

CDP



Research Update -- June 22, 2023

What's Here:

- Toward military cultural competence among new civilian mental health providers.
- Social support as a predictor of outcomes of cognitive behavioral therapy with a trauma focus delivered face-to-face and via guided internet-based self-help.
- Sex differences in hardiness, coping, and health in new West Point cadets.
- Social support and treatment utilization for posttraumatic stress disorder: Examining reciprocal relations among active duty service members.
- Treatment of comorbid sleep disorders and posttraumatic stress disorder in U.S. active duty military personnel: A pilot randomized clinical trial.
- Targeting Perceived Burdensomeness to Reduce Suicide Risk.
- Gambling problems predict suicidality in recently transitioned military veterans.
- Impact of depression and post-traumatic stress on manual and oculomotor performance in service members with a history of mild TBI.
- Stressful life events and incident depression among U.S. military personnel.
- Close proximity to blast: No long-term or lasting effect on cognitive performance in service members with and without TBI during blast exposure.
- Peer- and web-based interventions for risky drinking among US National Guard members: Mission Strong randomized controlled trial.
- Anxiety sensitivity and social support in veterans with emotional disorders.
- Effects of prior deployments and perceived resilience on anger trajectories of combat-deployed soldiers.

- A peer veteran approach to the caring letters suicide prevention program: Preliminary data.
- Mental Health and Mental Illness in Organizations: A Review, Comparison, and Extension.
- Experiential Avoidance, Posttraumatic Stress Disorder, and Self-Injurious Thoughts and Behaviors: A Moderation Analysis in a National Veteran Sample.
- Brief and Ultra-Brief Suicide-Specific Interventions.
- Implementing Evidence-Based Suicide Prevention Strategies for Greatest Impact.
- A scoping review of military and Veteran families within international suicidality and suicide prevention research.
- Assistance dogs help reduce mental health symptoms among Australian Defence Force veterans and emergency services personnel: A pilot study.
- Outcomes for treatment of depression in the Veterans Health Administration: Rates of response and remission calculated from clinical and survey data.
- Sleep efficiency predicts improvements in fear extinction and PTSD symptoms during prolonged exposure for veterans with comorbid insomnia.
- Mental health attitudes, norms, beliefs, and experiences with care among young Black men: A theory of planned behavior assessment.
- Understanding the temporal dynamics of problem anger using sequence analysis.
- Law enforcement mental health: Strategies and issues in prevention and treatment.
- The military spouse experience of living alongside their serving/veteran partner with a mental health issue: A systematic review and narrative synthesis.
- Identifying Mental Health Profiles Among Adolescents Who Experienced a Recent Parental Deployment or Military-Related Family Separation.
- Links of Interest
- Resource of the Week: Center for Deployment Psychology 2022 Annual Report

<https://doi.org/10.1037/trm0000448>

Toward military cultural competence among new civilian mental health providers.

Collins, A. L., Russell, M. C., & Figley, C. R.

Traumatology

Advance online publication

The U. S. military requires culturally competent practices in clinical mental health. This article aims to affirm that our military has a language, system of rank, norms and values, identity, ethics, and rapport that are distinct from U.S. civilian culture. Civilian mental health providers hired to work with the military must become familiar with military culture. Chronic mental health staffing shortages at both the Veterans' Administration and Department of Defense have resulted in a hiring surge. Therefore, the burden to meet the overwhelming mental health needs of military populations is essentially passed onto civilians and newly uniformed providers. During this campaign to fill the staffing shortages, we would like to offer 11 trainings for new practitioners without prior military experience or exposure. Those that were cited and thoroughly discussed are: Uniformed Services University—Center for Deployment Psychology. Uniformed Services University—Star Behavioral Health Providers. Uniformed Services University—Center for the Study of Traumatic Stress (CSTS). National Alliance on Mental Illness—Homefront. Massachusetts General Hospital—Home Base Program. Veteran's Health Administration (VHA) TRAIN. U.S. Department of Veterans Affairs. Substance Abuse and Mental Health Services Administration—Service Members, Veterans, and their Families Technical Assistance Center. Psych Armor. Volunteer/Experiential Exposure. VA/DoD Clinical Practice Guidelines. Although other research articles have argued for the military to become part of the conversation regarding cultural competence (Hobbs, 2008; Meyer, 2015; Reger et al., 2008), no other article to date has provided an exhaustive list of current trainings. (PsyInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1002/jts.22947>

Social support as a predictor of outcomes of cognitive behavioral therapy with a trauma focus delivered face-to-face and via guided internet-based self-help.

Catrin Lewis, Leah Bailey, Cono Ariti, Neil J. Kitchiner, Neil P. Roberts, Natalie Simon, Jonathan I. Bisson

Journal of Traumatic Stress
First published: 05 June 2023

There is mounting evidence that cognitive behavioral therapy with a trauma focus (CBT-TF) delivered via guided internet-based self-help is noninferior to CBT-TF delivered face-to-face for individuals with posttraumatic stress disorder (PTSD) of mild-to-moderate severity. The availability of multiple evidence-based treatment options creates a need to determine predictors of outcome to enable clinicians to make informed treatment recommendations. We examined perceived social support as a predictor of treatment adherence and response among 196 adults with PTSD enrolled in a multicenter pragmatic randomized controlled noninferiority trial. Perceived social support was measured using the Multidimensional Scale of Perceived Social Support and PTSD was assessed using the Clinician-Administered PTSD Scale for DSM-5. Linear regression was used to explore the associations between different dimensions of perceived social support (i.e., from friends, family, and significant others) and posttraumatic stress symptoms (PTSS) at baseline. Linear and logistic regression were used to determine whether these dimensions of support predicted treatment adherence or response for either treatment modality. Lower baseline perceived social support from family was associated with higher levels of PTSS, $B = -0.24$, 95% CI $[-0.39, -0.08]$, $p = .003$, but the same did not apply to social support from friends or significant others. We did not find evidence that any dimension of social support predicted treatment adherence or response for either treatment. This work does not indicate that social support is a factor that can help predict the suitability of psychological therapy for PTSD delivered via guided internet-based self-help versus face-to-face.

<https://doi.org/10.1080/08995605.2023.2220643>

Sex differences in hardiness, coping, and health in new West Point cadets.

Paul T. Bartone & Rosellen Roche

Military Psychology
Published online: 16 Jun 2023

The U.S. Military Academy at West Point places young men and women in a highly demanding world of extreme mental and physical challenges. As such, it provides an excellent natural laboratory in which to study how people respond and adapt to highly stressful conditions. The present study explores the role of personality hardiness and coping as stress resilience resources in new (freshmen) cadets at West Point, while also considering sex differences. Using survey methods, N = 234 cadets were assessed during their first year at West Point. Measures included personality hardiness, coping strategies, health symptoms, and number of hospitalizations for all causes. Results show that female cadets are higher in hardiness and emotion-focused coping, as well as somewhat higher in symptoms reports. For the total group, hardiness is linked to better health, both in terms of symptoms reports and hospitalizations. Multiple regression results indicate symptoms are predicted by lower hardiness, higher avoidance coping, and female sex. Conditional process path analysis reveals that the effect of hardiness on symptoms is mediated by emotion-focused coping, and that emotion-focused coping can have both positive and negative effects. This study confirms hardiness is an important stress resilience resource for both men and women in the highly stressful first year at West Point. These findings lend further support to a growing body of evidence that hardiness influences health in part via the coping strategies that people choose to apply in dealing with stressful situations.

<https://doi.org/10.1002/jts.22908>

Social support and treatment utilization for posttraumatic stress disorder: Examining reciprocal relations among active duty service members.

Anna E. Jaffe, Thomas O. Walton, Denise D. Walker, Debra L. Kaysen

Journal of Traumatic Stress

Volume 36, Issue3, June 2023, Pages 537-548

Evidence-based treatments for posttraumatic stress disorder (PTSD) are underutilized by active duty service members in the United States. Social support may help service members overcome avoidance and facilitate treatment utilization. In turn, treatment utilization may improve social support. To evaluate these possibilities, the aim of the current study was to examine potential reciprocal associations between social support and treatment utilization among service members. Secondary analyses were conducted on a randomized controlled trial of 161 U.S. military service members with PTSD. Participants completed assessments of perceived social support and attendance at

individual therapy sessions at baseline and 3- and 6-month follow-ups. To determine reciprocal relations between social support and treatment utilization, a Bayesian approach was used to estimate a random-intercept cross-lagged panel model with a two-part variable for treatment utilization (i.e., any therapy, and if so, dose). There were no between-person associations between average social support and treatment utilization. One prospective cross-lagged within-person association emerged as significant: social support at 3 months was negatively associated with any therapy use at 6 months; the model explained 26.1% of the variance in this observed variable. The findings revealed that low social support promoted subsequent treatment utilization, but such treatment did not lead to changes in social support. This suggests service members with PTSD may have been motivated to attend individual therapy in pursuit of social connection and support. Future research is needed to determine if reciprocal associations between various forms of social support and therapy utilization differ by treatment modality.

<https://doi.org/10.1002/jts.22939>

Treatment of comorbid sleep disorders and posttraumatic stress disorder in U.S. active duty military personnel: A pilot randomized clinical trial.

Daniel J. Taylor, Kristi E. Pruiksma, Jim Mintz, Danica C. Slavish, Sophie Wardle-Pinkston, Jessica R. Dietch, Katherine A. Dondanville, Stacey Young-McCaughan, Karin L. Nicholson, Brett T. Litz, Terence M. Keane, Alan L. Peterson, Patricia A. Resick, Consortium to Alleviate PTSD

Center for Traumatic Stress
First published: 15 June 2023

Insomnia and nightmares are common in patients with posttraumatic stress disorder (PTSD). They are associated with worse psychological and physical health and worse PTSD treatment outcomes. In addition, they are resistant to PTSD treatments, which do not typically address sleep disorders. Cognitive behavioral therapy for insomnia and nightmares (CBT-I&N) and cognitive processing therapy (CPT) for PTSD are first-line treatments, but limited evidence exists guiding the treatment of individuals with all three disorders. The current study randomized U.S. military personnel (N = 93) to one of three conditions: CBT-I&N delivered before CPT, CBT-I&N delivered after CPT, or CPT alone; all groups received 18 sessions. Across groups, participants demonstrated significantly improved PTSD symptoms. Because the study was terminated prematurely due to

challenges with recruitment and retention, it was underpowered to answer the initially intended research questions. Nonetheless, statistical findings and relevant clinically meaningful changes were observed. Compared to participants who received CPT alone, those who received CBT-I&N and CPT, regardless of sequencing, demonstrated larger improvements in PTSD symptoms, $d = -0.36$; insomnia, $d = -0.77$; sleep efficiency, $d = 0.62$; and nightmares, $d = -.53$. Compared to participants who received CBT-I&N delivered before CPT, those who received CBT-I&N delivered after CPT demonstrated larger improvements in PTSD symptoms, $d = 0.48$, and sleep efficiency, $d = -0.44$. This pilot study suggests that treating comorbid insomnia, nightmares, and PTSD symptoms results in clinically meaningful advantages in improvement for all three concerns compared to treating PTSD alone.

<https://doi.org/10.1016/j.beth.2022.12.002>

Targeting Perceived Burdensomeness to Reduce Suicide Risk.

Lieberman, A., Gai, A. R., Rogers, M. L., Jobes, D. A., David Rudd, M., Chalker, S. A., Brenner, J. T., & Joiner, T. E.

Behavior Therapy

2023 Jul; 54(4): 696-707

Perceived burdensomeness (PB), defined by an intractable perception of burdening others, often reflects a false mental calculation that one's death is worth more than one's life and has been supported as a significant risk factor for suicide. Because PB often reflects a distorted cognition, it may serve as a corrective and promising target for the intervention of suicide. More work on PB is needed in clinically severe and in military populations. Sixty-nine (Study 1) and 181 (Study 2) military participants at high baseline suicide risk engaged in interventions targeting constructs relating to PB. Baseline and follow-up measures (at 1, 6, 12, 18, and 24 months) of suicidal ideation were administered, and various statistical approaches-including repeated-measures ANOVA, mediation analyses, and correlating standardized residuals-explored whether suicidal ideation decreased specifically by way of PB. In addition to utilizing a larger sample size, Study 2 included an active PB-intervention arm ($N = 181$) and a control arm ($N = 121$), who received robust care as usual. In both studies, participants improved considerably regarding baseline to follow-up suicidal ideation. The results of Study 2 mirrored those of Study 1, corroborating a potential mediational role for PB in treatment-related improvements in suicidal ideation in military participants. Effect sizes ranged

from .07-.25. Interventions tailored at decreasing levels of perceived burdensomeness may be uniquely and significantly effective in reducing suicidal thoughts.

<https://doi.org/10.1016/j.anziph.2023.100038>

Gambling problems predict suicidality in recently transitioned military veterans.

Metcalf, O., Roebuck, G., Lawrence-Wood, E., Sadler, N., Baur, J., Van Hooff, M., Forbes, D., O'Donnell, M., Hodson, S., Benassi, H., Varker, T., Battersby, M., McFarlane, A. C., & Cowlshaw, S.

Australian and New Zealand Journal of Public Health
2023 Jun; 47(3): 100038

Objective:

This study investigated associations between gambling problems and suicidality in Australian veterans.

Methods:

Data drawn from n = 3,511 Australian Defence Force veterans who had recently transitioned to civilian life. Gambling problems were assessed using the Problem Gambling Severity Index (PGSI) and suicidal ideation and behaviour were assessed using items adapted from the National Survey of Mental Health and Wellbeing.

Results:

At-risk gambling and problem gambling were associated with increased odds of suicidal ideation [at-risk gambling: odds ratio (OR), 1.93; 95% confidence interval (CI), 1.47–2.53; problem gambling: OR, 2.75; 95% CI 1.86–4.06] and suicide planning or attempts (at-risk gambling: OR, 2.07; 95% CI, 1.39–3.06; problem gambling: OR 4.22, 95% CI, 2.61–6.81). The association with total scores on the PGSI and any suicidality was substantially reduced and became non-significant when controlling for the effects of depressive symptoms, but not financial hardship or social support.

Conclusions:

Gambling problems and harms are important risk factors for suicide in veterans, and should be recognised in veteran-specific suicide prevention policies and programs, along with co-occurring mental health problems.

Implications for public health:

A comprehensive public health approach to reducing gambling harm should feature in suicide prevention efforts in veteran and military populations.

<https://doi.org/10.1080/02699052.2023.2210293>

Impact of depression and post-traumatic stress on manual and oculomotor performance in service members with a history of mild TBI.

Hungerford, L., Agtarap, S., & Ettenhofer, M.

Brain Injury

2023 Jul 3; 37(8): 680-688

Objective:

To determine the impact of depression and post-traumatic stress on an automated oculomotor and manual measure of visual attention, compared to conventional neuropsychological assessment. Setting: Military traumatic brain injury (TBI) rehabilitation program.

Participants:

188 Active Duty Service Members (ADSM) with a history of mild TBI.

Design:

A cross-sectional and correlational study with data obtained through an IRB-approved data registry study. Main measures: Bethesda Eye & Attention Measure (BEAM); brief neuropsychological battery; self-reported symptom surveys including Neurobehavioral Symptom Inventory (NSI), Patient Health Questionnaire-8 (PHQ-8), and PTSD Checklist-5 (PCL-5).

Results:

Small effect sizes were found for partial correlations between both depression and post-traumatic stress and key BEAM metrics. In contrast, small-to-medium effects sizes were found across all traditional neuropsychological test measures.

Conclusion:

This study illustrates the profile of impairments associated with depression and post-traumatic stress on saccadic eye movements and manual responses to BEAM relative

to conventional neuropsychological tests. Results demonstrated that among ADSM seen for mTBI, depression and PTS exert a significant negative impact on measures of processing speed, attention, executive function, and memory across saccadic, manual, and conventional neuropsychological tests. However, the unique psychometric features of each of these assessment approaches may assist in distinguishing the effects of psychiatric comorbidities within this population.

<https://doi.org/10.1007/s00127-023-02445-9>

Stressful life events and incident depression among U.S. military personnel.

Sampson, L., Gradus, J. L., Cabral, H. J., Rosellini, A. J., Fink, D. S., Cohen, G. H., Liberzon, I., & Galea, S.

Social Psychiatry and Psychiatric Epidemiology
2023 Jul; 58(7) :1009-1018

Purpose:

Although stressful life events (i.e., stressors) and depression are often assumed to be linked, the relation between stressors and incident depression is rarely studied, particularly in the military. The National Guard is a part-time subset of the U.S. military for whom civilian life stressors may be particularly salient, due to the soldiers' dual roles and frequent transitions between military and civilian life.

Methods:

We used a dynamic cohort study of National Guard members from 2010 to 2016 to investigate the relationship between recent stressful experiences (e.g., divorce) and incident depression, with an exploratory analysis of effect modification by income.

Results:

Respondents endorsing at least one of nine past-year stressful events (a time-varying exposure, lagged by 1 year) had almost twice the adjusted rate of incident depression compared to those with no stressful events (HR = 1.8; 95% CI 1.4, 2.4). This association may be modified by income: among individuals making under \$80,000 per year, those with past-year stressors had twice the rate of depression compared to those with no stressors, but among those making over \$80,000, past-year stressors were associated with only 1.2 times the rate of depression.

Conclusion:

Stressful life events outside of deployment are important determinants of incident depression among National Guard servicemembers, but the effect of these events may be buffered by higher income.

<https://doi.org/10.1017/S1355617722000558>

Close proximity to blast: No long-term or lasting effect on cognitive performance in service members with and without TBI during blast exposure.

Lu, L. H., Reid, M. W., Troyanskaya, M., Scheibel, R. S., Muncy, C., & Kennedy, J. E.

Journal of the International Neuropsychological Society
2023 Jul; 29(6): 551-560

Objective:

Blast related characteristics may contribute to the diversity of findings on whether mild traumatic brain injury sustained during war zone deployment has lasting cognitive effects. This study aims to evaluate whether a history of blast exposure at close proximity, defined as exposure within 30 feet, has long-term or lasting influences on cognitive outcomes among current and former military personnel.

Method:

One hundred participants were assigned to one of three groups based on a self-report history of blast exposure during combat deployments: 47 close blast, 14 non-close blast, and 39 comparison participants without blast exposure. Working memory, processing speed, verbal learning/memory, and cognitive flexibility were evaluated using standard neuropsychological tests. In addition, assessment of combat exposure and current post-concussive, posttraumatic stress, and depressive symptoms, and headache was performed via self-report measures. Variables that differed between groups were controlled as covariates.

Results:

No group differences survived Bonferroni correction for family-wise error rate; the close blast group did not differ from non-close blast and comparison groups on measures of working memory, processing speed, verbal learning/memory, or cognitive flexibility. Controlling for covariates did not alter these results.

Conclusion:

No evidence emerged to suggest that a history of close blast exposure was associated with decreased cognitive performance when comparisons were made with the other groups. Limited characterization of blast contexts experienced, self-report of blast distance, and heterogeneity of injury severity within the groups are the main limitations of this study.

<https://doi.org/10.1111/add.16172>

Peer- and web-based interventions for risky drinking among US National Guard members: Mission Strong randomized controlled trial.

Blow, F. C., Walton, M., Ilgen, M., Ignacio, R. V., Walters, H., Massey, L., Barry, K. L., McCormick, R., & Coughlin, L. N.

Addiction

2023 Jul; 118(7): 1246-1257

Aims:

To test separately the efficacy of a web-based and a peer-based brief intervention (BI), compared with an expanded usual care control (EUC) group, among military reserve component members using alcohol in a hazardous and harmful manner.

Design:

In the randomized controlled trial, participants were assigned to: [1] web-based BI with web-based boosters (BI + web), [2] web-based BI with peer-based boosters (BI + peer) or [3] enhanced usual care (EUC).

Setting:

Michigan, USA.

Participants:

A total of 739 Michigan Army National Guard members who reported recent hazardous alcohol use; 84% were male, the mean age was 28 years.

Intervention:

The BI consisted of an interactive program guided by a personally selected avatar. Boosters were delivered either on the web or personally by a trained veteran peer. A

pamphlet, given to all participants, included information on hazardous alcohol use and military-specific community resources and served as the EUC condition.

Measurements:

The primary outcome measure was binge drinking episodes in the past 30 days, measured at 12 months after the BI.

Findings:

All randomized participants were included in the outcome analyses. In adjusted analyses, BI + peer [beta = -0.43, 95% confidence interval (CI) = -0.56 to -0.31, P < 0.001] and BI + web (beta = -0.34, 95% CI = -0.46 to -0.23, P < 0.001) reduced binge drinking compared with EUC.

Conclusion:

This study was a web-based brief intervention for hazardous alcohol use, with either web- or peer-based boosters, reduced binge alcohol use among Army National Guard members.

Trial registration:

ClinicalTrials.gov [NCT02181283](https://clinicaltrials.gov/ct2/show/study/NCT02181283).

<https://doi.org/10.1002/jclp.23554>

Anxiety sensitivity and social support in veterans with emotional disorders.

Pavlicic, J. M., Witcraft, S. M., Allan, N. P., & Gros, D. F.

Journal of Clinical Psychology

2023 Jun 13

Objective:

An understanding of the incremental value of social support in predicting psychopathology above transdiagnostic risk factors could speak to the benefit of leveraging social factors into existing, evidence-based interventions in veterans with emotional disorders. This cross-sectional study aimed to expand our understanding of associations between domains of anxiety sensitivity and facets of psychopathology in veterans with emotional disorders. We also determined whether social support

predicted psychopathology above anxiety sensitivity domains and combat exposure and explored these relationships with a path model.

Methods:

One hundred and fifty-six treatment-seeking veterans with emotional disorders completed diagnostic interviews and assessments of demographics, social support, symptom measures (e.g., PTSD, depression, anxiety, and stress), and transdiagnostic risk factors (i.e., anxiety sensitivity). After data screening, 150 were included in regressions.

Results:

Using regression analyses with cross-sectional data, cognitive anxiety sensitivity concerns predicted PTSD and depression above combat exposure. Cognitive and physical concerns predicted anxiety, and cognitive and social concerns predicted stress. Above combat exposure and anxiety sensitivity, social support predicted PTSD and depression.

Conclusion:

Focusing on social support in tandem with transdiagnostic mechanisms in clinical samples is critical. These findings inform transdiagnostic interventions and recommendations related to incorporation of assessment of transdiagnostic factors in clinical contexts.

<https://doi.org/10.1017/S0033291721003779>

Effects of prior deployments and perceived resilience on anger trajectories of combat-deployed soldiers.

Campbell-Sills, L., Kautz, J. D., Choi, K. W., Naifeh, J. A., Aliaga, P. A., Jain, S., Sun, X., Kessler, R. C., Stein, M. B., Ursano, R. J., & Bliese, P. D.

Psychological Medicine

2023 Apr; 53(5): 2031-2040

Background:

Problematic anger is frequently reported by soldiers who have deployed to combat zones. However, evidence is lacking with respect to how anger changes over a

deployment cycle, and which factors prospectively influence change in anger among combat-deployed soldiers.

Methods:

Reports of problematic anger were obtained from 7298 US Army soldiers who deployed to Afghanistan in 2012. A series of mixed-effects growth models estimated linear trajectories of anger over a period of 1-2 months before deployment to 9 months post-deployment, and evaluated the effects of pre-deployment factors (prior deployments and perceived resilience) on average levels and growth of problematic anger.

Results:

A model with random intercepts and slopes provided the best fit, indicating heterogeneity in soldiers' levels and trajectories of anger. First-time deployers reported the lowest anger overall, but the most growth in anger over time. Soldiers with multiple prior deployments displayed the highest anger overall, which remained relatively stable over time. Higher pre-deployment resilience was associated with lower reports of anger, but its protective effect diminished over time. First- and second-time deployers reporting low resilience displayed different anger trajectories (stable v. decreasing, respectively).

Conclusions:

Change in anger from pre- to post-deployment varies based on pre-deployment factors. The observed differences in anger trajectories suggest that efforts to detect and reduce problematic anger should be tailored for first-time v. repeat deployers. Ongoing screening is needed even for soldiers reporting high resilience before deployment, as the protective effect of pre-deployment resilience on anger erodes over time.

<https://doi.org/10.1037/ser0000760>

**A peer veteran approach to the caring letters suicide prevention program:
Preliminary data.**

Livingston, W. S., Carter, S. P., Leitner, R., Ton, A. T., Gebhardt, H., Zoellner, L. A., Mizik, N., Rojas, S. M., Buchholz, J. R., & Reger, M. A.

Psychological Services
Advance online publication

Caring Letters is a prevention program aimed at reducing suicide risk; however, clinical trials indicate mixed results among military and veteran samples. The present study aimed to pilot a new version of the Caring Letters intervention that was adapted to military culture in order to emphasize peer support. The supportive letters, traditionally sent from clinicians, were written by peer veterans (PVs) who volunteered from local Veteran Service Organizations (VSOs). PVs (n = 15) attended a 4-hr workshop to learn about Caring Letters and write six letters to a veteran with a recent hospitalization for suicide risk (hospitalized veterans [HVs]; n = 15 completed a baseline assessment). Letters from PVs were sent to HVs once a month for 6 months following discharge from the psychiatric inpatient unit. The study used a limited efficacy approach to examine feasibility outcomes including implementation procedures, participant recruitment and retention rates, and barriers and facilitators. Acceptability measures examined HV satisfaction, perceived privacy and safety, and PV workshop satisfaction. Among HVs, results suggested that suicidal ideation improved from baseline to follow-up (g = 3.19). Results suggested resilience scores improved among HVs (g = 0.99). Results also suggested a possible reduction in stigma associated with mental health treatment among PVs at 1-month postworkshop assessment. Interpretation of the results is limited by the design and sample size, but the results provide preliminary support for the feasibility and acceptability of a PV approach to Caring Letters. (PsychInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.5465/annals.2021.0211>

Mental Health and Mental Illness in Organizations: A Review, Comparison, and Extension.

Emily Hope Rosado-Solomon, Jaclyn Koopmann, Wyatt Lee, and Matthew Cronin

Academy of Management Annals

Published Online: 13 Apr 2023

Mental health challenges are a ubiquitous workplace concern, with approximately 20% of people having a mental illness and a majority of employees reporting at least one symptom of poor mental health. Yet research on work and mental health challenges remains fragmented and relatively sparse. To address this issue, we provide a historical overview of workplace attention to mental health as compared to physical health, noting areas where workplaces' response to physical health could serve as a model for attention to mental health. We then share results of an interdisciplinary review of 556

studies on mental health challenges and work, in which we integrate themes in three broad categories: antecedents, outcomes, and interventions for mental health challenges. Importantly, our review suggests that a primary impediment to progress is the frequent theoretical and methodological conflation between (poor) mental health and mental illness, with unexplained inconsistency in the temporality, severity, and content of mental health measures across studies. Based on these findings we present suggestions for critical areas of future research, including an increased emphasis on proactive workplace interventions and research that addresses the distinction—and relationship—between mental health and mental illness at work.

<https://doi.org/10.1007/s41811-023-00164-2>

Experiential Avoidance, Posttraumatic Stress Disorder, and Self-Injurious Thoughts and Behaviors: A Moderation Analysis in a National Veteran Sample.

International Journal of Cognitive Therapy
Published: 14 April 2023

Experiential avoidance (EA) is associated with posttraumatic stress disorder (PTSD) and self-injurious thoughts and behaviors (SITBs) across different populations, and extant literature has demonstrated a strong relationship between PTSD and SITBs. However, no study has explored the potential moderating role EA plays in the association of PTSD with nonsuicidal self-injury (NSSI), suicidal ideation, and suicide attempts. The objective of the present study was to determine if EA would moderate the association with PTSD and SITBs such that the association between PTSD and individuals SITBs would be stronger among individuals with higher EA. In a large national sample of Gulf War Era veterans ($N = 1,138$), EA was associated with PTSD, lifetime and past-year NSSI, current suicidal ideation, and lifetime suicide attempts in bivariate analyses. Multivariate analyses detected a significant EA by PTSD interaction on lifetime NSSI ($AOR = 0.96$), past-year NSSI ($AOR = 1.03$), and suicide attempts ($AOR = 1.03$). Probing of the interactions revealed that the respective associations between PTSD, lifetime and past-year NSSI, and suicide attempts were stronger at lower levels of EA (i.e., better), counter to our hypotheses. These preliminary findings contextualize the relationship between these variables in a Gulf War veterans sample and signal the need to further investigate these relationships. Further, these findings highlight the need for advancement in assessment and intervention of EA and SITBs.

<https://doi.org/10.1176/appi.focus.20220083>

Brief and Ultra-Brief Suicide-Specific Interventions.

Barbara Stanley, Ph.D., Beth Brodsky, Ph.D., Maureen Monahan, Ph.D.

Focus

Published online:14 Apr 2023

The rising rates of suicide warrant effective treatments that can quickly help stabilize suicidal individuals and prevent future suicidal crises from occurring. Across the past few decades, there has been a rise in the development of ultra-brief (1–4 sessions) and brief suicide-specific interventions (6–12 sessions) to meet this need. This article reviews several prominent ultra-brief and brief interventions, including the Teachable Moment Brief Intervention, Attempted Suicide Short Intervention Program, Safety Planning Intervention, Crisis Response Planning, Cognitive Therapy for Suicide Prevention, Brief Cognitive-Behavioral Therapy for Suicide Prevention, Collaborative Assessment and Management of Suicidality, and the Coping Long-Term With Active Suicide Program. A brief review of each interventions' evidence base is also provided. Current challenges and directions for future research in testing the efficacy and effectiveness of suicide prevention initiatives are discussed.

<https://doi.org/10.1176/appi.focus.20220078>

Implementing Evidence-Based Suicide Prevention Strategies for Greatest Impact.

Nadine Melhem, Ph.D., Christine Yu Moutier, M.D., David A. Brent, M.D.

Focus

Published online:14 Apr 2023

Suicide remains a leading cause of death in the United States and globally. In this review, epidemiological trends in mortality and suicide risk are presented, with consideration given to the impact of the COVID-19 pandemic. A public health model of suicide prevention with a community and clinical framework, along with advances in scientific discovery, offer new solutions that await widespread implementation. Actionable interventions with evidence for reducing risk for suicidal behavior are

presented, including universal and targeted strategies at community, public policy, and clinical levels. Clinical interventions include screening and risk assessment; brief interventions (e.g., safety planning, education, and lethal means counseling) that can be done in primary care, emergency, and behavioral health settings; psychotherapies (cognitive-behavioral, dialectical behavior, mentalization therapy); pharmacotherapy; and systemwide procedures for health care organizations (training, policies, workflow, surveillance of suicide indicators, use of health records for screening, care steps). Suicide prevention strategies must be prioritized and implemented at scale for greatest impact.

<https://doi.org/10.1016/j.pmedr.2023.102206>

A scoping review of military and Veteran families within international suicidality and suicide prevention research.

Denise DuBois, Rachel Richmond, Lauren Stephanie Roberts, Alyson Mahar, ... Heidi Cramm

Preventive Medicine Reports
Volume 33, June 2023, 102206

Highlights

- Greater suicidality among military/veterans, but scant research exists on families.
- Military/veteran families: risk/protective factor, intervenor/caregiver, bereaved.
- Few studies evaluating suicide prevention involve military/veteran families.

Abstract

The impacts of suicidality on families are well known, which is particularly relevant in at-risk populations, such as active duty military personnel and Veteran communities. This scoping review describes how military and Veteran families have been conceptualized within suicide prevention research. A systematic, multi-database search was conducted, and 4,835 studies were screened. All included studies underwent quality assessment. Bibliographic, participant, methodological, and family-relevant data was extracted and descriptively analyzed into Factors, Actors, and Impacts. In total, 51 studies (2007 – 2021) were included. Most studies focused on suicidality rather than suicide prevention. Factor studies described family constructs as a suicidality risk or protective factor for military personnel or Veterans. Actor studies described families' roles or responsibilities to act in relation to the suicidality of military personnel or Veterans. Impacts studies

described the impacts of suicidality on military and Veteran family members. The search was limited to English language studies. There were few studies on suicide prevention interventions for or including military and Veteran family members. Family was typically considered peripheral to the military personnel or Veteran experiencing suicidality. However, there was also emerging evidence of suicidality and its consequences in military-connected family members.

<https://doi.org/10.1016/j.psychres.2023.115212>

Assistance dogs help reduce mental health symptoms among Australian Defence Force veterans and emergency services personnel: A pilot study.

C. Hansen, M. Iannos, M. Van Hooff

Psychiatry Research
Volume 324, June 2023, 115212

The aim of this pilot study was to evaluate the effectiveness of two specialized Australian PTSD assistance dog programs in reducing PTSD and mental health symptoms over a one-year period. A total of 44 participants who were partnered with an assistance dog were analysed. Using an intent to treat analysis, compared to the baseline measures, all mental health outcomes exhibited statistically significant reductions in scores at the 3-month follow-up, and persisted at the 6-month, and 12-month follow-up. When comparing baseline to 3-month follow-up the effect size (Cohen's d) was strongest for stress ($d = 0.993$), followed by PTSD ($d = 0.892$), anxiety ($d = 0.837$). Analyses among those who also completed the waitlist-baseline assessment ($n = 23$) showed slight reductions in stress and depression prior to receiving their dog (whilst waiting for their dog). However, larger reductions were yielded across all mental health measures when comparing waitlist-baseline to 3-month follow-up.

<https://doi.org/10.1016/j.psychres.2023.115196>

Outcomes for treatment of depression in the Veterans Health Administration: Rates of response and remission calculated from clinical and survey data.

Edward P. Liebmann, Sandra G. Resnick, Rani A. Hoff, Ira R. Katz

Psychiatry Research

Volume 324, June 2023, 115196

Healthcare Effectiveness Data and Information Set (HEDIS) quality measures for depression treatment aggregate Patient Health Questionnaire (PHQ)-9 data from routine clinical assessments recorded in electronic health records (EHR). To determine whether aggregated PHQ-9 data in US Veterans Health Administration (VHA) EHRs should be used to characterize the organization's performance, we compared rates for depression response and remission calculated from EHRs with rates calculated with data representing the underlying Veteran patient population estimated using Veterans Outcome Assessment (VOA) survey data. We analyzed data from initial assessments and 3-month follow-up for Veterans beginning treatment for depression. EHR data were available for only a minority of Veteran patients, and the group of Veterans with EHR data differed from the underlying Veteran patient population with respect to demographic and clinical characteristics. Aggregated rates of response and remission from EHR data were significantly different from estimates based on representative VOA data. The findings suggest that until patient-reported outcome from EHRs are available for a substantial majority of patients receiving care, aggregated measures of patient outcomes derived from these data cannot be assumed to be representative of the outcomes for the overall population, and they should not be used as outcome-based measures of quality or performance.

<https://doi.org/10.1016/j.psychres.2023.115216>

Sleep efficiency predicts improvements in fear extinction and PTSD symptoms during prolonged exposure for veterans with comorbid insomnia.

Christopher Hunt, Jane Park, Jessica Bomyea, Peter J. Colvonen

Psychiatry Research

Volume 324, June 2023, 115216

Prolonged exposure (PE) is an evidenced-based psychotherapy for PTSD, but many Veterans fail to achieve a clinically meaningful response. Sleep issues are prevalent in Veterans and may interfere with PE by disrupting the learning and consolidation of fear extinction memories during PE exposures. Here, we examined whether changes in fear

extinction across imaginal exposures and PTSD symptoms during PE were predicted by diary-assessed levels of nightly sleep efficiency (SE; i.e., percent of time in bed spent sleeping), which may indirectly index sleep fragmentation and sleep-facilitated memory processes. Participants were Veterans with PTSD and comorbid insomnia (N = 40) participating in a clinical trial of cognitive-behavioral therapy for insomnia plus PE. SE was measured via nightly sleep diaries, fear extinction was operationalized as a reduction in peak distress between weekly imaginal exposures, and PTSD symptoms were assessed bi-weekly. Cross-lagged panel models revealed that higher sleep efficiency during the week predicted lower peak distress at the subsequent imaginal exposure and lower PTSD symptoms at the subsequent assessment, whereas PTSD symptoms and peak distress did not predict subsequent sleep efficiency. Efficient sleep may facilitate fear extinction and PTSD reduction during PE. Targeting sleep efficiency could improve PE effectiveness for Veterans with comorbid insomnia.

<https://doi.org/10.1037/tra0001462>

Mental health attitudes, norms, beliefs, and experiences with care among young Black men: A theory of planned behavior assessment.

Bauer, A. G., Williams, J., Hambrick, E., Rempfer, M., Bennett, K., Christensen, K., & Berkley-Patton, J. Y.

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

Abstract

Objective:

Young Black/African American men (YBM) are at greater risk for trauma and related mental health concerns compared to young non-Hispanic White men but are less likely to receive mental health care when needed. The current study used a Theory of Planned Behavior (TPB)-guided framework to qualitatively explore beliefs, norms, and intentions related to seeking mental health screening and linkage to care (LTC) among YBM exposed to trauma.

Method:

Participants (N = 55, Mage = 23 years) were YBM aged 18–30 recruited from urban community settings in Kansas City, MO, between October 2018 and April 2019 for participation in focus groups.

Results:

Participants discussed lived experiences with trauma and mental health care, plus salient behavioral beliefs—both positive and negative. Key normative referents were significant others and family members, and participants endorsed greater motivation to seek care with their support. Control beliefs ranged from individual and interpersonal facilitators and barriers to more systemic factors (e.g., availability of providers, cost, lack of access, disparities in incarceration).

Conclusions:

Tailored interventions are needed to promote engagement in mental health services among YBM, with strategies that recognize cultural contexts and ongoing needs for general well-being. Recommendations for providers and systems are discussed.

(PsychoInfo Database Record (c) 2023 APA, all rights reserved)

Impact Statement

Findings illustrated young Black men's complex relationships with mental health care, integrating interest and willingness to address mental health with cultural and structural barriers to care. Results suggest that mental health promotion efforts are needed at multiple levels, including across systems and communities, with an important role for providers in expanding outreach, engagement, and respect for culture in the therapy context. (PsychoInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1037/emo0001240>

Understanding the temporal dynamics of problem anger using sequence analysis.

Arjmand, H.-A., Forbes, D., Varker, T., O'Donnell, M. L., Finlayson-Short, L., & Metcalf, O.

Emotion

Advance online publication

Problem anger is a common, and potentially destructive mental health issue in trauma-affected populations, affecting up to 30% of veteran and military populations. Problem anger is associated with a range of psychosocial and functional difficulties and elevated risk of harm to self and others. Increasingly, ecological momentary assessment (EMA)

is being used to understand the microlevel dynamics of emotions, and this information is valuable to inform treatment approaches. Using a data-driven approach, we used sequence analysis to determine whether heterogeneity exists amongst veterans with problem anger using EMA-recorded experiences of anger intensity. Veterans with problem anger (N = 60; Mage = 40.28) completed 10 days of EMA with four prompts per day. We identified four subtypes of veterans within the data, whose anger intensity dynamics differed significantly, and the subtypes mapped onto macrolevel indicators of anger and well-being. Taken together, these results highlight the importance of microlevel investigations of mood states in clinical populations, and in some instances, the novel use of sequence analysis may be appropriate. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1037/pri0000210>

Law enforcement mental health: Strategies and issues in prevention and treatment.

Rodriguez, S., Ferrell, B., Cipriano, R. J., Jr., Van Hasselt, V. B., Falzone, L., Kuhlman, K., Acosta, W., & Miller, M. V.

Practice Innovations

Advance online publication

Our communities rely on law enforcement to perform their duties effectively and make sound judgments in response to life-threatening situations. Yet, previous research indicates that police officers are at increased risk for the development of a wide range of mental health problems, most notably anxiety, depression, substance use, sleep problems, posttraumatic stress disorder, and suicide. Further, there is considerable evidence documenting an association between these difficulties and officers' high levels of exposure to traumatic events. The global pandemic and social unrest of the past few years have also contributed greatly to the stresses and challenges of policing. In this paper, we review prevention (Critical Incident Stress Management, Behavioral Health Training, and Peer Support Programs) and intervention (Motivational Interviewing, Disconnected Values Model, Cognitive Behavioral Therapy, Eye Movement Desensitization and Reprocessing, Problem-Solving Therapy, and Mindfulness) strategies that have shown promise in clinical applications with law enforcement personnel. The unique and impactful stressors of police work underscore the importance of mental health resources tailored to this population. The stigma and

cultural barriers that have historically discouraged police officers from seeking treatment are discussed. The need to remedy this situation through culturally competent and available mental health professionals, and utilization of evidence-based modalities, is highlighted. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1371/journal.pone.0285714>

The military spouse experience of living alongside their serving/veteran partner with a mental health issue: A systematic review and narrative synthesis.

Senior E, Clarke A, Wilson-Menzfeld G

PLoS ONE

Published: May 18, 2023

Introduction

Military healthcare studies have reported a wide range of mental health issues amongst military personnel. Globally, mental health issues are one of the main causes of ill health. Military personnel have a greater prevalence of mental health issues than that of the general population. The impact of mental health issues can be wide and far reaching for family and carers. This systematic narrative review explores the military spouse experience of living alongside their serving or veteran partner with a mental health issue.

Methods

The systematic review performed was based on the PRISMA guide for searching, screening, selecting papers for data extraction and evaluation. Studies were identified from CINHAL, ASSIA, Proquest Psychology, Proquest Nursing & Allied Health source, Proquest Dissertations & Theses, ETHOS, PsychArticles, Hospital collection, Medline, Science Direct Freedom Collection and hand searching of citations and reference lists.

Results

Twenty-seven studies were included in the narrative synthesis. Five overarching themes from the experiences of military spouses' living alongside their serving/veteran partners mental health issue were identified: caregiver burden, intimate relationships, psychological/psychosocial effects on the spouse, mental health service provision and spouse's knowledge and management of symptoms.

Conclusions

The systematic review and narrative synthesis identified that the majority of studies focused on spouses of veterans, very few were specific to serving military personnel, but similarities were noted. Findings suggest that care burden and a negative impact on the intimate relationship is evident, therefore highlight a need to support and protect the military spouse and their serving partner. Likewise, there is a need for greater knowledge, access and inclusion of the military spouse, in the care and treatment provision of their serving partner's mental health issue.

<https://doi.org/10.1177/107484072311635>

Identifying Mental Health Profiles Among Adolescents Who Experienced a Recent Parental Deployment or Military-Related Family Separation.

Lucier-Greer M, O'Neal CW, Mancini JA

Journal of Family Nursing

First published online April 17, 2023

Assessing two independent samples of adolescents in military families in the United States who recently experienced parental separation (N = 573; N = 186), this study sought to identify adolescent mental health profiles indexed on multiple indicators. In other words, we asked how military adolescents fare after parental separation in terms of mental health indicators. Proximal family processes (family cohesion, conflict, and marital adjustment) were also examined in relation to mental health profiles as well as core adolescent outcomes, self-rated health, and school enjoyment. In both samples, three profiles emerged identifying similar structures of mental health profiles. Two-thirds of adolescents were in the lowest risk mental health group. Poor family cohesion and greater conflict were associated with the moderate and highest risk groups. The lowest risk group reported better health and greater school enjoyment. Family nurses and other health care professionals are encouraged to inquire about military connectedness, structural changes occurring within the family system, and family processes in relation to adolescent well-being.

Links of Interest

State Policies During COVID Associated with Increase in Tele-Mental Health; Disparities in Access to Care Persist Despite Expansion

<https://www.rand.org/news/press/2023/06/13.html>

- [Expansion of Telehealth Availability for Mental Health Care After State-Level Policy Changes From 2019 to 2022](#)

Combating the “Multi-Dimensional Beast” of Chronic Pain (Issues in Science and Technology Podcast – National Academy of Science, Engineering, and Medicine/Arizona State University)

<https://issues.org/episode-33-chronic-pain-neuroscience-shirvalkar/>

The Importance of Quality Sleep

<https://blog-brigade.militaryonesource.mil/2023/04/18/the-importance-of-quality-sleep/>

More could be done to help dual-military couples, DoD IG reports

<https://www.militarytimes.com/news/your-military/2023/06/14/more-could-be-done-to-help-dual-military-couples-dod-ig-reports/>

- [Review of the DoD’s Co-Location Policies to Support Dual Military Marriages \(DODIG-2023-085\)](#)

‘Come home’: Father searches for homeless Iraq War veteran

<https://www.stripes.com/veterans/2023-06-17/seeking-homeless-iraq-war-veteran-10466867.html>

How to support your spouse during your shift to civilian life

<https://www.militarytimes.com/education-transition/2023/06/16/how-to-support-your-spouse-during-your-shift-to-civilian-life/>

The history behind famous ‘Gay Vietnam Veteran’ headstone

<https://www.militarytimes.com/off-duty/military-culture/2023/06/16/the-history-behind-famous-gay-vietnam-veteran-headstone/>

Stepping into civilian shoes: What to keep in mind while transitioning

<https://www.militarytimes.com/education-transition/2023/06/20/stepping-into-civilian-shoes-what-to-keep-in-mind-while-transitioning/>

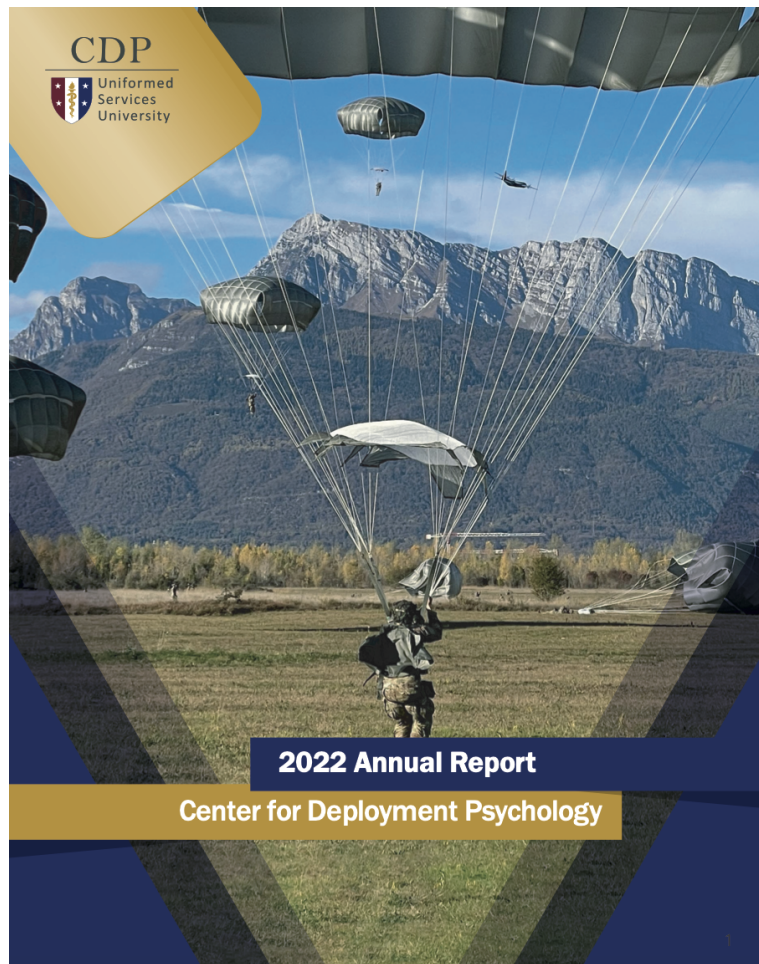
Resource of the Week: [Center for Deployment Psychology 2022 Annual Report](#)

From William Brim, Psy.D., Executive Director, Center for Deployment Psychology:

Sixteen years! The Center for Deployment Psychology (CDP) was established 16 years ago with the help of the American Psychological Association with a mission to prepare active duty military psychologists to deploy and to provide effective garrison care for service members and their families. I joined the 14-person CDP team over 15 years ago. Recently a colleague looking at my curriculum vitae sarcastically suggested that I should think about finding something I am passionate about and sticking to it for a change. The interesting thing is that there are four employees who have been at CDP longer than me! There are 14 employees of our now 57 person team who have been at CDP for over 10 years. Even with our growth in recent years the average tenure of our team is 8+ years. This is a team with a passion for getting high quality training, education and support tools to behavioral health professionals and this shows the commitment of our team to our mission and to ensuring access to the highest quality behavioral health care for our service members, veterans and their families. This year we provided training and education to just under 10,000 military and civilian providers working with military-connected individuals. You will see the team's passion and dedication to improving the lives of our service members, veterans, and their families reflected in the pages of this report.

Over the last 16 years we've had the honor of training over 96,000 behavioral health professionals, but our work is not done. We are expanding our ability to deliver evidence-based interventions for suicide prevention, such as lethal means safety counseling and Cognitive Behavioral Therapy for Suicide Prevention, and will surge our training capacity to meet the training needs of the Military Health System (MHS) in the coming years. We are engaging with social work training directors and bringing social workers to our Pathways to Military Internships training courses and we are learning lessons for tomorrow's U.S. military through partnerships with Ukrainian behavioral health professionals as they support their troops and families today. The question now becomes what do we do to ensure the readiness of the next generation of behavioral health professionals? What are the knowledge, skills, and abilities needed by the military behavioral health professional in future near-peer warfare? What tools do community providers need in order to care for veterans and their families over the next 20 years as the OIF/OEF generation ages? How do we expand the pipeline of behavioral health

providers working in the Department of Defense (DoD), Department of Veterans Affairs (VA) and the general community? CDP is embarking on a strategic plan for 2023 to 2028 to address these questions and we look forward to engaging with you on our shared mission.



Shirl Kennedy
Research Editor
HJF employee collaborating with Center for Deployment Psychology



Henry M. Jackson Foundation for the Advancement of Military Medicine
Email: shirley.kennedy.ctr@usuhs.edu