

# CDP



## Research Update -- April 16, 2020

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- Sexual Assault Prevention: A Randomized Control Trial of a Standard Military Intervention and a Motivational Interview Enhancement.
- Links of Interest
- Resource of the Week: COVID-19 Behavioral Health Resources (Center for Deployment Psychology)

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## **April Is the Month of the Military Child**

<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://www.ncbi.nlm.nih.gov/pubmed/32027150>

J Fam Psychol. 2020 Feb 6. doi: 10.1037/fam0000637. [Epub ahead of print]

### **Outcomes of a reflective parenting program among military spouses: The moderating role of social support.**

Ross AM, DeVoe ER, Steketee G, Emmert-Aronson BO, Brown T, Muroff J

The post-9/11 conflicts have taken a substantial toll on military families. Although positive effects of reintegration-focused programs are well-documented for service members, less is known about military spouses who are parents of young children. This article examines the outcomes of a formal reflective parenting program developed for military families who have very young children, and whether aspects of informal social support moderate spouse outcomes of anxiety, depression, and parenting stress. Data are drawn from a randomized, clinical trial (RCT) of 103 military families with children ages birth to 5 years of age. Structural equation models examined the main effects of the program and the relationship of 3 social support dimensions (perceived support, social connectedness and dyadic satisfaction) to program outcomes of interest. Analyses revealed a statistically significant reduction in anxiety in the treatment group, with a small effect size. No significant program effects emerged on parenting stress or depression. None of the social support dimensions was significantly associated with outcomes of interest. The interaction of dyadic support and treatment showed a significant moderate effect on parenting stress. Spouses with lower baseline satisfaction who were assigned to the treatment condition reported similar levels of parenting stress at baseline and posttest, whereas their counterparts in the waitlist condition reported significantly higher parenting stress at posttest compared with baseline. Findings suggest a targeted approach to preventive intervention for military spouses who are mothers of young children. (PsycINFO Database Record (c) 2020 APA, all rights reserved).

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/cpp.2455>

**Patient personality and psychotherapist reactions in individual psychotherapy setting: a systematic review.**

Stefana, A, Bulgari, V, Youngstrom, EA, Dakanalis, A, Bordin, C, Hopwood, C.

Clinical Psychology & Psychotherapy

First published: 06 April 2020

<https://doi.org/10.1002/cpp.2455>

Despite the importance of psychotherapists' subjective experience working with patients with mental issues, little is known about the relationship between therapists' emotional reactions and patients' personality problems. The present study is a systematic review of quantitative research on the association between patients' personality pathology and

psychotherapists' emotional, cognitive and behavioural reactions in individual psychotherapy setting. A systematic database search (from January 1980 to August 2019) supplemented by manual searches of references and citations identified seven relevant studies. Significant and consistent relationships were found between therapist reactions and specific personality traits or disorders. In general, odd and eccentric patients tend to evoke feelings of distance and disconnection; emotionally dysregulated patients tend to evoke anxiety and incompetence, and anxious and withdrawn patients tend to evoke sympathy and concern. However, the relatively small sample of studies and methodological inconsistencies across studies limit firm conclusions and suggest the need for more systematic research. Findings from this review indicate that patients who share the same personality disorder or symptoms tend to evoke specific and similar cognitive, emotional and behavioural reactions in their therapists. This suggests that therapists overall reactions toward patients may be source of valuable diagnostic information.

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<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2763797>

### **Neurobiology, Clinical Presentation, and Treatment of Methamphetamine Use Disorder: A Review.**

Paulus MP, Stewart JL

JAMA Psychiatry

Published online April 08, 2020

<https://doi.org/10.1001/jamapsychiatry.2020.0246>

#### **Importance**

The prevalence of and mortality associated with methamphetamine use has doubled during the past 10 years. There is evidence suggesting that methamphetamine use disorder could be the next substance use crisis in the United States and possibly worldwide.

#### **Observation**

The neurobiology of methamphetamine use disorder extends beyond the acute effect of the drug as a monoaminergic modulator and includes intracellular pathways focused on oxidative stress, neurotoxic and excitotoxic effects, and neuroinflammation. Similarly, the clinical picture extends beyond the acute psychostimulatory symptoms to include complex cardiovascular and cerebrovascular signs and symptoms that need to be

identified by the clinician. Although there are no pharmacologic treatments for methamphetamine use disorder, cognitive behavioral therapy, behavioral activation, and contingency management show modest effectiveness.

#### Conclusions and Relevance

There is a need to better understand the complex neurobiology of methamphetamine use disorder and to develop interventions aimed at novel biological targets. Parsing the disorder into different processes (eg, craving or mood-associated alterations) and targeting the neural systems and biological pathways underlying these processes may lead to greater success in identifying disease-modifying interventions. Finally, mental health professionals need to be trained in recognizing early cardiovascular and cerebrovascular warning signs to mitigate the mortality associated with methamphetamine use disorder.

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<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2763369>

### **Psychosocial Stressors at Work and the Risk of Sickness Absence Due to a Diagnosed Mental Disorder: A Systematic Review and Meta-analysis.**

Duchaine CS, Aubé K, Gilbert-Ouimet M, et al.

JAMA Psychiatry

Published online April 01, 2020

<https://doi.org/10.1001/jamapsychiatry.2020.0322>

#### Key Points

##### Question

Do psychosocial stressors at work increase the risk of sickness absence due to a diagnosed mental disorder?

##### Findings

In this systematic review and meta-analysis, psychosocial stressors at work were associated with an elevated risk of sickness absence due to a diagnosed mental disorder. The risk was up to 76% higher among workers exposed to these work stressors compared with nonexposed workers.

##### Meaning

Given that psychosocial stressors at work are frequent and modifiable, physicians

should be aware of their importance when evaluating their patients' mental health and work capacity.

## Abstract

### Importance

Mental health problems are associated with considerable occupational, medical, social, and economic burdens. Psychosocial stressors at work have been associated with a higher risk of mental disorders, but the risk of sickness absence due to a diagnosed mental disorder, indicating a more severe condition, has never been investigated in a systematic review and meta-analysis.

### Objective

To synthesize the evidence of the association of psychosocial stressors at work with sickness absence due to a diagnosed mental disorder among adult workers.

### Data Sources

Seven electronic databases (MEDLINE, Embase, PsycInfo, Web of Science, CINAHL, Sociological Abstracts, and International Bibliography of the Social Sciences), 3 gray literature databases (Grey Literature Report, WHO-IRIS and Open Grey), and the reference lists of all eligible studies and reviews were searched in January 2017 and updated in February 2019.

### Study Selection

Only original prospective studies evaluating the association of at least 1 psychosocial stressor at work from the 3 most recognized theoretical models were eligible: the job demand-control-support model, including exposure to job strain (high psychological demands with low job control); effort-reward imbalance model; and organizational justice model. Study selection was performed in duplicate by blinded independent reviewers. Among the 28 467 citations screened, 23 studies were eligible for systematic review.

### Data Extraction and Synthesis

This meta-analysis followed the PRISMA and MOOSE guidelines. Data extraction and risk of bias evaluation, using the Risk of Bias in Nonrandomized Studies–Interventions tool, were performed in duplicate by blinded independent reviewers. Data were pooled using random-effect models.

### Main Outcomes and Measures

Sickness absence due to a mental disorder with a diagnosis obtained objectively.

## Results

A total of 13 studies representing 130 056 participants were included in the 6 meta-analyses. Workers exposed to low reward were associated with a higher risk of sickness absence due to a diagnosed mental disorder compared with nonexposed workers (pooled risk ratio [RR], 1.76 [95% CI, 1.49-2.08]), as were those exposed to effort-reward imbalance (pooled RR, 1.66 [95% CI, 1.37-2.00]), job strain (pooled RR, 1.47 [95% CI, 1.24-1.74]), low job control (pooled RR, 1.25 [95% CI, 1.02-1.53]), and high psychological demands (pooled RR, 1.23 [95% CI, 1.04-1.45]).

## Conclusions and Relevance

This meta-analysis found that workers exposed to psychosocial stressors at work were associated with a higher risk of sickness absence due to a mental disorder. A better understanding of the importance of these stressors could help physicians when evaluating their patients' mental health and work capacity.

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<https://jcsn.aasm.org/doi/abs/10.5664/jcsn.8444>

## **The Relationship Between Military Occupation and Diagnosed Insomnia Following Combat Deployment.**

Andrew J. MacGregor, PhD , Rachel R. Markwald, PhD , Amber L. Dougherty, MPH , Gilbert Seda, MD, PhD

Journal of Clinical Sleep Medicine

Published Online: April 6, 2020

<https://doi.org/10.5664/jcsn.8444>

### STUDY OBJECTIVES:

Our objective was to investigate the relationship between military occupation and diagnosed insomnia following combat deployment.

### METHODS:

This retrospective cohort study was conducted using existing electronic military databases. Eligible participants were military personnel with a deployment to Iraq, Afghanistan, or Kuwait between 2005 and 2009. A total of 66,869 US Navy and Marine Corps service members comprised the study sample and were categorized by military occupation. Military medical databases were used to abstract information on insomnia diagnoses and prescription medications.



## RESULTS:

The overall prevalence of diagnosed insomnia was 3.4%. In multivariable logistic regression, law enforcement (odds ratio [OR] = 1.62, 95% confidence interval [CI] = 1.28–2.04), motor transport (OR = 1.38, 95% CI = 1.14–1.66), and healthcare occupations (OR = 2.24, 95% CI = 1.85–2.71) had significantly higher odds of an insomnia diagnosis following deployment than infantry occupations. These results remained unchanged after excluding those who reported posttraumatic stress disorder symptoms. Non-benzodiazepine sedative/hypnotics were prescribed for 44.2% of those with insomnia, and prescription patterns differed by occupation.

## CONCLUSIONS:

These results suggest that military occupation may play a primary role in the onset and management of insomnia. The findings provide rationale for targeting individuals in insomnia-susceptible occupations with better methods to prevent and/or minimize sleep issues during and after combat deployment.

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<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usaa052/5816010>

## **Post-Traumatic Stress Disorder Symptoms Contribute to Worse Pain and Health Outcomes in Veterans With PTSD Compared to Those Without: A Systematic Review With Meta-Analysis.**

Timothy M Benedict, PhD, DPT, SP, Patrick G Keenan, DPT, PT, Arthur J Nitz, PhD, PT, Tobias Moeller-Bertram, MD, PhD, MS

Military Medicine

Published: 06 April 2020

<https://doi.org/10.1093/milmed/usaa052>

### Introduction

Post-traumatic stress disorder (PTSD) and chronic pain are frequently co-morbid conditions in the U.S. veteran population. Although several theories about the cause of increased pain prevalence in individuals with PTSD have been presented, no synthesis of primary data informing the impact of co-morbid PTSD and pain has been completed. The purpose of this study was to systematically review the literature and quantify

disability, function, and pain-related beliefs and outcomes in veterans with PTSD compared to veterans without PTSD.

### Materials and Methods

A systematic search of three electronic databases was conducted. Inclusion criteria required pain-related comparison of veterans with PTSD to those without PTSD. Primary outcome measures and standardized mean differences (SMDs) were assessed for pain, function, disability, pain beliefs, and healthcare utilization using a random effects model.

### Results

20 original research studies met inclusion criteria and were assessed for quality and outcomes of interest. The majority of studies were cross-sectional. Veterans with PTSD and pain demonstrated higher pain (SMD = 0.58, 95% CI 0.28–0.89), disability (SMD = 0.52, 95%CI 0.33–0.71), depression (SMD = 1.40, 95%CI 1.2–1.6), catastrophizing beliefs (SMD = 0.95, 95% CI 0.69–1.2), sleep disturbance (SMD = 0.80, 95% CI 0.57–1.02), and healthcare utilization; they had lower function (SMD = 0.41, 95% CI 0.25–0.56) and pain self-efficacy (SMD = 0.77, 95% CI 0.55–0.99) compared to veterans without PTSD.

### Conclusion

In veterans with chronic pain, PTSD symptomology has a large effect for many negative health-related outcomes. This review supports the need for clinicians to screen and understand the effects of PTSD symptoms on patients with pain. Clinicians should recognize that veterans with PTSD and pain likely have elevated pain catastrophizing beliefs and decreased self-efficacy that should be targeted for intervention.

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<https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2019.01589>

### **Embedding Social Workers In Veterans Health Administration Primary Care Teams Reduces Emergency Department Visits.**

Portia Y. Cornell, Christopher W. Halladay, Joseph Ader, Jaime Halaszynski, Melinda Hogue, Cristian E. McClain, Jennifer W. Silva, Laura D. Taylor, and James L. Rudolph

Health Affairs

2020 39:4, 603-612

<https://doi.org/10.1377/hlthaff.2019.01589>

While an emerging body of evidence suggests that medical homes may yield more benefits than traditional care models do, the role of social workers within medical homes has yet to be evaluated separately. We assessed the impact of an initiative to add social workers to rural primary care teams in the Veterans Health Administration on patients' use of social work services, hospital admissions, and emergency department visits. We found that introducing a social worker increased social work encounters by 33 percent among all veterans who received care. Among high-risk patients, we observed a 4.4 percent decrease in the number of veterans who had any acute hospital admission and a 3.0 percent decrease in veterans who had any emergency department visit, after the introduction of a social worker. Investing in social workers is a key strategy for addressing the social determinants of health and managing care coordination for high-risk, high-need populations.

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<https://www.cambridge.org/core/journals/bjpsych-advances/article/religion-and-psychiatry-recent-developments-in-research/358B30940A36C1CD3AFE7991431BA1A9>

### **Religion and psychiatry: recent developments in research.**

Harold G. Koenig, Faten Al-Zaben, Tyler J. VanderWeele

BJPsych Advances (Cambridge)

08 April 2020

<https://doi.org/10.1192/bja.2019.81>

The evidence base on the relationship between religion and mental health is growing rapidly, and we summarise the latest research on the topic. This includes studies on religious involvement and depression, bipolar disorder, suicide, post-traumatic stress disorder (PTSD), substance use disorders, personality disorder, chronic psychotic disorder, marital/family stability, social support and psychological well-being. We also review a relatively new topic in psychiatry, moral injury, which often accompanies PTSD and may interfere with its treatment. We describe a theoretical model that explains how religion might affect mental health and briefly discuss its applications in clinical practice, including a discussion of religiously integrated therapies for depression, anxiety and other emotional problems. Overall, studies indicate that religious involvement often serves as a powerful resource for patients, one that can be integrated into psychiatric care. At times, however, religion may impede or complicate treatment. This article will

help clinicians determine, on the basis of the latest research, whether religion is an asset or a liability for a particular patient.

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<https://www.sciencedirect.com/science/article/abs/pii/S0306460320301350>

## **The Conditional Association of Problematic Drinking with Suicidal Ideation by Alcohol Expectancies.**

Caitlin Wolford-Clevenger, Clara Bradizza, Dominic Parrott, Karen L. Cropsey, Gregory L. Stuart

Addictive Behaviors

Available online 8 April 2020

<https://doi.org/10.1016/j.addbeh.2020.106436>

### Highlights

- Problematic drinking is positively associated with suicidal ideation.
- Some alcohol expectancies may change the effects of drinking on suicidal ideation.
- Positive expectancies reverse the problematic drinking-suicidal ideation relation.
- Low negative expectancies also reverse this association.

### Abstract

#### Purpose

Theory has identified alcohol expectancies as a facilitating factor in the association between problematic drinking and suicidal ideation. In the first test of this question, we explored whether the impact of problematic drinking on suicidal ideation depended on alcohol expectancies.

#### Methods

We conducted a secondary analysis of cross-sectional, observational, survey data from a convenience sample of 444 individuals court-ordered to domestic violence intervention programs (69.5% non-Hispanic White; 78.6% Male-identified; Mage = 32.53, SDage = 10.10).

#### Results

Parallel analysis and exploratory factor analysis revealed a three-factor structure of the Effects of Drinking Alcohol Scale, including alcohol expectancies related to 1)

disinhibition and negative mood, 2) positive mood, and 3) physical and cognitive effects. Multiple linear regression employing bootstrapping procedures tested the moderating effects of these expectancies on the association between problematic drinking and suicidal ideation, while controlling for gender and depressive symptoms. Problematic drinking was negatively associated with suicidal ideation at low levels of disinhibition and negative mood expectancies, and this association became more positive as these expectancies increased. Problematic drinking was negatively associated with suicidal ideation at high levels of positive mood and became more positive as these expectancies decreased.

## Discussion

These preliminary findings suggest that expectancies related to the mood-altering and disinhibiting effects of alcohol may play a role in whether problematic drinking facilitates suicidal thinking. Future intensive longitudinal designs are needed to test whether this moderation is replicated during periods of acute alcohol intoxication and when other psychiatric symptoms are controlled.

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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7136658/>

## **Telehealth for rural diverse populations: telebehavioral and cultural competencies, clinical outcomes and administrative approaches.**

Hilty, D. M., Gentry, M. T., McKean, A. J., Cowan, K. E., Lim, R. F., & Lu, F. G

mHealth

2020; 6, 20.

<https://doi.org/10.21037/mhealth.2019.10.04>

Rural health care settings are challenged to provide timely and evidence-based care, particularly for culturally diverse patients with behavioral health disorders.

Telepsychiatry and telebehavioral health improve access to care and leverage scarce resources. This scoping review from January 2000 – July 2019 was conducted to see if the literature had data for two related the research questions, “What are the components of culturally competent, telepsychiatric clinical care, and what approaches have clinicians and systems taken to implement and evaluate it?” The review focused on key words in four concept areas: (I) competencies; (II) telehealth in the form of telepsychiatry, telebehavioral or telemental health; (III) culture; and (IV) health. It was done in accordance with the six-stage scoping review process in PubMed/Medline and

other databases. The screeners reviewed the full-text articles for final inclusion based on inclusion (mesh of the key words) and exclusion (e.g., need for only, skills abstractly discussed) criteria. From a total of 1,118 papers, the authors found 44 eligible for full text review and found 7 papers directly relevant to the concepts. Few studies specifically discuss skills and competencies of both telehealth and cultural factors. Many organizations are attending to cultural competencies and approaches to care, but there are no specific competencies that integrate telepsychiatry or telebehavioral health with culture. Existing telepsychiatric (i.e., video, social media, mobile health) and one set telebehavioral health competencies included cultural component, including use of interpreters and language matters. Administrative adjustments are suggested to promote culturally competent care by telehealth via clinical, educational, quality improvement, program/system evaluation, and other (e.g., finance and reimbursement) interventions. More structured research is needed on development, implementation and evaluation of combined competencies in rural settings.

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<https://journals.sagepub.com/doi/abs/10.1177/1460408620914436>

**Ethnicity/race and service-connected disability disparities in civilian traumatic brain injury mechanism of injury and VHA health services costs in military veterans: Evidence from a Level 1 Trauma Center and VA Medical Center.**

Dismuke-Greer, C., Fakhry, S., Horner, M., Pogoda, T., Pugh, M., Gebregziabher, M., ... Spain, D.

Trauma

First Published April 6, 2020

<https://doi.org/10.1177/1460408620914436>

Introduction

The objective of this study was to examine the association of military veteran socio-demographics and service-connected disability with civilian mechanism of traumatic brain injury and long-term Veterans Health Administration (VHA) costs.

Methods

We conducted a 17-year retrospective longitudinal cohort study of veterans with a civilian-related traumatic brain injury from a Level 1 Trauma Center between 1999 and 2013, with VHA follow-up through 2016. We merged trauma center VHA data, and used logit to model mechanism of injury, and generalized linear model to model VHA costs.

## Results

African American race or Hispanic ethnicity veterans had a higher unadjusted rate of civilian assault/gun as mechanism of injury (15.38%) relative to non-Hispanic White (7.19%). African American race or Hispanic veterans who were discharged from the trauma center with traumatic brain injury and followed in VHA had more than twice the odds of assault/gun (OR 2.47; 95% CI 1.16:5.26), after adjusting for sex, age, and military service-connected disability. Veterans with service-connected disability  $\geq 50\%$  had more than twice the odds of assault/gun (OR 2.48; 95% CI 0.97: 6.31). Assault/gun was associated with significantly higher annual VHA costs post-discharge (\$23,693; 95% CI \$4265:\$43,120) among non-Hispanic White veterans. Military service-connected disability  $\geq 50\%$  was associated with higher VHA costs among both non-Hispanic White (\$43,565; 95% CI \$15,531: \$71,599) and African American race or Hispanic (\$37,894; 95% CI \$4537:\$71,251) veterans.

## Conclusions

We found that African American race or Hispanic veterans had higher adjusted likelihood of assault/gun mechanism of traumatic brain injury, and non-Hispanic White veterans had higher adjusted annual VHA resource costs associated with assault/gun, post trauma center discharge. Veterans with higher than 50% service-connected disability had higher likelihood of assault/gun and higher adjusted annual VHA resource costs. Assault/gun prevention efforts may be indicated within the VHA, especially in minority and service-connected disability veterans. More data from Level 1 Trauma Centers are needed to assess the generalizability of these findings.

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<https://www.tandfonline.com/doi/abs/10.1080/10826084.2020.1744656>

## **Factor Structure and Measurement Invariance of the Alcohol Use Disorders Identification Test (AUDIT) in a Sample of Military Veterans with and without PTSD.**

Audur S. Thorisdottir, Julia E. Mason, Kelsey Vig & Gordon J. G. Asmundson

Substance Use & Misuse

Published online: 07 Apr 2020

<https://doi.org/10.1080/10826084.2020.1744656>

Background:

The Alcohol Use Disorders Identification Test (AUDIT) was developed as a screening

tool for problematic alcohol use and an intervention framework to aid those who drink excessively. While the AUDIT is widely used with at-risk populations, such as military veterans, major gaps exist in the research literature regarding the construct validity of the AUDIT in military samples.

#### Objectives:

This study assessed the factor structure and measurement invariance of the AUDIT in a large sample of Canadian military veterans (N = 1669; 94.94% male). Methods: Exploratory factor analysis (EFA) was conducted using a random subsample (n = 825) to assess the underlying factor structure of the AUDIT. Confirmatory factor analysis (CFA), using the second subsample (n = 844), was used to cross-validate the factor structure revealed by EFA and compare it to other model variants. Finally, multigroup CFAs were conducted using the whole sample to further cross-validate the factor structure and examine measurement invariance in military veterans with and without clinical elevations in posttraumatic stress disorder (PTSD) symptoms.

#### Results:

Factor analyses revealed that a modified two-factor model provided a statistically better fit to the data compared to all other model variants; yet, the results did not confirm measurement invariance across military veterans with and without clinically significant symptoms of PTSD.

#### Conclusions/Importance:

The findings are in line with increasing evidence suggesting that two subscale scores should be calculated for the AUDIT. Results further suggest that care should be taken in interpreting AUDIT scores when PTSD symptoms are present for military veterans.

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<https://brill.com/view/journals/soan/aop/article-10.1163-15685306-00001751/article-10.1163-15685306-00001751.xml>

#### **Effects of a Court-Ordered Service Dog Training Program with U.S. Veterans: A Qualitative Study.**

Terry Crowe, Victoria Sanchez, Chardae Durden, Margarita Ortega y Gomez, Melissa Winkle and Jill Felice



Society & Animals

Online Publication Date: 03 Apr 2020

<https://doi.org/10.1163/15685306-00001751>

This qualitative study investigated the impacts of a court-ordered service dog training program on justice-involved U.S. veterans. An experienced qualitative research team conducted three focus groups with nine veterans to explore how training service dogs influenced their daily lives. Focus groups were audio recorded, transcribed, and manually coded. Two graduate research assistants developed preliminary themes; the full team generated final themes. Themes illustrated how participation in the program: 1) decreased physical and emotional isolation; 2) assisted veterans with reintegrating into civilian life; 3) improved emotional self-regulation; and 4) helped veterans discover potential; 5) find camaraderie; 6) reconnect with community; and 7) create a sanctuary. In a follow-up session, several participants confirmed that the results accurately captured their experiences. The overall finding suggests the service dog training program served as a rehabilitative process for justice-involved veterans to rediscover their abilities and talents that existed before their experiences in the justice system.

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<https://jcs.m.aasm.org/doi/abs/10.5664/jcs.m.8476>

### **Racial Disparities in Positive Airway Pressure Therapy Adherence Among Veterans With Obstructive Sleep Apnea.**

Nancy Hsu, MD , Michelle R. Zeidler, MD , Armand M. Ryden, MD , Constance H. Fung, MD

Journal of Clinical Sleep Medicine

Published Online: April 8, 2020

<https://doi.org/10.5664/jcs.m.8476>

#### **STUDY OBJECTIVES:**

Black individuals are disproportionately affected by diabetes, cardiovascular disease, obesity and obstructive sleep apnea (OSA). Adherence to positive airway pressure (PAP) therapy has been reported to be lower among black individuals. This study seeks to examine associations between black race and PAP adherence among veterans with OSA.

## METHODS:

This was a retrospective study. All veterans newly-diagnosed with OSA at a single Department of Veterans Affairs sleep center who were prescribed a modem-enabled PAP device between January 2015 and November 2017 were enrolled. PAP adherence was defined as  $\geq 4$  hours nightly usage for at least 70% of nights measured at 30 days from PAP set-up. We examined the relationship between race and adherence, controlling for gender, marital status, age, socioeconomic status, residual apnea-hypopnea index (AHI), and mask leak.

## RESULTS:

Of the 3013 patients identified, 2571 (85%) were newly-started on PAP therapy (95% male, aged  $59 \pm 14$  years, 45% married, 8% with neighborhood socioeconomic disadvantage). Twenty-five percent of participants were black, and 57% were white. PAP adherence at 30 days was 50% overall (42% among blacks, 53% among non-blacks). Black race was associated with reduced 30-day PAP adherence in unadjusted ( $P < 0.001$ ) and adjusted logistic regression models (OR = 0.64; 95% CI, 0.53 – 0.78;  $P < 0.001$ ).

## CONCLUSIONS:

Among veterans with OSA, black race was associated with reduced PAP adherence. These findings suggest health inequality for black individuals in the treatment of OSA.

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<https://www.ncbi.nlm.nih.gov/pubmed/30507054>

Suicide Life Threat Behav. 2019 Dec;49(6):1523-1540. doi: 10.1111/sltb.12537. Epub 2018 Dec 3

## **Intimate Relationships Buffer Suicidality in National Guard Service Members: A Longitudinal Study.**

Blow AJ, Farero A, Ganoczy D, Walters H, Valenstein M

## OBJECTIVE:

Members of the U.S. military are at a high suicide risk. While studies have examined predictors of suicide in the U.S. military, more studies are needed which examine protective factors for suicide. Informed by the interpersonal theory of suicide, this study examined the strength of the intimate relationship and its role as a buffer of suicidality in National Guard service members.

#### METHOD:

A total of 712 National Guard residing in a Midwestern state, who had all recently returned home from a deployment, took part in this study and completed surveys at 6 and 12 months postdeployment. They were assessed on suicide risk, mental health (depression, post-traumatic stress disorder, anxiety), and relationship satisfaction.

#### RESULTS:

Lower relationship satisfaction and more depressive symptoms at the 6-month assessment were significantly related to greater suicide risk at 12 months. Each interaction between couple satisfaction and three mental health variables (PTSD, depression, and anxiety) at the 6-month assessment was significantly associated with suicide risk at 12 months.

#### CONCLUSIONS:

The strength of the intimate relationship serves as a buffer for suicide in National Guard service members who have PTSD, anxiety, or depression. Interventions that strengthen these intimate relationships could reduce suicide in service members.

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<https://www.ncbi.nlm.nih.gov/pubmed/31030554>

Crisis. 2019 Nov;40(6):437-445. doi: 10.1027/0227-5910/a000592. Epub 2019 Apr 29.

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

Bryan CJ, Bryan AO

#### Background:

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

#### Aims:

The present study examined the associations among multiple indicators of financial strain, suicide ideation, and suicide attempts in a sample of US National Guard personnel, a high-risk subgroup of the US military.

Method:

National Guard personnel from Utah and Idaho (n = 997) completed an anonymous online self-report survey. Weighted univariate and multivariate logistic regression was used to test hypothesized associations.

Results:

Lifetime history of suicide ideation was significantly more common among participants reporting recent income decrease, credit problems, and difficulty making ends meet, even when adjusting for other covariates. Lifetime history of suicide attempt was significantly associated with recent foreclosure or loan default, credit problems, and difficulty making ends meet, but only in univariate analyses. Recent credit problems were the only financial strain indicator that significantly predicted a history of suicide attempt among participants with a history of suicide ideation. Limitations: The present study includes self-report methodology and cross-sectional design.

Conclusion:

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

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<https://www.ncbi.nlm.nih.gov/pubmed/31002425>

Suicide Life Threat Behav. 2019 Dec;49(6):1668-1679. doi: 10.1111/sltb.12551. Epub 2019 Apr 19

**Firearm Ownership and Capability for Suicide in Post-Deployment National Guard Service Members.**

Goldberg SB, Tucker RP, Abbas M, Schultz ME, Hiserodt M, Thomas KA, Anestis MD, Wyman MF

OBJECTIVE:

National Guard service members demonstrate increased suicide risk relative to the civilian population. One potential mechanism for this increased risk may be familiarity with and access to firearms following deployment. This study examined the association between firearm ownership, reasons for ownership, and firearm familiarity with a widely

studied suicide risk factor-capability for suicide-among National Guard service members.

#### METHOD:

Data were drawn from a cross-sectional survey of National Guard service members conducted immediately post-deployment in 2010. Service members (n = 2,292) completed measures of firearm ownership, firearm familiarity, and capability for suicide.

#### RESULTS:

Firearm ownership and increased firearm familiarity were associated with capability for suicide (d = 0.47 and r = .25, for firearm ownership and familiarity, respectively). When examined separately based on reason for ownership, owning a firearm for self-protection (d = 0.33) or owning a military weapon (d = 0.27) remained significantly associated with capability for suicide. In contrast, owning a firearm for hobby purposes did not (d = -0.07).

#### CONCLUSION:

Our findings support theories emphasizing practical aspects of suicide (e.g., three-step theory) and suggest that owning firearms, in particular for self-protection, along with familiarity using firearms may be associated with greater capability for suicide.

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<https://connect.springerpub.com/content/sgrvv/35/2/266>

### **Sexual Assault Prevention: A Randomized Control Trial of a Standard Military Intervention and a Motivational Interview Enhancement.**

Gedney, Christine R., PhD; Lundahl, Brad, PhD; Fawson, Peter R.

Violence and Victims

2020; Vol 35, Issue 2

<https://doi.org/10.1891/VV-D-18-00031>

Despite increased efforts to prevent sexual assault in military environments, the problem continues at an alarming rate. Sexual assault prevention programs (SAPP) attempt to respond to this issue, yet little is known about their effectiveness within a military environment. This randomized controlled trial examined the potential efficacy of the 2015 United States Air Force (USAF) SAPP compared to that same program with

an additional motivational interviewing (MI) enhancement. The MI enhancement involved both self-guided and group discussions designed to elicit change talk toward preventing sexual assault through bystander interventions. Research questions included the general efficacy of the USAF's SAPP in shifting factors linked to sexual assault, specifically participants' endorsement of beliefs associated with sexual assault, beliefs received the pretest via e-mail about intervening as a bystander when confronted with a hypothetical sexual assault situation, and participants' reported willingness to intervene to stop a sexual assault. Fifty-one college students participated, of whom 64% had a history of military involvement. Primary outcome measures included bystanders' willingness and confidence to intervene as well as indicators of rape myth acceptance. Participants in the standard USAF SAPP showed no significant change in willingness or confidence to intervene as bystanders from pretest to posttest. By contrast, those who received a relatively short MI enhancement showed statistically significant increases in their willingness to intervene as bystanders. Neither group showed changes in sexual assault myths. Enhancing SAPPs with a motivational enhancement effort seems justified, especially given the relative low resources involved in introducing such a program.

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### **Links of Interest**

inTransition Teams Up with the Veterans Crisis Line to Support Service Members in Crisis

<https://www.pdhealth.mil/news/blog/intransition-teams-veterans-crisis-line-support-service-members-crisis>

Talking to children about COVID-19 helps them feel safe and secure

<https://health.mil/News/Articles/2020/04/08/Talking-to-children-about-COVID-19-helps-them-feel-safe-and-secure>

Safe Helpline Resources available to DoD Sexual Assault Stakeholders and Clinicians

<https://pdhealth.mil/news/blog/safe-helpline-resources-available-dod-sexual-assault-stakeholders-and-clinicians>

Taking Care of Your Mental Health While Sheltering in Place

<https://gwtoday.gwu.edu/taking-care-your-mental-health-while-sheltering-place>

Exploring the Science of Social Distancing and What it Means for Everyday Life  
<https://www.nationalacademies.org/news/2020/03/exploring-the-science-of-social-distancing-and-what-it-means-for-everyday-life>

Veterans' remote mental health appointments skyrocket amid coronavirus outbreak  
<https://www.militarytimes.com/news/2020/04/13/veterans-remote-mental-health-appointments-skyrocket-amid-coronavirus-outbreak/>

'An arduous and tough situation' for military medical personnel deployed to front lines of virus fight  
<https://www.stripes.com/news/us/an-arduous-and-tough-situation-for-military-medical-personnel-deployed-to-front-lines-of-virus-fight-1.626083>

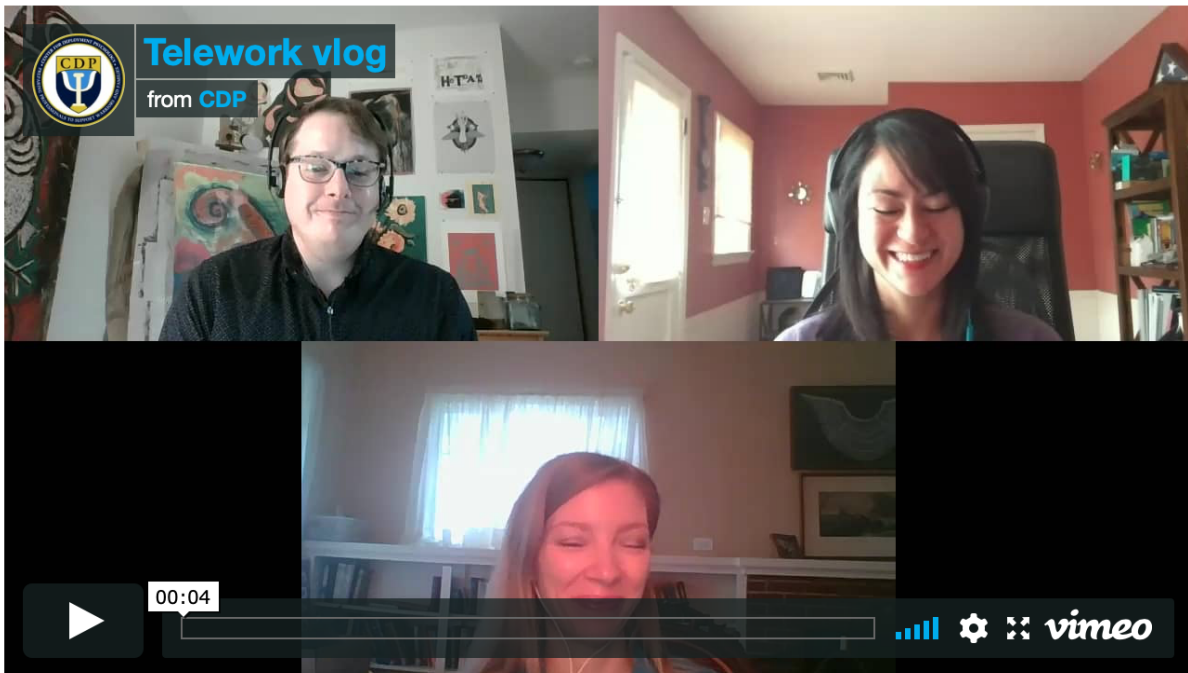
Veterans groups step up efforts to help with coronavirus financial challenges and isolation  
<https://www.militarytimes.com/news/2020/04/14/veterans-groups-step-up-efforts-to-help-with-coronavirus-financial-challenges-and-isolation/>

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**Resource of the Week: [COVID-19 Behavioral Health Resources](#)**

New, from the Center for Deployment Psychology:

In response to the COVID-19 pandemic, the Center for Deployment Psychology has developed a collection of resources designed to help providers support military-connected patients while simultaneously adapting themselves to changing circumstances. You'll find information below about delivering services via telehealth modalities, addressing symptoms and concerns of specific patient populations, and coping with your own reactions to the current crisis. We will update this page and add new resources as they become available. Last updated 9 April 2020



See also: [COVID-19 Pandemic Response Resources](#) (Center for the Study of Traumatic Stress)

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