

# CDP

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## Research Update -- May 9, 2019

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<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2723658>

**Effect of Augmenting Standard Care for Military Personnel With Brief Caring Text Messages for Suicide Prevention: A Randomized Clinical Trial.**

Comtois KA, Kerbrat AH, DeCou CR, et al.

JAMA Psychiatry  
 2019;76(5):474–483  
 doi:10.1001/jamapsychiatry.2018.4530

**Key Points**

**Question**

Does a text message-based intervention (Caring Contacts) reduce suicidal thoughts and behaviors among active-duty military personnel?

## Findings

In this randomized clinical trial of 658 Soldiers and Marines, augmenting standard care with Caring Contacts did not reduce current suicidal ideation or suicide risk events at 12-month follow-up. However, Caring Contacts reduced the odds of having any suicidal ideation (80% vs 88%) and making a suicide attempt (9% vs 15%).

## Meaning

Although the primary hypotheses were not supported, Caring Contacts was found to be a simple, scalable intervention that may be effective in reducing the occurrence of suicide ideation and attempts.

## Abstract

### Importance

Accessible and cost-effective interventions for suicidality are needed to address high rates of suicidal behavior among military service members. Caring Contacts are brief periodic messages that express unconditional care and concern and have been previously shown to prevent suicide deaths, attempts, ideation, and hospitalizations.

### Objective

To test the effectiveness of augmenting standard military health care with Caring Contacts delivered via text message to reduce suicidal thoughts and behaviors over 12 months.

### Design, Setting, and Participants

This randomized clinical trial was conducted at 3 military installations in the southern and western United States. Soldiers and Marines identified as being at risk of suicide were recruited between April 2013 and September 2016. The final follow-up was in September 2017.

### Interventions

Both groups received standard care, and the Caring Contacts group also received consisted of 11 text messages delivered on day 1, at week 1, at months 1, 2, 3, 4, 6, 8, 10, and 12, and on participants' birthdays.

### Main Outcomes and Measures

Primary outcomes were current suicidal ideation and suicide risk incidents (hospitalization or medical evacuation). Secondary outcomes were worst-point suicidal ideation, emergency department visits, and suicide attempts. Suicidal ideation was measured by the Scale for Suicide Ideation, suicide risk incidents, and emergency

department visits by the Treatment History Interview; attempted suicide was measured by the Suicide Attempt Self-Injury Count.

## Results

Among 658 randomized participants (329 randomized assigned to each group), data were analyzed for 657 individuals (mean [SD] age, 25.2 [6.1] years; 539 men [82.0%]). All participants reported suicidal ideation at baseline, and 291 (44.3%) had previously attempted suicide. Of the 657 participants, 461 (70.2%) were assessed at 12 months. Primary outcomes were nonsignificant. There was no significant effect on likelihood or severity of current suicidal ideation or likelihood of a suicide risk incident; there was also no effect on emergency department visits. However, participants who received Caring Contacts (172 of 216 participants [79.6%]) had lower odds than those receiving standard care alone (179 of 204 participants [87.7%]) of experiencing any suicidal ideation between baseline and follow-up (odds ratio, 0.56 [95% CI, 0.33-0.95];  $P = .03$ ) and fewer had attempted suicide since baseline (21 of 233 [9.0%] in the group receiving Caring Contacts vs 34 of 228 [14.9%] in the standard-care group; odds ratio, 0.52 [95% CI, 0.29-0.92];  $P = .03$ ).

## Conclusions and Relevance

This trial provides inconsistent results on the effectiveness of caring text messages between primary and secondary outcomes, but this inexpensive and scalable intervention offers promise for preventing suicide attempts and ideation in military personnel. Additional research is needed.

Trial Registration ClinicalTrials.gov identifier: NCT01829620

See also:

[Suicide Reduction and Research Efforts in Service Members and Veterans—Sobering Realities](#) (editorial - Hoge)

[Reframing the Suicide Prevention Message for Military Personnel](#) (editorial - Stein/Kessler/Ursano)

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[https://www.sciencedirect.com/science/article/pii/S1087079218301886?dgcid=rss\\_sd\\_al](https://www.sciencedirect.com/science/article/pii/S1087079218301886?dgcid=rss_sd_al)  
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## **Light therapies to improve sleep in intrinsic circadian rhythm sleep disorders and neuro-psychiatric illness: a systematic review and meta-analysis.**

Sophie M. Faulkner, Penny E. Bee, Nicholas Meyer, Derk-Jan Dijk, Richard J. Drake

Sleep Medicine Reviews

Available online 30 April 2019

<https://doi.org/10.1016/j.smr.2019.04.012>

Circadian dysregulation causes sleep disturbance and impacts quality of life and functioning. Some interventions target circadian entrainment through modifying light exposure, but existing reviews of light interventions for sleep improvement include few studies in psychiatric populations. We examined effect of light interventions on sleep quality, duration and timing, and effect moderators. We included controlled studies in intrinsic circadian rhythm disorders (such as advanced or delayed sleep) and in neuropsychiatric disorders with assumed high prevalence of circadian dysregulation (such as affective and psychotic disorders). Articles were identified through database searching: 40 studies reporting 49 relevant intervention comparisons met inclusion criteria. Meta-analysis showed improvements in sleep continuity (ES=-0.23, p=0.000), self-reported sleep disturbance (ES=-0.32, p=0.014), and advancement of delayed sleep timing (ES=-0.34, p=0.010). Although the small number of studies limited meta-regression, evening light avoidance was associated with greater increase in total sleep time. Effects of light on sleep and circadian outcomes have received limited attention in studies in psychiatric disorders, but results were promising in these groups. These findings invite further refinement and testing of light interventions to improve sleep in psychiatric disorders, with improved assessment and specification of problems, and the development and implementation of light schedule interventions for delayed sleep.

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[https://ajslp.pubs.asha.org/doi/abs/10.1044/2018\\_AJA-TTR17-18-0042](https://ajslp.pubs.asha.org/doi/abs/10.1044/2018_AJA-TTR17-18-0042)

## **Health Care Utilization and Mental Health Diagnoses Among Veterans With Tinnitus.**

Kathleen F. Carlson, Tess A. Gilbert, Maya E. O'Neil, Tara L. Zaugg, Candice A. Manning, Christine Kaelin, Emily J. Thielman, Kelly M. Reavis, James A. Henry

American Journal of Audiology

22 Apr 2019

[https://doi.org/10.1044/2018\\_AJA-TTR17-18-0042](https://doi.org/10.1044/2018_AJA-TTR17-18-0042)

### Purpose

Tinnitus is prevalent among military Veterans and may frequently co-occur with mental health disorders. This study examined health care utilization and mental health diagnoses among Veterans with and without tinnitus who receive Department of Veterans Affairs (VA) health care.

### Method

We randomly sampled 10% of VA health care users for a 5-year period between 2011 and 2016. Tinnitus and other diagnoses were identified using International Classification of Diseases diagnosis codes; Veterans assigned 1 or more inpatient codes or 2 or more outpatient codes were considered to have the respective diagnosis. We examined demographics, military service, clinical characteristics, and health care utilization of Veterans with and without tinnitus diagnoses. Bivariable and multivariable logistic regression was used to estimate associations between tinnitus and mental health diagnoses of interest.

### Results

Among 617,534 eligible Veterans, 3.8% met criteria for tinnitus diagnosis. Prevalence of tinnitus was associated with sex, age, race, marital status, and VA service connection status; additionally, hearing loss and traumatic brain injury were frequently codiagnosed with tinnitus. Veterans with tinnitus had higher annual health care utilization than those without. While controlling for potential confounders, tinnitus diagnoses were associated with mental health diagnoses, including anxiety, depression, and substance use disorders.

### Conclusion

Findings suggest that Veterans who are diagnosed with tinnitus have more health care utilization and are more frequently diagnosed with mental health disorders than Veterans who are not diagnosed with tinnitus. This suggests a need for coordinated tinnitus and mental health care services for Veterans in the VA system of care.

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<https://journals.sagepub.com/doi/abs/10.1177/0022167819840850>

## **Reasons Why Post–9/11 Era Veterans Continue to Volunteer After Their Military Service.**

Monica M. Matthieu, Molly Meissen, Aaron Scheinberg, Elizabeth M. Dunn

Journal of Humanistic Psychology

First Published April 23, 2019

<https://doi.org/10.1177/0022167819840850>

A myriad reasons exist as to why individuals volunteer to serve in the U.S. military. However, less is known about why these same veterans who have returned home choose to serve again in their communities. We aim to describe the lived experience of post–9/11 era veterans who shared their reasons for joining a civic service program after the completion of their military service. Narrative data from an observationally designed study of veterans (N = 346) who completed a leadership and civic service program administered by a national nonprofit, was qualitatively analyzed. Findings reveal 15 distinct personal and professional reasons why veterans engage in civic service following the completion of their military service, with 84% of the veteran sample reporting wanting to continue to serve while 41% reporting that participating would aid in their employment transition from military to civilian life. Other personal reasons include wanting a sense of purpose (20%) and wanting to integrate and participate in a community (20%). The motivation to continue to serve is strong among those who have served in the military and offers implications for conducting research with community-based and federal programs for veterans, military service members, and their communities.

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<https://www.tandfonline.com/doi/abs/10.1080/09540261.2019.1595545>

## **Treatment of military-related post-traumatic stress disorder: challenges, innovations, and the way forward.**

David Forbes, David Pedlar, Amy B. Adler, Clare Bennett, Richard Bryant, Walter Busuttil, John Cooper, Mark C. Creamer, Nicola T. Fear, Neil Greenberg, Alexandra Heber, Mark Hinton, Mal Hopwood, Rakesh Jetly, Ellie Lawrence-Wood, Alexander McFarlane, Olivia Metcalf, Meaghan O'Donnell, Andrea Phelps, J. Don Richardson,

Nicole Sadler, Paula P. Schnurr, Marie-Louise Sharp, James M. Thompson, Robert J. Ursano, Miranda Van Hooff, Darryl Wade & Simon Wessely

International Review of Psychiatry

Published online: 02 May 2019

DOI: 10.1080/09540261.2019.1595545

Post-traumatic stress disorder (PTSD) is one of the common mental disorders in military and veteran populations. Considerable research and clinical opinion has been focused on understanding the relationship between PTSD and military service and the implications for prevention, treatment, and management. This paper examines factors associated with the development of PTSD in this population, considers issues relating to engagement in treatment, and discusses the empirical support for best practice evidence-based treatment. The paper goes on to explore the challenges in those areas, with particular reference to treatment engagement and barriers to care, as well as treatment non-response. The final section addresses innovative solutions to these challenges through improvements in agreed terminology and definitions, strategies to increase engagement, early identification approaches, understanding predictors of treatment outcome, and innovations in treatment. Treatment innovations include enhancing existing treatments, emerging non-trauma-focused interventions, novel pharmacotherapy, personalized medicine approaches, advancing functional outcomes, family intervention and support, and attention to physical health.

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<https://www.sciencedirect.com/science/article/pii/S1389945718307007>

### **Sleep and Major Depressive Disorder: A Review of Non-Pharmacological Chronotherapeutic Treatments for Unipolar Depression.**

Jasmyn E.A. Cunningham, Jennifer Stamp, Colin M. Shapiro

Sleep Medicine

Available online 2 May 2019

<https://doi.org/10.1016/j.sleep.2019.04.012>

#### Highlights

- Bright light therapy shows promise as an effective adjunct to treatment with antidepressant medications. Based on the limited data available, bright light exposure for 5,000-10,000 lux-hours soon after waking for several weeks would



most likely improve symptoms, although more research is required in order to make specific recommendations.

- It is recommended that further research be conducted using a standard methodology and treatment protocol for bright light as a treatment for depression, likely using a treatment protocol spanning several weeks.
- Combined chronotherapies may be more efficacious than the separate treatment components individually, especially in the case of sleep phase advance and wake therapy (which often leads to depressive relapse immediately following recovery sleep). However, further research is required before making recommendations.
- Research is required regarding the use of bright light therapy and combined chronotherapies in postpartum and anti-partum depression, as well as in geriatric patients.
- Until randomized controlled research is conducted comparing the efficacy of combined treatments to stand-alone chronotherapies, and to current standard-of-care treatments, the true benefit of these combined treatments is unclear. Such research is recommended, as these areas show promise in the rapid and sustained treatment of depression.

#### Abstract

Depression is a significant public health issue, made worse by the absence of response to antidepressant medications by many patients. Given the high degree of overlap between sleep and circadian complaints and depression, chronotherapies are a promising avenue for novel, effective, and fast-acting treatments for depression.

A critical literature review was conducted of bright light therapy as a treatment for unipolar depression. Additionally, a separate critical literature review was also conducted of several promising, non-pharmacological, combination chronotherapeutic treatments, including bright light therapy, sleep deprivation/wake therapy, and sleep phase advance.

Results of bright light therapy as a treatment for depression are encouraging, especially when used as an adjunct to antidepressant medications. It may also be desirable in special populations, such as geriatric and perinatal patients. Overall, results from combination chronotherapies are encouraging, though none has strong empirical support. Combining chronotherapies is an avenue of treatment which should be further explored.

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<https://onlinelibrary.wiley.com/doi/full/10.1111/pops.12589>

## **The Political Consequences of Combat: Post-Traumatic Stress and Political Alienation Among Vietnam Veterans.**

Kaye Usry

Political Psychology

First published: 23 April 2019

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

On average, veterans are more civically and politically engaged than civilians. Previous research on the effects of military service, however, did not account for differences in veterans' combat experiences. Using survey data from a representative sample of Vietnam veterans, this study presents evidence that veterans who were exposed to severe combat trauma and veterans who exhibited attitudes and fears associated with post-traumatic stress had significantly lower levels of political efficacy and trust. The negative consequences of combat exposure and post-traumatic stress are not mitigated when veterans have quality social support or when they seek professional counseling. These findings inform political psychology and hold implications for claims regarding the empowering influence of service in the U.S. military, increased political engagement, in particular. Among Vietnam veterans, exposure to severe combat trauma and post-traumatic stress were both associated with reduced political efficacy and trust.

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<https://onlinelibrary.wiley.com/doi/abs/10.1111/sltb.12553>

## **Suicide Typologies in the United States Air Force: A Hierarchical Cluster Analysis.**

Martin, J. S., Novak, L. A., Perera, K. , Olsen, C. H., Kindt, M. T., LaCroix, J. M., Bennion, L. , Lee-Tauler, S. Y. and Ghahramanlou-Holloway, M.

Suicide and Life-Threatening Behavior

First published: 29 April 2019

<https://doi.org/10.1111/sltb.12553>

## Objective

This study describes characteristics of United States Air Force (USAF) suicide decedents and determines subgroups.

## Method

Retrospective review of demographic, psychiatric, event-related, and psychosocial variables for USAF suicide decedents in the Suicide Event Surveillance System database was conducted between February 1999 and July 2009 (N = 376). Hierarchical cluster analysis was used to determine initial clusters and cluster centroids.

## Results

Analyses identified three clusters. Cluster 1 (n = 149) individuals were mostly single or divorced, E-1-E-6 rank, living alone, and less likely to have psychiatric disorder diagnoses or engage with most helping resources. Cluster 2 (n = 126) decedents were mostly married, living with a partner, higher ranking, and least likely to communicate suicide intent. Cluster 3 (n = 101) individuals were mostly E-4-E-6 rank, with the highest rates of most psychiatric diagnoses, previous suicide-related events, engagement with multiple helping resources, communication of intent, and psychosocial precipitants. Clusters differed significantly in marital status, rank, psychiatric diagnoses, precipitants, service utilization, previous suicide-related events, risk factors, communication of intent, location and method of death, and residential status.

## Conclusions

This study identifies empirically based suicide typologies within a military decedent sample. While further research and replications of findings are needed, these typologies have clinical and policy implications for military suicide prevention.

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<https://www.ncbi.nlm.nih.gov/pubmed/31033746>

J Head Trauma Rehabil. 2019 Apr 25. doi: 10.1097/HTR.0000000000000486. [Epub ahead of print]

## **Differences in Posttraumatic Stress Disorder, Depression, and Attribution of Symptoms in Service Members With Combat Versus Noncombat Mild Traumatic Brain Injury.**

Hardy M, Kennedy J, Reid M, Cooper D.

#### OBJECTIVE:

This study compares combat-related mild traumatic brain injury (mTBI) to non-combat-related mTBI in rates of posttraumatic stress disorder (PTSD) and depression after injury, severity of postconcussive symptoms (PCSs), and attribution of those symptoms to mTBI versus PTSD.

#### PARTICIPANTS:

A total of 371 active duty service members (SMs) with documented history of mTBI, divided into combat and non-combat-related cohorts.

#### DESIGN:

Retrospective cohort study.

#### MAIN MEASURES:

Diagnoses of PTSD and depression based on medical record review and self-report. PCSs measured using Neurobehavioral Symptom Index. Attribution of symptoms based on a rating scale asking how much mTBI, PTSD, depression, deployment, or readjustment stress contributed to current symptoms.

#### RESULTS:

Prevalence of PTSD was significantly higher after a combat-related mTBI, compared with a noncombat mTBI ( $P = .001$ ). Prevalence of depression did not differ between the 2 groups. PCSs were high in both combat and noncombat mTBIs, with no statistical difference between groups. SMs with PTSD reported higher PCS, regardless of combat status. SMs without PTSD attributed symptoms mainly to mTBI, whereas SMs with PTSD, regardless of combat status, were much more likely to attribute symptoms to PTSD, depression, and deployment/readjustment stress.

#### CONCLUSIONS:

This research contributes to our understanding of the complex interplay between mTBI and PTSD in both combat and noncombat injuries within the military population and the importance of addressing both simultaneously.

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<https://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000592?journalCode=cri>

**Financial Strain, Suicidal Thoughts, and Suicidal Behavior Among US Military Personnel in the National Guard.**

Craig J. Bryan and AnnaBelle O. Bryan

Crisis

Published online: April 29, 2019

<https://doi.org/10.1027/0227-5910/a000592>

Background:

Although financial strain is an identified risk factor for suicide among US military personnel, research is limited regarding the specific dimensions of financial strain that confer the greatest risk.

Aims:

The present study examined the associations among multiple indicators of financial strain, suicide ideation, and suicide attempts in a sample of US National Guard personnel, a high-risk subgroup of the US military. Method: National Guard personnel from Utah and Idaho (n = 997) completed an anonymous online self-report survey. Weighted univariate and multivariate logistic regression was used to test hypothesized associations.

Results:

Lifetime history of suicide ideation was significantly more common among participants reporting recent income decrease, credit problems, and difficulty making ends meet, even when adjusting for other covariates. Lifetime history of suicide attempt was significantly associated with recent foreclosure or loan default, credit problems, and difficulty making ends meet, but only in univariate analyses. Recent credit problems were the only financial strain indicator that significantly predicted a history of suicide attempt among participants with a history of suicide ideation.

Limitations:

The present study includes self-report methodology and cross-sectional design.

Conclusion:

Although multiple indicators of financial strain are associated with increased risk for suicidal thinking among National Guard military personnel, credit problems had the strongest association with suicide attempts.

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<https://muse.jhu.edu/article/722358/summary>

## **Veterans' Adjustment to College: A Qualitative Analysis of Large-Scale Survey Data.**

Sharon L. Young, Glenn Allen Phillips

College Student Affairs Journal  
Southern Association for College Student Affairs  
Volume 37, Number 1, Spring 2019; pp. 39-53  
10.1353/csaj.2019.0003

Student veterans are not monolithic, but many have shared experiences. As higher education considers ways to serve this growing population, it is important to recognize the rich data that comes from location-specific, branch-specific, and program-specific qualitative studies, in addition to patterns that emerge across geographical and institutional boundaries. The current study explores the transition from military life to student life using two open-ended questions in a survey of 391 student veterans to examine the complexity and ubiquity of student veteran perceptions of their adjustment to college. Data from this study were derived from these items: "what, if anything, has been the most helpful in transitioning to college?" and "what, if anything, has made it challenging to transition to college?" The analysis was framed using Vacchi and Berger's Combined Ecological Model of veteran adjustment to college. Veterans cited financial support, campus veteran support staff, family, and support from other veterans as helpful. Challenges included a multi-faceted understanding of difference and balance.

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<https://link.springer.com/article/10.1007/s11325-019-01845-z>

## **Do symptoms of sleepiness and insomnia in US veterans with obstructive sleep apnea vary by age?**

C. Agudelo, A. R. Ramos, N. J. Williams, D. M. Wallace

Sleep and Breathing  
First Online: 01 May 2019  
<https://doi.org/10.1007/s11325-019-01845-z>

## Introduction

The influence of aging on the clinical presentation of obstructive sleep apnea (OSA) is not well characterized in US veterans. Our aims were to (1) examine age and established predictors of sleepiness and insomnia symptoms in veterans with OSA and (2) determine if the relationship between predictors of the Epworth sleepiness scale (ESS) and insomnia severity index (ISI) depended on age.

## Methods

We performed a retrospective analysis of veterans diagnosed with OSA at the Miami VA in 2014. On polysomnography (PSG) night, questionnaires were completed querying socio-demographics, insomnia (ISI), sleepiness (ESS), and self-reported sleep duration. Regression modeling was performed to explore association of variables with (1) ESS and (2) ISI. Analyses were performed in two steps: (1) variables were tested for main effects and (2) product of age and each variable found to have an association at a significance level of  $p < 0.10$  with primary outcome were entered separately to test for interaction.

## Results

The sample consisted of 483 veterans (93% male, age  $52 \pm 13$  years, 41% black, 34% Hispanic). Having a regular bed partner, higher weighted medical comorbidities, chronic pain diagnosis, and shorter sleep duration were associated with ESS. Age did not moderate the relationship between these variables and ESS. Younger age, Hispanic ethnicity, higher educational level, shorter sleep duration, mood, and pain diagnoses were each associated with the ISI. Furthermore, an age-sleep duration interaction term was associated with the ISI ( $b = -0.03$ ;  $p = 0.005$ ). For all participants, there was an inverse relationship between sleep duration and ISI. However, for any sleep duration, older veterans reported lower levels of insomnia than younger veterans.

## Discussion

Older veterans with OSA may report lower ISI scores. Alternative assessment methods for comorbid insomnia among older individuals with OSA may be needed.

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<https://psycnet.apa.org/record/2019-10588-001>

**An exploratory study: Informing health and prevention services for transgender and gender nonconforming student service members and veterans.**

Pelts, M. D., Albright, D. L., McDaniel, J. T., Laski, S., & Godfrey, K.

Traumatology  
2019; 25(2), 142-151  
<http://dx.doi.org/10.1037/trm0000190>

Veterans of recent wars are enrolling in colleges and universities at high rates. Among them are veterans who identify as transgender and gender nonconforming (TGNC). As a result of societal stigma and discrimination, TGNC student veterans may have health needs that differ from the general population. This study utilized data from a national sample to examine the physical health and mental health factors of TGNC student service members and veterans. Results indicate that TGNC student service members and veterans self-reported significantly higher rates of bronchitis and depression with unprescribed pain killer use when compared with cisgender student veterans. Discussion of the results of this study are presented to inform health and prevention services for TGNC student service members and veterans on college and university campuses. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

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<https://www.liebertpub.com/doi/pdfplus/10.1089/ham.2018.0130>

### **Effect of Altitude on Veteran Suicide Rates.**

Sabic, Hana, Brent Kious, Danielle Boxer, Colleen Fitzgerald, Colin Riley, Lindsay Scholl, Erin McGlade, Deborah Yurgelun-Todd, Perry F. Renshaw, and Douglas G. Kondo

High Altitude Medicine & Biology  
2019  
DOI: 10.1089/ham.2018.0130

#### **Aims:**

Suicide rates in the general population in the United States are correlated with altitude. To explore factors contributing to suicide among military veterans, we examined the relationship between veteran state-level suicide rates and altitude for 2014, including firearm-related and nonfirearm-related rates.

#### **Methods:**

Pearson's coefficients were calculated for altitude and each outcome. Mixed linear models were used to determine the association between suicide and altitude while adjusting for demographic confounds.



#### Results:

State mean altitude was significantly correlated with total veteran suicide rate ( $r = 0.678$ ,  $p < 0.0001$ ), veteran firearm-related suicide rate ( $r = 0.578$ ,  $p < 0.0001$ ), and veteran nonfirearm suicide rate ( $r = 0.609$ ,  $p < 0.0001$ ). In mixed models, altitude was significantly correlated with total veteran suicide rate ( $b=0.331$ ,  $p<0.05$ ), veteran firearm suicides ( $b = 0.282$ ,  $p < 0.05$ ), and veteran nonfirearm suicides ( $b = 0.393$ ,  $p < 0.05$ ).

#### Conclusion:

This study adds to evidence linking altitude and suicide rates, arguing for additional research into the relationship between altitude and suicide among veterans.

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<https://www.sciencedirect.com/science/article/abs/pii/S1049386718301634>

### **Gender Differences in Response to Acceptance and Commitment Therapy Among Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn Veterans.**

Robyn L. Gobin, Jennifer L. Strauss, Shahrokh Golshan, Carolyn B. Allard, ... Ariel J. Lang

Women's Health Issues

Available online 3 May 2019

<https://doi.org/10.1016/j.whi.2019.03.003>

#### Background

Most of our knowledge base regarding treatment response among veterans comes from predominantly male samples. Evidence suggests, however, that women and men use different coping strategies, which may impact how effective treatments are for people of different genders. The purpose of this investigation was to examine gender differences in response to acceptance and commitment therapy, an empirically supported transdiagnostic psychotherapy.

#### Methods

Data were drawn from a multisite, randomized, controlled trial of acceptance and commitment therapy as compared with a psychotherapy control, namely, present-centered therapy (PCT), in veterans with emotional distress who served in Operations Enduring Freedom, Iraqi Freedom, or New Dawn (OEF/OIF/OND). Although the original

trial did not find a difference between acceptance and commitment therapy and present-centered therapy, we were interested in examining whether gender differences may have been obscured in the original analyses. This secondary analysis included 117 participants for whom at least one post-baseline data point was available and examined the role of gender in treatment response.

#### Results

Gender differences were not observed on the primary outcome of general distress, but were observed in post-traumatic stress disorder symptoms ( $p < .01$ ).

#### Conclusions

These preliminary results suggest the possibility of gender differences in psychotherapy response and should motivate additional study of gender-specific care.

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<https://link.springer.com/article/10.1007/s12671-019-01156-0>

### **Mindfulness Strategies: Supporting Military Parents During Reintegration.**

Kate Gliske, Adeya Richmond, Tegan Smischney, Lynne M. Borden

#### Mindfulness

First Online: 30 April 2019

<https://doi.org/10.1007/s12671-019-01156-0>

#### Objective

Nearly 2.5 million service members have served on a deployment with a child at home since 2001. While deployment and reintegration (i.e., when the service member returns home) can negatively impact parenting practices, mindfulness strategies offer a new approach for coping with the stress and uncertainty associated with the deployment cycle. The objective of this paper is to further expand professionals' understanding of how mindfulness can assist military parents. This paper explores the link between mindfulness practices and positive parenting outcomes, and uses the military reintegration period as a context for suggestions as to how professionals can incorporate mindfulness in their work with military families.

#### Methods

This comprehensive literature review outlines the research supporting the effectiveness of mindfulness techniques as they apply to parenting.

## Results

This literature review offered key practices of mindful parenting (i.e., listening with full attention, nonjudgmental acceptance of self and child, compassion for self and others, self-regulation in the parenting relationship, and emotional awareness of self and child). This information was then applied within the context of three challenges military parents' encounter during reintegration: renegotiating family roles and responsibilities, reconnecting with children, and managing changes in mental health.

## Conclusion

Military families live both on and off bases throughout the USA and internationally. It is critical that those professionals who work with these families understand the unique contexts that these families encounter and continue to incorporate new tools and resources (e.g., mindfulness) that best serve each of these families.

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## Links of Interest

Call in Transition With Your Patients: It's Worth It Nine Times Over

<https://pdhealth.mil/news/blog/call-in-transition-your-patients-it-s-worth-it-nine-times-over>

Defense Department to make sexual harassment a crime

<https://www.militarytimes.com/news/pentagon-congress/2019/05/02/defense-department-to-make-sexual-harassment-a-crime/>

Gillibrand grills next Army chief on rise of sexual assaults, decrease in prosecutions

<https://www.armytimes.com/news/your-army/2019/05/02/gillibrand-grills-next-army-chief-on-rise-of-sexual-assaults-decrease-in-prosecutions/>

Sexual assault reports across the Corps up 20 percent

<https://www.marinecorpstimes.com/news/your-marine-corps/2019/05/02/sexual-assault-reports-across-the-corps-up-20-percent/>

Task force to highlight 'forgotten' and 'invisible' women veterans

<https://www.militarytimes.com/news/pentagon-congress/2019/05/02/task-force-to-highlight-forgotten-and-invisible-women-veterans/>

VA Comes Out Against Bills on Medical Marijuana for Veterans

<https://www.military.com/daily-news/2019/05/02/va-comes-out-against-bills-medical-marijuana-veterans.html>

Meet the Fort Meade trans women fighting the military's ban

<https://www.militarytimes.com/news/your-army/2019/05/05/meet-the-fort-meade-trans-women-fighting-the-militarys-ban/>

A Photo of a General's Family Highlights Civil-Military Concerns

<https://www.usnews.com/news/national-news/articles/2019-05-02/a-photo-of-a-generals-family-highlights-civil-military-concerns>

Some Women Veterans Want VA to Change its Culture, Starting with Motto

<https://www.military.com/daily-news/2019/05/03/some-women-veterans-want-va-change-its-culture-starting-motto.html>

Real Pain Relief, Now!

<https://www.consumerreports.org/chronic-pain/real-pain-relief-now/>

A Navy audit says the Marine Corps' noncompliance with health surveys could hinder early detection of PTSD

<https://www.marinecorpstimes.com/news/your-marine-corps/2019/05/01/a-navy-audit-says-the-marine-corps-noncompliance-with-health-surveys-could-hinder-early-detection-of-ptsd/>

'Controlling danger' — here's why vets love motorcycles

<https://rebootcamp.militarytimes.com/news/transition/2019/05/01/controlling-danger-heres-why-vets-love-motorcycles/>

Chronic opioid therapy needs to be individualized, but most people aren't getting that

<https://thehill.com/opinion/healthcare/442344-chronic-opioid-therapy-needs-to-be-individualized-but-most-people-arent>

For Nurses, Trauma Can Come With the Job

As many as one in four nurses experience PTSD at some point in their careers

<https://www.nytimes.com/2019/05/07/well/live/for-nurses-trauma-can-come-with-the-job.html>

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**Resource of the Week: [Navigating Psychological Health Resources in the Military](#)**

From [Navy Capt. Carrie Kennedy, Ph.D.](#), Director, Psychological Health Center of Excellence:

One of the great things about serving in the military is that there are literally resources for just about everything at absolutely no financial cost. One of the not so great things about military resources, especially in the realm of psychological health, is that there are so many programs, that it can be difficult to navigate them. Figuring out where to go and how to get access can be challenging. This blog will help get you started, and our Mental Health Awareness Month campaign will help keep your mind mission ready all month.



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Shirl Kennedy  
Research Editor  
Center for Deployment Psychology  
[www.deploymentpsych.org](http://www.deploymentpsych.org)  
[skennedy@deploymentpsych.org](mailto:skennedy@deploymentpsych.org)  
240-535-3901