

# CDP



## Research Update -- August 6, 2020

### What's Here:

- The Things They Carry: Veterans and the COVID-19 Pandemic.
- How Do Gender and Military Sexual Trauma Impact PTSD Symptoms in Cognitive Processing Therapy and Prolonged Exposure?
- Mental health treatment utilization among U.S. military veterans with suicidal ideation: Results from the National Health and Resilience in Veterans Study.
- Gender Differences in Prevalence and Outcomes of Exposure to Potentially Morally Injurious Events among Post-9/11 Veterans.
- Sleep disturbance mediates the association of adverse childhood experiences with mental health symptoms and functional impairment in US soldiers.
- Telemedicine Versus Face-to-Face Delivery of Cognitive Behavioral Therapy for Insomnia: A Randomized Controlled Non-Inferiority Trial.
- Long-term benefits of digital cognitive behavioural therapy for insomnia: Follow-up report from a randomized clinical trial.
- Contextualizing inclusion: Developing a framework and measure for a military context.
- Longitudinal Suicide Ideation Trajectories in a Clinical Trial of Brief CBT for U.S. Military Personnel Recently Discharged from Psychiatric Hospitalization.
- Special Needs of and Promising Solutions for Incarcerated Veterans of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn.

- The effects of a prolonged exposure workshop with and without consultation on provider and patient outcomes: a randomized implementation trial.
- The impact of social support and morally injurious events on PTSD symptoms in Veterans.
- Dissemination and Implementation of Suicide Research in the Department of Defense: Perspective from the Military Suicide Research Consortium.
- Military Families' Stressful Reintegration, Family Climate, and Their Adolescents' Psychosocial Health.
- Treatment Interventions for Women With Alcohol Use Disorder.
- Sleep, a Governor of Morbidity in PTSD: A Systematic Review of Biological Markers in PTSD-Related Sleep Disturbances.
- A Meta-Analysis of the Relationship Between Sleep Problems and Loneliness.
- Efficacy and acceptability of cannabinoids for anxiety disorders in adults: a systematic review & meta-analysis.
- The Relationship Between Provider Gender Preferences and Perceptions of Providers Among Veterans Who Experienced Military Sexual Trauma.
- Associations of childhood abuse and combat exposure with suicidal ideation and suicide attempt in U.S. military veterans: a nationally representative study.
- Predictors and Confounders of Suicidal Ideation and Suicide Attempts among Adults with and without Depression.
- Veterans' interests, perceptions, and use of mindfulness.
- Low back pain, mental health symptoms, and quality of life among injured service members.
- Links of Interest
- Resource of the Week: An Updated Look at Military and Civilian Pay Levels and Recruit Quality (RAND)

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<https://link.springer.com/article/10.1007/s11606-020-06048-x>

## **The Things They Carry: Veterans and the COVID-19 Pandemic.**

Journal of General Internal Medicine

Published 28 July 2020

<https://doi.org/10.1007/s11606-020-06048-x>

Awareness that Veterans may be experiencing the current crisis through the lens of prior wartime experience, may be re-traumatized and cut off from their social support networks, should prompt all clinicians to inquire about prior military service. This is especially important for community-based practitioners who may not be aware of their patients' military histories. Asking, "Have you ever served in the US military?" enables identification of Veterans and validation of their experience. It can also facilitate connection to VA which has well-established, robust telehealth capabilities, including evidence-based telemental health treatment, and continues to enroll new patients during the pandemic.

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<https://www.sciencedirect.com/science/article/abs/pii/S0022395620308578>

## **How Do Gender and Military Sexual Trauma Impact PTSD Symptoms in Cognitive Processing Therapy and Prolonged Exposure?**

A.J. Khan, N. Holder, Y. Li, B. Shiner, ... S. Maguen

Journal of Psychiatric Research

Available online 26 July 2020

<https://doi.org/10.1016/j.jpsychires.2020.06.025>

### **Highlights**

- Women had larger PTSD reductions from Cognitive Processing Therapy than men.
- No gender differences in PTSD outcomes from Prolonged Exposure.
- No differences in PTSD outcomes based on MST history for either treatment.
- Gender differences in treatment effectiveness do not vary by MST history.

## Abstract

### Objective

Evidence-based psychotherapy (EBP) for PTSD effectiveness can vary based on gender and trauma type, with poorer outcomes for men and sexual traumas. Among veterans receiving EBPs for PTSD, the effects of the interaction between gender and military sexual trauma (MST) on treatment outcome are unclear. This study examined how gender and MST impact PTSD symptoms following cognitive processing therapy (CPT) and prolonged exposure (PE).

### Method

We conducted a national, retrospective cohort study of all post 9/11 veterans who had a PTSD diagnosis from 10/2001-9/2017 at VHA facilities and >1 psychotherapy visit. Inclusion criteria included completion of >8 CPT/PE sessions and pre- and post-treatment PCL (N = 9,711). Mixed-effects linear regression models were conducted, separately by treatment, to examine associations between changes in PTSD symptoms and gender, MST, and their interactions with time.

### Results

For both treatments, there were no significant differences in pre-treatment PCL by gender or MST, and PCL decreased significantly over time. In adjusted models, only the gender by time interaction on pre-to-post-CPT change was significant ( $p < .001$ ); the decrease in women's PCL was 2.67 points greater, compared to men.

### Conclusions

Women veterans demonstrated greater reductions in PTSD symptoms from CPT. There were no differences by gender for PE, suggesting men and women veterans benefit similarly. Results suggest outcomes may be impacted by gender socialization when utilizing certain cognitive behavioral techniques. MST, regardless of gender, did not impact PTSD outcomes for either treatment. Both CPT and PE may thus be effective for veterans irrespective of MST history.

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<https://www.sciencedirect.com/science/article/abs/pii/S0022395620308682>

## **Mental health treatment utilization among U.S. military veterans with suicidal ideation: Results from the National Health and Resilience in Veterans Study.**

Brandon Nichter, Melanie Hill, Sonya Norman, Moira Haller, Robert H. Pietrzak

## Background

Despite advances in the treatment of suicidality over the last decade, a significant proportion of veterans with suicidal ideation do not utilize mental health treatment. To date, however, few population-based studies have examined factors that may facilitate or impede mental healthcare engagement among veterans currently contemplating suicide. This study examined barriers and facilitators of current mental healthcare utilization in a nationally representative sample of U.S. military veterans who endorsed current suicidal ideation.

## Methods

Using data from the National Health and Resilience in Veterans Study (n=3,157), collected in 2011, multivariable analyses were conducted to identify predisposing (e.g., age), enabling (e.g., social support), and need (e.g., psychiatric history) characteristics, as well as perceptions of stigma and barriers to care, associated with current mental healthcare utilization.

## Results

A total of 7.3% (n=231) of veterans endorsed current suicidal ideation, of which 36.1% (n=84) were engaged in current mental health treatment. Younger age, female sex, current depression, lifetime suicide attempt(s), and number of lifetime traumas and medical problems were associated with treatment utilization. Mistrust of mental health providers and fear of treatment harming one's reputation were associated with lower likelihood of treatment engagement, over and above the effects of these predisposing, enabling, and need characteristics.

## Discussion

More than 3 of 5 U.S. veterans endorsing current suicidal ideation are not engaged in mental health treatment. Results underscore the importance of multi-modal suicide prevention and treatment engagement efforts that target need-based factors, and perceptions of stigma and negative beliefs about mental healthcare in this population.

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## **Gender Differences in Prevalence and Outcomes of Exposure to Potentially Morally Injurious Events among Post-9/11 Veterans.**

Shira Maguen, Brandon J. Griffin, Laurel A. Copeland, Daniel F. Perkins, ... Dawne Vogt

Journal of Psychiatric Research

Available online 26 July 2020

<https://doi.org/10.1016/j.jpsychires.2020.06.020>

### Highlights

- We report gender differences in rates of potentially morally injurious events (PMIEs)
- Women more frequently reported witnessing- and betrayal-based PMIEs
- No gender differences were observed for perpetration-based PMIEs
- Betrayal was most consistently associated with functional impairment for women
- Perpetration was most consistently associated with functional impairment for men

### Abstract

Our goal was to identify gender differences in the prevalence and outcomes of exposure to potentially morally injurious events (PMIEs) in a sample of U.S. military veterans. In a national sample of post-9/11 veterans ( $n = 7,200$ ) weighted to reflect the larger population of newly separated U.S. veterans, we conducted gender-stratified analyses of the prevalence of exposure to PMIEs and their associations with psychological and functional problems. Veterans reported exposures stemming from witnessing (27.9%), perpetrating (18.8%), and being betrayed (41.1%). Women more frequently reported witnessing- and betrayal-based PMIEs, but no gender differences were observed for perpetration-based PMIEs. Psychological distress was associated with witnessing and betrayal among women and with witnessing, betrayal, and perpetration among men. Whereas betrayal was most consistently associated with functional impairment across domains for women, perpetration was most consistently associated with functional impairment for men. Moral injury contributes to psychological and functional problems among a significant minority of military veterans, although effects vary based on PMIE type and gender. Implications for veterans and other populations who experience moral injury are discussed.

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<https://onlinelibrary.wiley.com/doi/abs/10.1111/jsr.13026>

**Sleep disturbance mediates the association of adverse childhood experiences with mental health symptoms and functional impairment in US soldiers.**

Morgan A. Conway, Oscar A. Cabrera, Kristina Clarke-Walper, Michael N. Dretsch, Jayne B. Holzinger, Lyndon A. Riviere, Phillip J. Quartana

Journal of Sleep Research  
Volume 29, Issue 4, August 2020  
<https://doi.org/10.1111/jsr.13026>

Adverse childhood experiences (ACEs) can have long-term impacts on a person's mental health, which extend into adulthood. There is a high prevalence of ACEs among service members. Further, service members also report frequently experiencing disrupted sleep. We hypothesized that disrupted sleep may serve a mechanistic function connecting ACEs to functional impairment and poorer mental health. In a cross-sectional sample ( $n = 759$ ), we found evidence for an indirect effect of ACEs on mental health outcomes through disrupted sleep. In a different sample using two time-points ( $n = 410$ ), we found evidence for an indirect effect of ACEs on changes in mental health outcomes and functional impairment during a reset period, through changes in disrupted sleep during the same period. Implications, limitations and future research directions are discussed.

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<https://academic.oup.com/sleep/article-abstract/doi/10.1093/sleep/zsaa136/5870824>

**Telemedicine Versus Face-to-Face Delivery of Cognitive Behavioral Therapy for Insomnia: A Randomized Controlled Non-Inferiority Trial.**

J Todd Arnedt, Deirdre A Conroy, Ann Mooney, Allison Furgal, Ananda Sen, Daniel Eisenberg

Sleep  
Published: 13 July 2020  
<https://doi.org/10.1093/sleep/zsaa136>

**Study Objectives**

In a randomized controlled non-inferiority trial, we compared face-to-face and

telemedicine delivery (via the AASM SleepTM platform) of CBT for insomnia for improving insomnia/sleep and daytime functioning at post-treatment and 3-month follow-up. A secondary objective compared the modalities on treatment credibility, satisfaction, and therapeutic alliance.

## Methods

Sixty-five adults with chronic insomnia (46 women,  $47.2 \pm 16.3$  years of age) were randomized to 6 sessions of CBT for insomnia delivered individually via AASM SleepTM (n=33, CBT-TM) or face-to-face (n=32, CBT-F2F). Participants completed sleep diaries, the Insomnia Severity Index (ISI), and daytime functioning measures at pre-treatment, post-treatment, and 3-month follow-up. Treatment credibility, satisfaction, and therapeutic alliance were compared between treatment modalities. The ISI was the primary non-inferiority outcome.

## Results

Based on a non-inferiority margin of 4 points on the ISI and, after adjusting for confounders, CBT-TM was non-inferior to CBT-F2F at post-treatment ( $\beta = 0.54$ ,  $SE=1.10$ , 95% CI -1.64 to 2.72) and follow-up ( $\beta = 0.34$ ,  $SE=1.10$ , 95% CI -1.83 to 2.53). Daytime functioning measures, except the physical composite scale of the SF-12, were significantly improved at post-treatment and follow-up, with no difference between treatment formats. CBT-TM sessions were, on average, nearly 10 minutes shorter, yet participant ratings of therapeutic alliance were similar to CBT-F2F.

## Conclusions

Telemedicine delivery of CBT for insomnia is not inferior to face-to-face for insomnia severity and yields similar improvements on other sleep and daytime functioning outcomes. Further, telemedicine allows for more efficient treatment delivery while not compromising therapeutic alliance.

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<https://onlinelibrary.wiley.com/doi/abs/10.1111/jsr.13018>

## **Long-term benefits of digital cognitive behavioural therapy for insomnia: Follow-up report from a randomized clinical trial.**

Annemarie I. Luik, Antonia Marsden, Richard Emsley, Alasdair L. Henry, Richard Stott, Christopher B. Miller, Colin A. Espie



Digital cognitive behavioural therapy (dCBT) is an effective treatment for chronic insomnia and also improves well-being and quality of life (QoL). We assessed whether these benefits are sustained and if the effects of dCBT extend to the use of sleep medication and healthcare. In total 1,711 adults ( $48.0 \pm 13.8$  years, 77.6% female) with complaints of chronic insomnia participated in a previously published randomized controlled trial (ISRCTN 60530898) comparing dCBT ( $n = 853$ ) with sleep hygiene education (SHE,  $n = 858$ ). At weeks 0, 4, 8, 24, 36 and 48, we assessed functional health (Patient-Reported Outcomes Measurement Information System: Global Health Scale); psychological well-being (Warwick-Edinburgh Mental Well-being Scale) and sleep-related QoL (Glasgow Sleep Impact Index), prescribed and non-prescribed sleep medication use, and healthcare utilization. At week 25, those who received SHE at baseline were offered dCBT. dCBT improved functional health (difference: 2.45, 95% confidence interval [CI]: 2.03; 2.88, Cohen's  $d : 0.50$ ,  $p < .001$ ), psychological well-being (difference: 4.34, 95% CI: 3.70; 4.98, Cohen's  $d : 0.55$ ,  $p < .001$ ) and sleep-related QoL (difference:  $-44.61$ , 95%CI:  $-47.17$ ;  $-42.05$ , Cohen's  $d : -1.44$ ,  $p < .001$ ) at week 48 compared to baseline. At week 24 dCBT, compared to SHE, also reduced use of prescription and non-prescription sleep medication up to week 24 (adjusted rate ratio [RR]: 0.64, 95% CI: 0.42; 0.97,  $p = .037$  and adjusted RR: 0.52, 95% CI: 0.37; 0.74,  $p < .0001$ , respectively), but not healthcare utilization. Uncontrolled follow-up suggests that these effects were sustained for non-prescribed sleep medication (RR: 0.52, 95% CI: 0.40; 0.67,  $p < .001$ ). In conclusion, this study suggests that dCBT results in sustained benefits to insomnia and its daytime outcomes.

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<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1754147>

### **Contextualizing inclusion: Developing a framework and measure for a military context.**

Tara A. (Rench) Brown, Krista L. Ratwani, Melinda J. Key-Roberts, Mathias J. Simmons, Tatiana H. Toumbeva & Lisa H. Nishii

Military Psychology

Published online: 28 Jul 2020

<https://doi.org/10.1080/08995605.2020.1754147>

Given recent changes and transitions occurring within the US military, it is imperative – now more than ever – that leaders find a way to leverage demographic and functional diversity in their units to support mission effectiveness. Academic researchers have found that fostering a climate for inclusion, where all individuals feel like they are fairly treated, valued, and included, can maximize the benefits of diversity, while minimizing potential disadvantages. However, no research has systematically explored what it means to assess and develop a climate for inclusion in the military context. The current research employs a multi-study approach comprised of both qualitative and quantitative methods to understand how a climate for inclusion manifests itself within the military, how to assess it, and the factors that contribute to inclusive environments. Across the three studies, over 700 US Army Soldiers provided input via focus groups or surveys, resulting in a 16-item climate for inclusion measure representing two dimensions – horizontal social inclusion and vertical information inclusion. This research, and the resulting climate for inclusion measure, provides the foundation that military leaders need to effectively leverage diversity in their units to yield performance improvements.

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<https://www.sciencedirect.com/science/article/abs/pii/S0165178120310647>

### **Longitudinal Suicide Ideation Trajectories in a Clinical Trial of Brief CBT for U.S. Military Personnel Recently Discharged from Psychiatric Hospitalization.**

Daniel J. Lee, Craig J. Bryan, M. David Rudd

Psychiatry Research

Available online 27 July 2020

<https://doi.org/10.1016/j.psychres.2020.113335>

#### **Highlights**

- Research among adolescent samples has suggested patterns of change in suicidal ideation (SI) following psychiatric hospitalization discharge are heterogeneous and predictive of subsequent suicide attempts.
- However, no studies have examined SI trajectories following discharge among adult samples or the effect of treatment on trajectories.
- We used growth mixture modeling to examine trajectories of SI among 152 active duty military personnel in a randomized controlled trial comparing brief cognitive-behavioral therapy (CBT) for suicide prevention to treatment as usual following discharge from inpatient psychiatric hospitalization for a suicide risk.

- Analyses of SI at baseline, 3-, 6-, and 12-months post-discharge among the full sample randomized to both conditions revealed two trajectories: rapid improvers (59.21%) and gradual improvers (40.79%).
- Gradual improvers were more than twice as likely to attempt suicide in the two years following discharge.

## Abstract

Research among adolescent samples has suggested patterns of change in suicidal ideation (SI) following psychiatric hospitalization discharge are heterogeneous and predictive of subsequent suicide attempts. However, no studies have examined SI trajectories following discharge among adult samples or the effect of treatment on trajectories. We used growth mixture modeling to examine trajectories of SI among 152 active duty military personnel in a randomized controlled trial comparing brief cognitive-behavioral therapy (CBT) for suicide prevention to treatment as usual following discharge from inpatient psychiatric hospitalization for a suicide risk. Analyses of SI at baseline, 3-, 6-, and 12-months post-discharge among the full sample randomized to both conditions revealed two trajectories: rapid improvers (59.21%) and gradual improvers (40.79%). Gradual improvers were more than twice as likely to attempt suicide in the two years following discharge. Exploratory analyses suggested that, relative to those in the treatment as usual condition, those randomized to brief CBT in both trajectories may be less likely to make a suicide attempt during the follow-up period. Results replicate and extend prior research in identifying distinct ideation trajectories following psychiatric inpatient hospitalization for suicide risk to active-duty personnel in a treatment trial and linking these trajectories to suicide attempts during follow-up.

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<https://journals.sagepub.com/doi/abs/10.1177/1078345820938032>

## **Special Needs of and Promising Solutions for Incarcerated Veterans of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn.**

Alexandra Pajak, LCSW, CCHP

Journal of Correctional Health Care

First Published July 27, 2020

<https://doi.org/10.1177/1078345820938032>

Over 2.5 million military service members have been deployed to Iraq and Afghanistan in Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND). Research indicates OEF/OIF/OND veterans, compared to veterans of other service eras, have elevated risks of mental health problems, suicide rates, homelessness, and problems in the criminal justice system. This article reviews the characteristics of, treatment needs of, and emerging criminal justice reentry initiatives for veterans of the Iraq and Afghanistan conflicts.

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<https://link.springer.com/article/10.1186/s13012-020-01014-x>

**The effects of a prolonged exposure workshop with and without consultation on provider and patient outcomes: a randomized implementation trial.**

Edna B. Foa, Carmen P. McLean, Lily A. Brown, Yinyin Zang, David Rosenfield, Laurie J. Zandberg, Wayne Ealey, Brenda S. Hanson, Lora Rose Hunter, Ivett J. Lillard, Thomas J. Patterson, Julio Rosado, Valerie Scott, Charles Weber, Joseph E. Wise, Charles D. Zamora, Jim Mintz, Stacey Young-McCaughan, Alan L. Peterson & for the STRONG STAR Consortium

Implementation Science

15, 59 (2020)

<https://doi.org/10.1186/s13012-020-01014-x>

**Background**

Prolonged exposure therapy (PE) is an evidence-based treatment for posttraumatic stress disorder (PTSD) that is underutilized in the military health system. Standard workshop training in PE may not be sufficient to alter provider behavior, but post-workshop consultation requires significant resources. Therefore, it is important to determine the incremental utility of post-workshop consultation.

**Methods**

This study used a hybrid type III randomized implementation trial at 3 US Army installations. Providers were randomized to receive a 4-day prolonged exposure workshop (Standard training condition, n = 60), or the prolonged exposure workshop followed by 6–8 months of post-workshop expert case consultation (Extended training condition, n = 43). The effects training condition were examined on provider attitudes (self-efficacy in delivering PE, expectations for patient improvement, and beliefs about

PE), use of PE and PE components, and clinical outcomes of patients with PTSD (using the Clinician-Administered PTSD Scale (CAPS-5).

## Results

Extended condition providers reported greater improvements in self-efficacy,  $b = .83$ , 95% CI [.38, 1.27],  $t(79) = 3.71$ ,  $p = .001$ , and  $d = .63$ . A greater proportion of patients in the Extended condition (44%) than in the Standard condition (27%) received at least 1 PE session,  $b = .76$ ,  $t(233) = 2.53$ ,  $p = .012$ , and OR = 2.13. Extended condition providers used more PE components ( $M = .9/\text{session}$ ) than did Standard condition providers ( $M = .5/\text{session}$ ),  $b = .54$ , 95% CI [.15, .93],  $t(68) = 2.70$ ,  $p = .007$ , and  $d = .68$ . Finally, decrease in patients' PTSD symptoms was faster for patients of Extended condition providers than for patients of Standard condition providers,  $b = -1.81$ , 95% CI [-3.57, -.04],  $t(263) = -2.02$ ,  $p = .045$ , and  $d = .66$ , and their symptoms were lower at the second assessment,  $b = -5.47$ , 95% CI [-9.30, -1.63],  $t(210) = -2.81$ ,  $p = .005$ , and  $d = .66$ .

## Conclusions

Post-workshop consultation improved self-efficacy for delivering PE, greater use of PE, faster PTSD reduction, and lower PTSD severity at the second assessment. To our knowledge, this is the first demonstration that post-workshop case consultation for PE improves patient outcomes.

## Trial registration

Clinicaltrials.gov, NCT02982538. Registered December 5, 2016; retrospectively registered

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<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1760684>

## **The impact of social support and morally injurious events on PTSD symptoms in Veterans.**

Kelly L. Harper, Melinda A. Stanley, Julie J. Exline, Kenneth I. Pargament, Terri L. Fletcher & Ellen J. Teng

Military Psychology

Published online: 28 Jul 2020

<https://doi.org/10.1080/08995605.2020.1760684>

Potentially morally injurious events (PMIEs), including committing transgressions (Transgressions-Self) and perceiving betrayals, have been positively associated with posttraumatic stress disorder (PTSD). A proposed mechanism for the association between PMIEs and PTSD symptoms is social disconnection. However, research on PMIEs and social disconnection is limited. Secondary data analysis from a larger study examined the moderating role of different sources of perceived social support (Family, Friends, and Significant Other) on the relation between PMIEs (Transgressions-Self and Betrayal) and PTSD. The interaction of Transgressions-Self and perceived social support subscales did not predict PTSD symptoms. However, the interaction of Betrayals and perceived social support (Significant Other and Family) predicted PTSD symptoms. Results suggest that perceived social support provides a protective effect for low to mean levels of perceived betrayals; however, for Veterans reporting high levels of betrayal, perceived social support did not attenuate PTSD symptom severity. Additional research on perceived betrayals and the association with PTSD is needed, especially for Veterans who experience high levels of perceived betrayals.

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<https://www.tandfonline.com/doi/abs/10.1080/21635781.2020.1796860>

## **Dissemination and Implementation of Suicide Research in the Department of Defense: Perspective from the Military Suicide Research Consortium.**

Katherine Anne Comtois, Christopher R. DeCou, Sara J. Landes, Gregory K. Brown, Kelly A. Soberay, Andria K. Pierson, E. Ashby Plant, Peter M. Gutierrez & Thomas E. Joiner

Military Psychology

Published online: 30 Jul 2020

<https://doi.org/10.1080/21635781.2020.1796860>

### **Objective**

To describe the development and approach of a Dissemination and Implementation (D&I) core created within the Military Suicide Research Consortium, a funding consortium of the Department of Defense, to promote the D&I of findings from funded research.

### **Approach**

The approach of the D&I Core is described as it developed over the past four years and how it relates to the larger D&I scientific and military context.

## Results

The paper describes several initiatives of the MSRC D&I Core including the development of integrated clinical and implementation outcome summaries and action briefs to facilitate researchers communicating their intervention and its empirical support to stakeholders. The MSRC Dissemination Science Institute, developed to integrate military and dissemination science experts with suicide prevention researchers from military, veteran and civilian organizations is described.

## Conclusions

Several important considerations for D&I of new scientific findings by research funding organizations are discussed.

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<https://onlinelibrary.wiley.com/doi/abs/10.1111/jomf.12711>

## **Military Families' Stressful Reintegration, Family Climate, and Their Adolescents' Psychosocial Health.**

Catherine Walker O'Neal, Jay A. Mancini

Journal of Marriage and Family

First published: 30 July 2020

<https://doi.org/10.1111/jomf.12711>

## Objective

Grounded in the Contextual Model of Family Stress, this study sought to identify (a) how military families' postdeployment reintegration experiences relate to the psychosocial health of adolescents and (b) indicators of family climate as a linking mechanism.

## Background

Reintegration requires individuals, families, and systems to readjust after a period of family disruption. Assessing reintegration is pivotal for understanding how military families are faring and what leverage points exist for enhancing their well-being.

## Method

The sample included 238 Active Duty (AD) military families with one service member and one civilian parent. Most parents were married and between the ages of 31–40 years. Adolescents (51.3% boys) ranged from 11 to 18 years ( $M = 14.13$ ). A path



analysis model with data from multiple family members examined the associations between (a) AD and civilian parents' perceptions of their family reintegration and military context, (b) their adolescents' perceptions of family climate, and (3) adolescents' psychosocial health (i.e., anxiety, depression, self-efficacy, and personal well-being).

## Results

Both parents' experiences with family reintegration were indirectly related to adolescents' psychosocial health through indicators of family climate, particularly interparental conflict. The magnitude of significant effects ranged from small to medium, and time since deployment and gender were found to modify select findings.

## Conclusion

These findings suggest clear leverage points for interventions with military families as they adjust to deployment reintegration, including a focus on parenting, parents' interactions with one another as a family reorients after deployment, and how adolescents perceive their own adjustment and that of their parents.

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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7384374/>

## **Treatment Interventions for Women With Alcohol Use Disorder.**

McCrady, B. S., Epstein, E. E., & Fokas, K. F.

Alcohol research : current reviews

Published online 2020 Jul 30

<https://doi.org/10.35946/arcr.v40.2.08>

Women with alcohol use disorder (AUD) experience more barriers to AUD treatment and are less likely to access treatment than men with AUD. A literature review identified several barriers to women seeking help: low perception of a need for treatment; guilt and shame; co-occurring disorders; employment, economic, and health insurance disparities; childcare responsibilities; and fear of child protective services. Women entering treatment present with more severe AUD and more complex psychological, social, and service needs than men. Treatment program elements that may reduce barriers to AUD treatment include provision of childcare, prenatal care, treatment for co-occurring psychological problems, and supplemental social services. Research has suggested that outcomes for women are best when treatment is provided in women-only programs that include female-specific content. To date, research on treatments



tailored to the individual needs of women is limited, but research on mechanisms of change has suggested the importance of targeting anxiety and depression, affiliative statements in treatment, abstinence self-efficacy, coping skills, autonomy, and social support for abstinence. Future research should focus on early interventions, linkages between primary care or mental health clinics and AUD treatment settings, and integrated treatments for co-occurring AUD and other disorders. Further research should also explore novel treatment delivery approaches such as digital platforms and peer support groups.

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<https://www.dovepress.com/sleep-a-governor-of-morbidity-in-ptsd-a-systematic-review-of-biologica-peer-reviewed-article-NSS>

### **Sleep, a Governor of Morbidity in PTSD: A Systematic Review of Biological Markers in PTSD-Related Sleep Disturbances.**

Maguire DG, Ruddock MW, Milanak ME, Moore T, Cobice D, Armour C.

Nature and Science of Sleep

Published 31 July 2020 Volume 2020:12 Pages 545—562

<https://doi.org/10.2147/NSS.S260734>

#### **Background:**

Sleep disturbances (SD) are the most impactful and commonly reported symptoms in post-traumatic stress disorder (PTSD). Yet, they are often resistant to primary PTSD therapies. Research has identified two distinct SDs highly prevalent in PTSD; insomnia and nightmares. Those who report SDs prior to a traumatic event are at greater risk for developing PTSD; highlighting that sleep potentially plays a role in PTSD's pathology. To further understand the pathobiological mechanisms that lead to the development of PTSD, it is first imperative to understand the interplay which exists between sleep and PTSD on a biological level. The aim of this systematic review is to determine if biological or physiological markers are related to SD in PTSD.

#### **Methods:**

A systematic literature search was conducted on the electronic databases; Medline, Embase, AMED and PsycINFO, using Medical Subject Headings and associated keywords.

#### Results:

Sixteen studies were included in the final analyses. Physiological markers of autonomic function, and biochemical markers of HPA-axis activity; inflammatory processes; and trophic factor regulation were related to the severity of SDs in PTSD.

#### Conclusion:

These findings add to the growing literature base supporting a central focus on sleep in research aiming to define the pathophysiological processes which result in PTSD, as well as emphasising the importance of specifically targeting sleep as part of a successful PTSD intervention strategy. Resolving SDs will not only reduce PTSD symptom severity and improve quality of life but will also reduce all-cause mortality, hospital admissions and lifetime healthcare costs for those with PTSD. Limitations of the current literature are discussed, and key recommendations future research must adhere to are made within.

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<https://journals.sagepub.com/doi/abs/10.1177/2167702620922969>

### **A Meta-Analysis of the Relationship Between Sleep Problems and Loneliness.**

Hom, M. A., Chu, C., Rogers, M. L., & Joiner, T. E.

Psychological Science

First Published July 29, 2020

<https://doi.org/10.1177/2167702620922969>

In this meta-analysis, we aimed to evaluate the cross-sectional and longitudinal relationships between various forms of sleep problems and loneliness. A total of 84 articles (110 samples,  $N = 227,112$ ) were identified for inclusion. Random effects models revealed a significant medium association between overall sleep problems and loneliness ( $r = .336$ , 95% confidence interval =  $[.315, .357]$ ) as well as specific sleep complaints (i.e., insomnia, nightmares, poor sleep efficiency, and poor sleep quality) and loneliness ( $r_s = .165-.354$ ). The longitudinal relationships between overall sleep problems and subsequent loneliness, and vice versa, were also significant ( $r_s = .249-.297$ ). Although no consistent moderation patterns emerged, several significant moderators were identified for specific associations. Results support a robust association between more severe sleep problems and greater perceptions of loneliness; both also appear reciprocally associated longitudinally. Findings point to research

directions that may enhance understanding of the interplay between sleep problems and loneliness—constructs with transdiagnostic relevance.

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<https://www.sciencedirect.com/science/article/abs/pii/S0022395620308955>

## **Efficacy and acceptability of cannabinoids for anxiety disorders in adults: a systematic review & meta-analysis.**

Anees Bahji, Arthi Chinna Meyyappan, Emily R. Hawken

Journal of Psychiatric Research

Available online 31 July 2020

<https://doi.org/10.1016/j.jpsychires.2020.07.030>

### Highlights

- Cannabinoids have become increasingly popular for use in the treatment of a variety of medical and psychiatric disorders, however, their efficacy has not been previously assessed for the treatment of anxiety disorders.
- This systematic review and meta-analysis aimed to address this literature gap.
- Cannabinoid therapies were associated with statistically significant reductions in stress disorder symptoms, with an overall effect size of -1.85 (95% confidence interval [CI], -2.61 to -1.09). However, when correcting for publication bias, the effect was no longer significant.
- On the basis of the quantitative analyses that were possible, combined with general findings of the studies reviewed, this study indicates that preparations containing cannabinoids are of potential value but, given the limited evidence, this application of THC preparations should be considered experimental.
- Further studies should consider different preparations of THC, varying doses, longer durations of treatment, the use of adjunctive medications and therapies, and inclusivity of participants with psychiatric and medical comorbidities.

### Abstract

#### Objective

The aim of this study was to assess the efficacy and acceptability of cannabinoids for the treatment of anxiety disorders.

#### Methods

For this systematic review and meta-analysis, we searched for randomized trials

utilizing cannabinoids for the treatment of adults with anxiety disorders. Primary outcomes were reduction in anxiety disorder symptoms, and study discontinuation due to adverse events. Evidence was synthesized as rate ratios (RRs) and as standardized mean differences (SMDs) using random-effects meta-analyses.

## Results

A total of 14 eligible trials representing 1548 individuals (median age: 33 years; range: 28-44; 66% male) were identified. Cannabinoids reduced anxiety symptoms (SMD = -1.85, 95% CI: -2.61 to -1.09) without causing significant adverse events. Greater efficacy was observed among younger patients ( $p < 0.01$ ) and with longer treatment ( $p < 0.01$ ). However, publication bias was substantial, and after correction, the overall anxiolytic effect was not statistically significant.

## Conclusions

While cannabinoids may be of potential value in the treatment of anxiety disorders, the routine use of these treatments is not supported by the available evidence after correction for publication bias.

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<https://journals.sagepub.com/doi/abs/10.1177/0886260520944536>

## **The Relationship Between Provider Gender Preferences and Perceptions of Providers Among Veterans Who Experienced Military Sexual Trauma.**

McBain, S. A., Garneau-Fournier, J., & Turchik, J. A.

Journal of Interpersonal Violence

First Published August 1, 2020

<https://doi.org/10.1177/0886260520944536>

Previous research has demonstrated that most veterans who have experienced military sexual trauma (MST) have provider gender preferences. Although provider gender mismatch, defined as not receiving a provider of the gender of one's preference, may deter veterans from disclosing MST or seeking MST-related care, there is little research that has examined this issue. The current study aimed to explore how provider gender mismatch is related to veterans' comfort with providers, perception of their providers' competency, and their endorsement of perceived provider barriers when communicating about MST. The current study was conducted as part of a larger national survey of veterans' barriers to accessing MST-related care. Participants in the study were

identified using Veterans Health Administration (VHA) administrative data. Criteria for inclusion in the overall study were being enrolled in VHA health care, having screened positive for MST, and having received at least one VHA outpatient service. A subset of eligible veterans who had endorsed MST, reported a provider gender preference, and endorsed discussing MST with a VHA provider (N = 1,591) were included in the current study. Results demonstrated that provider gender preference mismatch was associated with greater endorsement of perceived provider barriers, less comfort with providers, and lower perceived provider competency in women; and greater perceived provider barriers and less comfort with providers among men. The study demonstrates that provider gender preferences may affect care for veterans who have experienced MST, and that the impact may differ for men and women. These findings may be used to improve patient-centered care and inform future research regarding veterans' provider gender preferences.

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<https://www.sciencedirect.com/science/article/abs/pii/S0165032720325738>

### **Associations of childhood abuse and combat exposure with suicidal ideation and suicide attempt in U.S. military veterans: a nationally representative study.**

Brandon Nichter, Melanie Hill, Sonya Norman, Moira Haller, Robert H. Pietrzak

Journal of Affective Disorders

Available online 30 July 2020

<https://doi.org/10.1016/j.jad.2020.07.120>

#### Highlights

- 1 in 5 U.S. military veterans have experienced childhood physical or sexual abuse
- Childhood sexual abuse heightens veterans' susceptibility to combat exposure and increases risk for SI
- Childhood sexual abuse is associated with lifetime suicide attempt(s), above and beyond combat exposure

#### Abstract

##### BACKGROUND

Military veterans with a history of childhood abuse are at increased risk for suicidality. To date, however, little research has examined whether exposure to childhood abuse may heighten veterans' susceptibility to the effects of combat exposure and increase

risk for suicidal behavior. This study examined whether childhood abuse has an additive or interactive effect on the association between combat exposure and suicide-related outcomes in a national sample of veterans.

## METHODS

Data were from the National Health and Resilience in Veterans Study, a nationally representative survey of U.S. veterans ( $n = 3,157$ ). Analyses compared veterans with/without current suicidal ideation and lifetime suicide attempts (SI/SA) on sociodemographic, military, and clinical characteristics; and examined the unique contribution of childhood physical and sexual abuse and combat exposure, and their interaction, with SI/SA.

## RESULTS

After adjusting for sociodemographic characteristics and lifetime trauma burden, a significant interaction emerged between childhood sexual abuse and combat exposure predicting SI, such that combat-exposed veterans with histories of abuse were nearly three times more likely to currently be contemplating suicide relative to those without such histories. Childhood sexual abuse predicted lifetime suicide attempt, above and beyond sociodemographic characteristics, lifetime trauma burden, and combat exposure. LIMITATIONS: Cross-sectional design precludes causal inference.

## CONCLUSIONS

Results indicate that childhood sexual abuse exposure may operate both independently and synergistically with combat exposure to increase risk for suicidality among veterans. Findings suggest that veterans who experience childhood sexual abuse represent a subgroup that may be especially vulnerable to experiencing suicidal ideation following combat exposure.

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<https://link.springer.com/article/10.1007/s11126-020-09800-y>

## **Predictors and Confounders of Suicidal Ideation and Suicide Attempts among Adults with and without Depression.**

Areen Omary

Psychiatric Quarterly

Published: 31 July 2020

<https://doi.org/10.1007/s11126-020-09800-y>

This research aims to explore whether sex, race, age, education, and marital status can significantly predict suicide ideation (SI) and suicidal attempts (SA) among adults with and without MDE; and to examine whether the association between MDE, SI, and SA changes after adjusting for age, education, and marital status as confounding factors while keeping race-sex as a constant variable. To reach this goal, data from the 2018 National Survey on Drug Use and Health were extracted and analyzed, producing 42,551 records. Study results show that among adults with MDE, adults <50 years old, adults without a college degree, never married, divorced/separated, and White males were at increased risk for SI. Among adults without MDE, adults <50, with some college education, never married, or divorced/separated were more likely to experience SI. Black males were at increased risk for SA, whether they had MDE or not. There is a diverse at-risk population for SI and SA among adults with and without MDE. Special attention should be paid to Black males.

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<https://journals.sagepub.com/doi/full/10.1177/2050312120938226>

### **Veterans' interests, perceptions, and use of mindfulness.**

Herrmann, T., Marchand, W. R., Yabko, B., Lackner, R., Beckstrom, J., & Parker, A.

SAGE Open Medicine

First Published July 31, 2020

<https://doi.org/10.1177/2050312120938226>

#### **Objective:**

Mindfulness-based interventions are an evidence-based approach utilized in health care. There is developing evidence for effective use with military Veterans. However, little is known about Veterans' view of mindfulness. This study aims to understand their interests, perceptions, and use of mindfulness to enhance educational outreach and treatment engagement.

#### **Methods:**

A cross-sectional study was conducted across the Veterans Health Administration in Salt Lake City, UT by administering a questionnaire to military Veterans. The questionnaire included the following themes: (1) demographics and respondents' mindfulness practice; (2) respondents' perceptions and beliefs about mindfulness; and (3) respondents' knowledge and interest in learning about mindfulness.

#### Results:

In all, 185 military Veterans were surveyed; 30% practiced mindfulness in the past year, mainly for stress, posttraumatic stress disorder, sleep, and depression. Over 75% who practiced reported perceived benefit. Veterans rarely reported negative beliefs about mindfulness; 56% perceived an understanding of mindfulness and 46% were aware of Veterans Health Administration mindfulness offerings. In all, 55% were interested in learning about mindfulness, 58% were interested in learning how it could help, and 43% were interested in combining mindfulness with a pleasurable activity.

#### Conclusion:

Educational engagement approaches should be directed toward the benefits of mindfulness practice with minimal need to address negative beliefs. Outreach including education, with an experiential component, about mindfulness classes, availability of evening and weekend classes, individual sessions, and virtual offerings into Veteran's homes, may enhance engagement in mindfulness-based interventions. Mindfulness-based interventions that combine mindfulness training with an experiential pleasurable activity may be one mechanism to enhance treatment engagement.

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<https://pubmed.ncbi.nlm.nih.gov/32406726/>

#### **Low back pain, mental health symptoms, and quality of life among injured service members.**

Watrous, J. R., McCabe, C. T., Jones, G., Farrokhi, S., Mazzone, B., Clouser, M. C., & Galarneau, M. R.

Health Psychology

2020 Jul; 39(7): 549-557.

<https://doi.org/10.1037/hea0000850>

#### Objective:

Pain is a significant public health issue that may be particularly problematic among injured service members who are at high risk of chronic physical and mental health conditions. The goals of this study were to describe the prevalence and types of low back pain (acute vs. recurrent) among service members injured while on combat deployments, and to examine the differences in posttraumatic stress disorder (PTSD) and depression prevalence and severity, as well as quality of life, for individuals with low



back pain compared with those without.

#### Method:

Baseline assessment data from a subset of participants (n = 4,397) in the Wounded Warrior Recovery Project, a large, longitudinal examination of patient-reported outcomes, were used in conjunction with Department of Defense medical records data.

#### Results:

Almost half of participants had acute or recurrent low back pain diagnoses, and the majority of individuals had no diagnosis of low back pain prior to their deployment-related injury. Individuals with low back pain, particularly recurrent, screened positive for PTSD and depression at higher rates, reported more severe symptoms of these disorders, and demonstrated poorer quality of life than those without.

#### Conclusions:

Low back pain was a prevalent issue among service members with deployment-related injury and was associated with worsened mental health outcomes and quality of life. Health care providers and researchers in multiple disciplines should consider the complex relationships between pain and mental health in order to further optimize treatment and outcomes. (PsycInfo Database Record (c) 2020 APA, all rights reserved).

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#### Links of Interest

'Brandon Act' to Give Troops Confidential Mental Health Treatment Gets Senate Boost  
<https://www.military.com/daily-news/2020/07/30/brandon-act-give-troops-confidential-mental-health-treatment-gets-senate-boost.html>

Beyond Fort Hood: Shortfalls in Army's Sexual Assault Prevention Efforts, Experts Say  
<https://www.military.com/daily-news/2020/07/30/beyond-fort-hood-shortfalls-armys-sexual-assault-prevention-efforts-experts-say.html>

Pandemic-related stress causing health issues in many Americans  
<https://www.medge.com/psychiatry/article/226193/coronavirus-updates/pandemic-related-stress-causing-health-issues-many>

Meditation linked to lower cardiovascular risk  
<https://www.blogs.va.gov/VAntage/77357/meditation-linked-to-lower-cardiovascular-risk/>

How VA encourages providers to care for their own mental health

<https://www.blogs.va.gov/VAntage/77084/mental-health-for-providers/>

Caregivers stipends set to expand to Vietnam veterans, older generations this fall

<https://www.militarytimes.com/news/pentagon-congress/2020/07/31/caregivers-stipends-set-to-expand-to-vietnam-veterans-older-generations-this-fall/>

The 2020 Research Gaps Report: Suicide Prevention Research Priorities

<https://www.pdhealth.mil/news/blog/2020-research-gaps-report-suicide-prevention-research-priorities>

Work-life balance in the military

<https://www.hprc-online.org/social-fitness/teams-leadership/work-life-balance-military>

'It's Hard to Be in Limbo,' as COVID-19 Plays Havoc With Military Moves

<https://foreignpolicy.com/2020/08/03/us-troops-stuttgart-germany-withdrawal-coronavirus-pandemic/>

Army vet finds peace fostering pets, finding them homes

<https://www.armytimes.com/news/your-army/2020/08/03/army-vet-finds-peace-fostering-pets-finding-them-homes/>

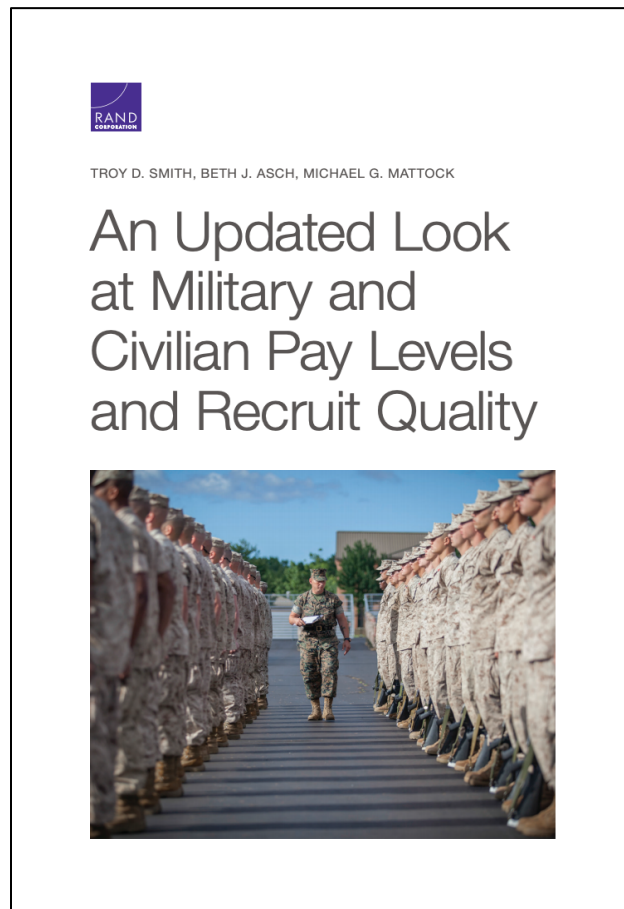
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**Resource of the Week:** [An Updated Look at Military and Civilian Pay Levels and Recruit Quality](#)

New, from the RAND Corporation:

Given an all-volunteer force, compensation and benefits are critical for attracting and retaining the quantity and quality of military personnel necessary for the United States to achieve its military goals. The military must set pay high enough to draw quality recruits away from other jobs that they could obtain, while also appropriately managing public funds. Analyzing data from 1999, the Ninth Quadrennial Review of Military Compensation (QRMC) recommended in 2002 that regular military compensation (RMC) — which is the sum of basic pay, basic allowance for housing, basic allowance for subsistence, and the federal tax advantage resulting from allowances not being taxed — be at around the 70th percentile of comparably educated civilian wages. The authors' analysis indicates that RMC has consistently remained above that benchmark and has thus

continued to support readiness. The authors also found that as the RMC/wage ratio increased over time, recruit quality increased in the Navy, Marine Corps, and Air Force, but not in the Army. In addition, they saw large differences in how RMC compares with civilian pay across geographies for individuals of different education levels: Whereas officers and those with more education in general are likely to find military pay higher relative to civilian pay if they live in less-urban areas, enlisted military with a high school degree are likely to find military pay as attractive in urban as in nonurban areas. On average, RMC in 2017 was at the 85th percentile for active-component enlisted personnel and at the 77th percentile for active-component officers.



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