. The area under the curve for the ISS predicting improvement on the rating of change from baseline to 6-weeks later was 0.83.

Conclusions

This study provides support for the reliability and validity of the ISS as a patient-reported summary measure for acute, subacute, and chronic low back pain. The ISS is a useful indicator of low back impact.

Links of Interest

SECNAV: Navy seeking more mental health funding in upcoming budget

<https://www.navytimes.com/news/your-navy/2021/05/19/secnav-navy-seeking-more-mental-health-funding-in-upcoming-budget/>

Navy Needs More Mental Health Specialists, Top Civilian Says

<https://www.military.com/daily-news/2021/05/20/navy-needs-more-mental-health-specialists-top-civilian-says.html>

Racism he endured drove first Vietnamese-born US Army general's passion for diversity, inclusion

<https://www.stripes.com/news/pacific/racism-he-endured-drove-first-vietnamese-born-us-army-general-s-passion-for-diversity-inclusion-1.673994>

Military sexual assault is a moral injury

<https://warontherocks.com/2021/05/the-military-justice-improvement-act-and-the-moral-duty-owed-to-sexual-assault-victims/>

Has Covid Remade Psychotherapy for Good?

<https://www.nytimes.com/2021/05/21/nyregion/covid-teletherapy-psychiatry.html>

I Felt More Welcome in Combat Than I Did on Base: A poor command climate can make women feel unsupported and alone

<https://www.defenseone.com/ideas/2021/05/i-felt-more-welcome-combat-i-did-base/174244/>

Run Toward the Fire: My journey through mental illness

<https://health.mil/News/Articles/2021/05/21/Run-Toward-the-Fire-My-journey-through-mental-illness>

Reducing the stigma and encouraging mental health care in the military

<https://health.mil/News/Articles/2021/05/18/Reducing-the-stigma-and-encouraging-mental-health-care-in-the-military>

Stress relief is an important element to mental health

<https://health.mil/News/Articles/2021/05/24/Stress-relief-is-an-important-element-to-mental-health>

Coping with PTSD during a pandemic

<https://www.wtsp.com/article/news/health/coronavirus/veterans-coping-with-ptsd-during-pandemic/67-e1e216a0-815e-4f99-952e-a18bda19abb8>

'I just feel broken': doctors, mental health and the pandemic

<https://www.ft.com/content/7afccf9e-b3d3-4a27-8215-c7cd3fcfac41>

VA's Response to Veterans' Increasing Demand for Mental Health Services

<https://www.gao.gov/blog/vas-response-veterans-increasing-demand-mental-health-services>

LGBTQ in the Military: A Brief History, Current Policies and Safety

<https://www.militaryonesource.mil/military-life-cycle/friends-extended-family/lgbtq-in-the-military/>

Onboard Navy counselors help sailors cope with stress from shore-to-sea transitions

<https://www.stripes.com/Branches/Navy/2021-05-26/Onboard-Navy-counselors-help-sailors-cope-with-stress-from-shore-to-sea-transitions-1590714.html>

Resource of the Week -- [The Exceptional Family Member Program \(EFMP\): Policy Alignment Between the Department of Defense and the Services](#)

New, from the RAND Corporation:

Key Findings

There were differences across military departments/services in how family members were identified and enrolled into the EFMP

- Only one policy addressed the DoDI 1315.19 requirement that screening and evaluation procedures for identification and enrollment of family members with special needs should follow TRICARE access to care standards.
- Details about military treatment facility staff training on EFMP policies and procedures were lacking.

There were differences in how assignments were coordinated for service members

- Some service policies' description of the assignment coordination procedures did not reference the Joint Travel Regulations (JTR) as specified by the DoDI.
- Required coordination with other military departments and offices and civilian organizations was not always detailed.
- No service policy addressed the DoD's requirement that military departments must establish procedures to reimburse the DoD Education Activity (DoDEA) if assignment coordination does not occur prior to a family's move.
- Details regarding how each service would ensure a service member's career would not be harmed by EFMP enrollment were largely absent in policy documents.

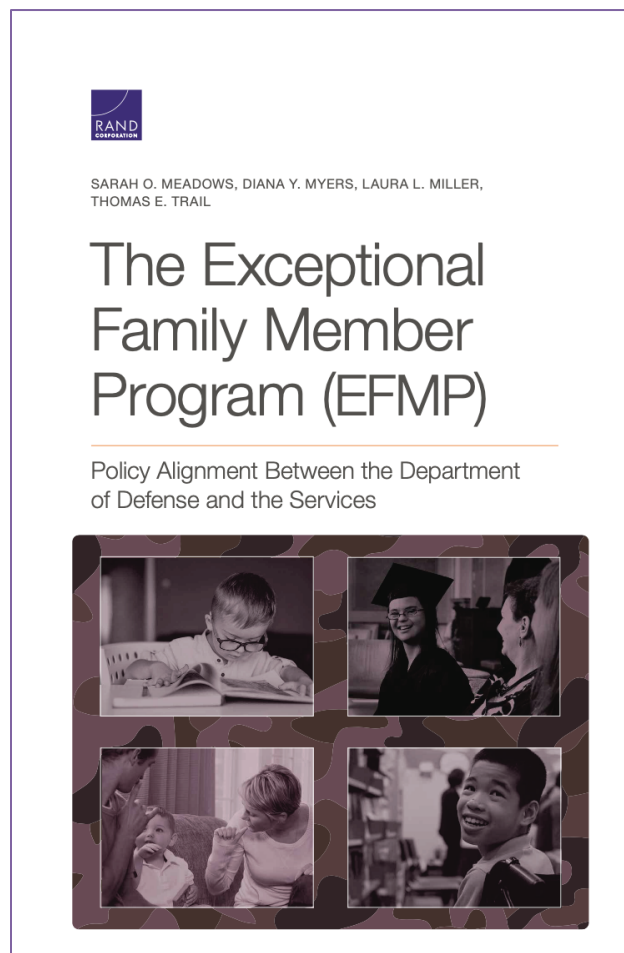
There were differences in the provision of family support services and other program aspects

- Details about the timing, frequency, and content of training of installation-level EFMP Family Support Services staff were lacking.
- EFMP inputs to support annual reporting requirements in military department or service policy did not match the DoDI's list of necessary elements.
- DoDI requirements ensuring service member and family website had access to EFMP information and providing local, generic EFMP email addresses to reach program staff were not consistently addressed.

Recommendations

- Military departments and services should update policy documents to fully address all requirements provided in DoDI 1315.19. The results presented here may help identify areas where department and service branch policy could benefit from added detail and more-specific language to prevent unintended variation in services provided to EFMP families.

- The OSN should ensure consistency of EFMP policies and services provided across services. In addition to using clear language in the DoDI, DoD should take steps to ensure that the EFMP policy documents for each service uniformly address DoDI policy.
- OSN should offer specific guidance, via policy, to the military departments and services regarding training for EFMP staff. Some training will be specific to service policies and procedures, but training on the DoDI and other family support service topics could be centralized for standardization, quality assurance, efficiency, and the sharing of lessons learned.
- Military departments and services should provide all military families with information about the EFMP, and OSN should ensure that the information provided is current and comparable across service branches. Though the authors were able to ascertain that all branches have headquarters-level websites for the EFMP, the requirements for these websites, including content, maintenance, and publicizing, are not explicitly spelled out in DoD, department, or service branch policies.



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