

CDP



Research Update -- January 26, 2023

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- Telehealth treatment of patients with major depressive disorder during the COVID-19 pandemic: Comparative safety, patient satisfaction, and effectiveness to prepandemic in-person treatment.
- Links of Interest
- Resource of the Week – Traumatic Brain Injury: A Guide for Caregivers of Service Members and Veterans (DHA Traumatic Brain Injury Center of Excellence)

<https://doi.org/10.1002/jts.22900>

Internet-based family training with telephone coaching to promote mental health treatment initiation among veterans with posttraumatic stress disorder: A pilot study.

Eric Kuhn, Steven L. Sayers, Christina Babusci, Catherine Conroy, Christopher R. Erbes

Journal of Traumatic Stress

First published: 23 December 2022

Posttraumatic stress disorder (PTSD) is common among military veterans, yet many affected veterans do not seek treatment. Family members of these veterans often experience compromised well-being and a desire for the veteran to receive mental health care. The Veterans Affairs (VA)–Community Reinforcement and Family Training (VA-CRAFT) for PTSD is an internet-based intervention intended to teach veterans' family members skills to encourage veterans to initiate mental health care. This study assessed the feasibility, acceptability, and potential efficacy of VA-CRAFT with telephone coaching in a sample of 12 spouses and intimate partners of veterans with PTSD. Participants completed the intervention over 12 weeks and were assessed pre- and posttreatment. For feasibility, 75.0% ($n = 9$) of participants completed the intervention and reported few difficulties and ease of use. Supporting acceptability, all nine completers had mostly favorable impressions of the intervention and perceived it as helpful. Finally, six (50.0%) participants got the PTSD-affected veteran to engage in mental health care; however, aside from potentially increasing treatment talk frequency, outcome expectancy, and self-efficacy, $d_s = 0.60$ – 1.08 , no apparent improvements were observed for any well-being outcomes, $d_s = 0.01$ – 0.40 . Although the findings are promising, given the study limitations, future research is required to evaluate this approach in a full-scale randomized controlled trial.

<https://doi.org/10.1111/sltb.12933>

Comparing the role of perceived burdensomeness and thwarted belongingness in prospectively predicting active suicidal ideation.

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Suicide & Life Threatening Behavior

First published: 02 December 2022

Objective

The Interpersonal Theory of Suicide has been foundational in guiding current suicide literature. Despite recent research underscoring fluctuations of suicidal ideation within hours, there have been few studies examining the key constructs of perceived burdensomeness and thwarted belongingness within an intensive framework. Thus, the current study aimed to add cumulative knowledge regarding the within-person relationship between perceived burdensomeness, thwarted belongingness, and active suicidal ideation as assessed within an ecological momentary assessment design.

Method

A final sample of 35 individuals with a past-year history of suicidal thoughts or behaviors completed brief surveys four times per day for 30 days.

Results

Findings highlighted that the addition of covariates may offer small improvements in modeling subsequent suicidal ideation, while controlling for SI at the prior time. Further, both thwarted belongingness and perceived burdensomeness were associated with next timepoint suicidal ideation, and their interaction added little incremental value.

Conclusion

Findings demonstrate the potential importance of thwarted belongingness in predicting suicidal ideation. Further, results highlight that the main effects of thwarted belongingness and perceived burdensomeness, rather than their interaction, may be more important to consider in relation to active suicidal ideation.

<https://doi.org/10.1037/men0000415>

Traditional masculinity ideology and psychotherapy treatment outcome for military service veteran men.

O'Loughlin, J. I., Cox, D. W., Ogrodniczuk, J. S., & Castro, C. A.

Psychology of Men & Masculinities
Advance online publication

Endorsement of traditional masculinity ideology has been indicated as a complicating factor in psychotherapeutic treatment engagement and process; however, little is known about how these findings extend to treatment outcome. This study sought to examine the impact of traditional masculinity ideology endorsement on treatment outcome in a sample (N = 178) of Canadian military veterans. Treatment outcome was measured according to changes in psychosocial functioning from pre- to posttreatment and at 3, 12, and 18 months posttreatment. Results indicated that higher endorsement of self-reliance was negatively associated with treatment outcome and that endorsement of toughness was associated with improved outcomes over time. This study suggests that treatment outcomes are differentially impacted by varying facets of traditional masculinity ideology. While certain facets (i.e., self-reliance) may impede treatment outcome, others (i.e., toughness) may support long-term treatment gains. Outcomes from this study may help clinicians develop more gender-sensitive interventions for military service veteran men and others who endorse traditional masculinity. (PsychoInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1037/tra0001386>

Temporal associations between trauma-related sleep disturbances and PTSD symptoms: An experience sampling study.

Werner, G. G., Göhre, I., Takano, K., Ehring, T., Wittekind, C. E., & Stefanovic, M.

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

Abstract

Objective:

There is robust evidence for the influence of sleep disturbances on the maintenance of PTSD symptoms. However, little is known about day-to-day variation in trauma-related sleep disturbances (namely insomnia symptoms and nightmares) and their associations with PTSD symptoms. Therefore, we explored the dynamic interplay of these symptoms in daily life using an experience sampling method (ESM).

Method:

For 15 consecutive days, participants with PTSD symptomatology as primary complaint (N = 48) reported momentary levels of insomnia symptoms and nightmares as well as PTSD symptoms via a mobile app.

Results:

Multilevel model analyses revealed that insomnia and nightmares were significant predictors of PTSD symptomatology on the following day; furthermore, nightmares were predictive of each of the four PTSD symptom clusters, namely reexperiencing, avoidance, cognition and hyperarousal as well as symptoms of dissociation. However, PTSD symptoms did not predict insomnia or nightmares during the following night. Multilevel mediation analyses suggested that nightmares mediate the relationship between insomnia and next-day PTSD symptoms.

Conclusions:

These findings support accumulating evidence that trauma-related sleep disturbances play an important role in the maintenance of PTSD symptoms, by elevating symptoms daily. (PsyInfo Database Record (c) 2022 APA, all rights reserved)

Impact Statement

The current ESM study showed that insomnia and nightmares significantly predicted next-day PTSD symptoms and that the effect of insomnia on PTSD symptom severity was mediated by nightmares. This may suggest that targeting and improving insomnia and nightmares may have a positive effect on daily PTSD symptomatology. Conversely, there was no change in insomnia or nightmares following days with elevated PTSD symptoms. Therefore, treating insomnia (e.g., through cognitive-behavioral therapy for insomnia [CBT-I]) and nightmares (e.g., imagery rehearsal therapy [IRT]) should become recognized as primary intervention targets in PTSD treatment by research and clinical practice. (PsyInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1037/abn0000789>

Evaluating resilience in response to COVID-19 pandemic stressors among veteran mental health outpatients.

Marquardt, C. A., Chu, C., Hill, J. E., Venables, N. C., Kuzenski, L., Davenport, N. D., Disner, S. G., Finn, J. A., Gilmore, C. S., Erbes, C. R., & Urošević, S.

There is a public health need to understand mental health vulnerabilities to COVID-19 pandemic-related stressors and promote resilience among high-risk populations with preexisting psychiatric conditions. Recent cross-sectional studies suggest increases in mental health distress (e.g., depression and anxiety) during the pandemic. The present study expands upon these emerging findings using longitudinal latent modeling and hierarchical linear regressions. Consistent with the developmental psychopathology literature on resilience, we distinguished between promotive or risk (i.e., main effect), and protective or vulnerability (i.e., moderation) effects on mental health during the pandemic. At a large medical center, 398 veterans receiving outpatient mental health care provided pre-pandemic (Time 1) and during pandemic (Time 2) assessments of mental and physical health-related distress. Additional Time 2 questionnaires assessed pandemic-related stressors and positive behavioral adaptations in the summer of 2020. As expected, total stressor scores predicted longitudinal worsening of self-reported mental ($\beta = -.205$) and physical health ($\beta = -.217$). Positive behavioral adaptations enacted during the pandemic moderated and protected against stressor effects on mental health ($\beta = .160$). In addition, the presence of substance use disorders moderated and conferred vulnerability to stressor effects on physical health ($\beta = -.158$). Thus, higher COVID-19 pandemic stressor exposure may have exacerbated mental and physical health distress among veterans with common forms of psychopathology. Nevertheless, behavioral activation, purposeful maintenance of social connections, and focused treatment for substance misuse may be important intervention targets for reducing the longitudinal impact of pandemic stressors and enhancing resilience among people with mental illness. (PsychoInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1016/j.apmr.2022.08.874>

Functional Improvements 6+ Months After GOALS Training Predicted Decreased PTSD Symptoms Among Veterans with PTSD/mTBI.

Rachel Santiago, Tatjana Novakovic-Agopian

Archives of Physical Medicine and Rehabilitation
Volume 103, Issue 12, December 2022, Pages e163-e164

Research Objectives

To examine whether long-term improvements in functional outcomes following Goal-Oriented Attentional Self-Regulation (GOALS) training predicts changes in PTSD symptoms among veterans with comorbid PTSD and mild TBI (mTBI).

Design

Archival data from a randomized-controlled, evaluator-blinded, trial for GOALS executive function training. Assessments of daily and emotional functioning were completed at baseline and 6 months post-treatment.

Setting

VA Medical Center.

Participants

24 veterans with a history of chronic mTBI and a confirmed diagnosis of PTSD that completed GOALS training.

Interventions

GOALS is a cognitive rehabilitation intervention that incorporates mindfulness-based attention regulation training, and goal management strategies applied to participant-defined goals. It consists of ten 2-hour sessions administered in small group format, and three individual 1-hour sessions.

Main Outcome Measures

The Mayo-Portland Adaptability Inventory (MPAI) and PTSD Checklist, Military Version (PCLM) were chosen from archival data collected from the original study.

Results

Paired-samples T-Tests indicate significant improvements 6 months post GOALS training in total PTSD symptoms on PCLM-Total ($p=.007$), Re-experiencing ($p=.009$) and Hyperarousal ($p=.002$). There were also significant improvements in overall functioning on MPAI-Total ($p=.007$), including Participation (e.g. initiation, socialization, employment; $p=0.01$) and Ability (e.g. problem solving, memory, attention; $p=0.014$) 6 months post GOALS training.

Results from simple linear regressions indicate that improved MPAI-Participation 6 months post GOALS training predicted decreases in PCLM-Hyperarousal ($R^2=.29$), PCLM-Avoidance ($R^2=.20$), and PCLM-Reexperiencing ($R^2=.17$). Further, improved MPAI-Ability also predicted decreases in PCLM-Hyperarousal ($R^2=.19$), PCLM-Avoidance ($R^2=.27$), and PCLM-Reexperiencing ($R^2=.18$).

Conclusions

Persistence of improvements in functional abilities 6+ months after GOALS training predicted decreased PTSD symptoms in Veterans with mTBI and PTSD. The results highlight the impact functional status has on emotional functioning, and suggest that improvements in functional abilities following cognitive rehabilitation training may strengthen emotional regulation skills, resulting in decreases in emotional distress.

<https://doi.org/10.1007/s10597-022-01061-2>

Comparing Trauma Treatment Outcomes Between Homeless and Housed Veterans in a VA PTSD Clinical Program.

Baylee Crone, Melanie Arenson, Ranon Cortell & Elisabeth Carlin

Community Mental Health Journal

Published: 02 December 2022

Homeless veterans are likely to experience Post Traumatic Stress Disorder (PTSD). Homelessness itself is traumatic, and PTSD may exacerbate homelessness risk for veterans. Often, PTSD goes untreated in this subpopulation of veterans. Our study examined trauma-focused treatment (TFT) and non-TFT initiation and completion in a sample of housed and homeless veterans being served by a PTSD clinical team in Washington, DC. Findings included a high percentage of veterans who experienced homelessness in the sample and lower treatment completion rates among homeless veterans compared to housed veterans. This difference was no longer significant when comparing only those veterans who engaged in treatment, reinforcing the critical role of treatment engagement in successful treatment completion across populations.

<https://doi.org/10.1007/s11414-022-09823-2>

Social Factors Predict Treatment Engagement in Veterans with PTSD or SUD.

Hayley C. Fivecoat PhD, Samantha J. Lookatch PhD, Shahrzad Mavandadi PhD, James R. McKay PhD & Steven L. Sayers PhD

Veterans with PTSD and SUDs often fail to initiate, or prematurely discontinue, mental health treatment in Veteran Affairs Medical Centers (VAMC). While much is known about clinical characteristics and demographic factors impacting treatment engagement in this population, less is known about the role of social factors. This retrospective study examines primary care–based screening assessment and specialty mental healthcare appointment data in a VAMC, to test whether social factors predict treatment initiation and appointment attendance. Findings reveal veterans were more likely to initiate treatment when (a) those with SUDs (n = 235) reported more frequent negative exchanges with others and (b) those with PTSD (n = 2107) reported more perceived support or being partnered. Those with PTSD who were partnered had higher appointment attendance rates. Findings suggest social factors are relevant to treatment initiation among veterans with PTSD and SUDs and that close others may be helpful in facilitating referrals.

<https://doi.org/10.1007/s12144-022-04017-7>

Male involvement in randomised trials testing psychotherapy or behavioural interventions for depression: a scoping review.

James Knox, Philip Morgan, Frances Kay-Lambkin, Jessica Wilson, Kimberley Wallis, Carly Mallise, Briana Barclay & Myles Young

Current Psychology

Published: 05 December 2022

The prevalence of Major Depressive Disorder in men is half that of women, yet depression affects approximately 109 million men worldwide. Alarmingly, men account for three quarters of suicides in Western countries but are unlikely to seek help for mental health concerns. It is possible that existing mental health treatments are not engaging or accessible to men. The aim of this review was to quantify the number of men involved in randomised trials of psychotherapy or lifestyle behaviour change targeting depression. Results found men represented 26% of participants in 110 eligible articles compared to 73% women. Men's representation was low across all intervention characteristics (e.g., delivery mode). No studies used a completely male sample,

compared to 19 studies targeting women only. Men are substantially underrepresented in research trials targeting depression.

<https://doi.org/10.1093/milmed/usac371>

Firearm Suicide Prevention in the U.S. Military: Recommendations From a National Summit.

Marian E Betz, MD, MPH, Ian H Stanley, PhD, Michael D Anestis, PhD, Craig J Bryan, PsyD, ABPP, Jessica Buck-Atkinson, MPH, Neil Carey, PhD, Marjan Ghahramanlou-Holloway, PhD, Brooke Heintz Morrissey, PhD, LCSW, Kathryn Holloway, PhD, Claire Houtsma, PhD, Rachel Kennedy, PhD, Christopher M Paine, PhD, BCD, Rajeev Ramchand, PhD, Joseph Simonetti, MD, MPH, Adam Walsh, PhD, LCSW, Erin Wright-Kelly, DrPH, MA

Military Medicine

Published: 06 December 2022

The U.S. DoD has identified firearm suicide prevention as a key operational priority. One vital approach to addressing firearm suicides is through promoting lethal means safety, which involves the voluntary use of secure storage for personally owned firearms and/or temporarily moving firearms out of the home during risk periods. Despite promising approaches to lethal means safety, critical gaps remain in research, programming, and communication among and across scientists, DoD programmatic leaders, front-line commanders, and service members. To address these gaps, the first-ever national “Firearm Suicide Prevention in the Military: Messaging and Interventions Summit” was convened in June 2022, bringing together DoD personnel and researchers with expertise in firearm suicide prevention and lethal means safety. The Summit identified 10 recommendations to enhance firearm suicide prevention messaging and interventions in the U.S. military, including (1) repeal or amend prohibitions on questioning service members about personal firearms; (2) develop, examine, and use common language for firearm injury prevention; (3) implement a universal approach to training on comprehensive firearm injury prevention; (4) encourage leadership across disciplines and levels; (5) aim for broad culture change; (6) support innovative research; (7) consider various outcome measures; (8) promote “cultural competence” for better communication; (9) reduce territorialism; and (10) develop creative partnerships. Ultimately, these recommendations can facilitate productive partnerships with a shared

goal: to develop, test, and implement strategies that standardize lethal means safety and reduce firearm suicides and other firearm injuries or harm among service members.

<https://doi.org/10.1080/08995605.2022.2149190>

Impact of the COVID-19 pandemic on army families: Household finances, familial experiences, and soldiers' behavioral health.

Stephanie A. Q. Gomez, Matthew R. Beymer, Theresa Jackson Santo, Lyndon A. Riviere, Amy B. Adler, Jeffrey L. Thomas, Amy Millikan Bell & Phillip J. Quartana

Military Psychology

Published online: 07 Dec 2022

The Coronavirus Disease 2019 (COVID-19) pandemic has significantly impacted employment and finances, childcare, and behavioral health across the United States. The Behavioral Health Advisory Team assessed the pandemic's impact on the behavioral health of U.S. Army soldiers and their families. Over 20,000 soldiers at three large installation groups headquartered in the northwestern continental U.S., Republic of Korea, and Germany participated in the cross-sectional survey. Multivariable logistic regression models indicated that key demographics (gender, rank), severity of household financial impact, changes in work situation due to childcare issues, and family members' difficulty coping (both self and spouse/partner and/or child) were independently and consistently associated with greater odds of screening positive for probable clinical depression and generalized anxiety, respectively. These findings highlight how Army families were impacted similarly by the pandemic as their civilian counterparts. Army leadership may action these findings with targeted support for soldiers and their families to ensure they are utilizing supportive services available to them, and that military services continually evolve to meet soldier and family needs during times of crisis and beyond.

<https://doi.org/10.1080/21635781.2022.2151533>

Presenting Issues of Concern among Active-Duty Service Members with Depression and/or Suicidality.

Jayme Larick, Noreen M. Graf & Phyllis L. Thompson

Military Behavioral Health

Published online: 06 Dec 2022

The military continues to have higher rates of suicide than the civilian population. Literature indicates that rates of depression and suicidality are influenced by branch of service, marital status, rank, and deployment. However, the specific issues of concern for service members who seek mental health treatment with depression and/or suicidal ideation when they first present is absent from the literature. This study inspects archived records and counselor notes from 422 outpatient and inpatient mental health records at a US naval hospital to examine presenting issues among service members with documented depression or suicidality. Fourteen presenting issues were identified. The most pervasive presenting issues were work stress (32%) and partner relational stress (28.9%). Statistically significant differences are presented based on gender, inpatient/outpatient status, living status, marital status, suicide attempt, rank, and age.

<https://doi.org/10.1176/appi.ps.202100677>

Identifying Core Competencies for Remote Delivery of Psychological Interventions: A Rapid Review.

Gloria A. Pedersen, M.Sc., Kendall A. Pfeffer, M.Ed., M.A., Adam D. Brown, Ph.D., Kenneth Carswell, Ph.D., Ann Willhoite, M.A., Alison Schafer, Ph.D., Brandon A. Kohrt, M.D., Ph.D.

Psychiatric Services

Published Online: 7 Dec 2022

Objective:

The COVID-19 pandemic led to a rapid shift toward remote delivery of psychological interventions and transition to voice-only and video communication platforms. However, agreement is lacking on key competencies that are aligned with equitable approaches for standardized training and supervision of remote psychological intervention delivery. A rapid review was conducted to identify and describe competencies that could inform best practices of remote services delivery during and after the COVID-19 pandemic.

Methods:

Scopus, MEDLINE, and PsycINFO were searched for literature published in English (2015–2021) on competencies for synchronous, remote psychological interventions that can be measured through observation.

Results:

Of 135 articles identified, 12 met inclusion criteria. Studies targeted populations in high-income countries (11 in the United States and Canada, one in Saudi Arabia) and focused on specialist practitioners, professionals, or trainees in professional or prelicensure programs working with adult populations. Ten skill categories were identified: emergency and safety protocols for remote services, facilitating communication over remote platforms, remote consent procedures, technological literacy, practitioner-client identification for remote services, confidentiality during remote services, communication skills during remote services, engagement and interpersonal skills for remote services, establishing professional boundaries during remote services, and encouraging continuity of care during remote services.

Conclusions:

These 10 skills domains can offer a foundation for refinement of discrete, individual-level competencies that can be aligned with global initiatives promoting use of observational competency assessment during training and supervision programs for psychological interventions. More research is needed on identification of and agreement on remote competencies and on their evaluation.

<https://doi.org/10.1080/13811118.2022.2151959>

Trajectories of Service Contact before Suicide in People with Substance Use Disorders-A National Register Study.

Myhre, M. Ø., Walby, F. A., Bramness, J. G., & Mehlum, L.

Archives of Suicide Research
2022 Dec 6;1-16

Objective:

This study aimed to identify trajectories of service use during the last year before suicide death and the characteristics associated with the trajectories in patients with substance use disorders.

Methods:

This study used a national registry data linkage, which included all patients with substance use disorders who died by suicide in Norway between 2010 and 2018. In- and outpatient contacts with mental health or substance use services during the last year before suicide death was analyzed by week using Sequence State Analysis and cluster analysis to identify trajectories. Logistic regression was used to measure the association between the characteristics and the trajectories.

Results:

We identified four trajectories of service contact. A brief contact trajectory (n = 366) with a low proportion of weeks in contact (M weeks = 8.3), associated with less psychosis or bipolar disorder (aOR = 0.13 (0.08-0.22)) and higher age. A regular contact trajectory (n = 160), with a higher proportion of contact (M weeks = 47.9), associated with psychosis or bipolar disorder (aOR = 3.66 (2.10-6.47)) and depressive or anxiety disorder (aOR = 3.11 (1.93-5.13)). An intermittent contact trajectory (n = 195) with most contacts with outpatient substance use disorder services (M weeks = 9.7). A continuous contact trajectory (n = 109) with a high proportion of inpatient contact (M weeks = 44.5), strongly associated with psychosis or bipolar disorder (aOR = 6.08 (3.26-11.80)).

Conclusion:

Longitudinal descriptions of service use reveal different trajectories that are important to consider when developing policies or interventions to reduce the risk of suicide death in patients with substance use disorders.

<https://doi.org/10.1176/appi.ps.20220294>

Crisis Lines: Current Status and Recommendations for Research and Policy.

Sasha Zabelski, M.S., Andréa R. Kaniuka, M.A., Ryan A. Robertson, M.A., Robert J. Cramer, Ph.D.

Psychiatric Services

Published Online: 7 Dec 2022

Objective:

The 988 telephone number was established by the National Suicide Hotline Designation Act of 2020 and implemented in July 2022 as a more accessible way to reach the

National Suicide Prevention Lifeline. Current financial and training resources, however, are insufficient to ensure effective implementation.

Methods:

To better understand the state of the literature on crisis support lines in light of the 988 transition, the authors summarized research on suicidal and nonsuicidal outcomes of callers, research on other types of crisis support services, and the benefits of text- and chat-based crisis lines.

Results:

Overall, existing evidence for the effectiveness of crisis lines has been weak and has primarily focused on short-term improvements in user distress and on user satisfaction. In addition, research on crisis lines specifically targeted to marginalized populations (e.g., sexual minority groups) and on text- or chat-based crisis lines is lacking.

Conclusions:

The policy-focused recommendations derived from this review include the need for additional research on crisis lines, design and evaluation of culturally tailored training for volunteers and staff, and ethical oversight of private data collected from crisis services. Scaling up state-level planning and comprehensive crisis systems is necessary to successfully implement 988 and to fill current training and research gaps.

<https://www.cannabisevidence.org/clinician-resources/clinician-briefs/cannabis-and-posttraumatic-stress-disorder-in-veterans>

Cannabis and posttraumatic stress disorder in Veterans. The Systematically Testing the Evidence on Marijuana Project.

Hill ML, Norman S.

U.S. Department of Veterans Affairs, Office of Rural Health (funding)
September 2022

The only RCT of smoked cannabis compared effects of 3 active cannabis preparations (12% THC vs 11% CBD vs 8% THC+8% CBD; up to 1.8 g/day) with placebo on PTSD symptoms in 80 Veterans and found large reductions in symptoms across all groups ($d = -1.30$ [placebo], $d = -1.99$ [high THC], $d = -0.79$ [high CBD], $d = -0.83$ [THC + CBD]), but no significant differences between placebo and any active cannabis preparation.

Given the relatively small sample size, larger trials are needed to replicate results.

This large placebo response may reflect high expectations held by Veterans that cannabis relieves PTSD symptoms, as identified in previous research surveying combat-experienced male Veterans.

<https://doi.org/10.1080/21635781.2022.2151534>

Influence of Comorbid Social Anxiety Disorder on Symptomatology and Social Functioning in Female Military Sexual Trauma Survivors with PTSD.

Daniel F. Gros, Danielle L. Taylor, Sara M. Witcraft, Alice E. Coyne & Ron Acierno

Military Behavioral Health

Published online: 06 Dec 2022

Military sexual trauma (MST) is a common experience in veterans and associated with numerous negative outcomes, such as posttraumatic stress disorder (PTSD), diagnostic comorbidity, and impairments in multiple domains, including social functioning. Comorbid social anxiety disorder (SOC) may represent a particularly challenging presentation due to added difficulties with social functioning and treatment response. The present study investigated severity, emotion regulation, and perceived support and functioning of comorbid SOC in female MST survivors with PTSD. Participants were recruited for a randomized clinical trial that compared telehealth and in-person delivery of evidence-based psychotherapy for PTSD. Of the 112 participants with PTSD, 30 participants (27%) also met criteria for comorbid SOC on a diagnostic interview. Participants with comorbid PTSD-SOC endorsed poorer emotion regulation, less positive affect, and greater negative affect compared to participants with PTSD without SOC comorbidity. Participants with comorbid PTSD-SOC also were less likely to be involved in a romantic relationship and evidenced increased difficulties in sharing thoughts and feelings with family members and friends. Together, these findings suggest that SOC comorbidity in patients with MST-related PTSD is associated with increased impairments in emotion regulation and social functioning.

<https://doi.org/10.1016/j.cbpra.2022.11.001>

Negative Problem Orientation is Associated with Mental Health Outcomes for Veterans Enrolled in Problem-Solving Training.

Marcela C. Otero, Jessica A. Walker, Mandy J. Kumpula, Beatriz Hernandez, ... Sherry A. Beaudreau

Cognitive and Behavioral Practice
Available online 6 December 2022

Highlights

- Negative problem orientation is dysfunctional beliefs about problem-solving ability.
- Problem-solving training (PST) has been shown to improve Veteran mental health.
- Reduced negative problem orientation is associated with improved mental health in VA PST.
- Findings are significant across a variety of clinical settings.
- Negative problem orientation may be a change mechanism in PST-based interventions.

Abstract

Dysfunctional beliefs about problem-solving ability, also called negative problem orientation (NPO), may contribute to the development and maintenance of mental health disorders. Problem-Solving Therapy is an evidence-based treatment that aims to reduce NPO, and thus improve mental health. This report examined whether baseline to post-treatment change in NPO was associated with changes in anxiety and depression symptom severity and suicidal ideation in patients receiving VA Problem Solving Training (PST), skills-based psychosocial interventions for Veterans based on the key components of Problem-Solving Therapy. PST was delivered in one of three VA national PST programs: PST-Home Based Primary Care, PST-Primary Care, or group-based PST in inpatient and outpatient mental health clinics. Self-report measures assessed NPO, anxiety, and depressive symptom severity (including a suicidal ideation rating) at baseline and post-treatment. After adjusting for age and PST program, greater reductions in NPO from baseline to post-treatment significantly predicted greater reductions in depressive and anxiety symptom severity and suicidal ideation. Findings suggest that PST is associated with reduced NPO, which is associated with greater improvement of mental health symptom severity. Future studies should assess NPO at

treatment midpoint to determine if NPO change is an early indicator and possible mediator of PST treatment progress.

<https://doi.org/10.1037/men0000419>

Traditional masculine gender role norms and nonsuicidal self-injury in veterans.

Beagley, M. C., Mann, A. J., Patel, T. A., McConnell, A. A., Caron, K. M., Kinner, D. G., Boeding, S. E., & Kimbrel, N. A.

Psychology of Men & Masculinities
Advance online publication

Reducing Veteran rates of suicide has long remained a top priority for the Veterans Health Administration, and as such, identifying correlates of suicidal behaviors is important to develop targeted interventions. Nonsuicidal self-injury (NSSI) has been identified as a robust predictor of suicide attempts; however, less is known about the correlates of NSSI that may aid in upstream prevention efforts. Prior research suggests adherence to various traditional masculine gender role norms may be positively associated with NSSI. Thus, as the U.S. military is widely recognized for promoting and rewarding such norms, this study sought to build off previous research by examining the association between adherence to various masculine gender role norms and engagement in NSSI behaviors among a mixed-sex sample of U.S. Veterans (N = 124). Results showed the norm of emotional control was most strongly associated with lifetime engagement in NSSI behaviors (including the behavior of wall-object punching), whereas the norm of violence was associated with NSSI disorder. Interestingly, exploratory analyses indicated that these associations were primarily driven by women Veterans and sexual orientation status. Overall, the results highlight the importance of assessing for adherence to masculine gender role norms among all Veterans and speak to additional avenues for future research. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1016/j.psychres.2022.115002>

Eating disorder behaviors as a form of non-suicidal self-injury.

Jason J. Washburn, Danya Soto, Christina A. Osorio, Noël C. Slesinger

Psychiatry Research

Volume 319, January 2023, 115002

Nonsuicidal Self-Injury (NSSI), the purposeful harming of one's body tissue without suicidal intent. NSSI frequently co-occurs with other self-destructive forms of psychopathology, such as eating disorders (ED); however, it remains unclear if ED behaviors are used as a form of NSSI. This exploratory study examined the occurrence of Self-Injurious Disordered Eating Symptoms (SIDES), as well as differences in clinical correlates and treatment outcomes between NSSI patients with and without SIDES. Participants included 1,327 patients admitted for partial hospitalization or intensive outpatient treatment for NSSI (87.4% female; 75.3% Non-Hispanic White). Data were collected at admission and discharge as part of routine clinical outcome assessment. Results indicate that 29.5% of the sample engaged in SIDES, while most were not diagnosed with an ED. Patients that engaged in SIDES reported greater clinical severity at baseline, including greater general psychopathology, lower quality of life, and worse functional impairment, as well as more clinically severe NSSI (e.g., greater number of methods, higher urge to self-injure, greater intrapersonal functions). No differences in treatment outcomes were found. These findings suggest that some NSSI patients perceive ED behaviors as a form of NSSI and that SIDES may be a marker for a more severe clinical presentation.

<https://doi.org/10.3390/jal2040027>

Loneliness in Posttraumatic Stress Disorder: A Neglected Factor in Accelerated Aging?

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Journal of Ageing and Longevity

2022, 2(4), 326-339

Prior research suggests that people with Posttraumatic Stress Disorder (PTSD) may experience a form of accelerated biological aging. In other populations, loneliness has been shown to elevate risk for many of the same components of accelerated biological aging, and other deleterious outcomes, as seen in people with PTSD. Although standard diagnostic criteria for PTSD include “feelings of detachment or estrangement

from others”, the relationship of such feelings to the concept of loneliness remains uncertain, in part potentially due to a failure to distinguish between loneliness versus objective social isolation. In order to catalyze wider research attention to loneliness in PTSD, and the potential contribution to accelerated biological aging, the present paper provides three components: (1) a conceptual overview of the relevant constructs and potential interrelationships, (2) a review of the limited extant empirical literature, and (3) suggested directions for future research. The existing empirical literature is too small to support many definitive conclusions, but there is evidence of an association between loneliness and symptoms of PTSD. The nature of this association may be complex, and the causal direction(s) uncertain. Guided by the conceptual overview and review of existing literature, we also highlight key areas for further research. The ultimate goal of this line of work is to elucidate mechanisms underlying any link between loneliness and accelerated aging in PTSD, and to develop, validate, and refine prevention and treatment efforts.

<https://doi.org/10.1186/s12913-022-08899-y>

Comparing mental and physical health of U.S. veterans by VA healthcare use: implications for generalizability of research in the VA electronic health records.

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BMC Health Services Research

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Objective

The Department of Veterans Affairs' (VA) electronic health records (EHR) offer a rich source of big data to study medical and health care questions, but patient eligibility and preferences may limit generalizability of findings. We therefore examined the representativeness of VA veterans by comparing veterans using VA healthcare services to those who do not.

Methods

We analyzed data on 3051 veteran participants age ≥ 18 years in the 2019 National Health Interview Survey. Weighted logistic regression was used to model participant characteristics, health conditions, pain, and self-reported health by past year VA

healthcare use and generate predicted marginal prevalences, which were used to calculate Cohen's *d* of group differences in absolute risk by past-year VA healthcare use.

Results

Among veterans, 30.4% had past-year VA healthcare use. Veterans with lower income and members of racial/ethnic minority groups were more likely to report past-year VA healthcare use. Health conditions overrepresented in past-year VA healthcare users included chronic medical conditions (80.6% vs. 69.4%, *d* = 0.36), pain (78.9% vs. 65.9%; *d* = 0.35), mental distress (11.6% vs. 5.9%; *d* = 0.47), anxiety (10.8% vs. 4.1%; *d* = 0.67), and fair/poor self-reported health (27.9% vs. 18.0%; *d* = 0.40).

Conclusions

Heterogeneity in veteran sociodemographic and health characteristics was observed by past-year VA healthcare use. Researchers working with VA EHR data should consider how the patient selection process may relate to the exposures and outcomes under study. Statistical reweighting may be needed to generalize risk estimates from the VA EHR data to the overall veteran population.

<https://doi.org/10.1080/14737175.2022.2155139>

Assessment of clinical outcomes in patients with post-traumatic stress disorder: Analysis from the UK Medical Cannabis Registry.

Pillai, M., Erridge, S., Bapir, L., Nicholas, M., Dalavaye, N., Holvey, C., Coomber, R., Barros, D., Bhoskar, U., Mwimba, G., Praveen, K., Symeon, C., Sachdeva-Mohan, S., Rucker, J. J., & Sodergren, M. H.

Expert Review of Neurotherapeutics

2022 Dec 12; 1-10

Background:

The current paucity of clinical evidence limits the use of cannabis-based medicinal products (CBMPs) in post-traumatic stress disorder (PTSD). This study investigates health-related quality of life (HRQoL) changes and adverse events in patients prescribed CBMPs for PTSD.

Methods:

A case-series of patients from the UK Medical Cannabis Registry was analyzed. HRQoL was assessed at 1-, 3-, and 6-months using validated patient reported outcome measures (PROMs). Adverse events were analyzed according to the Common Terminology Criteria for Adverse Events version 4.0. Statistical significance was defined as $p < 0.050$.

Results:

Of 162 included patients, 88.89% ($n = 144$) were current/previous cannabis users. Median daily CBMP dosages were 5.00 (IQR: 0.00-70.00) mg of cannabidiol and 145.00 (IQR: 100.00-200.00) mg of Δ^9 -tetrahydrocannabinol. Significant improvements were observed in PTSD symptoms, sleep, and anxiety across all follow-up periods ($p < 0.050$). There were 220 (135.8%) adverse events reported by 33 patients (20.37%), with the majority graded mild or moderate in severity ($n = 190$, 117.28%). Insomnia and fatigue had the greatest incidence ($n = 20$, 12.35%).

Conclusions:

Associated improvements in HRQoL were observed in patients who initiated CBMP therapy. Adverse events analysis suggests acceptability and safety up to 6 months. This study may inform randomized placebo-controlled trials, required to confirm causality and determine optimal dosing.

<https://doi.org/10.1016/j.jad.2022.12.015>

Telehealth treatment of patients with major depressive disorder during the COVID-19 pandemic: Comparative safety, patient satisfaction, and effectiveness to prepandemic in-person treatment.

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Journal of Affective Disorders
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Highlights

- There are no studies of partial hospital telehealth treatment focused on patients with major depressive disorder (MDD).
- In both the in-person and telehealth groups patients with MDD were highly satisfied with treatment.

- A large effect size of treatment was found in both treatment groups.

Abstract

Background

The COVID-19 pandemic impelled a transition from in-person to telehealth psychiatric treatment. There are no studies of partial hospital telehealth treatment for major depressive disorder (MDD). In the present report from the Rhode Island Methods to Improve Diagnostic Assessment and Services (MIDAS) project, we compared the effectiveness of partial hospital care of patients with MDD treated virtually versus in-person.

Methods

Outcome was compared in 294 patients who were treated virtually from May 2020 to December 2021 to 542 patients who were treated in the in-person partial program in the 2 years prior to the pandemic. Patients completed self-administered measures of patient satisfaction, symptoms, coping ability, functioning, and general well-being.

Results

In both the in-person and telehealth groups, patients with MDD were highly satisfied with treatment and reported a significant reduction in symptoms from admission to discharge. Both groups also reported a significant improvement in positive mental health, general well-being, coping ability, and functioning. A large effect size of treatment was found in both treatment groups. Contrary to our hypothesis, the small differences in outcome favored the telehealth-treated patients. The length of stay and the likelihood of staying in treatment until completion were significantly greater in the virtually treated patients.

Limitations

The treatment groups were ascertained sequentially, and telehealth treatment was initiated after the COVID-19 pandemic began. Outcome assessment was limited to a self-administered questionnaire.

Conclusions

In an intensive acute care setting, delivering treatment to patients with MDD using a virtual, telehealth platform was as effective as treating patients in-person.

Links of Interest

Veteran Writes Children's Books to Cope with PTSD

<https://www.military.com/daily-news/2022/12/27/veteran-writes-childrens-books-cope-ptsd.html>

New 'Women's Initiatives Team' seeking soldiers — men and women

<https://www.armytimes.com/news/your-army/2022/12/28/new-womens-initiatives-team-seeking-soldiers-men-and-women/>

New in 2023: Independent sexual assault prosecutions coming soon

<https://www.militarytimes.com/news/your-military/2022/12/29/new-in-2023-independent-sexual-assault-prosecutions-coming-soon/>

Three 'powerful steps' will keep new resolutions going after Jan. 1, psychologist says

https://www.stripes.com/theaters/asia_pacific/2022-12-29/new-year-resolution-okinawa-kadena-8573162.html

To Confront Elder Mistreatment, Look To The VA's Social Work Response

<https://www.healthaffairs.org/content/forefront/confront-elder-mistreatment-look-va-s-social-work-response>

Resource of the Week – [Traumatic Brain Injury: A Guide for Caregivers of Service Members and Veterans](#)

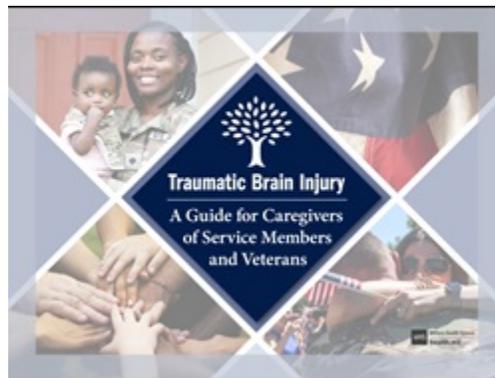
From the Defense Health Agency [Traumatic Brain Injury Center of Excellence](#):

The 2021 Traumatic Brain Injury: A Guide for Caregivers of Service Members and Veterans is a recovery support tool to assist caregivers of service members and veterans who have sustained a traumatic brain injury at any severity level. This revision replaces the original guide released in 2010.

Providers should recommend this guide to caregivers for additional information on TBI and how to support their service member or veteran, particularly newly diagnosed patients. The guide can help the caregiver understand clinical terminology used by providers and empower them to advocate for their service member.

Topics in the 2021 caregiver guide include:

- Understanding TBI: This section includes information on types and diagnosis of TBI, the health care team, and what the recovery process may look like.
- Caregiver Strategies for Managing the Effects of TBI: This section includes information about understanding and addressing the different symptoms of TBI for the caregiver.
- Becoming a Family Caregiver: This section covers starting the caregiver journey, becoming an advocate, and learning how to take care of oneself.
- Caregiver Resources: This section includes helpful links for caregivers, [printable forms](#) and a glossary.



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