

# CDP



## Research Update -- September 21, 2019

### What's Here:

- PTSD Research Quarterly -- Medication-Assisted Psychotherapy for PTSD
- Mindfulness-based cognitive therapy for the treatment of current depressive symptoms: a meta-analysis.
- Predictors of treatment attendance and adherence to treatment recommendations among individuals receiving Cognitive Behavioral Therapy for Insomnia.
- Barriers and Facilitators to Help-Seeking for Individuals With Posttraumatic Stress Disorder: A Systematic Review.
- Association Between Recreational Marijuana Legalization in the United States and Changes in Marijuana Use and Cannabis Use Disorder From 2008 to 2016.
- Anxiety Symptoms and Sleep Disturbance in Veterans with Posttraumatic Stress Disorder: The Impact of Receiving and Training a Service Dog.
- Military Sexual Trauma in Older Women Veterans: Prevalence and Comorbidities.
- The temporal course of over-generalized conditioned threat expectancies in posttraumatic stress disorder.
- After "Hello" with a wounded warrior: A student journey.
- Suicide risk management in research on Internet-based interventions for depression: A synthesis of the current state and recommendations for future research.

- A randomized clinical trial investigating perceived burdensomeness as a mediator of brief intervention effects on posttraumatic stress symptoms.
- Association of military life experiences and health indicators among military spouses.
- Use of Health Technologies for Low Back Pain in the Military Health System.
- Anxiety sensitivity and daily cigarette smoking in relation to sleep disturbances in treatment-seeking smokers.
- Predictors of treatment attendance and adherence to treatment recommendations among individuals receiving Cognitive Behavioral Therapy for Insomnia.
- Trajectory of Postconcussive Symptoms 12 Months After Deployment in Soldiers With and Without Mild Traumatic Brain Injury: Warrior Strong Study.
- Use of the Progressive Return to Activity Guidelines May Expedite Symptom Resolution After Concussion for Active Duty Military.
- Trauma Management Therapy and Prolonged Exposure Therapy for PTSD in an Active Duty sample: Design and methodology of a randomized clinical trial.
- Women Veterans' Experiences with Perceived Gender Bias in U.S. Department of Veterans Affairs Specialty Care.
- Five-year trend in healthcare access and patient-reported health outcomes among women veterans.
- Veterans' perspectives on discussing moral injury in the context of evidence-based psychotherapies for PTSD and other VA treatment.
- Effects of the After Deployment: Adaptive Parenting Tools (ADAPT) intervention on fathers and their children: A moderated mediation model.
- Meaning in Life Drives Reductions in Suicide Risk Among Acutely Suicidal Soldiers Receiving a Crisis Response Plan.
- Suicide prevention service models and guidelines 2014-2019: A systematic review.
- A meta-analysis of the effect of substance use interventions on emotion outcomes.

- Risk for suicide attempts among United States Air Force active duty members with suicide ideation: An ecological perspective.
- Links of Interest
- Resource of the Week: Wounded Warrior Project® 2019 Annual Warrior Survey

-----

[https://www.ptsd.va.gov/publications/rq\\_docs/V30N3.pdf](https://www.ptsd.va.gov/publications/rq_docs/V30N3.pdf)

### **PTSD Research Quarterly -- Medication-Assisted Psychotherapy for PTSD**

National Center for PTSD

Vol. 30(3), 2019

Effective treatment approaches for posttraumatic stress disorder (PTSD) include psychotherapy and pharmacotherapy, with treatment guidelines emphasizing trauma-focused treatments, such as prolonged exposure (PE) and cognitive processing therapy (CPT) as first-line interventions. Unfortunately, trauma-focused psychotherapies are efficacious only in approximately 50% of patients treated, indicating substantial need to improve these treatments (American Psychological Association, 2017). Over the past decade, the possibility of using medications to enhance the efficacy of psychotherapy, collectively known as medication-assisted psychotherapy (MAP), has been the focus of increased research efforts.

-----

<https://tandfonline.com/doi/full/10.1080/16506073.2018.1556330>

### **Mindfulness-based cognitive therapy for the treatment of current depressive symptoms: a meta-analysis.**

Simon B. Goldberg, Raymond P. Tucker, Preston A. Greene, Richard J. Davidson, David J. Kearney & Tracy L. Simpson

Cognitive Behaviour Therapy  
Volume 48, 2019; 445-462  
DOI: 10.1080/16506073.2018.1556330

Mindfulness-based cognitive therapy (MBCT) appears to be a promising intervention for the prevention of relapse in major depressive disorder, but its efficacy in patients with current depressive symptoms is less clear. Randomized clinical trials of MBCT for adult patients with current depressive symptoms were included ( $k = 13$ ,  $N = 1046$ ). Comparison conditions were coded based on whether they were intended to be therapeutic (specific active controls) or not (non-specific controls). MBCT was superior to non-specific controls at post-treatment ( $k = 10$ ,  $d = 0.71$ , 95% confidence interval [CI] [0.47, 0.96]), although not at longest follow-up ( $k = 2$ ,  $d = 1.47$ , [-0.71, 3.65], mean follow-up = 5.70 months across all studies with follow-up). MBCT did not differ from other active therapies at post-treatment ( $k = 6$ ,  $d = 0.002$ , [-0.43, 0.44]) and longest follow-up ( $k = 4$ ,  $d = 0.26$ , [-0.24, 0.75]). There was some evidence that studies with higher methodological quality showed smaller effects at post-treatment, but no evidence that effects varied by inclusion criterion. The impact of publication bias appeared minimal. MBCT seems to be efficacious for samples with current depressive symptoms at post-treatment, although a limited number of studies tested the long-term effects of this therapy.

-----

<https://tandfonline.com/doi/full/10.1080/16506073.2019.1586992>

### **Predictors of treatment attendance and adherence to treatment recommendations among individuals receiving Cognitive Behavioral Therapy for Insomnia.**

Ruifeng Cui & Amy Fiske

Cognitive Behaviour Therapy  
Published online: 14 Mar 2019  
DOI: 10.1080/16506073.2019.1586992

Insomnia disorders affect up to 10% of adults and are associated with other health problems and poor quality of life. Cognitive Behavioral Therapy for Insomnia (CBT-I) is an effective treatment; however, its effectiveness is hindered by poor attendance and adherence to treatment recommendations. The present study sought to identify predictors of attendance and adherence in CBT-I. Participants were 108 adults with insomnia disorder. Participants were primarily female (71.3%), middle aged (mean age

= 50.5), and Caucasian (92.6%). Demographic variables, physical health problems, Beck Anxiety Inventory, Center for Epidemiologic Studies Depression-Revised scale, and Insomnia Severity Index were used to predict attending three or more sessions and adherence to consistent bedtime and waketime. Higher age was associated with better attendance and less deviation in bed and wake times. Anxiety and depression symptoms were associated with less attendance, and depression was also associated with more deviation in waketimes. To promote better attendance and adherence in treatment, depression or anxiety symptoms should be addressed before or during CBT-I. Identifying and tailoring CBT-I treatments toward the needs of different age groups may also improve attendance and adherence.

-----

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22456>

### **Barriers and Facilitators to Help-Seeking for Individuals With Posttraumatic Stress Disorder: A Systematic Review.**

Jennifer R. Smith, Aklile Workneh, Sanni Yaya

Journal of Traumatic Stress

First published: 07 November 2019

<https://doi.org/10.1002/jts.22456>

Posttraumatic stress disorder (PTSD) brings with it diagnostic symptoms that can be debilitating and persist for years. Left untreated, PTSD can have far-reaching and damaging consequences for the individual, families, communities, and society at large. Although early detection and intervention are recognized as key to the effective treatment of PTSD, many individuals who suffer from PTSD do not seek essential health services. The aim of the present study was to identify the barriers and facilitators to help-seeking for individuals with PTSD, based on existing literature. A systematic review, modeled on the Joanna Briggs Institute methodology for systematic reviews, examined studies cited in PsycINFO, Medline, Embase, CINAHL, and PILOTS published from January 1980 to January 2019. Eligible studies measured barriers and facilitators to help-seeking for adults with PTSD. Two reviewers independently screened citations, and double data extraction was exercised. Of 2,391 potentially relevant citations, 21 studies, published between 1989 and 2018 and based in six countries, were included. Seventeen studies focused on military as a target population. We identified 10 principal barrier and facilitator themes: trauma-related; treatment; therapist or provider; knowledge; access; health care system; sociocultural environment; values,

beliefs, and priorities; past experiences; and medical care needs and illness burden. In identifying prominent barriers and facilitators to help-seeking for individuals with PTSD, this review highlights opportunities to inform policies and programs that promote PTSD knowledge and recognition, reduce public and personal stigma, improve access and quality of care, and encourage support for patients and families living with PTSD.

-----

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2755276>

## **Association Between Recreational Marijuana Legalization in the United States and Changes in Marijuana Use and Cannabis Use Disorder From 2008 to 2016.**

Cerdá M, Mauro C, Hamilton A, et al.

JAMA Psychiatry

Published online November 13, 2019.

<https://doi.org/10.1001/jamapsychiatry.2019.3254>

### Key Points

#### Question

How did marijuana use and cannabis use disorder change during 2008 to 2016 after the legalization of recreational marijuana in the United States?

#### Findings

In this multilevel, difference-in-difference survey study with 505 796 respondents comparing marijuana use before and after the legalization of recreational marijuana in the United States, the proportion of respondents aged 12 to 17 years reporting cannabis use disorder increased from 2.18% to 2.72%, while the proportion of respondents 26 years or older reporting frequent marijuana use increased from 2.13% to 2.62% and those with cannabis use disorder, from 0.90% to 1.23%.

#### Meaning

This study's findings suggest that possible increases in the risk for cannabis use disorder among adolescent users and increases in frequent use and cannabis use disorder among adults after legalization of recreational marijuana use may raise public health concerns and warrant ongoing study.

## Abstract

### Importance

Little is known about changes in marijuana use and cannabis use disorder (CUD) after recreational marijuana legalization (RML).

### Objectives

To examine the associations between RML enactment and changes in marijuana use, frequent use, and CUD in the United States from 2008 to 2016.

### Design, Setting, and Participants

This survey study used repeated cross-sectional survey data from the National Survey on Drug Use and Health (2008-2016) conducted in the United States among participants in the age groups of 12 to 17, 18 to 25, and 26 years or older.

### Interventions

Multilevel logistic regression models were fit to obtain estimates of before-vs-after changes in marijuana use among respondents in states enacting RML compared to changes in other states.

### Main Outcomes and Measures

Self-reported past-month marijuana use, past-month frequent marijuana use, past-month frequent use among past-month users, past-year CUD, and past-year CUD among past-year users.

### Results

The study included 505 796 respondents consisting of 51.51% females and 77.24% participants 26 years or older. Among the total, 65.43% were white, 11.90% black, 15.36% Hispanic, and 7.31% of other race/ethnicity. Among respondents aged 12 to 17 years, past-year CUD increased from 2.18% to 2.72% after RML enactment, a 25% higher increase than that for the same age group in states that did not enact RML (odds ratio [OR], 1.25; 95% CI, 1.01-1.55). Among past-year marijuana users in this age group, CUD increased from 22.80% to 27.20% (OR, 1.27; 95% CI, 1.01-1.59). Unmeasured confounders would need to be more prevalent in RML states and increase the risk of cannabis use by 1.08 to 1.11 times to explain observed results, indicating results that are sensitive to omitted variables. No associations were found among the respondents aged 18 to 25 years. Among respondents 26 years or older, past-month marijuana use after RML enactment increased from 5.65% to 7.10% (OR, 1.28; 95% CI, 1.16-1.40), past-month frequent use from 2.13% to 2.62% (OR, 1.24; 95% CI, 1.08-1.41), and past-year CUD from 0.90% to 1.23% (OR, 1.36; 95% CI, 1.08-1.71); these results were more robust to unmeasured confounding. Among marijuana users in this

age group, past-month frequent marijuana use and past-year CUD did not increase after RML enactment.

#### Conclusions and Relevance

This study's findings suggest that although marijuana legalization advanced social justice goals, the small post-RML increase in risk for CUD among respondents aged 12 to 17 years and increased frequent use and CUD among adults 26 years or older in this study are a potential public health concern. To undertake prevention efforts, further studies are warranted to assess how these increases occur and to identify subpopulations that may be especially vulnerable.

-----

<https://nsuworks.nova.edu/tqr/vol24/iss10/16/>

### **Anxiety Symptoms and Sleep Disturbance in Veterans with Posttraumatic Stress Disorder: The Impact of Receiving and Training a Service Dog.**

Diane Scotland-Coogan

The Qualitative Report  
2019; 24(10), 2655-2674

The impact of posttraumatic stress disorder (PTSD) on our combat veterans and their families is extensive. Symptoms of anxiety and the effects of sleep disturbance have a negative impact on daily functioning (Wright et al., 2011). The presence of a dog has demonstrated a reduction in anxiety symptoms, which may have a positive influence on improved sleep (Shearer, Hunt, Chowdhury, & Nicol, 2016). The Veterans Administration (VA) has been using canines to assist combat veterans in reintegrating into civilian life, and most currently, as a part of psychological therapy (Rubenstein, 2012). This research examined the impact on combat veterans with PTSD of receiving and training a service dog using Stake's (2006) collective case study model. Interviews were conducted with fifteen combat veterans diagnosed with PTSD participating in a 14-week program for receiving and training their own service dog. The goal of the study was to explore the veterans' experience of the training program, as well as determine any effect on their PTSD symptoms. Symptom severity decreases were reported, which had the residual effects of decreased anxiety symptoms, sleep disturbance, and nightmares.

-----



<https://link.springer.com/article/10.1007/s11606-019-05342-7>

## **Military Sexual Trauma in Older Women Veterans: Prevalence and Comorbidities.**

Carolyn J. Gibson, Shira Maguen, Feng Xia, Deborah E. Barnes, Carrie B. Peltz, Kristine Yaffe

Journal of General Internal Medicine

First Online: 11 November 2019

<https://doi.org/10.1007/s11606-019-05342-7>

### Background

Recent attention has highlighted the common occurrence and health consequences of military sexual trauma (MST) in younger women veterans. However, almost nothing is known about MST in older veterans.

### Objective

To describe MST among older women veterans, including prevalence and common comorbidities.

### Design

Cross-sectional observational study, using data from national Department of Veterans Affairs medical records.

### Participants

Population-based sample of women Veterans aged 55+ with at least one documented MST screen response and at least one clinical encounter in fiscal years 2005–2015.

### Main Measures

MST screen: medical diagnoses (diabetes, hypertension, hyperlipidemia, myocardial infarction, cerebrovascular disease, congestive heart failure, obesity, chronic pain conditions, back pain, dementia, insomnia, sleep apnea, menopause symptoms) and mental health diagnoses (anxiety, depression, posttraumatic stress disorder, tobacco use, alcohol use disorder, substance use disorder, opioid use disorder, suicidal ideation) from International Classification of Diseases, Ninth Revision Clinical Modification codes in the medical record.

### Key Results

In this cohort of older women veterans ( $n = 70,864$ , mean age  $65.8 \pm 10.4$  years), 13%

had a positive MST screen. In multivariable regression analyses adjusted for age, race/ethnicity, and marital status, MST was strongly associated with most mental health diagnoses, particularly posttraumatic stress disorder (OR 7.25, 95% CI 6.84–7.68), depression (OR 2.39, 95% CI 2.28–2.50), and suicidal ideation (OR 2.42, 95% CI 2.08–2.82). MST was also associated with multiple medical conditions, particularly sleep disorders (insomnia OR 1.61, 95% CI 1.43–1.82; sleep apnea OR 1.48, 95% CI 1.37–1.61) and pain (chronic pain OR 1.58, 95% CI 1.50–1.67; back pain OR 1.40, 95% CI 1.34–1.47).

### Conclusions

A history of MST is common among older women veterans and associated with a range of medical and mental health diagnoses. These findings call attention to the need for additional research in this understudied population, and the importance of trauma-informed care approaches for women across the lifespan.

-----

<https://www.sciencedirect.com/science/article/abs/pii/S0005796719301998>

### **The temporal course of over-generalized conditioned threat expectancies in posttraumatic stress disorder.**

Abbey E. Hammell, Nathaniel E. Helwig, Antonia N. Kaczurkin, Scott R. Sponheim, Shmuel Lissek

Behaviour Research and Therapy  
Available online 9 November 2019  
<https://doi.org/10.1016/j.brat.2019.103513>

### Highlights

- Threat overgeneralization in PTSD was found in early but not late generalization trials.
- Reductions in PTSD-related overgeneralization to stimuli more similar to the danger cue required more generalization trials.
- Overgeneralized conditioned fear in PTSD can be reduced with sufficient generalization trials.

### Abstract

One key conditioning abnormality in posttraumatic stress disorder (PTSD) is heightened generalization of fear from a conditioned danger-cue (CS+) to similarly appearing safe

stimuli. The present work represents the first effort to track the time-course of heightened generalization in PTSD with the prediction of heightened PTSD-related over-generalization in earlier but not later trials. This prediction derives from past discriminative fear-conditioning studies providing incidental evidence that over-generalization in PTSD may be reduced with sufficient learning trials. In the current study, we re-analyzed previously published conditioned fear-generalization data (Kaczurkin et al., 2017) including combat veterans with PTSD (n = 15) or subthreshold PTSD (SubPTSD: n = 18), and trauma controls (TC: n = 19). This re-analysis aimed to identify the trial-by-trial course of group differences in generalized perceived risk across three classes of safe generalization stimuli (GSs) parametrically varying in similarity to a CS + paired with shock. Those with PTSD and SubPTSD, relative to TC, displayed significantly elevated generalization to all GSs combined in early but not late generalization trials. Additionally, over-generalization in PTSD and SubPTSD persisted across trials to a greater extent for classes of GSs bearing higher resemblance to CS+. Such results suggest that PTSD-related over-generalization of conditioned threat expectancies can be reduced with sufficient exposure to unreinforced GSs and accentuate the importance of analyzing trial-by-trial changes when assessing over-generalization in clinical populations.

-----

<https://www.sciencedirect.com/science/article/abs/pii/S0738399119304872>

### **After “Hello” with a wounded warrior: A student journey.**

Libba Reed McMillan

Patient Education and Counseling

Available online 9 November 2019

<https://doi.org/10.1016/j.pec.2019.11.007>

#### Highlights

- Understand the patient's perspective, considering differing cultural elements.
- Teach students the importance of recognizing the uniqueness of military culture.
- A student's transformation was kick-started by communication with a wounded warrior.
- I witnessed how a student became stronger clinically and a more thoughtful citizen.

## Abstract

The article describes the journey of a terror-stricken student growing into an adept healthcare provider; representing courageous personal and professional growth after a “Hello” in a nursing school immersion experience. The journey includes the student’s emotional maturity and courage, recognizing the uniqueness of military culture, realizing the magnitude of the patient’s losses, ascertaining patient concerns, personal recovery goals and long-term support network. Together recovery milestones are recognized and achieved. The article underscores the importance of nurse education in facilitating student’s effective nurse-patient communication techniques considering diverse cultural elements, and consistently applying these theoretical concepts into practice. Assignments geared toward a holistic patient perspective can serve to develop student leadership progress toward becoming informed and engaged citizens, enlarging worldviews and a heightened awareness of relevant global issues, and spark passion related to national policy reform. Commitment to professional ownership of personal and professional growth throughout nursing school leads to positive transitions as a seasoned healthcare provider.

-----

<https://www.sciencedirect.com/science/article/abs/pii/S0165032719323353>

## **Suicide risk management in research on Internet-based interventions for depression: A synthesis of the current state and recommendations for future research.**

Lasse Sander, Katharina Gerhardinger, Eleanor Bailey, Jo Robinson, ... Charlotte Mühlmann

Journal of Affective Disorders

Available online 12 November 2019

<https://doi.org/10.1016/j.jad.2019.11.045>

## Highlights

- Most trials exclude individuals who report some level of suicidal ideation from participation, which limits the generalizability of results.
- Suicidal ideation is rarely specifically addressed in internet-based treatments for depression.
- We provide recommendations on how to increase participants’ safety in internet-based trials for depression.

## Abstract

### Background

The number of studies examining internet-based interventions (IBIs) for depression is increasing. Although many individuals with depression experience suicidal ideation, there is only insufficient information available on how to manage and support individuals at risk of suicide in IBI trials. Here, we examined the current practice regarding the management of individuals experiencing suicidal thoughts or behaviors in studies of IBIs for depression.

### Methods

Information pertaining to the management of suicidality was extracted from 24 studies. Additionally, researchers in the field completed a questionnaire (n=13) before being interviewed (n=11) about their procedures and considerations regarding the management of suicidality.

### Results

In most trials (N=17; 71%), individuals at risk of suicide were excluded based on varying criteria. N=7 studies used structured interviews and N=5 studies used single items of self-report questionnaires for assessing suicidality. The nature and degree of support provided to individuals at risk of suicide varied and only one intervention comprised suicide-specific content.

### Limitations

Most experts referred to research on interventions with some level of human support (e.g. written feedback) which might limit the representativeness of the results of the interviews for unguided interventions.

### Conclusions

Suicidality is often treated more as an exclusion criterion rather than a treatable condition in research on IBIs for depression. This paper provides an overview of the current practice and gives recommendations for the design of future trials.

-----

<https://www.sciencedirect.com/science/article/abs/pii/S0165032719306561>

**A randomized clinical trial investigating perceived burdensomeness as a mediator of brief intervention effects on posttraumatic stress symptoms.**

Nicole A. Short, Joseph W. Boffa, Alexa M. Raudales, Norman B. Schmidt

## Highlights

- Computerized mood- and anxiety-focused interventions were tested against a control.
- Interventions reduced perceived burdensomeness post-intervention.
- Treatments reduced PTSD symptoms at One-Month.
- Perceived burdensomeness mediated reductions in PTSD at 1, 3, and 6 months.

## Abstract

### Objective

Posttraumatic stress disorder (PTSD) is a prevalent and impairing condition that often involves difficulties with interpersonal functioning. Targeting interpersonal difficulties may be a promising alternative approach to reducing PTSD symptoms, particularly given the relatively low rates of treatment engagement and efficacy for first-line treatments for PTSD. Recent research has identified perceived burdensomeness (i.e., feelings of being a burden on others) and thwarted belongingness (i.e., feeling isolated and as if one does not belong) as two specific interpersonal factors related to increased PTSD symptoms. Thus, the current study tested whether a brief, computerized intervention would reduce PTSD symptoms via reductions in perceived burdensomeness and thwarted belongingness, vs. a repeated contact control condition.

### Method

Hypotheses were tested among 250 trauma-exposed participants who were randomized to receive one of two active computerized interventions designed to target interpersonal factors (i.e., perceived burdensomeness or thwarted belongingness) or anxiety sensitivity, or participate in a repeated contact control condition, as part of a larger randomized clinical trial. Participants were then followed over six-months.

### Results

Results indicated a direct effect of the active interventions on PTSD symptoms at month-one, that was not detected at months three or six. However, there was a significant indirect effect of condition at all-time points, such that reductions in perceived burdensomeness mediated condition effects on PTSD symptoms.

### Conclusions

Findings identify perceived burdensomeness as a potential etiological factor in the

maintenance of PTSD symptoms, and suggest that targeting perceived burdensomeness may be an effective approach to reducing PTSD symptoms.

-----

<https://link.springer.com/article/10.1186/s12889-019-7804-z>

## **Association of military life experiences and health indicators among military spouses.**

Nida H. Corry, Sharmini Radakrishnan, Christianna S. Williams, Alicia C. Sparks, Kelly A. Woodall, John A. Fairbank, Valerie A. Stander

BMC Public Health

(2019) 19: 1517

<https://doi.org/10.1186/s12889-019-7804-z>

### Background

The health and well-being of military spouses directly contribute to a robust military force by enabling the spouse to better support the active duty member's career. In order to understand the overall health and well-being of military spouses, we assessed health indicators among military spouses using the Healthy People 2020 framework and examined associations of these health indicators with military experiences and psychosocial factors.

### Methods

Using data from the Millennium Cohort Family Study, a U.S. Department of Defense-sponsored survey of 9872 spouses of service members with 2–5 years of military service, we examined attainment of Healthy People 2020 goals for spouses and service members, including healthy weight, exercise, sleep, and alcohol and tobacco use. Multivariable logistic regression models assessed associations of spouse health indicators with stressful military life experiences and social support, adjusting for demographics and military descriptors. The spousal survey was administered nationwide in 2011.

### Results

The majority of military spouses met each health goal assessed. However, less than half met the healthy weight and the strength training goals. Reporting greater perceived family support from the military was associated with better behavioral health outcomes, while having no one to turn to for support was associated with poorer outcomes. Using

the Healthy People 2020 objectives as a framework for identifying key health behaviors and benchmarks, this study identified factors, including military-specific experiences, that may contribute to physical health behaviors and outcomes among military spouses. With respect to demographic characteristics, the findings are consistent with other literature that women are more likely to refrain from risky substance use and that greater education is associated with better overall health outcomes.

#### Conclusions

Findings suggest that enhanced social and military support and tailored programming for military spouses may improve health outcomes and contribute to the well-being of military couples. Such programming could also bolster force readiness and retention.

-----

<https://link.springer.com/article/10.1007/s41347-019-00107-9>

#### **Use of Health Technologies for Low Back Pain in the Military Health System.**

Renee Cavanagh, Anju Bhargava, Ann Gleason, Logan Micheel, Robert Ciulla, Tim Hoyt

Journal of Technology in Behavioral Science  
December 2019, Volume 4, Issue 4, pp 360–371  
<https://doi.org/10.1007/s41347-019-00107-9>

Low back pain (LBP) is a widespread condition that poses specific occupational risks for active-duty military personnel. Barriers to treatment are also greater for military personnel and veterans. The authors conducted a review of the literature to identify technology solutions to help offset barriers to treatment for military personnel and veterans. Researchers conducted a PubMed search using subject headings and natural language terms and phrases. Three research psychologists screened abstracts and full text articles. After application of exclusion criteria, 28 key articles on treatment of LBP leveraging technology were included. There is evidence in medical literature for the efficacy of health technology in the treatment of LBP. Telehealth can be effective in reducing pain levels, and more convenient and cost-effective than treatment as usual (TAU). Smartphone and mobile apps are effective for managing LBP by providing self-management tools and tracking methods. Internet-based programs are highly accessible, cost-effective, and less stigmatized than TAU. Wearable technologies, such as biofeedback and electronic sensors, are effective for reducing pain and improve physical rehabilitation assessment and treatment for chronic LBP. Findings for emerging



technologies are reviewed and discussed. Considerable evidence exists for incorporating technology into treatment programs for LBP. The most promising technologies were as follows: telehealth, internet-based programs, and mobile apps. Benefits of using technology in treatment programs included not only reduction in pain symptoms, but also enabling self-management, allowing anonymous participation, portability of treatment, and cost effectiveness.

-----

<https://www.tandfonline.com/doi/full/10.1080/16506073.2019.1583277>

### **Anxiety sensitivity and daily cigarette smoking in relation to sleep disturbances in treatment-seeking smokers.**

Samantha G. Farris, Stephen V. Matsko, Lisa A. Uebelacker, Richard A. Brown, Lawrence H. Price & Ana M. Abrantes

Cognitive Behaviour Therapy

Published online: 05 Apr 2019

DOI: 10.1080/16506073.2019.1583277

Although the association between anxiety and sleep disturbance is well-documented, the underlying mechanisms are less clear. Anxiety sensitivity (AS), the fear of physiological arousal and bodily sensations, is a risk factor for anxiety and poor sleep. Smoking also contributes to poor sleep and may compound the effects of AS on sleep quality. This study evaluated the main and interactive effects of AS and cigarettes/day on sleep quality among smokers. Participants (n = 190) were adult treatment-seeking daily smokers who completed a baseline assessment as part of a larger smoking cessation trial. Sleep quality was self-reported. Results indicated that AS was significantly correlated with greater disturbance in sleep duration, subjective sleep quality, sleep onset latency, sleep disturbance, daytime dysfunction, and sleep medication use. There was a significant interaction between AS and cigarettes/day in terms of sleep onset latency, but not other sleep quality indices. AS was associated with significantly longer sleep onset latency minutes among heavier smokers, but not lighter smokers. Specifically, the association between AS and sleep onset latency was significant for those who smoked  $\geq 33$  cigarettes/day. AS is a psychological factor that may contribute to poor sleep quality, especially in heavy smokers, and thus may be a promising intervention target.

-----

<https://www.tandfonline.com/doi/full/10.1080/16506073.2019.1586992>

**Predictors of treatment attendance and adherence to treatment recommendations among individuals receiving Cognitive Behavioral Therapy for Insomnia.**

Ruifeng Cui & Amy Fiske

Cognitive Behaviour Therapy

Published online: 14 Mar 2019

DOI: 10.1080/16506073.2019.1586992

Insomnia disorders affect up to 10% of adults and are associated with other health problems and poor quality of life. Cognitive Behavioral Therapy for Insomnia (CBT-I) is an effective treatment; however, its effectiveness is hindered by poor attendance and adherence to treatment recommendations. The present study sought to identify predictors of attendance and adherence in CBT-I. Participants were 108 adults with insomnia disorder. Participants were primarily female (71.3%), middle aged (mean age = 50.5), and Caucasian (92.6%). Demographic variables, physical health problems, Beck Anxiety Inventory, Center for Epidemiologic Studies Depression-Revised scale, and Insomnia Severity Index were used to predict attending three or more sessions and adherence to consistent bedtime and waketime. Higher age was associated with better attendance and less deviation in bed and wake times. Anxiety and depression symptoms were associated with less attendance, and depression was also associated with more deviation in waketimes. To promote better attendance and adherence in treatment, depression or anxiety symptoms should be addressed before or during CBT-I. Identifying and tailoring CBT-I treatments toward the needs of different age groups may also improve attendance and adherence.

-----

<https://www.ncbi.nlm.nih.gov/pubmed/30203085>

Am J Epidemiol. 2019 Jan 1;188(1):77-86. doi: 10.1093/aje/kwy199

**Trajectory of Postconcussive Symptoms 12 Months After Deployment in Soldiers With and Without Mild Traumatic Brain Injury: Warrior Strong Study.**

Ferdosi H, Schwab KA, Metti A, Brenner LA, Terrio H, Pazdan RM, Cole WR, Scher AI.

Erratum in

[RE: "TRAJECTORY OF POSTCONCUSSIVE SYMPTOMS 12 MONTHS AFTER DEPLOYMENT IN SOLDIERS WITH AND WITHOUT MILD TRAUMATIC BRAIN INJURY". \[Am J Epidemiol. 2019\]](#)

Abstract

We analyzed data from a cohort of recently deployed soldiers from 2 US Army bases, Fort Carson and Fort Bragg (2009 to 2015). Soldiers with and without a recent history of mild traumatic brain injury (mTBI) on deployment were evaluated within days of return and at 3, 6, and 12 months. Those with mTBI were more likely than those without to endorse  $\geq 1$  postconcussive symptom as "severe" and/or "very severe" (47% vs. 21%, baseline; adjusted relative risk (RR) = 1.71, 95% confidence interval: 1.51, 1.93, all time points), which remained significant after adjusting for posttraumatic stress disorder (adjusted RR = 1.34, 95% confidence interval: 1.20, 1.50). Prevalence and relative risks for 3 of the most common baseline symptoms remained constant over time: sleep problems (RR = 2.19), forgetfulness (RR = 2.56), and irritability (RR = 2.73). The pattern was slightly different for headache (baseline, RR = 3.44; 12 months, RR = 3.26), due to increased prevalence of headache in those without mTBI. The prevalence of clinically relevant postconcussive symptoms remained relatively constant over 1 year of follow-up, whether or not symptoms were associated with concussion. Service members with recent mTBI reported more symptoms than those without at all time points.

-----

<https://journals.sagepub.com/doi/abs/10.1177/0363546519883259>

### **Use of the Progressive Return to Activity Guidelines May Expedite Symptom Resolution After Concussion for Active Duty Military.**

Bailie, J. M., Remigio-Baker, R. A., Cole, W. R., McCulloch, K. L., Ettenhofer, M. L., West, T., ... Gregory, E.

The American Journal of Sports Medicine  
First Published November 13, 2019  
<https://doi.org/10.1177/0363546519883259>

Background:

Clinical recommendations for concussion management encourage reduced cognitive and physical activities immediately after injury, with graded increases in activity as

symptoms resolve. Empirical support for the effectiveness of such recommendations is needed.

**Purpose:**

To examine whether training medical providers on the Defense and Veterans Brain Injury Center's Progressive Return to Activity Clinical Recommendation (PRA-CR) for acute concussion improves patient outcomes.

**Study Design:**

Cohort study; Level of evidence, 2.

**Methods:**

This study was conducted from 2016 to 2018 and compared patient outcomes before and after medical providers received an educational intervention (ie, provider training). Patients, recruited either before or after intervention, were assessed at  $\leq 72$  hours, 1 week, 1 month, 3 months, and 6 months after a concussion. The participant population included 38 military medical providers and 106 military servicemembers with a diagnosed concussion and treated by one of the military medical providers: 58 patient participants received care before the intervention (ie, provider training) and 48 received care after intervention. The primary outcome measure was the Neurobehavioral Symptom Inventory.

**Results:**

The patients seen before and after the intervention were predominantly male (89.7% and 93.8%, respectively) of military age (mean  $\pm$  SD, 26.62  $\pm$  6.29 years and 25.08  $\pm$  6.85 years, respectively) and a mean  $\pm$  SD of 1.92  $\pm$  0.88 days from injury. Compared with patients receiving care before intervention, patients receiving care after intervention had smaller increases in physical activities (difference in mean change; 95% CI, 0.39 to 6.79) and vestibular/balance activities (95% CI, 0.79 to 7.5) during the first week of recovery. Although groups did not differ in symptoms at  $\leq 72$  hours of injury ( $d = 0.22$ ; 95% CI,  $-2.21$  to 8.07), the postintervention group reported fewer symptoms at 1 week ( $d = 0.61$ ; 95% CI, 0.52 to 10.92). Postintervention patients who completed the 6-month study had improved recovery both at 1 month ( $d = 1.55$ ; 95% CI, 5.33 to 15.39) and 3 months after injury ( $d = 1.10$ ; 95% CI, 2.36 to 11.55), but not at 6 months ( $d = 0.35$ ; 95% CI, 5.34 to 7.59).

**Conclusion:**

Training medical providers on the PRA-CR for management of concussion resulted in expedited recovery of patients.

-----

<https://www.sciencedirect.com/science/article/pii/S2451865419302534>

**Trauma Management Therapy and Prolonged Exposure Therapy for PTSD in an Active Duty sample: Design and methodology of a randomized clinical trial.**

Deborah C. Beidel, Sandra M. Neer, Clint A. Bowers, Amie R. Newins, ... Marti Jett

Contemporary Clinical Trials Communications

Available online 15 November 2019

<https://doi.org/10.1016/j.conctc.2019.100491>

Posttraumatic stress disorder (PTSD) resulting from military service is a common, yet often chronic condition. Treatment outcome often is attenuated by programs that are (a) lengthy in nature and (b) constricted in their target outcomes. These limitations leave much of the emotional and behavioral impairment that accompanies PTSD unaddressed and/or unassessed. Typical PTSD treatment programs are 3 to 4 months in length, which is challenging for the pace of the nation's military. In this investigation, we will compare two treatments, Trauma Management Therapy (TMT) and Prolonged Exposure (PE), both redesigned to address the needs of active duty personnel (300 participants at 3 military installations). Specifically, we will compare the TMT Intensive Outpatient Program (IOP; 3 weeks) to PE's compressed (2 week) format. Both interventions will be compared to a standard course of PE (12 weeks). In addition to PTSD symptomatology, outcome measurement includes other aspects of psychopathology as well as changes in social, occupational, and familial impairment. Potential negative outcomes of massed treatment, such as increased suicidal ideation or increased alcohol use, will be assessed, as will genetic predictors of PTSD subtype and treatment outcome. This study will inform the delivery of care for military-related PTSD and particularly the use of intensive or compressed treatments for active duty personnel.

-----

<https://www.sciencedirect.com/science/article/abs/pii/S1049386719304785>

**Women Veterans' Experiences with Perceived Gender Bias in U.S. Department of Veterans Affairs Specialty Care.**

Kristin Mattocks, Jose Casares, Amber Brown, Bevanne Bean-Mayberry, ... Cynthia Brandt

Women's Health Issues

Available online 14 November 2019

<https://doi.org/10.1016/j.whi.2019.10.003>

## Background

In the past decade, the U.S. Department of Veterans Affairs (VA) has responded to a dramatic increase in women veterans seeking care by expanding Women's Health training to more than 5,000 women's health primary care providers and changing the culture of the to be more inclusive of women veterans. These initiatives have resulted in increased patient satisfaction and quality of care, but have focused mostly on primary care settings. Less is known about women's experiences in specialty care within VA. This qualitative study sought to examine women veteran's experiences with VA specialty care providers, with a focus on cardiovascular, musculoskeletal, and mental health care settings.

## Methods

Semistructured interviews were conducted with 80 women veterans who served during the Iraq and Afghanistan conflicts at four VA facilities nationwide. Interviews focused on understanding women veterans' experiences with VA specialty care providers, including their perceptions of gender bias.

## Results

Four major themes emerged from interviews, including that 1) women did not feel that VA specialty care providers listened to them or took their symptoms seriously, 2) women were told their health conditions or symptoms were attributable to hormonal fluctuations, 3) women noted differences in care based on whether the VA specialty provider was male or female, and 4) women provided recommendations for how gender-sensitive specialty care might be improved.

## Conclusions

This study is the first to highlight the perceived gender bias experienced by women veterans in VA specialty care. Women felt that their symptoms were disregarded or diminished by their specialty care providers. Although women veterans report positive experiences within women's health clinics and the primary care setting, their negative experiences in VA specialty care suggest that some providers may harbor unintentional or unconscious gender biases.

-----

<https://onlinelibrary.wiley.com/doi/abs/10.1111/nuf.12411>

## **Five-year trend in healthcare access and patient-reported health outcomes among women veterans.**

Vance, B, Alhussain, K, Sambamoorthi, U.

Nursing Forum

First published: 14 November 2019

<https://doi.org/10.1111/nuf.12411>

### **Background**

This study aimed to describe the five-year trend in healthcare access, health-related quality of life (HRQoL), and health outcomes in women Veterans.

### **Methods**

A retrospective, pooled, cross-sectional study design was employed. Five-year trend was assessed using 2013 and 2017 Behavioral Risk Factor Surveillance System (BRFSS) data. Bivariate, multivariable logistic regression, and ordinary least squares regression analyses were conducted.

### **Results**

A total of 6561 women Veterans, aged 18 to 64 years (3534 in 2013 and 3027 in 2017) were included. Compared to 2013, more women Veterans in 2017 reported increased healthcare insurance and decreased cost as a barrier to care. Women Veterans with health insurance were less likely to report cost as a barrier to care. There were no statistically significant differences in HRQoL in bivariate or ordinary least squares regression analyses between BRFSS years.

### **Conclusion**

Federal policy and Veterans Health Administration expansion have had an impact on improving healthcare access to women Veterans. However, increased healthcare access alone does not translate into improved HRQoL or health outcomes for women Veterans. Future policies should not only focus on increasing healthcare access, but also improving health outcomes, especially HRQoL. The quality of the healthcare accessed must be a focus for future research and policy.

-----

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.22887>

**Veterans' perspectives on discussing moral injury in the context of evidence-based psychotherapies for PTSD and other VA treatment.**

Borges, LM, Bahraini, NH, Holliman, BD, Gissen, MR, Lawson, WC, Barnes, SM

Journal of Clinical Psychology

First published: 12 November 2019

<https://doi.org/10.1002/jclp.22887>

**Objective**

We examined Veterans' perspectives on discussing moral injury in veterans affairs (VA) evidence-based psychotherapies (EBPs) for posttraumatic stress disorder (PTSD) and other VA treatment.

**Methods**

Fourteen male warzone veterans (ages 25–74) who completed an EBP for PTSD within the past year participated in semistructured interviews related to discussing moral injury in VA treatment (e.g., EBPs for PTSD, chaplaincy). Qualitative interviews were evaluated using a thematic analysis.

**Results**

Four themes were identified; moral injury is often not identified or discussed during therapy, therapeutic relationships can promote or inhibit discussion of moral injury, treatment has limited impact on moral injury, and it is difficult to cope with moral injury even after treatment.

**Conclusion**

The majority of Veterans interviewed identified moral injury persisting within a year of completing a PTSD EBP. These findings highlight the value of asking about, assessing, and treating moral injury in Veterans. Our results suggest the importance of developing specific moral injury interventions for warzone Veterans.

-----



<https://www.cambridge.org/core/journals/development-and-psychopathology/article/effects-of-the-after-deployment-adaptive-parenting-tools-adapt-intervention-on-fathers-and-their-children-a-moderated-mediation-model/E84FB5881F3B658244750727D33B3B62>

**Effects of the After Deployment: Adaptive Parenting Tools (ADAPT) intervention on fathers and their children: A moderated mediation model.**

Gewirtz, A., Snyder, J., Zamir, O., Zhang, J., & Zhang, N.

Development and Psychopathology  
(2019) 31(5), 1837-1849  
doi:10.1017/S0954579419001238

Deployment to war is associated with disruptions to emotion regulation and parenting. Using data from a randomized controlled trial, we examined whether fathers with poorer emotion regulation would differentially benefit from the After Deployment, Adaptive Parenting Tools program, a 14-session group-based parenting intervention. Prior analyses of the intervention demonstrated benefits to observed couple parenting and children's adjustment, but not to fathers' observed parenting. In this study we examined whether intervention effects on fathers' observed distress avoidance were moderated by baseline emotion regulation, and whether reduced distress avoidance was associated with improved observed parenting and reduced children's internalizing symptoms. A subset of the full randomized controlled trial sample (181 families with a father who had returned from deployment to war in Iraq or Afghanistan, a nondeployed mother, and a target child aged 4–13) completed measures at baseline, 12-months, and 24-months postbaseline. Results indicated that fathers high in baseline emotion regulation difficulties assigned to the intervention group showed reductions in observed distress avoidance at 12 months compared to controls, which were subsequently associated with improvements in observed parenting practices and reductions in children's internalizing symptoms at 24 months. The results suggest a role for personalizing parenting programs for fathers high in emotion dysregulation.

-----

<https://guilfordjournals.com/doi/abs/10.1521/jscp.2019.38.9.774>

**Meaning in Life Drives Reductions in Suicide Risk Among Acutely Suicidal Soldiers Receiving a Crisis Response Plan.**

Craig J. Bryan, Annabelle O. Bryan, David C. Rozek, Feea R. Leifker

Journal of Social and Clinical Psychology  
(2019) Vol. 38, No. 9, pp. 774-787.  
<https://doi.org/10.1521/jscp.2019.38.9.774>

**Objective:**

The purpose was to examine temporal associations among meaning in life and suicide risk across suicide-focused interventions.

**Methods:**

A secondary analysis was conducted using data from a randomized clinical trial testing the efficacy of a standard crisis response plan (S-CRP) and a CRP enhanced with a discussion about the patient's reasons for living (E-CRP) as compared to treatment as usual (TAU). A total of 97 active duty U.S. Army personnel presenting to military emergency departments and outpatient behavioral health clinics with active suicide ideation or a lifetime history of suicide attempts were enrolled between January 2013 and February 2016. Meaning in life and suicide risk were assessed at baseline and 1, 3, and 6 month follow-ups.

**Results:**

The association of meaning in life with time-lagged suicide risk significantly differed across treatment groups ( $p = .024$ ). In TAU, meaning in life was not significantly associated with later reductions in suicide risk. In S-CRP, a stronger desire to establish meaning in life was significantly associated with later reductions in suicide risk ( $p < .001$ ). In E-CRP, a stronger sense of purpose and meaning in life was significantly associated with later reductions in suicide risk ( $p < .001$ ).

**Discussion:**

Faster reductions in suicide risk observed among patients who receive a CRP are attributable in part by the effects of strengthened meaning in life. Different facets of meaning in life contribute to reduced suicide risk in unique ways across treatments with varying components.

**Clinical Trials Registration:**

Data used in this secondary analysis came from ClinicalTrials.gov identifier NCT02042131.

-----

<https://www.frontiersin.org/articles/10.3389/fpsyg.2019.02677/abstract>

## **Suicide postvention service models and guidelines 2014-2019: A systematic review.**

Karl Andriessen, Karolina Kryszynska, Kairi Kõlves and Nicola Reavley

Frontiers in Psychology

Accepted: 13 Nov 2019

doi: 10.3389/fpsyg.2019.02677

### Background:

Suicide bereavement can have a lasting and devastating psychosocial impact on the bereaved individuals and communities. Many countries, such as Australia, have included postvention, i.e. concerted suicide bereavement support, in their suicide prevention policies. While little is known of the effectiveness of postvention, this review aimed to investigate what is known of the effects of postvention service delivery models and the components that may contribute to the effectiveness.

### Method:

Systematic review and quality assessment of peer reviewed literature (Medline, PsycINFO, Embase, EBM Reviews) and grey literature and guidelines published since 2014.

### Results:

Eight studies and 12 guidelines were included, with little evidence of effectiveness. Still, providing support according to the level of grief, involvement of trained volunteers/peers, and focusing the interventions on the grief, seem promising components of effective postvention.

### Conclusions:

Adopting a public health approach to postvention can allow to tailor the service delivery to needs of the bereaved individuals and to align postvention with suicide prevention programs.

-----

<https://psycnet.apa.org/record/2019-68384-002>

## **A meta-analysis of the effect of substance use interventions on emotion outcomes.**

Kang, Dahyeon, Fairbairn, Catharine E., Ariss, Talia A.

A meta-analysis of the effect of substance use interventions on emotion outcomes.

Journal of Consulting and Clinical Psychology

<https://doi.org/10.1037/ccp0000450>

### Objective:

Emotional distress has been posited as a key underlying mechanism in the development and maintenance of substance use disorder (SUD), and patients seeking SUD treatment are often experiencing high levels of negative emotion and/or low levels of positive emotion. But the extent to which SUD interventions impact emotional outcomes among general SUD populations is yet unquantified. The current meta-analysis aims to fill this gap.

### Method:

A total of 11,754 records were screened for randomized, controlled trials examining the effect of behavioral SUD interventions on emotion outcomes. Our search yielded a total of 138 effect sizes calculated based on data from 5,146 individuals enrolled in 30 independent clinical trials. Random-effects meta-analysis was used to calculate pooled effect sizes, and metaregression analyses examined study-level moderators (e.g., intervention type).

### Results:

Findings indicated a small but significant effect of SUD interventions on emotion outcomes,  $d = 0.157$ , 95% CI [0.052, 0.262] ( $k = 30$ ). The effect size for negative emotion was nominally bigger,  $d = 0.162$ , 95% CI [0.056, 0.269] ( $k = 30$ ), whereas the effect for positive emotion did not reach statistical significance,  $d = 0.062$ , 95% CI [-0.089, 0.213] ( $k = 7$ ). Studies featuring SUD interventions designed to specifically target emotions (i.e., affect-regulation, mindfulness-based treatments) produced larger reductions in negative emotion compared with studies featuring interventions that did not contain specific emotion modules (e.g., contingency management).

### Conclusions:

Findings suggest that SUD interventions—especially mindfulness-based and affect-

regulation treatments—indeed significantly reduce negative emotion, although relatively small effect sizes indicate potential room for improvement. Conclusions regarding positive emotion should be considered preliminary because of the limited numbers of samples assessing these outcomes. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

-----

<https://psycnet.apa.org/record/2019-57166-001>

**Risk for suicide attempts among United States Air Force active duty members with suicide ideation: An ecological perspective.**

Langhinrichsen-Rohling, Jennifer; Snarr, Jeffery D.; Slep, Amy M. Smith; Heyman, Richard E.

Journal of Consulting and Clinical Psychology  
<https://doi.org/10.1037/ccp0000435>

**Objective:**

Differentiating suicide attempters from suicide ideators has been named a critical suicidology frontier (Klonsky & May, 2013). Per Bronfenbrenner's (1977, 1994) ecological systems theory, risk/protective factors from four ecological levels (individual, family, workplace, and community) were used to predict last year suicide attempt status among active duty service members expressing suicide ideation.

**Method:**

Active duty U.S. Air Force members (N = 52,780, 79.3% male, 79.2% non-Hispanic White, M age = 31.8 years) anonymously completed an online community assessment administered biennially at 82 bases worldwide. Last year suicide ideation and attempts were concurrently measured, as were an array of co-occurring risk and protective factors.

**Results:**

Among the 1,927 (approximately 4%) service members self-reporting suicidal ideation, 152 also reported a last year suicide attempt (7.9% of the ideators, 8.7% of men vs. 6.1% of women). However, in multivariate models, military member sex was not a significant moderator. In bivariate models, numerous individual, family/spouse/parent, and community factors were associated with suicide attempt status. In the final multivariate model for the whole sample, risk for a last year attempt was associated with

years in the military, social support, and alcohol use problems, but not depression. Among active duty military in relationships, attempt status risk was associated with years in the military, social support, and intimate partner violence victimization. However, the effect sizes for these models were small.

#### Conclusions:

Beyond a focus on depression, addressing alcohol misuse, facilitating resilient and nonviolent couple/family relationships, and increasing social support may enhance suicide attempt prevention efforts among military members. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

-----

#### Links of Interest

Why the deeper, lasting costs of war are not reflected just in dollars and body counts  
<https://www.militarytimes.com/news/your-military/2019/11/14/why-the-deeper-lasting-costs-of-war-is-not-reflected-just-in-dollars-and-body-counts/>

Here's how veterans stack up financially, compared to their non-veteran peers  
<https://www.militarytimes.com/pay-benefits/2019/11/14/heres-how-veterans-stack-up-financially-compared-to-their-non-veteran-peers/>

VA, DoD must do more to educate troops and veterans about social media scammers, lawmakers say  
<https://www.militarytimes.com/news/pentagon-congress/2019/11/14/va-dod-must-do-more-to-educate-troops-and-veterans-about-social-media-scammers-lawmakers-say/>

Women veterans measure at center of congressional controversy advances  
<https://www.militarytimes.com/news/pentagon-congress/2019/11/13/women-veterans-measure-at-center-of-congressional-controversy-advances/>

Getting creative: Reducing opioid use for returning warriors  
<https://health.mil/News/Articles/2019/11/05/Getting-creative-Reducing-opioid-use-for-returning-warriors>

Rising costs, dwindling recruit numbers, increasing demands may bring back the military draft  
<https://www.militarytimes.com/news/your-military/2019/11/19/rising-costs-dwindling-recruit-numbers-increasing-demands-may-bring-back-the-draft/>

Military Families Get Access to Hundreds More Child Care Centers in Pilot Program  
<https://www.military.com/daily-news/2019/11/19/military-families-get-access-hundreds-more-child-care-centers-pilot-program.html>

On Eve of Funeral, Marine's Widow Remains in Limbo  
<https://www.military.com/daily-news/2019/11/19/eve-funeral-marines-widow-remains-limbo.html>

Should veterans be able to train and adopt service dogs at the VA's expense?  
<https://www.militarytimes.com/veterans/2019/11/20/should-veterans-be-able-to-train-and-adopt-service-dogs-at-the-vas-expense/>

-----

**Resource of the Week:** [Wounded Warrior Project® 2019 Annual Warrior Survey](#)

From [press release](#):

This survey of post-9/11 warriors is the largest and most comprehensive of its kind in the nation. It provides key insights into the physical, social, economic, and mental health needs of America's wounded, ill, and injured veterans and service members.

...

The survey data includes information on the following topics:

- Demographic shifts
- Deployment trends
- Service-connected injuries and health problems
- PTSD and traumatic brain injuries
- Substance abuse, opioids
- Physical health and obesity
- Employment and financial stability
- Homelessness
- Toxic exposures



-----

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