

CDP



Research Update -- October 14, 2021

What's Here:

- Pain interference and quality of life in combat veterans: Examining the roles of posttraumatic stress disorder, traumatic brain injury, and sleep quality.
- Chronic pain: The Canadian Armed Forces Members and Veterans Mental Health Follow-up Survey.
- Non-Suicidal Self-Injury in U.S. Military Veterans: Results from the National Health and Resilience in Veterans Study.
- Sexual harassment and assault during deployment: Associations with treatment outcomes among Veterans with co-occurring PTSD and SUD.
- Characterizing Veterans crisis line callers and regional follow-up efforts.
- Perceptions of purpose, cohesion, and military leadership: A path analysis of potential primary prevention targets to mitigate suicidal ideation.
- “Nobody views it as a negative thing to smoke”: A qualitative study of the relationship between United States Air Force culture and tobacco use.
- Measurement invariance of suicide screening measures across military branch.
- Combat and operational stress programs and interventions: A scoping review using a tiered prevention framework.
- Predictors of Response to Prolonged Exposure, Sertraline, and Their Combination for the Treatment of Military PTSD.
- Mechanisms through which executive dysfunction influences suicidal ideation in combat-exposed Iraq and Afghanistan veterans.

- Factors associated with post-traumatic growth in response to the COVID-19 pandemic: Results from a national sample of U.S. military veterans.
- The three-step theory of suicide: Description, evidence, and some useful points of clarification.
- Treatment dropout among veterans and their families: Quantitative and qualitative findings.
- Substance Use Frequency Relates to Suicidal Ideation Through Perceived Burdensomeness and to Suicide Attempts Through Capability for Suicide.
- Military and nonmilitary stressors associated with mental health outcomes among female military spouses.
- Contributing factors to suicide: Political, social, cultural and economic.
- Can we predict or prevent suicide?: An update.
- Veteran and partner interest in addressing suicidality from a couple-based treatment approach.
- How we ask matters: The impact of question wording in single-item measurement of suicidal thoughts and behaviors.
- Suicide prevention in the covid-19 era.
- Resilience as the Road to Mental Readiness? Reflections from an Ethics-of-care Perspective.
- Mental and physical health, and long-term quality of life among service members injured on deployment.
- The Association Between Service Connection and Treatment Outcome in Veterans Undergoing Residential PTSD Treatment.
- Assessing the Impact of Military Cultural-Competence Training: Lessons for Creating an Inclusive Campus Environment.
- Links of Interest
- Resource of the Week: VA Mobile Apps (U.S. Department of Veterans Affairs)

<https://doi.org/10.1037/rep0000333>

Pain interference and quality of life in combat veterans: Examining the roles of posttraumatic stress disorder, traumatic brain injury, and sleep quality.

Ord, A. S., Lad, S. S., Shura, R. D., Rowland, J. A., Taber, K. H., & Martindale, S. L.

Rehabilitation Psychology

2021 Feb; 66(1): 31-38

Objective:

The goal of this study was to examine the associations among posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), sleep quality, pain interference, and quality of life in combat veterans.

Method:

Veterans (N = 289, 86.51% male) completed the Mid-Atlantic MIRECC Assessment of Traumatic Brain Injury, the Clinician-Administered PTSD Scale for DSM-5, and measures of sleep quality, pain interference, and quality of life.

Results:

Hierarchical linear regressions evaluated associations between PTSD severity, deployment TBI severity, sleep quality, and the outcomes of pain interference and quality of life after adjusting for demographic variables and the number of nondeployment TBIs. PTSD severity, $B = 0.15$, $SE B = 0.04$, deployment TBI severity, $B = 3.98$, $SE B = 1.01$, and sleep quality, $B = 0.74$, $SE B = 0.13$, were significantly associated with pain interference, $p < .001$. PTSD severity, $B = -0.57$, $SE B = 0.07$, and pain interference, $B = -0.45$, $SE B = 0.11$, were significantly, independently associated with quality of life, $p < .001$. However, pain interference, $B = -0.24$, $SE B = 0.11$, was no longer significantly associated with quality of life when sleep quality, $B = -1.56$, $SE B = 0.25$, was included in the model. There was no significant association between deployment TBI severity and quality of life. Interactions among the studied variables were not significant for either of the outcome variables.

Conclusions:

PTSD symptom severity, deployment TBI history, and sleep quality may be important to consider in treatment planning for veterans experiencing pain-related functional interference. For veterans with numerous conditions comorbid with pain, treatment plans may include interventions targeting sleep and PTSD to maximize quality of life improvements. (PsycInfo Database Record (c) 2021 APA, all rights reserved).

<https://doi.org/10.3138/jmvfh-2021-0051>

Chronic pain: The Canadian Armed Forces Members and Veterans Mental Health Follow-up Survey.

Essence Perera, James M. Thompson, Gordon J.G. Asmundson, Renée El-Gabalawy, Tracie O. Afifi, Jitender Sareen and Shay-Lee Bolton

Journal of Military, Veteran and Family Health
Published Online: September 14, 2021

Chronic pain is pain that has lasted three to six months or longer. Many people with back pain, migraines, arthritis, and gastrointestinal conditions such as irritable bowel syndrome have chronic pain. The experience of chronic pain may have various negative effects on individuals. Pain may prevent a person from doing everyday tasks such as household chores. Chronic pain is an understudied area of research among military members and Veterans. Thus, the authors explored chronic pain in the Canadian military population. This study looks at the differences in chronic pain conditions among serving personnel and Veterans. The results show that a majority of serving members and Veterans experience chronic pain conditions. Veterans also reported experiencing more chronic pain than serving members.

<https://doi.org/10.1002/cpp.2673>

Non-Suicidal Self-Injury in U.S. Military Veterans: Results from the National Health and Resilience in Veterans Study.

Lorig K. Kachadourian, Brandon Nichter, Sarah Herzog, Sonya Norman, Tami Sullivan, Robert H. Pietrzak,

Clinical Psychology & Psychotherapy
First published: 01 October 2021

Background

To evaluate the prevalence of lifetime non-suicidal self-injury (NSSI) among U.S.

military veterans, and identify sociodemographic, military, psychiatric, and clinical correlates associated with NSSI.

Methods

Data were analyzed from the 2019-2020 National Health and Resilience in Veterans Study, a contemporary, nationally representative survey of 4,069 US veterans. Outcomes measured included lifetime history of NSSI, trauma history, lifetime and current DSM-V mental disorders and lifetime and recent suicidal behaviors.

Results

The overall prevalence of lifetime NSSI was 4.2% (95% confidence interval=3.6%-4.9%). Multivariable analyses revealed that veterans who endorsed lifetime NSSI were more likely to be younger, female, non-Caucasian, unmarried or unpartnered, and to have a lower annual household income. Veterans who endorsed lifetime NSSI reported more adverse childhood experiences and lifetime traumas, and were more likely to have experienced military sexual trauma. They also were more likely to screen positive for lifetime posttraumatic stress disorder, major depressive disorder (MDD) and substance use disorders and to have attempted suicide. Finally, lifetime NSSI was associated with current MDD, generalized anxiety disorder, and substance use disorders, as well as past-year suicidal ideation.

Conclusion

Results of this study provide the first-known data on the epidemiology of NSSI in U.S. military veterans. They suggest that certain correlates can help identify veterans who may be at greater risk for engaging in NSSI, as well as the potential prognostic utility of lifetime NSSI in predicting current psychiatric problems and suicide risk in this population.

<https://doi.org/10.1080/08995605.2021.1964901>

Sexual harassment and assault during deployment: Associations with treatment outcomes among Veterans with co-occurring PTSD and SUD.

Christine K. Hahn, Amber M. Jarnecke, Casey Calhoun, Alex Melkonian, Julianne C. Flanagan & Sudie E. Back

Sexual trauma is common and increases the risk for posttraumatic stress disorder (PTSD), substance-use disorders (SUD), and depression among Veterans. Limited research has examined the impact of sexual harassment and assault during deployment on treatment outcomes among Veterans with co-occurring PTSD and SUD. The current study examined the frequency of exposure to sexual harassment and assault during deployment as a predictor of treatment outcomes among a primarily male sample of US military Veterans diagnosed with current PTSD and SUD. A secondary analysis was performed using data from a randomized clinical trial examining the efficacy of Concurrent Treatment of PTSD and Substance Use Disorders using Prolonged Exposure (COPE) compared to Relapse Prevention (RP). Data from 69 Veterans (91.3% male) who were deployed while in the service were analyzed using mixed models to determine whether frequency of exposure to sexual harassment and assault during deployment impacted changes in PTSD symptom severity, percent days using substances, and depressive symptoms during treatment. Over one-third of the sample (36.2%) reported exposure to sexual harassment and/or assault during deployment. Frequency of exposure to sexual harassment and assault during deployment was not a predictor of treatment outcome in any of the models, suggesting a similar response to treatment among those with varying frequency of exposure to sexual harassment and assault during deployment. Veterans with co-occurring PTSD and SUD who have been exposed to sexual harassment and assault during deployment may benefit from integrated trauma-focused treatments and treatments focused on decreasing SUD symptoms.

<https://doi.org/10.1080/08995605.2021.1963631>

Characterizing Veterans crisis line callers and regional follow-up efforts.

Brooke A. Ammerman, Sarah P. Carter, Kara Walker, Heather M. Gebhardt, Sasha M. Rojas, Carl Duman, Greg M. Reger & Mark A. Reger

The Veterans Crisis Line (VCL) is a national resource offering Veterans 24/7 access to crisis responders and follow-up by a licensed mental health clinician at a Veterans

Affairs medical center. This quality improvement project aimed to improve local suicide prevention efforts at the VA Puget Sound Health Care System by characterizing 344 VCL calls and outcomes. Data was extracted from documentation by national VCL responders and local Suicide Prevention Team members. Overall, most callers were assessed at low-to-moderate risk. VCL responders were more likely to assess callers reporting suicidal ideation (SI) as high-risk, but less likely to assess those reporting financial issues as high-risk. VCL calls about SI, about physical health, or that occurred on weekends were more likely to end with immediate evaluation (i.e., emergency room, evaluated by first-responders) compared to their respective comparison groups. VCL calls assessed as high-risk were more likely to report SI during local follow-up contact, whereas VCL calls ending in immediate evaluation (i.e., emergency room, evaluated by first-responders) were less likely to report SI during follow-up with the local VA clinician; 17% of VCL calls without SI reported SI at follow-up. Training of local Suicide Prevention Team members should include that SI can change rapidly and requires assessment regardless of SI during the VCL call.

<https://doi.org/10.1080/08995605.2021.1962184>

Perceptions of purpose, cohesion, and military leadership: A path analysis of potential primary prevention targets to mitigate suicidal ideation.

Benjamin Trachik, Emma H. Moscardini, Michelle L. Ganulin, Jen L. McDonald, Ashlee B. McKeon, Michael N. Dretsch, Raymond P. Tucker & Walter J. Sowden

Military Psychology

Published online: 08 Oct 2021

Rates of suicide in the US Army continue to rise, and by some accounts exceed the general population. This increase has renewed efforts to identify protective factors that may inform novel suicide prevention strategies. Previous research has demonstrated that a sense of purpose in life and perceived cohesion with military peers are related to a reduction in the severity of suicidal ideation (SI). Additionally, research in military samples supports decreased SI in Soldiers who endorse that their leaders convey a sense of purpose and meaning in their shared mission. However, no work has investigated whether these leadership styles relate to a sense of felt purpose and perceived cohesion in Soldiers and thus the indirect effect of these leadership styles on SI. Active duty Army Soldiers (n = 1,160) completed self-report measures of purpose in life (PiL), perceived cohesion, ethical leadership, loneliness, and SI. Indirect effect

analyses were conducted to determine how leadership behaviors indirectly relate to SI through PiL and perceived cohesion. Indirect effect analyses revealed that ethical leadership had an indirect effect on reduced SI through increased PiL. In the same parallel indirect effect analysis, ethical leadership was related to less SI through increased perceived cohesion and decreased loneliness sequentially. Enhanced leadership training that effectively increases Soldier purpose may be an important primary prevention tool to mitigate the effect of suicide risk factors. This primary prevention strategy may help augment existing suicide surveillance and clinical prevention efforts to reduce Soldier risk for suicide.

<https://doi.org/10.1080/08995605.2021.1962189>

“Nobody views it as a negative thing to smoke”: A qualitative study of the relationship between United States Air Force culture and tobacco use.

Rebecca A. Krukowski, Kathleen Porter, Tina Boothe, G. Wayne Talcott & Melissa A. Little

Military Psychology

Published online: 08 Oct 2021

Tobacco use has long been a part of military culture, and rates of tobacco use remain higher among military personnel compared to civilians. The current study examines aspects of Air Force tobacco culture that encourage tobacco use. We conducted seven focus groups among Air Force Military Training Leaders (n = 48) and five focus groups among Technical Training Instructors (n = 33) from July 2018 to February 2019. Tobacco use was seen as a core part of Air Force culture and a low-risk behavior, in contrast to other potential activities. Three themes of Air Force culture that facilitate tobacco use emerged: 1) opportunity for work breaks; 2) finding common ground; and 3) stress management or stress relief during deployment. Smoke pits were seen as serving several functions that were not perceived to occur anywhere else: an opportunity for informal communication with leadership, a source of valuable information, and a space for problem-solving. Airmen viewed tobacco as serving a functional role, which outweighed its harm. Future programs might try to address the functions fulfilled by tobacco in order to enhance their impact.

<https://doi.org/10.1080/08995605.2021.1962186>

Measurement invariance of suicide screening measures across military branch.

Patrick J. Heath, David L. Vogel, Carlos Vidales & W. Todd Abraham

Military Psychology

Published online: 08 Oct 2021

Military suicide rates are near all-time highs. To help clinicians and researchers study suicide risk factors in military samples, the Military Suicide Research Consortium (MSRC) developed a set of brief suicide-risk screening measures. While previous research has examined the reliability of these screening measures, it remains unclear if measurement differences exist across different military branches. This is an important omission given that establishing measurement equivalence or invariance (ME/I) across groups is a prerequisite for making group comparisons, which are necessary for accurately identifying and effectively intervening with groups at heightened risk. This study examined the ME/I of four MSRC screening measures (e.g., Depressive Symptom Index – Suicidality Subscale; Interpersonal Needs Questionnaire; Suicidal Behaviors Questionnaire – Revised; Suicide Intent Scale) using a sample of 4,487 participants across military branches (Army; National Guard; Navy; Marine; Air Force) using a series of multiple-group confirmatory factor analyses (MGCFA). We assessed configural, threshold, and loading invariance, with results indicating that the brief screening measures are fully invariant between individuals from different military branches and that these suicide screeners can be used to examine differences across branches in future research. Research and applied implications are discussed.

<https://doi.org/10.1080/08995605.2021.1968289>

Combat and operational stress programs and interventions: A scoping review using a tiered prevention framework.

Denise C. Cooper, Marjorie S. Campbell, Margaret Baisley, Christina L. Hein & Tim Hoyt

Military Psychology

Published online: 08 Oct 2021

Beginning in 1999, Department of Defense policy directed the military services to develop Combat and Operational Stress Control (COSC) programs to address prevention, early identification, and management of the negative effects of combat and operational stress. The aim of this study is to provide a narrative review of COSC programs and organize them into a prevention framework to clarify gaps and future directions. A systematic search was conducted to identify studies between 2001 and 2020 in peer-reviewed articles or government-sponsored reports describing an evaluation of COSC programs. The target population of these programs was US service members who had participated in an intervention designed to address combat or operational stress in a deployed, operational, or field setting. These programs then were rated for level of evidence and categorized using a tiered prevention model. This search identified 36 published evaluations of 19 COSC programs and interventions from. Most programs were described as effective in addressing target outcomes, with behavioral health outcomes reported for 13 of the 19 identified programs; the remaining six focused on knowledge base and behavior changes. Delivery of these prevention programs also ranged from peer-based implementation to formal treatment, including programs at all prevention levels. COSC interventions show promise for helping service members manage stress, with more than half of the programs showing evidence from studies using randomized designs. Future iterations of COSC program evaluations should explore the development of a joint curriculum using existing content in a tiered prevention framework.

<https://doi.org/10.4088/JCP.20m13752>

Predictors of Response to Prolonged Exposure, Sertraline, and Their Combination for the Treatment of Military PTSD.

Rauch, S., Kim, H. M., Lederman, S., Sullivan, G., Acierno, R., Tuerk, P. W., Simon, N. M., Venners, M. R., Norman, S. B., Allard, C. B., Porter, K. E., Martis, B., Bui, E., Baker, A. W., & PROGrESS Team

The Journal of Clinical Psychiatry
2021 Jun 15; 82(4): 20m13752

Objective:

The current study is an analysis of predictors of posttraumatic stress disorder (PTSD) treatment response in a clinical trial comparing (1) prolonged exposure plus placebo (PE + PLB), (2) PE + sertraline (PE + SERT), and (3) sertraline + enhanced medication

management (SERT + EMM) with predictors including time since trauma (TST), self-report of pain, alcohol use, baseline symptoms, and demographics.

Methods:

Participants (N = 196) were veterans with combat-related PTSD (DSM-IV-TR) of at least 3 months' duration recruited between 2012 and 2016 from 4 sites in the 24-week PROlonged ExpoSure and Sertraline (PROGrESS) clinical trial (assessments at weeks 0 [intake], 6, 12, 24, 36, and 52).

Results:

Across treatment conditions, (1) longer TST was predictive of greater week 24 PTSD symptom improvement ($\beta = 1.72$, $P = .01$) after adjusting for baseline, (2) higher baseline pain severity was predictive of smaller symptom improvement ($\beta = -2.96$, $P = .003$), and (3) Hispanic patients showed greater improvement than non-Hispanic patients ($\beta = 12.33$, $P = .03$). No other baseline characteristics, including alcohol consumption, were significantly predictive of week 24 improvement. Comparison of TST by treatment condition revealed a significant relationship only in those randomized to the PE + SERT condition ($\beta = 2.53$, $P = .03$). Longitudinal analyses showed similar results.

Conclusions:

The finding that longer TST shows larger symptom reductions is promising for PTSD patients who might not seek help for years following trauma. Higher baseline pain severity robustly predicted attenuated and slower response to all treatment conditions, suggesting a common neuropathologic substrate. Finally, in the current study, alcohol use did not impede the effectiveness of pharmacotherapy for PTSD.

Trial Registration:

ClinicalTrials.gov identifier: NCT01524133.

<https://doi.org/10.1080/13854046.2021.1974566>

Mechanisms through which executive dysfunction influences suicidal ideation in combat-exposed Iraq and Afghanistan veterans.

Laura D. Crocker, Sarah M. Jurick, Victoria C. Merritt, Amber V. Keller, Samantha N. Hoffman, Delaney K. Davey & Amy J. Jak

Objective:

Executive dysfunction has previously been associated with suicidality, but it remains unclear how deficits in executive functioning contribute to increased suicidal thoughts and behaviors. Although it has been proposed that poorer executive functioning leads to difficulty generating and implementing appropriate coping strategies to regulate distress and inhibit suicidal thoughts and behaviors, studies have not systematically examined these relationships. Therefore, the present study examined various hypotheses to elucidate the mechanisms through which executive dysfunction influences suicidal ideation (SI) in combat-exposed Iraq/Afghanistan veterans.

Method:

Veterans who endorsed SI were compared to those who denied SI on demographic and diagnostic variables and measures of neuropsychological functioning, psychological symptoms, coping styles, and combat experiences. Serial mediation models were tested to examine mechanistic relationships among executive functioning, psychological distress, coping, and SI.

Results:

Those who endorsed SI had worse executive functioning, greater psychological distress, and greater avoidant coping relative to those who denied SI. Serial mediation model testing indicated a significant indirect path, such that executive dysfunction increased psychological distress, which in turn increased avoidant coping, leading to SI.

Conclusions:

Findings support and extend previous hypotheses regarding how executive functioning contributes to increased risk of suicidality via increased distress and avoidant coping. Intervention efforts focused on reducing suicidality may benefit from techniques that enhance executive functioning (e.g. computerized training, cognitive rehabilitation) and in turn reduce distress prior to targeting coping strategies.

<https://doi.org/10.1016/j.socscimed.2021.114409>

Factors associated with post-traumatic growth in response to the COVID-19 pandemic: Results from a national sample of U.S. military veterans.

PJ Na, J Tsai, SM Southwick, RH Pietrzak

Social Science & Medicine
Volume 289, November 2021

Highlights

- Post-Traumatic Growth (PTG) is an important phenomenon for numerous U.S. veterans.
- Previous PTG was associated with peri-pandemic PTG.
- Pandemic-related worries on physical/mental health were strongly linked to PTG.
- Pandemic-related avoidance symptoms were positively associated with PTG.
- Psychosocial interventions to promote PTG may be of clinical value.

Abstract

Rationale

The COVID-19 pandemic has had numerous negative effects globally, contributing to mortality, social restriction, and psychological distress. To date, however, the majority of research on the psychological impact of the COVID-19 pandemic has focused on negative psychological outcomes, such as depression, anxiety, and posttraumatic stress disorder (PTSD).

Objective

Although there is debate about the constructive vs. illusory nature of post-traumatic growth (PTG), it has been found to be prevalent in a broad range of trauma survivors, including individuals affected by the COVID-19 pandemic. The objective of this study was to identify pre- and peri-pandemic factors associated with pandemic-related PTG in a national sample of U.S. veterans.

Methods

Data were analyzed from the National Health and Resilience in Veterans Study, which surveyed a nationally representative cohort of 3078 U.S. veterans. A broad range of pre-pandemic and 1-year peri-pandemic factors associated with pandemic-related PTG were evaluated. Curve estimation and receiver operating characteristic curve analyses were conducted to characterize the association between pandemic-related PTSD symptoms and PTG.

Results

Worries about the effect of the pandemic on one's physical and mental health, PTG in response to previous traumas (i.e., new possibilities and improved interpersonal relationships), and pandemic-related avoidance symptoms were the strongest

correlates of pandemic-related PTG. An inverted-U shaped relationship provided the best fit to the association between pandemic-related PTSD symptoms and endorsement of PTG, with moderate severity of PTSD symptoms optimally efficient in identifying veterans who endorsed PTG.

Conclusions

Results of this study suggest that psychosocial interventions that promote more deliberate and organized rumination about the pandemic and enhance PTG in response to prior traumatic events may help facilitate positive psychological changes related to the COVID-19 pandemic in U.S. military veterans. Longitudinal studies on functional correlates of PTG may help inform whether these changes are constructive vs. illusory in nature.

<https://doi.org/10.1016/j.yjmed.2021.106549>

The three-step theory of suicide: Description, evidence, and some useful points of clarification.

ED Klonsky, MC Pachkowski, A Shahnaz, AM May

Preventive Medicine

Volume 152, Part 1, November 2021

Highlights

- The Three-Step Theory (3ST) is a concise and actionable theory of suicide.
- The 3ST focuses on four factors: pain, hopelessness, connection, suicide capability.
- Studies on correlates, risk factors, motivations, and warning signs support the 3ST.
- This article clarifies the 3ST so it may be better understood, tested, and applied.
- Aspects of the 3ST remain challenging to operationalize and test.

Abstract

There has been considerable uptake of the Three-Step Theory (3ST) of suicide since its publication in 2015. The 3ST is a concise, evidence-based, and actionable theory that explains suicide in terms of four factors: pain, hopelessness, connection, and capability for suicide. The 3ST has not only been cited in hundreds of scientific papers, but incorporated into continuing education programs, gatekeeper training, and self-help

resources. In this context, it is useful to clarify the theory's content and review its scientific support. Thus, the present article describes the 3ST, provides an updated evidence review for each of its premises, and offers several points of clarification so that the claims of the 3ST may be better understood, evaluated, and applied. To date, research (including research on correlates, risk factors, motivations, warning signs, and means-safety interventions) supports the 3ST. At the same time, there are aspects of the theory that are challenging to operationalize and that require further testing.

<https://doi.org/10.1037/tra0001109>

Treatment dropout among veterans and their families: Quantitative and qualitative findings.

Amsalem, D., Lopez-Yianilos, A., Lowell, A., Pickover, A. M., Arnon, S., Zhu, X., Suarez-Jimenez, B., Ryba, M., Bergman, M., Such, S., Zalman, H., Sanchez-Lacay, A., Lazarov, A., Markowitz, J. C., & Neria, Y.

Psychological Trauma: Theory, Research, Practice, and Policy
Advance online publication

Background:

Psychotherapy noncompletion rates for veterans and their families are high. This study sought to (a) measure noncompletion rates of such patients at a university-based treatment center, (b) compare veteran and family member attrition rates, (c) identify dropout predictors, and (d) explore clinicians' perspectives on treatment noncompletion.

Method:

Using quantitative and qualitative approaches, we analyzed demographic and clinical characteristics of 141 patients (90 military veterans; 51 family members) in a university treatment center. We defined dropout as not completing the time-limited therapy contract. Reviewing semistructured interview data assessing clinicians' perspectives on their patients' dropout, three independent raters agreed on key themes, with interrater coefficient kappa range .74 to 1.

Results:

Patient attrition was 24%, not differing significantly between veterans and family members. Diagnosis of major depression (MDD) and exposure-based therapies predicted noncompletion, as did higher baseline Hamilton Depression Rating Scale

(HDRS) total scores, severe depression (HDRS > 20), lack of Beck Depression Inventory weekly improvement, and history of military sexual trauma. Clinicians mostly attributed noncompletion to patient difficulties coping with intense emotions, especially in exposure-based therapies.

Conclusion:

Noncompletion rate at this study appeared relatively low compared to other veteran-based treatment centers, if still unfortunately substantial. Patients with comorbid MDD/PTSD and exposure-based therapies carried greater noncompletion risk due to the MDD component, and this should be considered in treatment planning. Ongoing discussion of dissatisfaction and patient discontinuation, in the context of a strong therapeutic alliance, might reduce noncompletion in this at-risk population. (Psycho Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1080/13811118.2021.1931595>

Substance Use Frequency Relates to Suicidal Ideation Through Perceived Burdensomeness and to Suicide Attempts Through Capability for Suicide.

Margaret M. Baer, Matthew T. Tull & Kim L. Gratz

Archives of Suicide Research
Published online: 16 Sep 2021

Background

Although substance use has been linked to both suicidal ideation and suicide attempts, the factors underlying these relations remain unclear. The Interpersonal-Psychological Theory of Suicide (ITS) provides a framework for understanding how substance use may increase suicide risk. The purpose of the current study was to examine if frequency of substance use is indirectly related to suicidal ideation and suicide attempts through core ITS variables (i.e., burdensomeness, thwarted belongingness, and suicide capability).

Methods

An online sample of Mechanical Turk workers (N = 365) completed measures assessing substance use frequency, burdensomeness, thwarted belongingness, suicide capability, suicidal ideation, and suicide attempts.

Results

After controlling for relevant clinical and demographic covariates, substance use frequency was indirectly related to suicidal ideation through burdensomeness but not thwarted belongingness. Substance use frequency was indirectly related to suicide attempts through suicide capability only.

Limitations

The cross-sectional design precludes conclusions about the precise nature and direction of the relations examined. The use of a community sample limits generalizability to more severe substance using samples.

Conclusions

Results highlight the relevance of distinct ITS factors in the relation between substance use frequency and both suicidal ideation and suicide attempts. Results may inform specific targets for novel interventions aimed at reducing suicide risk among substance-using individuals.

Highlights

- Substance use frequency was indirectly related to SI through burdensomeness.
- Substance use frequency was not indirectly related to SI through thwarted belongingness
- Substance use frequency was indirectly related to SA only through suicide capability.

<https://doi.org/10.1111/fare.12589>

Military and nonmilitary stressors associated with mental health outcomes among female military spouses.

Kathrine S. Sullivan, Yangjin Park, Lyndon A. Riviere

Family Relations

First published: 13 September 2021

Objective

This study uses a stress process framework and person-centered methods to describe patterns of concurrent stressors across multiple domains and to associate patterns with female military spouse mental health.

Background

Most military families are resilient. However, a subset of military spouses experiences adverse outcomes in the context of war-related stress. To date, a focus on military-specific stressors has largely obscured the effects of stress unrelated to military service on the well-being of military spouses.

Methods

Data were drawn from a 2012 survey of 343 U.S. Army spouses, measuring intrapersonal (e.g., adverse childhood experiences), family (e.g., work–family conflict), and military stressors (e.g., cumulative deployments). Outcomes included moderate or more severe depression, anxiety, and posttraumatic stress disorder (PTSD).

Results

The three-step method of latent class analysis identified three classes: low (58.86% of participants), moderate (21.62%), and high (19.52%) stress. Prevalence of mental health problems was significantly elevated in the high-stress class. In this group, 35.3%, 36.3%, and 39.5% of spouses' screenings indicated at least moderate depression, anxiety, and PTSD symptomatology, compared with 3.0%, 3.9%, and 2.7% in the low-stress group.

Conclusions

Results suggest many military spouses have low stress exposure across domains and low rates of mental health symptoms. However, a subset of spouses may experience both intrapersonal and family-level risk associated with elevated rates of mental health problems.

Implications

Findings highlight the critical role of nonmilitary stressors in the lives of military spouses and the importance of assessing for and providing support to spouses around these issues.

<https://doi.org/10.1016/j.yjpm.2021.106498>

Contributing factors to suicide: Political, social, cultural and economic.

Steven Stack

This review summarizes recent research in four environmental areas affecting risk of deaths by suicide. Politically, the weight of the evidence suggests that laws increasing social welfare expenditures and other policies assisting persons with low incomes (e.g., minimum wage) tend to lower suicide rates. Other legal changes such as those restricting firearms and alcohol availability can also prevent suicides. The social institutions of marriage, as well as parenting, continue to serve as protective factors against suicide, although the degree of protection is often gendered. Religiousness tends to be inversely associated with suicide deaths at the individual level of analysis, but the mediators need exploration to determine what accounts for the association: social support, better mental health, better physical health, less divorce, or other covariates. Cultural definitions of the traditional male role (e.g., breadwinner culture) continue to help explain the high male to female suicide ratio. New work on the “culture of suicide” shows promise. The degree of approval of suicide is sometimes the single most important factor in predicting suicide. At the individual level of analysis, two of the strongest predictors of suicide are economic ones: unemployment and low socio-economic status. Attention is drawn to enhancing the minimum wage as a policy known to lower state suicide rates. Limitations of research include model mis-specification, conflicting results especially when ecological data are employed, and a need for more research exploring moderators of established patterns such as that between religiousness and suicide.

<https://doi.org/10.1016/j.yppmed.2020.106353>

Can we predict or prevent suicide?: An update.

Joel Paris

Preventive Medicine

Volume 152, Part 1, November 2021

Highlights

- There is little evidence that death by suicide can be predicted or prevented in clinical settings.
- Psychotherapy or medication can reduce suicide attempts, but not fatality.

- The strongest evidence for suicide prevention is from population-based methods such as restricting access to means.

Abstract

This article updates a 2006 review of empirical data concerning whether clinicians can predict whether patients will die by suicide, or whether fatality can be prevented. Based on further empirical data, a negative conclusion remains justified. There is good evidence that treatment programs, using psychotherapy and medication, can reduce suicide attempts. But people who die by suicide are a distinct population from attempters, and those at high risk do not necessarily present for treatment. Research on suicide prevention has not shown that fatalities among patients can be predicted, or that clinical interventions can reduce the risk. The strongest evidence for prevention derives from reducing access to means. Population-based strategies are more effective than high-risk strategies focusing on patients with suicidal ideas or attempts.

<https://doi.org/10.1037/cfp0000195>

Veteran and partner interest in addressing suicidality from a couple-based treatment approach.

Khalifian, C. E., Chalker, S. A., Leifker, F. R., Rashkovsky, K., Knopp, K., Morland, L. A., Glynn, S., & Depp, C.

Couple and Family Psychology: Research and Practice
Advance online publication

Theories of suicide highlight the importance of healthy interpersonal connection and research has found that relationship problems are the most frequently endorsed stressor preceding attempts. However, established suicide interventions are individually focused and do not directly address the relational context. Additionally, it is unclear whether a couple-based suicide intervention would be acceptable to veterans and their partners. Utilizing two different treatment-seeking samples (N = 91), we examined veterans' and partners' desire for and willingness to engage in a couple-based suicide intervention and whether interest in such an intervention correlated with demographics or clinical symptom severity. Findings suggested that veterans and their partners have talked about suicidal thoughts with one another to some extent (77.7%–86.8%), are interested in a couple-based suicide intervention (55.3%–61.5%) or willing to learn more (23.1%–33.3%), and think their partners would be interested (47.4%–61.5%) or willing

to learn more (26.9%–42.1%). There were few predictors of differences in interest. Overall, a couple-based suicide intervention appears to be acceptable and desirable by veterans in crisis and their partners. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1016/j.ypped.2021.106472>

How we ask matters: The impact of question wording in single-item measurement of suicidal thoughts and behaviors.

BA Ammerman, TA Burke, R Jacobucci, K McClure

Preventive Medicine

Volume 152, Part 1, November 2021

Highlights

- Moderate response agreement was found across items.
- Endorsement rates differed across four items assessing suicidal ideation.
- Endorsement rates differed across four items assessing suicidal planning.
- Even minor language changes in question wording may impact prevalence estimates.

Abstract

The present study aimed to extend prior literature on single-item assessment by examining response consistency (1) between several commonly used single-item assessments of suicidal ideation, planning, and attempts, and (2) across three timeframes (past month, past year, and lifetime) commonly employed in the literature. Participants (N = 613) were recruited from an online community, Amazon Mechanical Turk (mTurk). Participants were administered three sets of four distinct single-items assessing suicidal ideation, suicidal planning, and suicide attempt history, respectively. Items were drawn from well-known large-scale studies (e.g., National Comorbidity Survey; World Health Organization Mental Health Survey Initiative, Youth Risk Behavior Survey) and commonly used suicide risk assessments (i.e., Self-Injurious Thoughts and Behaviors Interview). Through examinations of intraclass correlations and confirmatory factor analyses, findings suggested mixed response agreement across most outcomes and timeframes. Response inconsistency among items assessing suicidal ideation and among items assessing suicidal planning were partly attributed to minor, yet important, language differences. Given findings that even minor language changes in suicidal

ideation and planning items may inflate or restrict prevalence estimates in a meaningful way, it will be important for researchers and clinicians alike to pay close attention to the wording of single items in designing research studies, interpreting findings, and assessing patient risk.

<https://doi.org/10.1016/j.ypped.2021.106547>

Suicide prevention in the covid-19 era.

Rothman, S., & Sher, L.

Preventive Medicine

Volume 152, Part 1, November 2021

The COVID-19 pandemic is affecting the health of people all around the world including mental health as social isolation which has been one of the best infection mitigation efforts is strongly associated with anxiety, depression, self-harm and suicide attempts. These feelings are consistent with past pandemics where there was loss of routine and sociability. Suicidality has been on the rise in the United States and it is within this context that the pandemic has struck. With the risk of suicide being increased, preventative measures need to be implemented at the universal, selective and indicated levels. Universal suicide prevention is needed for the population as a whole regardless of their risk of suicide. Selective prevention is for subgroups at an increased risk and lastly indicated prevention corresponds to people at a very high risk, for example those with recent suicide attempts. Telemedicine, informative and responsible media, as well as monetary help from governments, banks and other major institutions can all help with suicide prevention in these during the pandemic. These resources can broadly help the population at large, but more targeted approaches will be needed for high risk individuals including those with psychiatric diagnoses, COVID-19 survivors, frontline healthcare workers and the elderly. Additionally, those with recent suicide attempts should warrant even more attention.

<https://doi.org/10.1080/15027570.2021.1973721>

Resilience as the Road to Mental Readiness? Reflections from an Ethics-of-care Perspective.

Eva van Baarle & Tine Molendijk

Journal of Military Ethics

Published online: 16 Sep 2021

Over the last decade, moral injury in the armed forces has captured the attention of mental health care providers, policy makers and the general public. Military organizations endeavor to prevent and reduce moral injury among their personnel to minimize the tremendous costs incurred on military readiness, government budgets and the well-being of soldiers. This is reflected in training programs that promise to deliver mental readiness and mitigate risks of mental health problems. Our concern is that by focusing on “resilience” as positive policy language, the complexities of situations, including “negative” emotions such as sorrow or fear and the values underlying these emotions, are disregarded. An overly optimistic focus on resilience while overlooking these complications may be counterproductive, and may actually do soldiers harm.

<https://doi.org/10.1186/s12955-021-01852-3>

Mental and physical health, and long-term quality of life among service members injured on deployment.

Cameron T. McCabe, Jessica R. Watrous, Susan L. Eskridge & Michael R. Galarnau

Health and Quality of Life Outcomes

Published: 16 September 2021

Background

More than 52,000 casualties have been documented in post-9/11 conflicts. Service members with extremity injuries (EIs) or traumatic brain injury (TBI) may be at particular risk for long-term deficits in mental and physical health functioning compared with service members with other injuries.

Methods

The present study combined medical records with patient reports of mental health and health-related quality of life (HRQOL) for 2,537 service members injured in overseas contingency operations who participated in the Wounded Warrior Recovery Project. Combined parallel-serial mediation models were tested to examine the pathways

through which injury is related to mental and physical health conditions, and long-term HRQOL.

Results

Results revealed that injury was indirectly related to long-term HRQOL via its associations with physical health complications and mental health symptoms. Relative to TBI, EI was associated with a higher likelihood for a postinjury diagnosis for a musculoskeletal condition, which were related to lower levels of later posttraumatic stress disorder (PTSD) symptoms, and higher levels of physical and mental HRQOL. Similarly, EI was related to a lower likelihood for a postinjury PTSD diagnosis, and lower levels of subsequent PTSD symptoms, and therefore higher physical and mental HRQOL relative to those with TBI. Despite this, the prevalence of probable PTSD among those with EI was high (35%). Implications for intervention, rehabilitation, and future research are discussed.

<https://doi.org/10.1007/s11126-021-09940-9>

The Association Between Service Connection and Treatment Outcome in Veterans Undergoing Residential PTSD Treatment.

Jessica L. Rodriguez, Andrew C. Hale, Holloway N. Marston, Chelsea E. Sage-Germain, Theodore P. Wright, Scott A. Driesenga, Shannon M. Martin & Rebecca K. Sripada

Psychiatric Quarterly
Published: 17 September 2021

The Department of Veterans Affairs has invested significant time and resources into the treatment of posttraumatic stress disorder (PTSD). Despite concerted efforts, a significant portion of patients do not respond optimally to trauma-focused treatment. One of the factors that has been hypothesized to be associated with treatment response is participation in the Veterans Benefits Administration service-connected disability process. This factor may be particularly relevant in the residential treatment setting, where most participants are engaged in the compensation seeking process. We conducted a retrospective chart review of 105 veterans who completed Cognitive Processing Therapy (CPT) in a residential rehabilitation program. ANCOVAs that adjusted for baseline PTSD severity compared symptom change between those who were and were non-compensation seeking at the time of treatment. Compensation

seeking status was associated with significantly less symptom improvement over the course of CPT after adjusting for baseline PTSD severity ($F(1, 102) = 4.29, p < .001, \eta^2 = .03$). Sensitivity analyses did not detect a similar effect during a prior coping skills phase of treatment. During CPT, clinically significant change was met by 66.7% of non-compensation seeking veterans ($M = -15, SD = 14.56$) and by 40.1% of the compensation seeking group ($M = -7.1, SD = 12.24$). Compensation-seeking may be associated with reduced response to trauma-focused treatment in certain settings. Future research is needed to better understand the mechanisms underlying this effect.

<https://doi.org/10.1080/07377363.2021.1938804>

Assessing the Impact of Military Cultural-Competence Training: Lessons for Creating an Inclusive Campus Environment.

Phillip Morris, Michael McNamee & Kayleen St. Louis

The Journal of Continuing Higher Education
Published online: 17 Sep 2021

Campuses are increasingly offering military cultural-competency professional development training to staff and faculty to support military-connected students. Using four years of program data, we examine outcomes for a custom training, including retention of content knowledge, application of lessons on campus, and comparison of outcomes for in-person and online versions of the training. Results suggest that participants, both in-person and online, developed higher confidence and greater capacity to support student veterans. Evidence for examining training impact included correct response rates on a post-training quiz, scaled perceptions data, and open-ended feedback. Implications for research on the effectiveness of military cultural competency training are discussed, along with recommendations for creating an inclusive campus culture for military-connected students.

Links of Interest

Care for Veterans with substance use disorders

<https://blogs.va.gov/VAntage/95358/care-for-veterans-with-substance-use-disorders/>

Sesame Street Supports Military Families During TDYs

<https://www.health.mil/News/Articles/2021/10/08/Sesame-Street-Supports-Military-Families-During-TDYs>

Two-thirds of military teens want to follow in their parents' footsteps. But these kids 'are not okay,' survey finds

<https://www.militarytimes.com/pay-benefits/2021/10/07/two-thirds-of-military-teens-want-to-follow-in-their-parents-footsteps-but-these-kids-are-not-okay-survey-finds/>

Amid rise in service member suicides, military seeks to fight stigma about seeking help

<https://www.hawaiinewsnow.com/2021/10/08/amid-rise-service-member-suicides-military-seeks-fight-stigma-about-seeking-help/>

Army Hopes Identifying Suicide 'Red Flags' Earlier Will Finally Ease Crisis

<https://www.military.com/daily-news/2021/10/12/army-hopes-identifying-suicide-red-flags-earlier-will-finally-ease-crisis.html>

It's time to end the war at home for troops with traumatic brain injuries

<https://techcrunch.com/2021/10/07/its-time-to-end-the-war-at-home-for-troops-with-traumatic-brain-injuries/>

After a career of breaking barriers in the Army, this retired General is now fighting for military families of color

<https://www.cnn.com/2021/10/08/us/champions-for-change-gen-gwen-bingham/index.html>

As Male and Female Drinking Patterns Become More Similar, Adverse Alcohol Risks for Women Become More Apparent

<https://niaaa.scienceblog.com/378/as-male-and-female-drinking-patterns-become-more-similar-adverse-alcohol-risks-for-women-become-more-apparent/>

PTSD: Seeking out mental health care is the first step to wellness

<https://health.mil/News/Articles/2021/06/28/PTSD-seeking-out-mental-health-care-is-the-first-step-to-wellness>

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>

Resource of the Week: [VA Mobile Apps](#)

From the VA's National Center for PTSD:

Our mobile applications (apps) provide self-help, education and support following trauma. We also have treatment companion apps, for use with a health care provider, to make treatment easier. There are apps for iOS and Android devices.

PTSD is a serious mental health condition that often needs professional evaluation and treatment. These apps are not intended to replace needed professional care.



See also: [Tech into Care: Resources](#)

Shirl Kennedy, BS, MA

Research Editor

Henry M. Jackson Foundation employee collaborating with Center for Deployment
Psychology

Office: (727) 537-6160

Email: shirley.kennedy.ctr@usuhs.edu