

# CDP



## **Research Update -- April 2, 2020**

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- Helping women veterans quit smoking: a qualitative analysis of successful and unsuccessful attempts.
- Links of Interest
- Resource of the Week: Here's the Pentagon's all-inclusive guide to working through the coronavirus pandemic (via Military Times)

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## April Is the Month of the Military Child

<https://link.springer.com/article/10.1007/s10802-020-00625-8>

### **Coercive Parenting Mediates the Relationship between Military Fathers' Emotion Regulation and Children's Adjustment.**

Jingchen Zhang, Alyssa Palmer, Na Zhang & Abigail H. Gewirtz

Journal of Abnormal Child Psychology

11 February 2020

<https://doi.org/10.1007/s10802-020-00625-8>

Military parents' combat-related posttraumatic stress disorder (PTSD) symptoms have been linked to poor parenting and child maladjustment. Emotion regulation (ER) difficulties are thought to underlie PTSD symptoms, and research has begun to link parental ER to parenting behaviors. Little empirical evidence exists regarding whether fathers' ER is associated with child adjustment and what may be the underlying mechanism for this association. This study investigated whether deployed fathers' ER was associated with child emotional and behavioral problems, and whether the associations were mediated by coercive parenting behaviors. The sample consisted of 181 deployed fathers with non-deployed female partners and their 4- to 13-year-old children. Families were assessed at three time points over 2 years. ER was measured using a latent construct of fathers' self-reports of their experiential avoidance, trait mindfulness, and difficulties in emotion regulation. Coercive parenting was observed via a series of home-based family interaction tasks. Child behaviors were assessed through parent- and child-report. Structural equation modeling revealed that fathers with poorer ER at baseline exhibited higher coercive parenting at 1-year follow-up, which was associated with more emotional and behavioral problems in children at 2-year follow-up. The indirect effect of coercive parenting was statistically significant. These findings suggest that fathers' difficulties in ER may impede their effective parenting behaviors, and children's adjustment problems might be amplified as a result of coercive interactions. Implications for the role of paternal ER on parenting interventions are discussed.

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<https://onlinelibrary.wiley.com/doi/abs/10.1111/fare.12426>

## **Toward a Framework for Military Family Life Education: Culture, Context, Content, and Practice.**

Jay A. Mancini, Catherine Walker, O'Neal, Mallory Lucier-Greer

Family Relations

First published: 06 February 2020

<https://doi.org/10.1111/fare.12426>

Grounded in multiple ways of thinking about families, we propose a beginning framework for developing and implementing military family life education. We first situate this work within the context of established family life education frameworks. Then, we discuss features of military culture, including its contexts and demands on families, to highlight the realities of life as a military family and underscore available strengths that family life educators may build upon. This is followed by a discussion of family science theories emphasizing components that can inform and ground military family life education. Next, we draw on lessons from recent comprehensive reviews of programs, including their merits and demerits. Finally, we cite example programs, including those embedded in military family support systems themselves, and resources that are available to family life educators. Ultimately, we propose a set of ideas that inform a framework for developing and implementing military family life education aligned with the realities of family life as well as the vulnerabilities and the resilience of military families.

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<https://psycnet.apa.org/record/2020-20111-014>

## **Healthcare provider burn-out: A war with uncertainty.**

Valeras, A. S.

Families, Systems, & Health

2020; 38(1), 96–98

<https://doi.org/10.1037/fsh0000473>

Referring to provider burn-out as a foe to be conquered is a palatable representation that fits within a familiar medical narrative—combating disease, fighting illness, curing and vanquishing the cancer. Even the words we use to describe our daily work—“on the front lines” or “in the trenches” or “fighting the good fight”—places us on a metaphorical battlefield. Is provider burn-out inflicted by another entity, and if so by whom or by what? Is it, by contrast, a disease or a condition? Is burn-out something that just happens or is it created? The World Health Organization International Classification of Disease (World Health Organization, 2019) added burn-out in 2019, but also made a clear statement that this is an occupational phenomenon and not a medical condition. It defines burn-out as “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and reduced professional efficacy. Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life” (WHO, 2019). (PsycInfo Database Record (c) 2020 APA, all rights reserved)

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<https://muse.jhu.edu/article/751561/summary>

### **Exploring Factors Contributing to College Success among Student Veteran Transfers at a Four-Year University.**

Vanessa A. Sansone, Jennifer S. Tucker Segura

The Review of Higher Education  
Johns Hopkins University Press  
Volume 43, Number 3, Spring 2020, pp. 888-916  
<https://doi.org/10.1353/rhe.2020.0011>

Using discrete-time hazard models, this exploratory study responds to the need for research on student veterans. Factors predicting persistence and graduation at a public university in Texas, serving a large student veteran population in the state, are examined; student veteran transfers' outcomes are compared to those of non-veteran transfer students to understand this population in the context of their characteristics as transfer students. Findings disrupt the prevailing narrative that veterans are not as successful as their peers, suggesting more research is needed to determine how to better support veterans in higher education.

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<https://www.armyupress.army.mil/Journals/Journal-of-Military-Learning/Journal-of-Military-Learning-Archives/April-2020/Kirchner-Transition-Military/>

**Learning Challenges Faced by Transitioning Military Service Members Peer-Review: Voices of Military Transition Counselors.**

Faith Stull, Michael Kirchner, Ann Herd

Journal of Military Learning  
April 2020

Because military lifestyle, standards, and culture are developed and fortified throughout soldiers' service, the decision to exit the military is often difficult, and challenges related to posttransition adjustment and employment are substantial. The U.S. Army's Transition Assistance Program (TAP) attempts to alleviate these challenges by teaching soldiers about the obstacles they will face as well as the corresponding strategies that can enhance the likelihood of a successful career transition. This article presents findings from a nonexperimental survey design with the administration of a survey for qualitative thematic analysis. The surveys examined 69 counselors' perspectives on the major knowledge and learning challenges soldiers face upon transitioning into the nonmilitary workforce. Analyses of the counselors' survey responses revealed three themes: (a) developing increased cultural awareness, (b) developing career awareness and job search strategies, and (c) developing new financial and personal integration strategies. Thus, the findings highlight transition counselors' perspectives that soldiers going through TAP have unique learning needs and challenges that may impact their transition experience.

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<https://www.sciencedirect.com/science/article/abs/pii/S0165032719316763>

**Anger Mediates the Relationship between Posttraumatic Stress Disorder and Suicidal Ideation in Veterans.**

Kirsten H. Dillon, Elizabeth E. Van Voorhees, Paul A. Dennis, Jeffrey J. Glenn, ... Eric B. Elbogen

## Highlights

- Longitudinal association between PTSD and suicidal ideation is partially accounted for by changes in anger.
- Aggressive urges may drive the association between PTSD and suicidal ideation.
- Findings further highlight the importance of anger as a risk factor for veteran suicide.

## Abstract

### Background

Theoretical models and cross-sectional empirical studies of suicide indicate that anger is a factor that may help explain the association between posttraumatic stress disorder (PTSD) and suicide, but to date no longitudinal studies have examined this relationship. The current study used longitudinal data to examine whether changes in anger mediated the association between changes in PTSD symptomatology and suicidal ideation (SI).

### Methods

Post 9/11-era veterans (N = 298) were assessed at baseline, 6-months, and 12-month time points on PTSD symptoms, anger, and SI. Analyses covaried for age, sex, and depressive symptoms. Multilevel structural equation modeling was used to examine the three waves of data.

### Results

The effect of change in PTSD symptoms on SI was reduced from  $B = 0.02$  ( $p = .008$ ) to  $B = -0.01$  ( $p = .67$ ) when change in anger was added to the model. Moreover, the indirect effect of changes in PTSD symptoms on suicidal ideation via changes in anger was significant,  $B = 0.02$ ,  $p = .034$ . The model explained 31.1% of the within-person variance in SI.

### Limitations

Focus on predicting SI rather than suicidal behavior. Sample was primarily male.

### Conclusions

Findings suggest that the association between PTSD and SI is accounted for, in part, by anger. This study further highlights the importance of anger as a risk factor for veteran

suicide. Additional research on clinical interventions to reduce anger among veterans with PTSD may be useful in reducing suicide risk.

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<https://www.researchprotocols.org/2020/3/e14860/>

### **Three Decades of Internet- and Computer-Based Interventions for the Treatment of Depression: Protocol for a Systematic Review and Meta-Analysis.**

Moshe I, Terhorst Y, Cuijpers P, Cristea I, Pulkki-Råback L, Sander L

JMIR Research Protocols

2020; 9(3):e14860

<https://www.doi.org/10.2196/14860>

#### Background:

Depression is one of the leading causes of disability worldwide. Internet- and computer-based interventions (IBIs) have been shown to provide effective, scalable forms of treatment. More than 100 controlled trials and a growing number of meta-analyses published over the past 30 years have demonstrated the efficacy of IBIs in reducing symptoms in the short and long term. Despite the large body of research, no comprehensive review or meta-analysis has been conducted to date that evaluates how the effectiveness of IBIs has evolved over time.

#### Objective:

This systematic review and meta-analysis aims to evaluate whether there has been a change in the effectiveness of IBIs on the treatment of depression over the past 30 years and to identify potential variables moderating the effect size.

Methods: A sensitive search strategy will be executed across the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, and PsycINFO. Data extraction and evaluation will be conducted by two independent researchers. Risk of bias will be assessed. A multilevel meta-regression model will be used to analyze the data and estimate effect size.

#### Results:

The search was completed in mid-2019. We expect the results to be submitted for publication in early 2020.



## Conclusions:

The year 2020 will mark 30 years since the first paper was published on the use of IBIs for the treatment of depression. Despite the large and rapidly growing body of research in the field, evaluations of effectiveness to date are missing the temporal dimension. This review will address that gap and provide valuable analysis of how the effectiveness of interventions has evolved over the past three decades; which participant-, intervention-, and study-related variables moderate changes in effectiveness; and where research in the field may benefit from increased focus.

Trial Registration: PROSPERO CRD42019136554;  
[https://www.crd.york.ac.uk/prospero/display\\_record.php?RecordID=136554](https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=136554)  
International Registered Report Identifier (IRRID): PRR1-10.2196/14860

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<https://link.springer.com/article/10.1007/s40501-020-00203-1>

## **Predicting and Managing Treatment Non-response in Posttraumatic Stress Disorder.**

Gregory A. Fonzo Ph.D., Vecheslav Federchenco M.D. & Alba Lara M.D.

Current Treatment Options in Psychiatry  
Published 23 March 2020  
<https://doi.org/10.1007/s40501-020-00203-1>

### Purpose of review

This review aims to synthesize existing research regarding the definition of treatment resistance in posttraumatic stress disorder (PTSD), predictors of treatment non-response to first-line interventions, and emerging second-line PTSD treatment options into an accessible resource for the practicing clinician.

### Recent findings

The concept of treatment resistance in PTSD is currently poorly defined and operationalized. There are no well-established predictors of treatment non-response utilized in routine clinical care, but existing research identifies several potential candidate markers, including male gender, low social support, chronic and early life trauma exposure, comorbid psychiatric disorders, severe PTSD symptoms, and poor physical health. The most promising available treatment options for PTSD patients non-responsive to first-line psychotherapies and antidepressants include transcranial

magnetic stimulation and ketamine infusion. Methylendioxyamphetamine-assisted psychotherapy also appears promising but is only available in a research context. These options require careful consideration of risks and benefits for a particular patient.

#### Summary

More research is required to develop a robust, clinically useful definition of treatment resistance in PTSD; identify reliable, readily assessable, and generalizable predictors of PTSD treatment non-response; and implement measurement and prediction in clinical settings to identify individuals unlikely to respond to first-line treatments and direct them to appropriate second-line treatments.

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<https://www.karger.com/Article/FullText/505977>

### **Interactive Motion-Assisted Exposure Therapy for Veterans with Treatment-Resistant Posttraumatic Stress Disorder: A Randomized Controlled Trial.**

van Gelderen M.J., Nijdam M.J., Haagen J.F.G., Vermetten E.

Psychotherapy and Psychosomatics

Published online: March 23, 2020

<https://doi.org/10.1159/000505977>

#### Background:

Veterans with posttraumatic stress disorder (PTSD) tend to benefit less from evidence-based treatments than other PTSD populations. A novel virtual reality and motion-assisted exposure therapy, called 3MDR, provides treatment in an immersive, personalized and activating context.

#### Objective:

To study the efficacy of 3MDR for veterans with treatment-resistant PTSD.

#### Method:

In a randomized controlled trial (n = 43) 3MDR was compared to a non-specific treatment component control group. Primary outcome was clinician-rated PTSD symptoms at baseline, after 3MDR, and at the 12-week and 16-week follow-up (primary end point). Intention-to-treat analyses of covariance and mixed models were applied to study differences between groups at the end point and over the course of intervention, controlling for baseline scores. Results: The decrease in PTSD symptom severity from

baseline to end point was significantly greater for 3MDR as compared to the control group, with a large effect size ( $F[1, 37] = 6.43, p = 0.016, d = 0.83$ ). No significant between-group difference was detected in the course of PTSD symptoms during treatment when including all time points. The dropout rate was low (7%), and 45% of the patients in the 3MDR group improved clinically. The number needed to treat was 2.86.

#### Conclusions:

In this trial, 3MDR significantly decreased PTSD symptoms in veterans with, on average, a history of 4 unsuccessful treatments. The low dropout rate may be indicative of high engagement. However, a lack of significant differences on secondary outcomes limits conclusions that can be drawn on its efficacy and underlines the need for larger phase III trials. These data show emerging evidence for 3MDR and its potential to progress PTSD treatment for veterans

(Dutch Trial Register Identifier: NL5126).

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<https://www.ncbi.nlm.nih.gov/pubmed/31894995>

J Consult Clin Psychol. 2020 Feb;88(2):137-148. doi: 10.1037/ccp0000471

### **Mechanisms and moderators of intervention efficacy for soldiers with untreated alcohol use disorder.**

Rodriguez LM, Neighbors C, Walker D, Walton T

#### OBJECTIVE:

This research evaluates changes in perceived military and civilian drinking norms as mechanisms of the effects of a motivational enhancement therapy (MET) intervention on changes in alcohol consumption among active-duty military personnel with a substance use disorder. We also evaluate the value of providing tolerance and family history risk-related personalized feedback by testing whether those receiving feedback indicating higher risk reduce their drinking more than those receiving feedback indicating lower risk or receiving no feedback.

#### METHOD:

Participants (N = 242; Mage = 28 years; 92% male; 59% Caucasian) completed a baseline questionnaire and were randomly assigned to a MET or educational control

condition. Both conditions were single session and took place over the telephone. Outcomes were assessed 3 and 6 months later. The study was preregistered at ClinicalTrials.gov (NCT01128140).

#### RESULTS:

We found evidence that reductions in perceived norms for other military personnel, but not for civilians, mediated intervention efficacy on reductions in alcohol use. Further, the MET intervention was successful at reducing drinking among soldiers who reported higher levels of baseline tolerance and family history risk, but not successful at reducing drinking among those who reported low or medium levels of risk.

#### CONCLUSIONS:

Systematic evaluation of whether and how individual intervention components contribute to efficacy is a promising approach for refining and improving interventions. This research suggests that MET interventions may wish to target focal perceived norms and provides support for discussion of feedback indicating elevated risks due to tolerance and family history. (PsycINFO Database Record (c) 2020 APA, all rights reserved).

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<https://www.ncbi.nlm.nih.gov/pubmed/31545626>

Neuropsychology. 2020 Jan;34(1):116-126. doi: 10.1037/neu0000594. Epub 2019 Sep 23

#### **Blast concussion and posttraumatic stress as predictors of postcombat neuropsychological functioning in OEF/OIF/OND veterans.**

Nelson NW, Disner SG, Anderson CR, Doane BM, McGuire K, Lamberty GJ, Hoelzle J, Sponheim SR

#### OBJECTIVES:

Many combat veterans exhibit cognitive limitations of uncertain origin. In this study, we examined factors that predict cognitive functioning by considering effects of blast-related concussion (BRC), non-blast-related concussion (NBRC), and posttraumatic stress disorder (PTSD) symptoms. Analyses specifically tested whether (a) BRC and NBRC were distinct in their prediction of cognitive performance; (b) a dose-response relationship existed between recurrent concussion (BRC and NBRC) and cognitive

impairment; and (c) PTSD symptoms mediated the relationship between BRC and cognitive performance.

#### METHOD:

Two hundred eighty veterans with combat zone deployment histories completed semistructured clinical interviews to define BRC and NBRC histories, current and past mental health disorders, and dimensional ratings of PTSD symptomatology. Participants were also administered a number of neuropsychological measures to appraise cognitive functioning.

#### RESULTS:

A structural equation model (SEM) suggested that BRC and NBRC were not distinct in their prediction of cognitive performance, and there was no evidence that recurrent concussion (blast or nonblast) was directly associated with cognitive performance. BRC was significantly associated with PTSD symptoms ( $r = .24$ ), PTSD symptoms were significantly associated with cognitive performance in the SEM ( $r = -.27$ ), and PTSD symptoms significantly mediated the link between BRC and cognitive performance ( $p = .03$ ).

#### CONCLUSIONS:

These results suggest that concussion history fails to directly contribute to cognitive performance, regardless of mechanism (blast or nonblast) and recurrence. BRC is nonetheless unique in its contribution to PTSD and PTSD-related cognitive deficits. Results support interventions specific to PTSD management in the interest of promoting neuropsychological functioning among war veterans. (PsycINFO Database Record (c) 2020 APA, all rights reserved).

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22505>

### **Examining Insomnia During Intensive Treatment for Veterans with Posttraumatic Stress Disorder: Does it Improve and Does it Predict Treatment Outcomes?**

Zalta, A.K., Pinkerton, L.M., Valdespino-Hayden, Z., Smith, D.L., Burgess, H.J., Held, P., Boley, R.A., Karnik, N.S. and Pollack, M.H.

Journal of Traumatic Stress

First published: 26 March 2020

<https://doi.org/10.1002/jts.22505>

Previous research has demonstrated that sleep disturbances show little improvement with evidence-based psychotherapy for posttraumatic stress disorder (PTSD); however, sleep improvements are associated with PTSD treatment outcomes. The goal of the current study was to evaluate changes in self-reported insomnia symptoms and the association between insomnia symptoms and treatment outcome during a 3-week intensive treatment program (ITP) for veterans with PTSD that integrated cognitive processing therapy (CPT), mindfulness, yoga, and other ancillary services. As part of standard clinical procedures, veterans (N = 165) completed self-report assessments of insomnia symptoms at pre- and posttreatment as well as self-report assessments of PTSD and depression symptoms approximately every other day during treatment. Most veterans reported at least moderate difficulties with insomnia at both pretreatment (83.0%–95.1%) and posttreatment (69.1–71.3%). Statistically significant reductions in self-reported insomnia severity occurred from pretreatment to posttreatment; however, the effect size was small,  $d = 0.33$ . Longitudinal mixed-effects models showed a significant interactive effect of Changes in Insomnia  $\times$  Time in predicting PTSD and depression symptoms, indicating that patients with more improvements in insomnia had more positive treatment outcomes. These findings suggest that many veterans continued to struggle with sleep disruption after a 3-week ITP, and successful efforts to improve sleep could lead to better PTSD treatment outcomes. Further research is needed to establish how adjunctive sleep interventions can be used to maximize both sleep and PTSD outcomes.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22496>

### **Combat-Related Posttraumatic Stress Disorder and Comorbid Major Depression in U.S. Veterans: The Role of Deployment Cycle Adversity and Social Support.**

Goetter, E.M., Hoepfner, S.S., Khan, A.J., Charney, M.E., Wieman, S., Venners, M.R., Avallone, K.M., Rauch, S.A.M. and Simon, N.M.

Journal of Traumatic Stress

First published: 26 March 2020

<https://doi.org/10.1002/jts.22496>

Posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) commonly co-occur in combat veterans, and this comorbidity has been associated with higher levels of distress and more social and economic costs compared to one disorder alone.

In a secondary analysis of a multisite randomized controlled trial of a sample of veterans with combat-related PTSD, we examined the associations among pre-, peri-, and postdeployment adversity, social support, and clinician-diagnosed comorbid MDD. Participants completed the Deployment Risk and Resilience Inventory and the Beck Depression Inventory–II as well as structured clinical interviews for diagnostic status. Among 223 U.S. veterans of the military operations in Iraq and Afghanistan (86.9% male) with primary combat-related PTSD, 69.5% had current comorbid MDD. After adjustment for sex, a linear regression model indicated that more concerns about family disruptions during deployment,  $f^2 = 0.065$ ; more harassment during deployment,  $f^2 = 0.020$ ; and lower ratings of postdeployment social support,  $f^2 = 0.154$ , were associated with more severe self-reported depression symptoms. Interventions that enhance social support as well as societal efforts to foster successful postdeployment reintegration are critical for reducing the mental health burden associated with this highly prevalent comorbidity in veterans with combat-related PTSD.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22506>

### **Experiences of Sexual Harassment, Stalking, and Sexual Assault During Military Service Among LGBT and Non-LGBT Service Members.**

Schuyler, A.C., Klemmer, C., Mamey, M.R., Schragger, S.M., Goldbach, J.T., Holloway, I.W. and Castro, C.A.

Journal of Traumatic Stress

First published: 26 March 2020

<https://doi.org/10.1002/jts.22506>

Sexual victimization, including sexual harassment and assault, remains a persistent problem in the U.S. military. Service members identifying as lesbian, gay, bisexual, or transgender (LGBT) may face enhanced risk, but existing research is limited. We examined experiences of sexual harassment, stalking, and sexual assault victimization during service in a sample of LGBT and non-LGBT active duty service members. Service members who identified as LGBT ( $n = 227$  LGB,  $n = 56$  transgender) or non-LGBT ( $n = 276$ ) were recruited using respondent-driven sampling for an online survey. Logistic regression models examined the correlates of sexual and stalking victimization. Victimization was common among LGBT service members, including sexual harassment (80.7% LGB, 83.9% transgender), stalking (38.6% LGB, 30.4% transgender), and sexual assault (25.7% LGB, 30.4% transgender). In multivariable

models, LGB identity remained a significant predictor of sexual harassment, OR = 4.14, 95% CI [2.21, 7.78]; stalking, OR = 1.98, 95% CI [1.27, 3.11]; and assault, OR = 2.07, 95% CI [1.25, 3.41]. A significant interaction between LGB identity and sex at birth, OR = 0.34, 95% CI [0.13, 0.88], suggests an elevated sexual harassment risk among male, but not female, LGB service members. Transgender identity predicted sexual harassment and assault at the bivariate level only. These findings suggest that LGBT service members remain at an elevated risk of sexual and/or stalking victimization. As the military works toward more integration and acceptance of LGBT service members, insight into victimization experiences can inform tailored research and intervention approaches aimed at prevention and care for victims.

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<https://www.bmj.com/content/368/bmj.m1211.abstract>

### **Managing mental health challenges faced by healthcare workers during covid-19 pandemic.**

Greenberg Neil, Docherty Mary, Gnanapragasam Sam, Wessely Simon

BMJ

Published 26 March 2020

<https://doi.org/10.1136/bmj.m1211>

The covid-19 pandemic is likely to put healthcare professionals across the world in an unprecedented situation, having to make impossible decisions and work under extreme pressures. These decisions may include how to allocate scant resources to equally needy patients, how to balance their own physical and mental healthcare needs with those of patients, how to align their desire and duty to patients with those to family and friends, and how to provide care for all severely unwell patients with constrained or inadequate resources. This may cause some to experience moral injury or mental health problems.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22503>

### **The Impact of Depression Severity on Treatment Outcomes Among Older Male Combat Veterans with Posttraumatic Stress Disorder.**



Walter, K.H., Glassman, L.H., Wells, S.Y., Thorp, S.R. and Morland, L.A.

Journal of Traumatic Stress

First published: 26 March 2020

<https://doi.org/10.1002/jts.22503>

Posttraumatic stress disorder (PTSD) and depression are highly comorbid within the veteran population. Research studies have yielded divergent findings regarding the effect of depression on PTSD treatment outcomes. The present study investigated the influence of pretreatment depression severity on PTSD and depression symptom trajectories among 85 older (i.e.,  $\geq 60$  years) male veterans with military-related PTSD who received either prolonged exposure or relaxation training as part of a randomized controlled trial. Participants were categorized as having no/mild depression ( $n = 23$ ) or moderate/severe depression ( $n = 62$ ). The PTSD Checklist (PCL-S) and Patient Health Questionnaire (PHQ-9) were completed at pretreatment, each of 12 therapy sessions, posttreatment, and 6-month follow-up, for a total of up to 15 data points per participant. Multilevel modeling (MLM) was used to evaluate the impact of pretreatment depression severity on piecewise symptom trajectories (i.e., active treatment and follow-up periods) over time and to determine whether treatment condition moderated the trajectories. The final MLM results showed significant main effects of depression severity on PCL-S scores,  $B = 10.84$ ,  $p = .043$  and PHQ-9 scores,  $B = 7.09$ ,  $p = .001$ , over time. No significant interactions emerged for either the PCL-S or PHQ-9, indicating that although older veterans with more severe depression endorsed higher PTSD and depression scores across time, the symptom trajectories were not moderated by depression severity, treatment condition, or their interaction.

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<https://link.springer.com/article/10.1007/s11606-020-05787-1>

### **Characteristics and Injury Mechanisms of Veteran Primary Care Suicide Decedents with and without Diagnosed Mental Illness.**

Joseph A. Simonetti MD, MPH, Rebecca Piegari MS, Charles Maynard PhD, Lisa A. Brenner PhD, Alaina Mori BA, Edward P. Post MD, PhD, Karin Nelson MD, MSHS & Ranak Trivedi PhD

Journal of General Internal Medicine

Published: 26 March 2020

<https://doi.org/10.1007/s11606-020-05787-1>

## Background

In the United States, suicide rates are increasing among nearly all age groups. Primary care is a critical setting for suicide prevention, where interventions often rely on identifying mental health conditions as indicators of elevated suicide risk.

## Objective

Quantify the proportion of suicide decedents within primary care who had no antecedent mental health or substance use diagnosis.

## Design

Retrospective cohort study.

## Participants

Veterans who received Veterans Health Administration (VHA) primary care any time from 2000 to 2014 and died by suicide before 2015 (n = 27,741).

## Main Measures

We categorized decedents by whether they had any mental health or substance use diagnosis (yes/no) using ICD-9 codes available from VHA records. We compared sociodemographic, clinical, and suicide mechanism characteristics between groups using chi-square, Student's T, or Wilcoxon tests.

## Results

Forty-five percent of decedents had no mental health or substance use diagnosis. Decedents without such a diagnosis were older (68 vs. 57 years,  $p < 0.001$ ), and more likely to be male (98.3% vs. 95.8%,  $p < 0.001$ ), non-Hispanic White (90.6% vs. 87.9%,  $p < 0.001$ ), married/partnered (50.4% vs. 36.6%,  $p < 0.001$ ), and without military service-connected disability benefits (72.6% vs. 56.9%,  $p < 0.001$ ). They were also more likely to die from firearm injury (78.9% vs. 60.7%,  $p < 0.001$ ). There were statistically significant differences in physical health between groups, but the magnitudes of those differences were small. Decedents without a mental health or substance use diagnosis had significantly shorter durations of enrollment in VHA healthcare, less healthcare utilization in their last year of life, and had little utilization aside from primary care visits.

## Conclusions and Relevance

From 2000 to 2014, of nearly thirty thousand VHA primary care patients who died by suicide, almost half had no antecedent mental health or substance use diagnosis. Within VHA primary care settings, suicide risk screening for those with and without such a diagnosis is indicated.

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<https://connect.springerpub.com/content/sgrifcp/early/2020/03/27/jfcp-19-00007>

### **A Study on Military Spouse Licensure Portability in Legislation and Practice.**

Ballard, Jaime; Borden, Lynne

Journal of Financial Counseling and Planning

Published online March 17, 2020

<https://www.doi.org/10.1891/JFCP-19-00007>

Military spouses face employment obstacles such as relocations, leading to un- or underemployment. The Department of Defense (DoD) proposed three best practice guidelines for transfer of licenses for military spouses. In this study, we (a) reviewed state legislation on military spouse licensure portability and identified how states addressed DoD best practices, and (b) interviewed staff and reviewed websites at six occupational boards of each state. Most states have implemented at least two guidelines, while occupational boards have implemented only some of the legislated guidelines. Thirty-seven percent of boards in states with legislation supporting expedited applications for military spouses did not offer them, and not all accommodations are publicly displayed. Financial counselors should recommend military spouses call regulatory offices about accommodations.

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<https://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000667?journalCode=crc>

### **Suicide Prevention in the Americas.**

Morton M. Silverman, Loraine Barnaby, Brian L. Mishara, and Daniel J. Reidenberg

Crisis

Published online: March 25, 2020

<https://doi.org/10.1027/0227-5910/a000666>

The Americas encompass the entirety of the continents of North America and South America, representing 49 countries. Together, they make up most of Earth's western hemisphere. The population is over 1 billion (2006 figure), with over 65 % living in one

of the three most populated countries (the United States, Brazil, and Mexico). The Americas have low-, middle-, and high-income countries. Data from this region have not been readily and consistently available. There are several English-speaking Caribbean nations and countries in South America that have not had updated information. This chapter will focus on suicide prevention within North America (United States and Canada), some countries in the Caribbean region, and some countries in South America. Guyana, Suriname, and Trinidad and Tobago have severe issues with pesticide suicide, with average rates of 44.2 (global rank 1); 27.8 (global rank 5) and 13.0 (global rank 41) per 100,000 respectively. Jamaica, however, had one of the lowest rates: 1.2 per 100,000 (global rank 166). General, regional, and country-specific prevention proposals are suggested, highlighting intersectoral, private collaboration, attention to at-risk persons, substance abuse and mental health interventions, training, and reducing access to lethal means.

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<https://www.jmir.org/2020/3/e15312/>

### **Brief Web-Based Intervention for Depression: Randomized Controlled Trial on Behavioral Activation.**

Jelinek L, Arlt S, Moritz S, Schröder J, Westermann S, Cludius B

Journal of Medical Internet Research

Published on 26.03.20 in Vol 22, No 3 (2020): March

<https://doi.org/10.2196/15312>

#### Background:

Web-based interventions have been shown to be effective for the treatment of depression. However, interventions are often complex and include a variety of elements, making it difficult to identify the most effective component(s).

#### Objective:

The aim of this pilot study was to shed light on mechanisms in the online treatment of depression by comparing a single-module, fully automated intervention for depression (internet-based behavioral activation [iBA]) to a nonoverlapping active control intervention and a nonactive control group.

#### Methods:

We assessed 104 people with at least mild depressive symptoms (Patient Health

Questionnaire-9, >4) via the internet at baseline (t0) and 2 weeks (t1) and 4 weeks (t2) later. After the t0 assessment, participants were randomly allocated to one of three groups: (1) iBA (n=37), (2) active control using a brief internet-based mindfulness intervention (iMBI, n=32), or (3) care as usual (CAU, n=35). The primary outcome was improvement in depressive symptoms, as measured using the Patient Health Questionnaire-9. Secondary parameters included changes in activity, dysfunctional attitudes, and quality of life.

#### Results:

While groups did not differ regarding the change in depression from t0 to t1 ( $\eta^2=.007$ ,  $P=.746$ ) or t0 to t2 ( $\eta^2=.008$ ,  $P=.735$ ), iBA was associated with a larger decrease in dysfunctional attitudes from t0 to t2 in comparison to CAU ( $\eta^2=.053$ ,  $P=.04$ ) and a larger increase in activity from t0 to t1 than the pooled control groups ( $\eta^2=.060$ ,  $P=.02$ ). A change in depression from t0 to t2 was mediated by a change in activity from t0 to t1. At t1, 22% (6/27) of the participants in the iBA group and 12% (3/25) of the participants in the iMBI group indicated that they did not use the intervention.

#### Conclusions:

Although we did not find support for the short-term efficacy of the single-module iBA regarding depression, long-term effects are still conceivable, potentially initiated by changes in secondary outcomes. Future studies should use a longer intervention and follow-up interval.

Trial Registration: DKRS (#DRKS00011562)

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<https://www.sciencedirect.com/science/article/abs/pii/S0005789420300496>

### **Parameters of Aggressive Behavior in a Treatment-Seeking Sample of Military Personnel: A Secondary Analysis of Three Randomized Controlled Trials of Evidence-Based PTSD Treatments.**

Danielle S. Berke, Jessica R. Carney, Luke Rusowicz-Orazem, Nora K. Kline, ... Brett T. Litz

Behavior Therapy

Available online 30 March 2020

<https://doi.org/10.1016/j.beth.2020.03.007>

## Highlights

- Aggression is reduced among service members who receive PTSD treatment.
- Reductions in aggression are greatest for those with higher PTSD symptom severity.
- Reductions in PTSD symptoms do not predict subsequent reductions in aggression.

## Abstract

Aggressive behavior is prevalent among veterans of post-9/11 conflicts who have posttraumatic stress disorder (PTSD). However, little is known about whether PTSD treatments reduce aggression, or the direction of the association between changes in PTSD symptoms and aggression in the context of PTSD treatment. We combined data from three clinical trials of evidence-based PTSD treatment in service members (N = 592) to: (1) examine whether PTSD treatment reduces psychological (e.g., verbal behavior) and physical aggression, and; (2) explore temporal associations between aggressive behavior and PTSD. Both psychological (Estimate = - 2.20, SE = 0.07) and physical aggression (Estimate = - 0.36, SE = 0.05) were significantly reduced from baseline to posttreatment follow-up. Lagged PTSD symptom reduction was not associated with reduced reports of aggression; however, higher baseline PTSD scores were significantly associated with greater reductions in psychological aggression (exclusively;  $\beta = - 0.67$ , 95% CI = - 1.05, - 0.30, SE = - 3.49). Findings reveal that service members receiving PTSD treatment report substantial collateral changes in psychological aggression over time, particularly for participants with greater PTSD symptom severity. Clinicians should consider co-therapies or alternative ways of targeting physical aggression among service members with PTSD and alternative approaches to reduce psychological aggression among service members with relatively low PTSD symptom severity when considering evidence-based PTSD treatments.

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<https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-020-00918-6>

## **Helping women veterans quit smoking: a qualitative analysis of successful and unsuccessful attempts.**

Berg, K.M., Gruber, S.J. & Jorenby, D.E.

BMC Women's Health

20, 63 (2020)

<https://doi.org/10.1186/s12905-020-00918-6>

## Background

Tobacco use is the number one cause of death and disability of women in the United States, and our women Veteran population is disproportionately affected. Despite revisions to the Veterans Affairs' approach to smoking cessation, women continue to smoke at equal or higher rates than men, are prescribed cessation medications less frequently, and are less likely to quit. In this qualitative pilot study, individual interviews with women Veterans revealed their experiences with smoking cessation attempts.

## Methods

The lead author conducted semi-structured interviews with 14 women Veterans who were either current or former smokers. Participants gave a narrative account of recent quit smoking attempts. Inductive thematic analysis explored the underlying themes.

## Results

Four main themes emerged as important: health and well-being, smoking as an addiction, optimism, and resilience. Health and well-being encompassed physical health, mental health, and financial stability. Women often felt that stability in these key areas made a successful attempt possible. Women with successful quit attempts were more likely to consider tobacco use as an addiction, as well as expressed optimism about their quit attempts. Women with successful quit attempts also demonstrated more resilience to lapses and relapses.

## Conclusions

Women Veterans' quit smoking attempts demonstrate four main themes: baseline health and wellbeing, acknowledging smoking as an addiction, the participant's optimism towards quitting, and resilience. Patterns were observed within themes with respect to whether the woman was currently quit or had experienced a prolonged quit attempt in the past. Further research is needed to help women Veterans quit smoking.

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## Links of Interest

What the fight against coronavirus can teach us about veterans suicide

<https://www.militarytimes.com/opinion/2020/03/25/what-the-fight-against-coronavirus-can-teach-us-about-veterans-suicide/>

Sending my spouse to fight COVID-19 feels like sending him into combat

<https://www.militarytimes.com/opinion/commentary/2020/03/28/sending-a-spouse-to-fight-covid-19-feels-like-sending-him-into-combat/>

Positive Attitude, Social Support May Promote TBI Resilience Among Military Members

<https://www.pdhealth.mil/news/blog/positive-attitude-social-support-may-promote-tbi-resilience-among-military-members>

Coronavirus Snapped Me Back Into “Deployment Mode”

<https://medium.com/vetvoicefoundation/coronavirus-snapped-me-back-into-deployment-mode-865f0dfa94a>

Coping with the stress of social distancing

<https://health.mil/News/Articles/2020/03/31/Coping-with-the-stress-of-social-distancing>

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**Resource of the Week:** [Here's the Pentagon's all-inclusive guide to working through the coronavirus pandemic](#)

Via Military Times:

Since it became clear earlier this month that the coronavirus outbreak would have major affects on the military's operations, leadership has been issuing guidance and policy left and right, on everything from telework to travel bans to financial assistance for service members caught up in a financial hardship because of the new policies.

The good news is that most pay and benefits will continue normally, what what reporting for duty looks like is changing substantially. To sort everything out, the Defense Department released a [master policy](#) and a [Q&A document](#) on Thursday as a reference.





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**ASSISTANT SECRETARY OF DEFENSE**  
1500 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-1500

MAR 23 2020

MEMORANDUM FOR CHIEF MANAGEMENT OFFICER OF THE DEPARTMENT OF  
DEFENSE  
SECRETARIES OF THE MILITARY DEPARTMENTS  
CHAIRMAN OF THE JOINT CHIEFS OF STAFF  
UNDER SECRETARIES OF DEFENSE  
CHIEF OF THE NATIONAL GUARD BUREAU  
GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE  
ASSISTANT SECRETARY OF DEFENSE FOR LEGISLATIVE  
AFFAIRS  
ASSISTANT TO THE SECRETARY OF DEFENSE FOR PUBLIC  
AFFAIRS  
DIRECTORS OF DEFENSE AGENCIES  
DIRECTORS OF DOD FIELD ACTIVITIES

SUBJECT: Military Personnel Guidance for Department of Defense Components in Responding  
to Coronavirus Disease 2019

See also: [Military Health System coronavirus page](#)

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