

CDP



Research Update -- December 9, 2021

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The career transition experiences of military Veterans: A qualitative study.

Sarah Shue, Marianne S. Matthias, Dennis P. Watson, Kristine K. Miller & Niki Munk

Military Psychology

Published online: 09 Sep 2021

Transitioning out of a military career can be difficult and stressful for Veterans. The purpose of this study was to gain an in-depth understanding of the challenges and needs of career transitioning Veterans. Fifteen United States Veterans from a larger mixed methods research project completed a qualitative semi-structured interview regarding their career transition. Interview questions invited participants to define their transition experience, identify influential psychosocial factors, resources utilized or needed, what it meant to transition out of the military, role changes experienced, and how the participant had adapted to the transition. Emergent thematic analysis revealed 4 themes: 1) it is necessary to actively prepare for the transition; 2) a variety of factors impacted the military career transition process; 3) transitioning out of a military career equated to the loss of structure; and 4) the transition required Veterans to establish themselves outside of the military. Findings from this study identified barriers, desired assistance, and facilitators to the career transition process, which should be considered by those assisting transitioning Veterans and when developing transition-related resources. Continuing to expand on this knowledge will positively impact service members as they exit their military career.

<https://doi.org/10.1080/08995605.2021.1962176>

Military identity and planning for the transition out of the military.

Meredith Kleykamp, Sidra Montgomery, Alexis Pang & Kristin Schrader

Military Psychology

Published online: 20 Aug 2021

Everyone who serves in the military (and survives the experience) will eventually become a Veteran, and most will face the challenge of finding a civilian job. This paper

investigates how contemporary Veterans experience the transition period between military exit and entrance into civilian life and how their own actions before separation shape their post-transition outcomes. We follow 35 servicemembers through the transition process, interviewing them before and several months after they left the military. These interviews reveal the importance of three factors – the conditions triggering their exit, the strength of their military identity, and their own planning (or lack thereof) for the transition to civilian life – in enhancing or detracting from achievement of a stated post-military goals and objective success in moving into work or school. The strength and depth of an individual's institutional identity shapes how and when servicemembers plan for military exit and how they adjust to unanticipated military exits. Early planning reflects anticipatory socialization for new civilian roles and is associated with better post-military outcomes. But early planning is often hindered by a strong military identity or facilitated by a weak military identity. These findings have important implications for the military and advocates who serve them with the recent military policy changes to transition assistance and the retirement pension system that encourage early planning for post-military life.

<https://doi.org/10.1080/08995605.2021.1962188>

Anxiety sensitivity and posttraumatic stress symptoms: Associations among female Veterans with a history of military sexual trauma.

Chelsea R. Ennis, Amanda M. Raines, Kenna R. Ebert & C. Laurel Franklin

Military Psychology

Published online: 21 Sep 2021

Anxiety sensitivity (AS), the degree to which individuals fear bodily sensations associated with anxious arousal, has been implicated in the development and maintenance of posttraumatic stress disorder (PTSD). Despite this well-established link, AS has yet to be examined among women who experience military sexual trauma (MST). This is particularly important as research has shown that rates of AS and PTSD are higher among females compared to males. Thus, the purpose of the current investigation was to examine the association between AS and overall PTSD symptom and cluster severity using a sample of female Veterans with a history of MST. The sample included 50 women Veterans presenting for psychological services to a MST specialty clinic at a large southeastern Veterans Affairs hospital. Results revealed a significant positive association between AS and overall PTSD symptom severity, even

after controlling for levels of depression, which appeared to be driven by the relationship between AS and negative alterations in cognitions and mood and arousal and reactivity clusters. These findings provide initial support for the association between AS and PTSD symptoms among female Veterans with a history of MST. Given the malleable nature of AS, future research should examine the extent to which targeting this cognitive-behavioral construct reduces PTSD symptoms among such samples.

<https://doi.org/10.1080/08995605.2021.1962190>

An examination of Department of Defense environmental factors that contribute to reporting sexual harassment.

Kenzie Hurley, Brandon Sholar & L. T. Christopher Rodeheffer

Military Psychology

Published online: 25 Aug 2021

This study examined the influence of inclusion on the relationship between unwanted workplace experiences (UWEs) and negative perceptions of the sexual harassment reporting climate (NPRC) among 77 United States military units. De-identified archival data from the Department of Defense's Defense Organizational Climate Survey (DEOCS) were analyzed. Results show that, while perceptions of inclusion did not moderate the relationship between UWEs and NPRC, it did predict NPRC. Our research reveals that the more inclusive a unit is, the more likely members in that unit will have positive perceptions of the sexual harassment reporting climate. Additionally, unit group cohesion (GC) levels were found to positively predict levels of inclusion among units. Implications regarding the implementation of more team-building exercises to both raise GC and perceptions of inclusion – as a potential way for military units to improve sexual harassment reporting climate – are discussed.

<https://doi.org/10.1002/jts.22729>

Secondary individual outcomes following multicouple group therapy for posttraumatic stress disorder: An uncontrolled pilot study with military dyads.

Alexandra Macdonald, Steffany J. Fredman, Daniel J. Taylor, Kristi E. Pruiksma, Tabatha H. Blount, Brittany N. Hall-Clark, Brooke A. Fina, Katherine A. Dondanville, Jim Mintz, Brett T. Litz, Stacey Young-McCaughan, Yunying Le, August I. C. Jenkins, Candice M. Monson, Jeffrey S. Yarvis, Terence M. Keane, Alan L. Peterson, for the Consortium to Alleviate PTSD

Journal of Traumatic Stress

First published: 20 November 2021

Cognitive-behavioral conjoint therapy (CBCT) for posttraumatic stress disorder (PTSD) has demonstrated efficacy for improving PTSD and comorbid symptoms and relationship adjustment. To enhance treatment efficiency and scalability, we developed a 2-day, abbreviated, intensive, multicouple group version of CBCT for PTSD (AIM-CBCT for PTSD). Prior work demonstrated that AIM-CBCT for PTSD was associated with reductions in PTSD and comorbid symptoms in a sample of 24 post-9/11 active duty military or veteran couples who received the treatment in a retreat format over a single weekend. The current study investigated secondary outcomes regarding trauma-related cognitions, psychosocial impairment, and insomnia. For trauma-related cognitions, reductions were nonsignificant and small at 1-month follow-up, $d_s = -0.14$ to -0.32 . However, by 3-month follow-up, there were significant, medium effect size reductions in total trauma-related cognitions, $d = -0.68$, and negative views of self and others, $d_s = -0.64$ and -0.57 , respectively, relative to baseline. There was also a nonsignificant, small-to-medium effect-size reduction in self-blame, $d = -0.43$, $p = .053$, by 3-month follow-up. For psychosocial impairment, there were significant and medium-to-large and large effect size reductions by 1- and 3-month follow-ups, $d_s = -0.73$ and -0.81 , respectively. There were nonsignificant, small effect size reductions in insomnia at both 1- and 3-month follow-ups relative to baseline, $d_s = -0.30$ and -0.34 , respectively. These findings suggest that AIM-CBCT for PTSD is associated with reductions in maladaptive posttraumatic cognitions and psychosocial impairment but that adjunctive interventions may be needed to address insomnia.

<https://doi.org/10.1002/jts.22761>

Posttraumatic stress disorder and relationship functioning: Examining gender differences in treatment-seeking veteran couples.

Kayla Knopp, Elizabeth R. Wrape, Rachel McInnis, Chandra E. Khalifian, Katerine Rashkovsky, Shirley M. Glynn, Leslie A. Morland

Journal of Traumatic Stress

First published: 20 November 2021

Posttraumatic stress disorder (PTSD) symptoms are robustly associated with intimate relationship dysfunction among veterans, but most existing research has focused on male veterans and their female partners. Links between PTSD and relationship functioning may differ between female-veteran couples and male-veteran couples. The current study used actor–partner interdependence models (APIMs) to test the associations between PTSD symptoms (i.e., veteran self-report or significant others' collateral-report) and each partner's reports of six domains of relationship functioning, as well as whether these links were moderated by the gender composition of the couple. Data were from 197 mixed-gender couples (N = 394 individuals) who completed baseline assessments for a larger randomized controlled trial of a couple-based PTSD treatment. Significant others' collateral PTSD reports were associated with their own ratings of relationship satisfaction, negotiation, psychological aggression, sexual pleasure, and sexual desire frequency, $|\beta|s = .19–.67$, and with veterans' ratings of negotiation and sexual desire frequency, $|\beta|s = .20–.48$. In contrast, veterans' self-reported PTSD symptoms were only associated with their own ratings of psychological aggression, $\beta = .16$. Gender moderated the associations between significant others' collateral PTSD reports and five of the six outcome variables; findings from exploratory subgroup analyses suggested links between reported PTSD symptoms and relationship functioning were generally more maladaptive for male-veteran couples, whereas female veterans showed more neutral or even helpful impacts of higher partner-perceived PTSD symptoms. These findings have implications for clinicians treating relational impacts of PTSD and emphasize the need for further research with female-veteran couples.

<https://doi.org/10.1016/j.jad.2021.10.078>

Problematic anger and economic difficulties: Findings from the Millennium Cohort Study.

AB Adler, CA LeardMann, S Yun, IG Jacobson, D Forbes, Millennium Cohort Study Team

Journal of Affective Disorders
Volume 297, 15 January 2022, Pages 679-685

Highlights

- Military personnel with problematic anger report more involuntary job loss.

- Military personnel with problematic anger report more financial difficulties.
- Problematic anger was associated with unemployment and homelessness in veterans.
- Problematic anger needs to be addressed in military-relevant populations.
- Reducing problematic anger may in turn help mitigate economic difficulties.

Abstract

Background

The role of problematic anger in relation to economic difficulties is not well understood. This study examined the association of problematic anger with 4 elements of economic difficulties among service members and veterans.

Methods

Study participants (n = 95,895) were from the Millennium Cohort Study, and included U.S. service members and veterans; analyses were restricted to a Reserve/National Guard and/or veteran sample as appropriate. Key measures included the Dimensions of Anger Reactions scale and self-reported economic variables (involuntary job loss, financial problems, unemployment and homelessness). Covariates included demographics, military characteristics, disabling injury or illness, problem drinking, posttraumatic stress disorder, and major depressive disorder. The study design was cross-sectional.

Results

Among all participants, 17.4% screened positive for problematic anger, 29.7% reported involuntary job loss, and 6.4% reported financial problems. After adjustment for covariates, problematic anger was associated with involuntary job loss (AOR=1.28; 95% CI: 1.22, 1.33) and financial problems (AOR=1.46; 95% CI: 1.36, 1.57). Among veterans, 12.1% reported being unemployed; among Reserve/National Guard and veterans, 2.3% reported homelessness. Problematic anger was associated with unemployment (AOR=1.28, 95% CI: 1.18, 1.37) and homelessness (AOR=1.33; 95% CI: 1.16, 1.52) after adjusting for covariates.

Limitations

The study relied on self-report data and directionality could not be established.

Conclusions

Problematic anger was significantly associated with involuntary job loss, financial problems, unemployment and homelessness, even after adjusting for relevant covariates. These findings have clinical relevance in demonstrating the potential for targeting problematic anger in service members and veterans.

<https://doi.org/10.1080/13811118.2021.1993398>

Identifying Central Symptoms and Bridge Pathways Between Autism Spectrum Disorder Traits and Suicidality Within an Active Duty Sample.

April R. Smith, Rowan A. Hunt, William Grunewald, Min Eun Jeon, Ian H. Stanley, Cheri A. Levinson & Thomas E. Joiner

Archives of Suicide Research
Published online: 23 Oct 2021

Objective

This study employed network analysis to characterize central autism spectrum disorder (ASD) traits and suicide symptoms within an active duty military sample as well as to identify symptoms that may bridge between ASD traits and suicidality (i.e., suicidal ideation and behaviors).

Method

Participants were active duty U.S. military service members (N = 287). Autism spectrum traits, suicidality, depression, and suicide related constructs were assessed online via self-report.

Results

Within the combined ASD trait-suicidality network, suicide rumination, suicide behaviors, and depression had the highest strength centrality. The most central bridge symptoms between ASD and suicidality were thwarted belongingness, social skills deficits, and depressive symptoms.

Conclusions

Social skills deficits and thwarted belongingness may function as a meaningful bridge between ASD symptoms and suicidality within active duty members. Individuals with ASD symptoms who additionally present with high levels of thwarted belongingness and/or considerable social skills deficits may be at increased risk for suicidality.

HIGHLIGHTS

- Within an ASD-suicidality network, social skills deficits, low belonging, and depression had the greatest bridge strength.

- Although low belonging emerged as a bridge symptom, perceived burdensomeness did not.
- Suicide rumination, suicide behaviors, and depression were the most central symptom in an ASD-suicidality network.
- Symptoms related to social skills deficits may connect ASD traits and suicidality.

<https://doi.org/10.2196/29397>

Predictors of Booster Engagement Following a Web-Based Brief Intervention for Alcohol Misuse Among National Guard Members: Secondary Analysis of a Randomized Controlled Trial.

Coughlin LN, Blow FC, Walton M, Ignacio RV, Walters H, Massey L, Barry KL, McCormick R

MIR Mental Health

Published on 26.10.2021 in Vol 8, No 10 (2021): October

Background:

Alcohol misuse is a major health concern among military members. Reserve component members face unique barriers as they live off base with limited access to behavioral health services. Web and app-based brief interventions are a promising means to improve access to treatment for those who misuse alcohol, with the use of booster sessions to enhance effectiveness, solidify gains, and reinforce changes. However, little is known about who will engage in booster sessions.

Objective:

This study aims to evaluate booster engagement across booster delivery modalities (Web and Peer) and identify participant-specific factors associated with booster session engagement.

Methods:

Following a brief web-based alcohol misuse intervention in National Guard members (N=739), we examined engagement in a series of three booster sessions. Using unadjusted and adjusted models, demographic and clinical characteristics that may serve as predictors of booster session engagement were examined across the 2 arms of the trial with different types of booster sessions: peer-delivered (N=245) and web-delivered (N=246).

Results:

Booster session completion was greater for Peer than Web Booster sessions, with 142 (58%) service members in the Peer Booster arm completing all three boosters compared with only 108 (44%) of participants in the Web Booster arm ($\chi^2=10.3$; $P=.006$). In a model in which the 2 groups were combined, socioeconomic factors predicted booster engagement. In separate models, the demographic and clinical predictors of booster engagement varied between the 2 delivery modalities.

Conclusions:

The use of peer-delivered boosters, especially among subsets of reserve members at risk of lack of engagement, may foster greater uptake and improve treatment outcomes.

Trial Registration:

ClinicalTrials.gov NCT02181283; <https://clinicaltrials.gov/ct2/show/NCT02181283>

<https://doi.org/10.1080/21635781.2021.1990813>

Locale Matters: Regional Needs of U.S. Military Service Members and Veterans.

Sam Cacace, Emily Smith, Sarah Desmarais & Elizabeth Alders

Military Behavioral Health

Published online: 28 Oct 2021

Military service members (MSM) and veterans make up nearly 10% of the U.S. population. They face unique challenges and require unique assistance related to community services and resources. However, little has been done to determine the specific needs within this population, particularly with regard to “locale” or “geographically-specific” military population needs. This study used a mixed-methods approach to investigate geographically-specific needs in the MSM and veteran populations residing in one southeastern state, collecting both qualitative focus group data and secondary quantitative data. The qualitative data was gathered from focus groups (15 veterans and leaders from military-service organizations) and the quantitative data was gathered from client requests from a regional network of military and veteran-serving organizations ($N = 4,328$). Thematic analysis of focus group transcripts shows, from the organizational side, a lack of availability, understanding, education, and advertising of resources. The client call data showed that MSM and

veterans who live in higher population locales were more likely to experience longer wait times to achieve needs resolution when compared to the smaller locale group ($\beta = 0.0000606$, $t(4,226) = 14.49$, $p < .0001$, $R^2 = 0.047$). Follow-up investigations should examine the importance of regional differences in professional branding and information dissemination practices maintained by organizations serving the MSM and veteran populations in this locale, with the goal of finding how to communicate more effectively and efficiently with their target audience(s). These future efforts should include comparing data with other regions and national data sets to further understand locale specific needs.

<https://doi.org/10.1080/21635781.2021.1995546>

Negative Impact of Military Service on Women Veterans' Mental Health Can Lead to Long-Term Poor Mental Health and Higher Unemployment Rates.

Kelli Godfrey, K. L. Walsh, David L. Albright & K. H. Thomas

Military Behavioral Health

Published online: 28 Oct 2021

This study sought to explore the association between employment status, self-reported impact of service on mental health, and the current mental health levels reported by women veterans. Our team drew from data from the Service Women's Action Network's (SWAN) 2017 needs assessment survey, this study includes 1,294 current or former women U.S. Armed Forces service members throughout the 50 states and the District of Columbia. We explored demographic characteristics by calculating frequencies. A logistic regression analysis was utilized to explore research questions. For women veterans, ongoing poor mental health days per month was significantly predicted by the impact they self-reported their military service had on their mental health (OR = 8.744). Unemployment was significantly predicted by 10 or more poor mental health days in the last 30 days (OR = 2.246) and also by the impact service women's military service had on their mental health (OR = 2.130). The findings show the negative impact that service women's military time in service can have on their mental health. Moreover, findings suggest that this negative impact on mental health can carry beyond their time in the military, negatively impacting employment status. Understanding this can allow service providers to intervene and provide appropriate mental health care and programs to service women before the negative impacts of military service on mental health lead to other negative psychosocial impacts.

<https://doi.org/10.1080/08995605.2021.1971939>

Evaluation of outcomes for military mental health partial hospitalization program.

Jonathan W. Murphy, Laura C. Corey & Matthew J. Sturgeon

Military Psychology

Published online: 28 Oct 2021

In the military health system, there has been a growing demand for mental health services over the last two decades. Partial hospitalization programs fill a critical niche between outpatient and inpatient services. The present study evaluated immediate and long-term outcomes of a military mental health partial hospitalization program at a large military treatment facility. This study collected retrospective data of active duty patients who completed a 6-day partial hospitalization program within a 2-year period. Results showed that the majority of participants were young, male, and junior enlisted service members endorsing suicidal ideation as well as adjustment/stressor- and depressive-related psychiatric symptoms. Immediately after treatment, participants showed a significant reduction in psychiatric symptoms and dysfunction after treatment. In the long-term, most participants engaged in mental health services post-discharge, though engagement with services decreased over time. In addition, career-impacting medical recommendations were made for over half of participants with almost three-quarters of these recommendations made before or during enrollment in the program. This study expanded the limited evidence base for military mental health partial hospitalization programs. In addition, this study offered data on the frequency of career-impacting medical recommendations made for patients engaged in care at this level of acuity.

<https://doi.org/10.1016/j.jagp.2021.10.011>

Post-traumatic Stress Disorder in Older U.S. Military Veterans: Prevalence, Characteristics, and Psychiatric and Functional Burden.

J Moye, AP Kaiser, J Cook, RH Pietrzak

Highlights

- This study provides estimates of PTSD and associated comorbidities in a nationally representative sample of older U.S. military veterans.
- Overall, 9.6% of veterans had subthreshold PTSD and 1.9% full PTSD; but was higher in women and those who use VA as their main source healthcare. Veterans with subthreshold PTSD were equally as likely as those with full PTSD to have psychiatric, mental, cognitive, and functional comorbidities, including a history of suicide attempts and current suicidal ideation.
- Clinicians should attend to subthreshold and full PTSD in older adults.

ABSTRACT

Objective

To characterize the prevalence, characteristics, and comorbidities of subthreshold and full post-traumatic stress disorder (PTSD) in older U.S. military veterans.

Design and Setting

A nationally representative web-based survey of older U.S. military veterans who participated in the National Health and Resilience in Veterans Study (NHRVS) between November 18, 2019 and March 8, 2020.

Participants

U.S. veterans aged 60 and older ($n = 3,001$; mean age = 73.2, SD: 7.9, range: 60–99).

Measurements

PTSD was assessed using the PTSD Checklist for DSM-5. Self-report measures assessed sociodemographic characteristics, trauma exposures, suicidal behaviors, psychiatric and substance use disorders, as well as mental, cognitive, and physical functioning. Multivariable analyses examined correlates of subthreshold and full PTSD.

Results

The vast majority of the sample ($n = 2,821$; 92.7%) reported exposure to one or more potentially traumatic events. Of those exposed to such events, 262 (9.6%, 95% confidence interval [CI]: 8.4%–10.9%) and 68 (1.9%, 95% CI: 1.3%–2.6%) screened positive for subthreshold and full PTSD, respectively. The prevalence of subthreshold and full PTSD was significantly higher in female veterans and veterans who use VA as their primary healthcare. Subthreshold and full PTSD groups endorsed more adverse childhood experiences and total traumas than the no/minimal PTSD symptom group,

the most common traumatic experiences endorsed were combat exposure, physical or sexual assault, and life-threatening illness or injury. Veterans with subthreshold and full PTSD were also more likely to screen positive for depression, substance use disorders, suicide attempts, nonsuicidal self-injury, and suicidal ideation, and reported lower mental, cognitive, and physical functioning.

Conclusion

Subthreshold PTSD and full PTSD are prevalent and associated with substantial clinical burden in older U.S. veterans. Results underscore the importance of assessing both subthreshold and full PTSD in this population.

<https://doi.org/10.1080/08995605.2021.1970983>

A pilot open trial of video telehealth-delivered exposure and response prevention for obsessive-compulsive disorder in rural Veterans.

Terri L. Fletcher, Derrecka M. Boykin, Ashley Helm, Darius B. Dawson, Anthony H. Ecker, Jessica Freshour, Ellen Teng, Jan Lindsay & Natalie E. Hundt

Military Psychology

Published online: 28 Oct 2021

Exposure and response prevention (ERP) is the gold-standard, evidence-based psychotherapy for obsessive-compulsive disorder (OCD), but few receive it. Video telehealth can increase access to ERP for OCD and may enhance the salience of exposures. This study examined the feasibility, acceptability, and preliminary effectiveness of video telehealth-delivered ERP. We conducted a pilot open trial with 11 Veterans, using mixed quantitative and qualitative methods. Treatment completers (n = 9) had significantly reduced OCD and posttraumatic stress disorder symptoms posttreatment. Patients expressed greater comfort in engaging in ERP at home than in clinics. Therapists reported that seeing patients' home environments helped them understand their symptoms and identify relevant OCD exposures. Results suggest that video telehealth-delivered ERP is feasible and acceptable to patients and therapists and promising for reducing OCD symptoms. Future research should compare its effectiveness to usual care and evaluate patients' preferences for treatment delivery.

<https://doi.org/10.1080/08995605.2021.1962187>

Feasibility and acceptability of the mobile application for the prevention of suicide (MAPS).

Jennifer M. Primack, Melanie Bozzay, Jennifer Barredo, Michael Armeay, Ivan W. Miller, Jason B. Fisher, Caroline Holman & Heather Schatten

Military Psychology

Published online: 28 Oct 2021

Rates of Veteran suicide continue to be unacceptably high. Suicidal ideation and behavior are contextually and situationally based, limiting the ability of traditional prevention and assessment strategies to prevent acute crises. The Mobile Application for the Prevention of Suicide (MAPS) is a novel, smartphone-based intervention strategy that utilizes ecological momentary assessment to identify suicide risk in the moment and delivers treatment strategies in real-time. The app is personalized to each patient, utilizes empirically intervention strategies, and is delivered adjunctively to Veterans Affairs (VA) treatment as usual. This article outlines the MAPS intervention and presents results of an open trial to assess its feasibility and acceptability. Eight Veterans were recruited from a Veterans Affairs Medical Center (VAMC) psychiatric inpatient unit following hospitalization for either a suicide ideation or attempt. Veterans received MAPS for 2 weeks post-hospitalization. Veterans reported high levels of satisfaction with MAPS and all opted to extend their use of MAPS beyond the 2-week trial period. MAPS may be a useful adjunctive to treatment as usual for high-risk Veterans by allowing patients and their providers to better track suicide risk and deploy intervention strategies when risk is detected.

<https://doi.org/10.1037/per0000521>

Personality disorder and suicide risk among patients in the veterans affairs health system.

Nelson, S. M., Griffin, C. A., Hein, T. C., Bowersox, N., & McCarthy, J. F.

Personality Disorders

2021 Oct 28

Among veterans in Veterans Health Administration (VHA) care, patients with mental health and substance use conditions experience elevated suicide rates. However, despite previously demonstrated high rates of suicidal behavior, little is known regarding suicide rates among veteran VHA users with personality disorders (PDs) as a whole, or by PD clusters (A: Eccentric; B: Dramatic; C: Fearful; and PD-not otherwise specified). PD prevalence and suicide rates were assessed through 2017; overall and by clusters for 5,517,024 veterans alive as of 12/31/2013 and with more than 2 VHA encounters in 2012-2013. In all, 46,050 (.83%) had a PD diagnosis in 2012-2013. Suicide risk was examined using proportional hazards regressions adjusted for age, sex, veteran status, clustering within a geographic region, and other mental health diagnoses. Patients with PDs had greater suicide risk than those without (156.5 vs. 46.7 per 100,000 person-years). Individuals in Cluster B, which includes borderline and antisocial PDs, were at the highest risk (178.5 per 100,000 person-years), followed by PD-not otherwise specified and Cluster C (152.6 and 121.4 per 100,000 person-years, respectively). Rates of PDs in the VHA system were lower than those usually found in community samples. Veterans with a PD diagnosis had an increased risk of suicide, which was especially elevated for those with Cluster B diagnoses. Study findings document the importance of enhancing diagnosis and treatment for veterans with PDs and targeted suicide prevention services. (PsycInfo Database Record (c) 2021 APA, all rights reserved).

<https://doi.org/10.1037/rep0000346>

Effect of multimorbidity and psychosocial factors on posttraumatic stress symptoms among post-9/11 veterans.

Longoria, A. J., Horton, A., Swan, A. A., Kalvesmaki, A., & Pugh, M. J.

Rehabilitation Psychology
2021 Oct 28

Objectives:

Examine the association of multimorbidity and psychosocial functioning with posttraumatic stress disorder (PTSD) symptom severity reported among post-9/11 veterans.

Method:

This was a secondary analysis of survey data collected from a national sample of post-

9/11 veterans with at least 3 years of Department of Veterans Affairs care, stratified by comorbidity trajectory and sex (N = 1,989). Comorbidity trajectories were derived by latent class analysis to develop probabilistic combinations of physical and mental health conditions in a previous effort (Pugh et al., 2016). In this study, linear models analyzed symptom severity reported on the PTSD Checklist for the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition by psychosocial factors (i.e., resilience, self-efficacy, and postdeployment social support) while controlling for sociodemographic characteristics and deployment experiences.

Results:

Veterans in the mental health, pain, and polytrauma clinical triad comorbidity trajectories reported more severe PTSD symptoms than the healthy comorbidity trajectory ($p < .01$). All psychosocial factors were significantly associated with PTSD symptom severity, accounting for nearly 43% of variability in follow-up analyses. Confidence in self-efficacy demonstrated the strongest association among them ($p < .01$).

Conclusion:

Veterans experiencing multimorbidity, particularly mental health distress, reported greater PTSD symptom severity after controlling for psychosocial factors, sociodemographics, and deployment experiences. The salience of psychosocial factors in reported PTSD symptom severity underscores resilience, self-efficacy and social support as potential facilitators of functional reintegration following military service. Our analyses underscore the need to address the systemic barriers in health care access and delivery for minority patient populations in future investigations. (PsycInfo Database Record (c) 2021 APA, all rights reserved).

<https://doi.org/10.1089/neu.2021.0067>

A Review of Implementation Concepts and Strategies Surrounding Traumatic Brain Injury Clinical Care Guidelines.

Angela Lumba-Brown, Eric M. Prager, Nicole Harmon, Michael A. McCrea, Michael J. Bell, Jamshid Ghajar, Scott Pyne, and David X. Cifu

Journal of Neurotrauma
Dec 2021: 3195-3203

Despite considerable efforts to advance the science surrounding traumatic brain injury (TBI), formal efforts supporting the current and future implementation of scientific findings within clinical practice and healthcare policy are limited. While many and varied guidelines inform the clinical management of TBI across the spectrum, clinicians and healthcare systems are not broadly adopting, implementing, and/or adhering to them. As part of the Brain Trauma Blueprint TBI State of the Science, an expert workgroup was assembled to guide this review article, which describes: (1) possible etiologies of inadequate adoption and implementation; (2) enablers to successful implementation strategies; and (3) strategies to mitigate the barriers to adoption and implementation of future research.

<https://doi.org/10.1001/jamanetworkopen.2021.30810>

Association Between Responsibility for the Death of Others and Postdeployment Mental Health and Functioning in US Soldiers.

Khan, A. J., Campbell-Sills, L., Sun, X., Kessler, R. C., Adler, A. B., Jain, S., Ursano, R. J., & Stein, M. B.

JAMA Network Open
November 1, 2021

Key Points

Question

Is responsibility for the death of others during combat associated with postdeployment mental health problems in active-duty soldiers?

Findings

In this cohort study of 4645 US soldiers who deployed to Afghanistan, responsibility for the death of others during combat as reported by soldiers was associated with greater risk of posttraumatic stress disorder (PTSD) and suicidal thoughts and behaviors (STBs) at 8 to 9 months, but not 2 to 3 months, postdeployment and was not associated with the risk of a major depressive episode or functional impairment at any time point.

Meaning

The findings suggest that a critical time window exists after redeployment to provide interventions to prevent PTSD and STBs among active-duty soldiers who reported responsibility for the death of others during combat.

Abstract

Importance

Rates of suicidal thoughts and behaviors (STBs) in US soldiers have increased sharply since the terrorist attacks on September 11, 2001, and postdeployment posttraumatic stress disorder (PTSD) remains a concern. Studies show that soldiers with greater combat exposure are at an increased risk for adverse mental health outcomes, but little research has been conducted on the specific exposure of responsibility for the death of others.

Objective

To examine the association between responsibility for the death of others in combat and mental health outcomes among active-duty US Army personnel at 2 to 3 months and 8 to 9 months postdeployment.

Design, Setting, and Participants

This cohort study obtained data from a prospective 4-wave survey study of 3 US Army brigade combat teams that deployed to Afghanistan in 2012. The sample was restricted to soldiers with data at all 4 waves (1-2 months predeployment, and 2-3 weeks, 2-3 months, and 8-9 months postdeployment). Data analysis was performed from December 12, 2020, to April 23, 2021.

Main Outcomes and Measures

Primary outcomes were past-30-day PTSD, major depressive episode, STBs, and functional impairment at 2 to 3 vs 8 to 9 months postdeployment. Combat exposures were assessed using a combat stress scale. The association of responsibility for the death of others during combat was tested using separate multivariable logistic regression models per outcome adjusted for age, sex, race and ethnicity, marital status, brigade combat team, predeployment lifetime internalizing and externalizing disorders, and combat stress severity.

Results

A total of 4645 US soldiers (mean [SD] age, 26.27 [6.07] years; 4358 men [94.0%]) were included in this study. After returning from Afghanistan, 22.8% of soldiers ($n = 1057$) reported responsibility for the death of others in combat. This responsibility was not associated with any outcome at 2 to 3 months postdeployment (PTSD odds ratio [OR]: 1.23 [95% CI, 0.93-1.63]; $P = .14$; STB OR: 1.19 [95% CI, 0.84-1.68]; $P = .33$; major depressive episode OR: 1.03 [95% CI, 0.73-1.45]; $P = .87$; and functional impairment OR: 1.12 [95% CI, 0.94-1.34]; $P = .19$). However, responsibility was associated with increased risk for PTSD (OR, 1.42; 95% CI, 1.09-1.86; $P = .01$) and

STBs (OR, 1.55; 95% CI, 1.03-2.33; P = .04) at 8 to 9 months postdeployment. Responsibility was not associated with major depressive episode (OR, 1.30; 95% CI, 0.93-1.81; P = .13) or functional impairment (OR, 1.13; 95% CI, 0.94-1.36; P = .19). When examining enemy combatant death only, the pattern of results was unchanged for PTSD (OR, 1.44; 95 CI%, 1.10-1.90; P = .009) and attenuated for STBs (OR, 1.46; 95 CI%, 0.97- 2.20; P = .07).

Conclusions and Relevance

This cohort study found an association between being responsible for the death of others in combat and PTSD and STB at 8 to 9 months, but not 2 to 3 months, postdeployment in active-duty soldiers. The results suggest that delivering early intervention to those who report such responsibility may mitigate the subsequent occurrence of PTSD and STBs.

<https://doi.org/10.1016/j.jad.2021.10.082>

Pain intensity trajectories among veterans seeking mental health treatment: Association with mental health symptoms and suicidal thoughts and behaviors.

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Journal of Affective Disorders
Volume 297, 15 January 2022, Pages 586-592

Highlights

- Identified pain intensity trajectories among mental treatment-naïve veterans.
- We found mild decreasing, moderate stable, and increasing severe trajectories.
- Moderate stable trajectory had a relatively severe clinical profile.
- It is important to address pain intensity among individuals seeking treatment.

Abstract

Background

The purpose of this study was to identify classes of pain intensity trajectories among veterans reporting suicidal ideation with no prior mental health treatment experience. We were interested in also assessing factors associated with the pain trajectory classes.

Methods

A total 747 participants completed measures of pain, depression, suicide ideation and behaviors, insomnia, substance use, and PTSD. Follow-up assessments were completed at 1-, 3-, 6-, and 12-months post-baseline. Growth mixture modeling was conducted, and pain trajectories were modeled from baseline to month 12.

Results

Three classes were identified: mild pain intensity that increased over time to severe pain intensity (Increasing-Severe; n = 9), low pain intensity that decreased over time (Mild-Decreasing; n = 172), and moderate pain intensity that remained relatively stable over time (Moderate-Stable; n = 566). The Moderate-Stable trajectory had more severe PTSD symptoms, more frequent depression symptoms, and more severe insomnia. The odds of endorsing suicide ideation at month 12 were significantly higher in the Moderate-Stable trajectory compared to the Mild-Decreasing trajectory.

Conclusions

This was the first study to assess classes of pain intensity trajectories among individuals who were treatment naïve for mental health issues. The findings suggest that a moderate stable trajectory of pain intensity over the course of 12 months is common and associated with a more severe clinical profile, including suicide ideation. This study underscores the importance of addressing pain intensity among individuals seeking mental health treatment, particularly for those with pain intensity that is moderate and stable over time.

<https://doi.org/10.1016/j.jad.2021.10.065>

Quality over quantity? The role of social contact frequency and closeness in suicidal ideation and attempt.

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Journal of Affective Disorders

Volume 298, Part A, 1 February 2022, Pages 248-255

Highlights

- Social support is a protective factor against suicidality, but which component is more important?

- Lack of Social Contact Closeness best predicted ideation and attempt in both general and lifetime Social Anxiety Disorder samples, as examined in two National Databases.
- Social Contact Closeness, not Frequency, may be more important in social support as a protective factor.

Abstract

Background

Social support has been identified as a protective factor against suicidal thoughts and behaviors. Research has not conclusively identified the component of social support most implicated in suicidal thoughts and behaviors: (1) frequency of social contact or (2) closeness of relationships. This study examined the relationships between these facets of social support and suicidal thoughts and behaviors in two nationally representative samples, as well as subsamples with social anxiety disorder (SAD).

Methods

Study 1 variables for lifetime and past-year suicide ideation and attempt, social contact frequency, and closeness were calculated and examined within the National Comorbidity Survey-Replication (NCS-R). Study 2 examined the independent contributions of social contact frequency and closeness to only lifetime suicide attempt in the National Epidemiologic Survey on Alcohol and Related Conditions-III (NESARC-III).

Results

In the NCS-R, lower social closeness but not contact frequency was uniquely associated with suicidal ideation and attempt in the general sample and those with SAD. In the NESARC-III, both components of social support were associated with lifetime suicide attempt in the general sample, while only social closeness was uniquely associated with suicide attempt in the SAD subsample.

Limitations

This study utilized cross-sectional data and was limited in the validity and specificity of the variables assessed.

Discussion

Lower social closeness was more strongly associated with suicidality than social contact frequency and merits attention as a potential target for suicide-related interventions. Social closeness may be especially relevant in populations experiencing high rates of suicidal thoughts and behaviors and decreased social support.

<https://doi.org/10.1037/tra0001030>

Temporal-dimensional examination of the Scale for Suicidal Ideation in a cohort of service members in treatment for PTSD.

Butner, J. E., Bryan, C. J., Tabares, J. V., Brown, L. A., Young-McCaughan, S., Hale, W. J., Mintz, J., Litz, B. T., Yarvis, J. S., Fina, B. A., Foa, E. B., Resick, P. A., & Peterson, A. L.

Psychological Trauma : Theory, Research, Practice and Policy
2021 Oct; 13(7): 793-801

Objective:

Failing to account for temporal dynamics can hinder our understanding of suicidal ideation and the potential mechanisms underlying increased risk for suicide death and suicide attempts associated with posttraumatic stress disorder (PTSD). To address these limitations, this study used an analytic approach based on Dynamical Systems Theory to describe temporal patterns associated with multiple dimensions of suicidal ideation in a treatment-seeking sample of military personnel diagnosed with PTSD.

Method:

We performed a secondary analysis of archived data from 742 active-duty military personnel (90% male, 57% white, mean age = 33 ± 7.4 years) enrolled in three clinical trials to examine the dimensional measurement properties of the first 5 items of the Scale for Suicidal Ideation (SSI).

Results:

Findings indicated two change dynamics for suicidal ideation: homeostatic (i.e., the tendency for suicidal ideation to return to a stable point) and cyclical (i.e., the tendency for suicidal ideation to switch back and forth between higher and lower values). Cycling was the dominant dynamic and was related to variables other than suicidal ideation.

Conclusion:

The cyclic nature of suicidal ideation suggests that assessment timing and context could influence observed associations with other variables. Analytic approaches and clinical methods that do not account for the temporal dynamics of suicide risk could miss these properties, thereby hindering efforts to identify mechanisms underlying the relationship between PTSD and suicidal thoughts and behaviors and limiting opportunities for

proactive and timely intervention. (PsycInfo Database Record (c) 2021 APA, all rights reserved).

<https://doi.org/10.1177/26334895211051791>

A Glimpse into the “Black Box”: Which Elements of Consultation in an EBP are Associated with Client Symptom Change and Therapist Fidelity?

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Implementation Research and Practice
First Published November 1, 2021

Background:

Consultation is an implementation strategy that improves delivery and clinical outcomes for Cognitive Processing Therapy (CPT), an evidence-based practice (EBP) for posttraumatic stress disorder (PTSD). However, little is known about the specific components of consultation that influence the fidelity of treatment delivery or clinical outcomes.

Methods:

The current study examined whether specific activities performed during CPT consultation meetings were associated with better fidelity to the CPT protocol among 60 newly trained therapists or improved clinical outcomes among 135 clients treated by these therapists. Consultation activities that fall under three broad categories (discussion of the application of CPT to individual cases, review/feedback on fidelity, and technical difficulties) were measured by consultant checklists for each consultation session. Treatment fidelity (adherence to the protocol and competence of delivery) was rated by trained observers for a random sample of therapists' CPT sessions following consultation. The self-reported PTSD Checklist-IV assessed PTSD symptom change.

Results:

Multilevel regression analyses indicated that higher therapist consultation attendance predicted a greater decrease in their clients' PTSD symptoms and that attendance was not associated with observer-rated treatment fidelity. Discussion of the application of specific CPT strategies was the only consultation activity that was significantly

associated with greater improvement in PTSD symptoms. Lastly, no consultation activities were significantly associated with treatment fidelity.

Conclusions:

Our findings suggest that specific consultation strategies such as emphasizing the discussion of the application of specific CPT strategies to individual cases during consultation meetings may be effective in improving the clinical outcomes of CPT.

<https://doi.org/10.1093/milmed/usab197>

Ethical Bearing Is About Our Conduct: Ethics as an Essential Component of Military Interprofessional Healthcare Teams.

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Military Medicine

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Introduction

The need to maintain medical ethical standards during conflict and peace has been the source of considerable academic discourse. Although still an unsolved challenge, scholars have made significant contributions to the literature, constructing categorizations that can help military providers contend with ethical conflicts. However, insights into the ethical comportment of military interprofessional healthcare teams (MIHTs) have yet to be reported.

Materials and Methods

This interview-based study collected insights from 30 military healthcare providers who participated in and/or led MIHTs. Altogether, participants represented 11 health professions, both officers and enlisted military members, and the U.S. Army, Navy, and Air Force. Following Grounded Theory methodology, data were collected and analyzed in iterative cycles until theme saturation was reached.

Results

The research team identified two themes of ethical bearing that enable MIHT success in and across care contexts. One theme of successful ethical bearing is “raising concerns,” referring to speaking up when something needs to be addressed. The other is “making

compromises,” where individuals have to make sacrifices (e.g., lack of equipment, non-sterile environment, etc.) to give patient care.

Conclusions

These data suggest that effective MIHTs have a collective moral compass. This moral compass is the team’s ability to judge what is ethically right and wrong, as well as the team’s willingness and ability to act accordingly—to consistently “do the right thing.” There is a collective moral compass, and while the team may not all agree on what exactly is true north—they are all bending that way.

Links of Interest

Mental Stress is like a ‘Check Engine Light’ Flashing—Don’t Ignore It

<https://www.health.mil/News/Articles/2021/11/29/Mental-Stress>

HJF Administering Study Seeking to Expand Specialized Care Across the Military Health System

<https://www.hjf.org/news/Administering-Expand-Specialized-Care>

Staff Perspective: Trauma Therapist, Heal Thyself: Seven Tips for Self-Care

<https://deploymentpsych.org/blog/staff-perspective-trauma-therapist-heal-thyself-seven-tips-self-care>

Staff Perspective: Civilian Community Support for Military-Connected Families - Thinking Outside of the Box

<https://deploymentpsych.org/blog/staff-perspective-civilian-community-support-military-connected-families-thinking-outside-box>

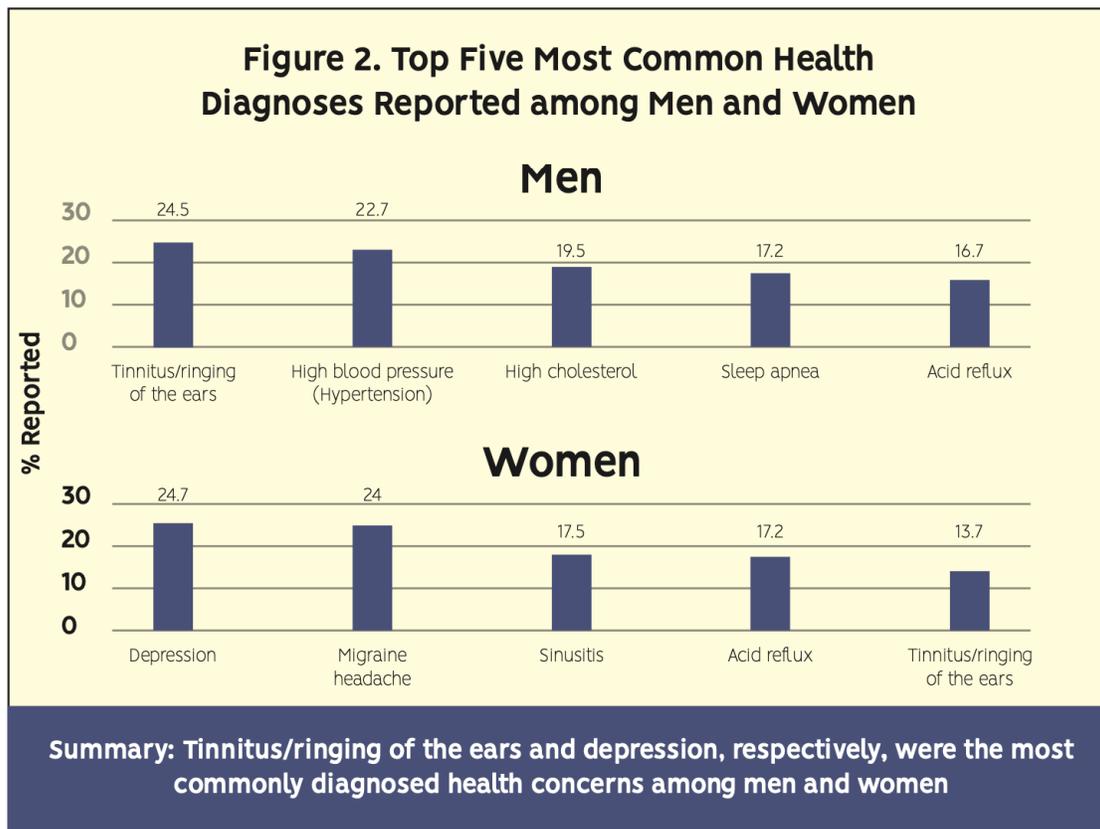
Unprecedented survey: Why do soldiers leave or stay in the Army?

<https://www.armytimes.com/news/your-army/2021/12/06/unprecedented-survey-why-do-soldiers-leave-or-stay-in-the-army/>

Resource of the Week -- [Millennium Cohort Study: 20 Years of Research](#)

A U.S. Department of Defense and Department of Veterans Affairs Study:

The Millennium Cohort Study (MCS) commemorates its 20 year anniversary in 2021 . This report highlights findings from the first 20 years of the study with a specific focus on modifiable behaviors as well as selected published findings relevant to participants, stakeholders, partners, and researchers . Descriptions of participants from the baseline survey and our most recent data collection from 2014-16 are also presented, including those specific to service branches, components, and Veterans.



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