

# CDP



## Research Update -- November 5, 2020

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- Learning gains from a one-day training in acceptance-based behavior therapy.
- Links of Interest
- Resource of the Week: Educating Health Professionals to Address the Social Determinants of Mental Health -- Proceedings of a Workshop (2020) (National Academies)

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22606>

## **Examination of the Factor Structure and Correlates of the Perceived Military Healthcare Stressors Scale.**

Hale, W.J., Moore, B.A., Straud, C.L., Baker, M.T. and Peterson, A.L.

Journal of Traumatic Stress

First published: 20 October 2020

<https://doi.org/10.1002/jts.22606>

The current study evaluated the factor structure, reliability estimates, correlates, and predictive utility of the Perceived Military Healthcare Stressor Scale (PMHSS) in a sample of active duty military medical personnel (N = 1,131) deployed to Joint Base Balad in Iraq. The sample was composed of an approximately even split of male (51.2%) and female (48.8%) participants who ranged in age from 18 to 60 years. The PMHSS is a 21-item measure that was designed to assess the impact of specific medical stressors that military healthcare providers may encounter while deployed. An exploratory factor analysis of the PMHSS revealed the presence of two distinct factors: trainable and futility stressors. Confirmatory factor analysis showed that a bifactor model best represented the data, with all items loading higher on the general factor relative to their specific subscale factors. Evidence of partial scalar invariance by gender was found. The PMHSS was significantly correlated with several convergent measures, including assessments of posttraumatic stress disorder (PTSD), depression severity, distress due to both combat exposure and general deployment-related concerns, and positive affect,  $r_s = .30-.59$ . PMHSS scores were more strongly correlated with PTSD and depression in women than in men, and they provided incremental validity in predicting convergent measures over and above other related constructs. Healthcare-specific stressors are an understudied area, and this study provides new insights into how deployment-related caregiving stress may impact deployed military medical personnel independently of the impact of combat experiences.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22609>

## **The Impact of Hazardous Drinking Among Active Duty Military With Posttraumatic Stress Disorder: Does Cognitive Processing Therapy Format Matter?**

Straud, C.L., Dondanville, K.A., Hale, W.J., Wachen, J.S., Mintz, J., Litz, B.T., Roache, J.D., Yarvis, J.S., Young-McCaughan, S., Peterson, A.L., Resick, P.A., for the STRONG STAR Consortium

Journal of Traumatic Stress

First published: 19 October 2020

<https://doi.org/10.1002/jts.22609>

This study was a secondary data analysis of clinical trial data collected from 268 active duty U.S. military service members seeking cognitive processing therapy (CPT) for posttraumatic stress disorder (PTSD) at Fort Hood, Texas, related to combat operations following September 11, 2001. Our primary aim was to evaluate changes in PTSD symptom severity and alcohol misuse as a function of baseline hazardous drinking and treatment format (i.e., group or individual). At baseline and posttreatment, PTSD was assessed using the PTSD Symptom Scale–Interview Version and PTSD Checklist for DSM-5. Hazardous drinking was categorically defined as an Alcohol Use Disorder Identification Test total score of 8 or higher. Employing intent-to-treat, mixed-effects regression analysis, all groups reported reduced PTSD symptom severity, Hedges'  $g$ s =  $-0.33$  to  $-1.01$ , except, unexpectedly, nonhazardous drinkers who were randomized to group CPT, Hedges'  $g$  =  $-0.12$ . Hazardous drinkers who were randomized to individual therapy had larger reductions in PTSD symptoms than nonhazardous drinkers who were randomized to group CPT, Hedges'  $g$  =  $-0.25$ . Hazardous drinkers also reported significant reductions in alcohol misuse, regardless of treatment format, Hedges'  $g$ s =  $-0.78$  to  $-0.86$ . This study builds upon an emerging literature suggesting that individuals with PTSD and co-occurring alcohol use disorder can engage successfully in CPT, which appears to be an appropriate treatment for these individuals whether it is delivered individually or in a group format. However, as a portion of participants remained classified as hazardous drinkers at posttreatment, some individuals may benefit from integrated treatment.

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<https://www.sciencedirect.com/science/article/pii/S1389945720304408>

**Sleep quality during the COVID-19 pandemic: not one size fits all.**

Desana Kocevaska, Tessa F. Blanken, Eus J.W. Van Someren, Lara Rösler

## Highlights

- The effect of COVID -19 on sleep quality differs across participants, and depends on the pre-pandemic sleep quality.
- A quarter of people with pre-pandemic (clinical) insomnia experienced a meaningful improvement in sleep quality.
- Pre-pandemic good sleepers most often experienced worse sleep during the lockdown measures.
- Changes in sleep quality throughout the pandemic were associated with negative affect and worry.

## Abstract

### Background

The COVID-19 pandemic imposes a long period of stress on people worldwide and has been shown to significantly affect sleep duration across different populations. However, decreases in sleep quality rather than duration are associated with adverse mental health effects. Additionally, the one third of the general population suffering from poor sleep quality was underrepresented in previous studies. The current study aimed to elucidate effects of the COVID -19 pandemic on sleep quality across different levels of pre-pandemic sleep complaints and as a function of affect and worry.

### Method

Participants (n = 667) of the Netherlands Sleep Registry (NSR) were invited for weekly online assessment of the subjective severity of major stressors, insomnia, sleep times, distress, depression, and anxiety using validated scales.

### Analysis

To investigate the overall impact of the COVID-19 pandemic on the sleep quality of people with and without a history of insomnia, we performed a mixed model analysis using pre-pandemic insomnia severity, negative affect, and worry as predictors.

### Results

The effect of COVID -19 on sleep quality differs critically across participants, and depends on the pre-pandemic sleep quality. Interestingly, a quarter of people with pre-pandemic (clinical) insomnia experienced a meaningful improvement in sleep quality, whereas 20% of pre-pandemic good sleepers experienced worse sleep during the

lockdown measures. Additionally, changes in sleep quality throughout the pandemic were associated with negative affect and worry.

#### Conclusion

Our data suggests that there is no uniform effect of the lockdown on sleep quality. COVID-19 lockdown measures more often worsened sleep complaints in pre-pandemic good sleepers, whereas a subset of people with pre-pandemic severe insomnia symptoms underwent a clinically meaningful alleviation of symptoms in our sample.

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<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1802400>

#### **The role of United States identity in adjustment among Veterans.**

Alan Meca, HyeJung Park, Jennise Higgins, Hannah Hamrick, Taylor Webb, Rachel Davies, Leeanna Golembiewski, Adrian J. Bravo & Michelle L. Kelley

Military Psychology

Published online: 30 Oct 2020

<https://doi.org/10.1080/08995605.2020.1802400>

Given over 2.77 million US service members have been deployed in the past 20 years and the intense process of reintegration to civilian life, understanding factors that contribute to Veterans' mental health and substance use is critical. This study sought to understand the effects of US identity exploration, US identity commitment, US identity affirmation, and US identity centrality on substance use and symptoms of depression and anxiety. The sample consisted of 195 US military Veterans (n = 184, 53.3% women; 73.3% White; Mage = 35.12 years, SD = 9.60 years). Bivariate correlations indicated US identity affirmation was negatively associated with substance use and symptoms of depression and anxiety whereas US identity centrality was positively correlated with alcohol use. Utilizing structural equation model, US identity affirmation and US identity centrality were, respectively, negatively and positively associated with alcohol use, substance use, and symptoms of depression and anxiety. Partially consistent with our hypothesis, US identity exploration was positively associated with symptoms of anxiety. In contrast to our hypothesis, US identity commitment was not significantly associated with any outcome. Results are discussed in terms of important directions for identity research in the transition to civilian life.

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<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usaa241/5941619>

## **Screening Positive for Military Sexual Harassment or Assault Is Associated With Higher Compulsive Sexual Behavior in Men Military Service Members/Veterans.**

Rebecca K Blais

Military Medicine

Published: 27 October 2020

<https://doi.org/10.1093/milmed/usaa241>

### Introduction

Compulsive sexual behavior (CSB) is understudied in military service members/veterans despite elevated risk for psychological disorders that are associated with CSB, including posttraumatic stress disorder (PTSD), depression, and alcohol misuse. Civilian research shows that sexual trauma is associated with higher CSB. Among military service members/veterans, sexual trauma that occurred before military service is identified as a risk factor for CSB, but the impact of screening positive for sexual trauma that occurred during military service (military sexual harassment[MSH]/military sexual assault[MSA]) on CSB is unknown. Moreover, screening positive for MSH/A confers a higher risk for distress relative to sexual trauma that occurred before or after military service, suggesting that MSH/A may be a robust predictor of CSB. The current study examined whether screening positive for MSH/A was associated with higher CSB after accounting for mental health and demographic characteristics. The current study specifically focused on men service members/veterans given that men show higher engagement and distress associated with CSB relative to women.

### Materials and Method

Male service member/veterans (n = 508) completed self-report measures of CSB, MSH/A, PTSD and depression severity, hazardous drinking, and age. CSB was regressed on MSH/A, PTSD and depression severity, hazardous drinking, and age to determine if MSH/A was uniquely associated with CSB after accounting for other risk factors.

### Results

A total of 9.25% to 12.01% of the sample reported scores suggestive of high levels of CSB. The regression of CSB on MSH/A screen status, PTSD, depression, alcohol use,

and age explained 22.3% of the variance. Screening positive for MSH/A, higher PTSD symptoms, and higher depression symptoms were associated with higher CSB, but age or alcohol use were not.

#### Conclusion

Screening positive for MSH/A appears to be a unique risk factor for higher CSB above and beyond the effects of depression and PTSD. Since screening for CSB is not part of routine mental health care, clinicians may consider a positive screen for MSH/A as a possible indicator that CSB may be of clinical concern. Previous research on MSH/A and individual and sexual health outcomes suggest that distinguishing between MSH/A severities (harassment only vs. assault) is critical as the most dysfunction is observed with sexual trauma that involves assault. Owing to low endorsement of MSA, this study did not examine differences between MSA and MSH. Future research in this area would be strengthened by exploring MSH/A severities as a correlate of CSB.

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<https://militaryhealth.bmj.com/content/early/2020/10/26/bmjilitary-2019-001296.abstract>

### **A systematic review of psychological training or interventions given to UK military personnel prior to deployment.**

Harden L, Jones N, Whelan C, et al

BMJ Military Health

Published Online First: 27 October 2020

<https://www.doi.org/10.1136/bmjilitary-2019-001296>

#### Introduction

Predeployment stress management/mental health training is routinely delivered in an effort to mitigate potential adverse psychological effects. Little is known about the effectiveness of such interventions.

#### Methods

A systematic literature review explored research outcomes related to this subject, using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses reporting guidelines. An electronic database search using key terms identified studies published between January 2007 and March 2019. Comprehensive inclusion/exclusion criteria were applied and study quality was appraised by two reviewers using 12 criteria



adapted from the Critical Appraisal Skills Programme (CASP) checklist. Papers were excluded if they were allocated CASP scores  $\leq 10$  out of 24.

## Results

2003 references were identified; 15 papers fulfilled inclusion criteria and quality threshold requirements. Included studies were randomised controlled trial design (n=8), quasi-experimental (n=5), case report (n=1) and cross-sectional (n=1). Duration of follow-up assessment varied from immediately postintervention to 24 months. The included studies were heterogeneous so clear recommendations relating to predeployment training for military personnel could not be made. Although somewhat disparate, predeployment interventions shared the aim of promoting prior to, during and after deployment health and well-being. Social benefits such as improved cohesion and improved stress management skills were identified in some studies, although substantial mental health and well-being benefits were not found.

## Conclusions

Evidence for the effectiveness of predeployment psychological interventions is scant. Every attempt should be made to use methods and measures to facilitate comparisons across studies, to attempt a longer follow-up timescale and to clarify key trainer characteristics.

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<https://www.tandfonline.com/doi/abs/10.1080/15332640.2020.1836699?journalCode=esa20>

## **Ethnoracial differences in treatment-seeking veterans with substance use disorders and co-occurring PTSD: Presenting characteristics and response to integrated exposure-based treatment.**

Delisa G. Brown, Julianne C. Flanagan, Amber Jarnecke, Therese K. Killeen & Sudie E. Back

Journal of Ethnicity in Substance Abuse

Published online: 28 Oct 2020

<https://doi.org/10.1080/15332640.2020.1836699>

## Objective

Substance use disorders (SUD) and posttraumatic stress disorder (PTSD) frequently co-occur. While previous research has examined ethnoracial differences among

individuals with either SUD or PTSD, little research to date has focused on individuals with co-occurring SUD/PTSD. The current study addresses this gap in the literature.

#### Method

Participants were 79 military veterans (91% male; 38% African American [AA] and 62% White) with current SUD/PTSD who were randomized to receive Concurrent Treatment of PTSD and Substance Use Disorders using Prolonged Exposure (COPE) or Relapse Prevention (RP). Primary outcomes included substance use and self-reported and clinician-rated PTSD symptoms.

#### Results

At baseline, AA participants were significantly older, reported greater substance and alcohol use, and tended to report higher PTSD severity than White participants. AA participants evidenced greater decreases in substance and alcohol use during treatment, but greater increases in substance and alcohol use during follow-up as compared to White participants. All participants decreased alcohol consumption during treatment; however, AA participants in the COPE condition and White participants in the RP condition evidenced the steepest decreases in average number of drinks per drinking day (DDD) during treatment. Additionally, White participants receiving RP reported greater increases in DDD during follow-up compared to AA participants.

#### Conclusion

Overall, integrated treatment for co-occurring SUD/PTSD was effective for both AA and White participants; however, some important differences emerged by ethnoracial group. Findings suggest that greater attention to race and ethnicity is warranted to better understand the needs of diverse patients with SUD/PTSD and to optimize treatment outcomes.

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<https://www.pagepressjournals.org/index.php/qrmh/article/view/9001>

### **Drinking as routine practice among re-integrating National Guard and Reservists from Arkansas.**

Abraham, Traci H., Ann M. Cheney, Geoffrey M. Curran, and Karen L. Drummond

Qualitative Research in Medicine and Healthcare

Vol. 4 No. 2 (2020)

<https://doi.org/10.4081/qrmh.2020.9001>

Active duty enlisted military personnel are more likely to misuse alcohol than civilians – a pattern which persists even after the transition to civilian life. We used in-depth, substance use history interviews to elicit drinking trajectories from 54 re-integrating Army National Guard, Air Force Reserve and Army Reserve personnel from Arkansas with a history of problematic substance use. A hybrid inductive-deductive analytic approach revealed institutional norms, shared beliefs about drinking, and social values and expectations among military peers present in the context of military service that Veterans described as having shaped their drinking trajectories. Framing Veterans' narratives vis-à-vis practice theory revealed the complex processes by which excessive drinking was embodied as routine practice during military service and subsequently reproduced in a very different post-deployment context, often with deleterious results. Elucidating these implicit processes suggested pro-active strategies for preventing problematic drinking by active duty personnel and improving the re-integration experiences of Veterans.

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<https://www.jmir.org/2020/10/e22076>

### **Responses to Concerning Posts on Social Media and Their Implications for Suicide Prevention Training for Military Veterans: Qualitative Study.**

Teo AR, Strange W, Bui R, Dobscha SK, Ono SS

Journal of Medical Internet Research

Published on 30.10.20 in Vol 22, No 10 (2020): October

<https://doi.org/10.2196/22076>

#### **Background:**

A “concerning post” is a display of a user’s emotional crisis on a social media platform. A better understanding of concerning posts is relevant to suicide prevention, but little is known about social media users’ attitudes and responses to concerning posts. Military veterans in the United States are disproportionately affected by suicide, often use social media, and may have exposure to individuals with elevated suicide risk via concerning posts.

#### **Objective:**

The objective of the study was (1) to obtain insight into whether and how US military veterans respond to members of their social network on social media (ie, “friends”) who

are experiencing substantial emotional distress, and (2) to identify potential interventions that could assist in users' response to concerning posts.

#### Methods:

We recruited veterans through Facebook and conducted semistructured interviews with 30 participants between June and December 2017. We used a summary template for rapid analysis of each interview, followed by double-coding using a codebook based on topic domains from the interview guide. Members of the research team met regularly to discuss emerging patterns in the data, generate themes, and select representative quotes for inclusion in the manuscript.

#### Results:

Veterans were reluctant to disclose emotional and health issues on Facebook, but they were open to reaching out to others' concerning posts. There was a complex calculus underlying whether and how veterans responded to a concerning post, which involved considering (1) physical proximity to the person posting, (2) relationship closeness, (3) existing responses to the post, and (4) ability to maintain contact with the person. Veterans desired additional training, backed by community-based veteran organizations, in how to respond to concerning posts from peers.

#### Conclusions:

There is a need to incorporate features that will help veterans effectively respond to concerning posts from peers into suicide prevention training and to expand access for veterans to such training.

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<https://jcsn.aasm.org/doi/abs/10.5664/jcsn.8956>

#### **Sleep apnea in women veterans: results of a national survey of VA health care users.**

Jennifer L. Martin, PhD , Gwendolyn Carlson, PhD , Monica Kelly, PhD , Constance H. Fung, MD, MSHS , Yeonsu Song, PhD, RN , Michael N. Mitchell, PhD , Michelle R. Zeidler, MD , Karen R. Josephson, MPH , M. Safwan Badr, MD, MBA , Ruoyan Zhu, BS, Cathy A. Alessi, MD , Donna L. Washington, MD, MPH , Elizabeth M. Yano, PhD, MSPH

#### STUDY OBJECTIVES:

The goals of this study were to estimate rates of undiagnosed, diagnosed and treated sleep apnea in women Veterans and to identify factors associated with diagnosis and treatment of sleep apnea in this population.

#### METHODS:

A large nationwide postal survey was sent to a random sample of 4,000 women Veterans who had received health care at a Veterans Health Administration (VA) facility in the previous 6 months. A total of 1,498 surveys were completed. Survey items used for the current analyses included: demographics; sleep apnea risk, diagnostic status and treatment; symptoms of other sleep disorders (e.g., insomnia); mental health symptoms; and comorbidities.

#### RESULTS:

Among responders, 13% of women reported a prior sleep apnea diagnosis. Among women who reported a diagnosis of sleep apnea, 65% reported using positive airway pressure (PAP) therapy. A sleep apnea diagnosis was associated with older age, higher BMI non-Hispanic African-American/Black racial/ethnic identity, being unemployed, other sleep disorder symptoms (e.g., insomnia), depression and posttraumatic stress disorder symptoms, and multimorbidity. Among women without a sleep apnea diagnosis, 43% scored as "high risk" on the STOP questionnaire. "High risk" scores were associated with older age, higher BMI, African-American/Black identity, other sleep disorder symptoms (e.g., insomnia), mental health symptoms, and multimorbidity. Only BMI differed between women using versus not using PAP therapy.

#### CONCLUSIONS:

Women Veterans with diagnosed sleep apnea were commonly treated with PAP therapy, which is standard first-line treatment; however, many undiagnosed women were at high risk. Efforts to increase screening, diagnosis and treatment of sleep apnea in women with comorbid mental and physical health conditions are needed.

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<https://www.liebertpub.com/doi/full/10.1089/neur.2020.0023>

**Best Practices for Progressive Return to Activity after Concussion: Lessons Learned from a Prospective Study of U.S. Military Service Members.**

Mark L. Ettenhofer, Rosemay A. Remigio-Baker, Jason M. Bailie, Wesley R. Cole, and Emma Gregory

Neurotrauma Reports

Published Online: 29 Oct 2020

<https://doi.org/10.1089/neur.2020.0023>

Primary care providers can play a crucial role in the clinical management of concussion. However, many providers lack up-to-date information about best practices for rest and return to activity after these injuries. Most research on this topic has been conducted in athletes, and so less is known about how to assist patients with returning to activity in other settings and populations. This article provides a review of best practices for management of progressive return to activity after concussion, with an emphasis on “lessons learned” from the Defense and Veterans Brain Injury Center (DVBIC) Progressive Return to Activity (PRA) study, a multi-site longitudinal research project conducted to evaluate concussion management practices and the effectiveness of provider training on DVBIC clinical recommendations (CRs). Provider clinical practices and patient outcomes were examined at three U.S. military treatment facilities before and after providers completed a standardized training on DVBIC PRA CRs. In summary, research findings provide additional support that concussion recovery can be influenced by patients' activity levels after injury. Patients with concussion may experience poorer outcomes if they return to pre-injury levels of activity too rapidly, but they may also be at risk for prolonged symptoms if they fail to increase activity levels over time after an initial period of rest. Additionally, training primary care providers in return to activity guidelines can result in more effective patient education and better clinical outcomes. This knowledge can be used to inform best practices for progressive return to activity in both civilian and military settings.

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<https://journals.sagepub.com/doi/abs/10.1177/0886260520970312>

**Health and Service-related Impact of Sexual and Stalking Victimization During United States Military Service on LGBT Service Members.**

Klemmer CL, Schuyler AC, Mamey MR, et al.

Journal of Interpersonal Violence

First Published October 30, 2020

<https://doi.org/10.1177/0886260520970312>

Prior research among military personnel has indicated that sexual harassment, stalking, and sexual assault during military service are related to negative health sequelae. However, research specific to LGBT U.S. service members is limited. The current study aimed to explore the health, service utilization, and service-related impact of stalking and sexual victimization experiences in a sample of active-duty LGBT U.S. service members (N = 248). Respondent-driven sampling was used to recruit study participants. U.S. service members were eligible to participate if they were 18 years or older and active-duty members of the U.S. Army, U.S. Navy, U.S. Marine Corps, or U.S. Air Force. This study included a sizeable portion of transgender service members (N = 58, 23.4%). Sociodemographic characteristics, characteristics of military service, health, and sexual and stalking victimization in the military were assessed. Regression was used to examine relationships between health and service outcomes and sexual and stalking victimization during military service. Final adjusted models showed that experiencing multiple forms of victimization in the military increased the odds of visiting a mental health clinician and having elevated somatic symptoms, posttraumatic stress disorder symptomatology, anxiety, and suicidality. Sexual and stalking victimization during U.S. military service was statistically significantly related to the mental and physical health of LGBT U.S. service members. Interventions to reduce victimization experiences and support LGBT U.S. service members who experience these types of violence are indicated. Research that examines the role of LGBT individuals' experiences and organizational and peer factors, including social support, leadership characteristics, and institutional policies in the United States military is needed.

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<https://psycnet.apa.org/record/2020-80076-001>

### **Validity of the alcohol purchase task with United States military personnel.**

Pebley, K., Murphy, J. G., Wang, X.-Q., Talcott, G. W., Klesges, R. C., McDevitt-Murphy, M. E., McMurry, T. L., & Little, M. A.



Experimental and Clinical Psychopharmacology  
Advance online publication  
<https://doi.org/10.1037/pha0000392>

Alcohol use is common among military personnel. However, alcohol use and problems are challenging to measure because military personnel do not have similar levels of confidentiality as civilians and can face sanctions for reporting illegal behavior (e.g., underage drinking) or for drinking during prohibited times (e.g., during basic training). The current study aimed to determine if the use of the alcohol purchase task (APT), which has previously been associated with alcohol use and alcohol-related problems in civilian populations, is a valid measure of alcohol-related risk in the military when asking about alcohol consumption is less feasible. Participants were 26,231 Air Force airmen who completed surveys including questions about sensation seeking, alcohol expectancies, perception of peer drinking, intent to drink, and family history of alcohol misuse, which are known predictors of alcohol use, and the APT, from which demand indices of intensity and Omax were derived. Individuals who were single, male, White, and had a high school diploma/GED had higher intensity and Omax scores, and non-Hispanic individuals had higher intensity scores. Age was negatively correlated with intensity and Omax. Regressions were used to determine if intensity and Omax were associated with known predictors of alcohol use and risk. Intensity and Omax showed significant but small associations with all included predictors of alcohol consumption and alcohol risk. Effect sizes were larger for individuals ages 21+ compared to individuals under 21. Thus, this study provides initial support for the validity of the APT as an index of alcohol-related risk among military personnel. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

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<https://psycnet.apa.org/record/2020-79096-001>

**Interventions for suicide and self-injury: A meta-analysis of randomized controlled trials across nearly 50 years of research.**

Fox, K. R., Huang, X., Guzmán, E. M., Funsch, K. M., Cha, C. B., Ribeiro, J. D., & Franklin, J. C.

Psychological Bulletin  
Advance online publication  
<https://doi.org/10.1037/bul0000305>



Self-injurious thoughts and behaviors (SITBs) are major public health concerns impacting a wide range of individuals and communities. Despite major efforts to develop and refine treatments to reduce SITBs, the efficacy of SITB interventions remains unclear. To provide a comprehensive summary of SITB treatment efficacy, we conducted a meta-analysis of published randomized controlled trials (RCTs) that have attempted to reduce SITBs. A total of 591 published articles from 1,125 unique RCTs with 3,458 effect sizes from the past 50 years were included. The random-effects meta-analysis yielded surprising findings: The overall intervention effects were small across all SITB outcomes; despite a near-exponential increase in the number of RCTs across five decades, intervention efficacy has not improved; all SITB interventions produced similarly small effects, and no intervention appeared significantly and consistently stronger than others; the overall small intervention effects were largely maintained at follow-up assessments; efficacy was similar across age groups, though effects were slightly weaker for child/adolescent populations and few studies focused on older adults; and major sample and study characteristics (e.g., control group type, treatment target, sample size, intervention length) did not consistently moderate treatment efficacy. This meta-analysis suggests that fundamental changes are needed to facilitate progress in SITB intervention efficacy. In particular, powerful interventions target the necessary causes of pathology, but little is known about SITB causes (vs. SITB correlates and risk factors). The field would accordingly benefit from the prioritization of research that aims to identify and target common necessary causes of SITBs. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

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<https://www.tandfonline.com/doi/abs/10.1080/13811118.2020.1833796?journalCode=usui20>

## **The Effects of Mindfulness-Based Interventions on Suicide Outcomes: A Meta-Analysis.**

Emma Schmelefske, M. Per, B. Khoury & N. Heath

Archives of Suicide Research

Published online: 30 Oct 2020

<https://doi.org/10.1080/13811118.2020.1833796>

Although mindfulness-based interventions (MBIs) have been shown to be effective in treating several psychological difficulties, to date, no review has systematically examined their effectiveness in treating or preventing suicide. The goals of the present

study were to (1) evaluate the effectiveness of MBIs in treating suicide and (2) understand how individual characteristics and characteristics of MBIs influence treatment outcomes through a systematic meta-analysis. A search of PubMed, MEDLINE, PsychINFO, and ProQuest Dissertations and Theses was conducted in February 2019. A total of 12 publications (13 studies, n = 627) were included. MBIs demonstrated significant moderate effects on suicidal ideation in pre-post studies and small effects in controlled studies. In addition, MBIs demonstrated significant moderate effects in both samples of individuals with histories of depression and histories of suicidal ideation or attempts. Moreover, MBIs led to clinically significant reductions in suicidal ideation and depression. Female participants, older samples, and longer treatments showed greater treatment effects, although these relationships were weak. Results suggest that MBIs may be promising treatments for suicidal ideation; however, more research is needed to establish the effects of these treatments as well as the mechanisms through which MBIs reduce suicide.

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<https://www.sciencedirect.com/science/article/abs/pii/S0022395620310530>

### **Characteristics of depressed suicide attempters with remitted substance use disorders.**

Mina M. Rizk, Hanga Galfalvy, Jeffrey M. Miller, Matthew Milak, ... J. John Mann

Journal of Psychiatric Research

Available online 30 October 2020

<https://doi.org/10.1016/j.jpsychires.2020.10.041>

Substance use disorder (SUD) comorbidity in mood disorders increases suicide risk. Suicide attempters with active SUD appear to have distinct characteristics but little is known whether these characteristics persist during remission and if they are related to different aspects of suicidal behavior. In this study, suicide attempters with a DSM mood disorder and remitted SUD (AT+SUD) (N = 135) were compared to those without lifetime SUD (AT-SUD) (N = 219) in terms of demographic, clinical and suicidal behavioral characteristics. Factor analyses were conducted to generate subjective distress and impulsivity/aggression factors – previously identified by our group to predict suicide risk in mood disorders. Associations between these traits and SUD history and suicidal behavior characteristics were then tested. Compared with AT-SUD, AT+SUD were more likely to be male, less educated and to have a Cluster B personality disorder. AT+SUD individuals had greater impulsivity/aggression factor scores, but comparable

subjective distress scores. AT+SUD made a greater number of suicide attempts, with higher lethality, despite comparable suicide intent and degree of planning with AT-SUD. Impulsivity/aggression was higher in multiple versus single attempters, but did not correlate with suicide attempt lethality. Among suicide attempters with mood disorders, a history of lifetime SUD was associated with more frequent and more lethal suicide attempts. Among other correlates of lifetime SUD in this sample, impulsive/aggressive traits may explain greater frequency of suicide attempts. The results underscore that persons with mood disorders and lifetime SUD are at particularly high risk of frequent and lethal suicide attempts where more intensive prevention efforts are warranted.

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<https://psycnet.apa.org/record/2020-81343-001>

### **Arrest history and psychopathology among veterans at risk for suicide.**

Edwards, E. R., Gromatsky, M., Sissoko, D. R. G., Hazlett, E. A., Sullivan, S. R., Geraci, J., & Goodman, M.

Psychological Services

Advance online publication

<https://doi.org/10.1037/ser0000454>

While preliminary evidence suggests an association between legal involvement and suicide risk among veterans, no research to date has explored the prevalence and/or correlates of legal involvement among veterans at high risk for suicide. The current study examined the relation of suicide attempt, suicidal ideation, and psychopathology to history of criminal arrest in a sample of 286 veterans at risk for suicide. Results indicated approximately half (47%) of at-risk veterans had a history of arrest. Inconsistent with hypotheses, arrest history was not associated with history of suicide attempt, current suicidal ideation, or severity of psychopathological symptoms. Arrest history was, however, associated with diagnoses of substance use disorder and antisocial personality disorder in this high-suicide risk sample. Further, likelihood of an antisocial personality disorder diagnosis was associated with higher frequency of past arrests. Taken together, results indicate that many veterans at risk for suicide have a history of arrest, and at-risk veterans with such history likely have a specific pattern of psychopathology, including antisocial personality traits and substance use. As such, legal status and history of justice involvement may be important considerations when assessing suicide risk and management of this high-risk population. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

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<https://www.tandfonline.com/doi/abs/10.1080/13811118.2020.1841053?journalCode=usui20>

## **Comfort Expressing Emotions and Suicide Ideation: Evidence of Indirect Effects Via Perceived Burdensomeness and Thwarted Belongingness.**

Francesca Kassing, Cody G. Dodd, Lauren E. Palmer & Ryan M. Hill

Archives of Suicide Research

Published online: 30 Oct 2020

<https://doi.org/10.1080/13811118.2020.1841053>

### Objective

Emotion regulation strategies and related constructs have been implicated both as risk and protective factors in a range of mental health outcomes among young adults. To expand upon this previous research, we examined comfort expressing four discrete emotions (i.e., love, happiness, sadness, and anger) as factors that protect against suicide ideation in young adults, within the context of the interpersonal theory of suicide.

### Method

The sample consisted of 449 college students (73.1% female, 70.6% Hispanic, Mage = 20.5 years) taking part in a larger study of mood and well-being. Students were recruited from a psychology participant pool and completed self-report measures at a single time point for course credit. Comfort expressing emotions and suicide ideation were assessed using the Measure of Verbally Expressed Emotion (MoVEE) and Adult Suicidal Ideation Questionnaire (ASIQ), respectively. Perceived burdensomeness and thwarted belongingness were assessed using the Interpersonal Needs Questionnaire (INQ).

### Results

Preliminary analyses revealed negative associations between comfort expressing all four emotions and suicide ideation ( $r_s = -.13$  to  $-.26$ ). Results from structural equation modeling supported indirect effects from comfort expressing happiness and sadness to suicide ideation, via perceived burdensomeness and thwarted belongingness. An indirect effect was also identified from comfort expressing love to suicide ideation, via thwarted belongingness.

## Conclusions

Results suggest that comfort expressing emotions (particularly sadness and happiness) is a protective factor against suicide ideation for young adults. These findings suggest that suicide-prevention efforts may wish to focus on increasing comfort expressing emotions to trusted support networks as potential intervention targets.

## HIGHLIGHTS

- Comfort expressing emotions is negatively associated with suicide ideation.
- Comfort expressing emotions is associated with belongingness and burdensomeness.
- Comfort expressing emotions may be a potential target for suicide prevention.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22601>

## **Posttraumatic Stress Disorder and Conduct Problems: The Role of Self-Control Demands.**

Simons, R.M., Walters, K.J., Keith, J.A. and Simons, J.S.

Journal of Traumatic Stress

First published: 31 October 2020

<https://doi.org/10.1002/jts.22601>

We tested within- and between-person effects of posttraumatic stress disorder (PTSD) symptoms on conduct problems and alcohol intoxication via self-control demands using multilevel structural equation modeling in a longitudinal burst-design study of 251 U.S. veterans who participated in the recent wars in Iraq and Afghanistan. We theorized that experiencing PTSD symptoms engenders efforts to regulate mood, control thoughts, and inhibit or control behavior that is taxing to the individual (i.e., it places demands on self-control) and hypothesized that this process results in subsequent deficits in regulatory control that manifest in heightened intoxication and conduct problems associated with PTSD. At the within-person level, daytime PTSD symptoms,  $IRR = 1.09$ , and self-control demands,  $IRR = 1.12$ , exhibited within-person associations with nighttime conduct problems over and above nighttime intoxication. Consistent with our hypothesis, daytime increases in self-control demands mediated the associations between daytime PTSD symptoms and subsequent nighttime conduct problems. The indirect effect between daytime PTSD symptoms and nighttime intoxication via self-

control demands was nonsignificant. At the between-person level, self-control demands mediated the associations between PTSD symptoms and conduct problems; however, the expected between-person associations with intoxication were nonsignificant. Drinking behavior is related to but cannot fully account for various difficulties in psychosocial functioning associated with PTSD. The present results suggest that dysregulated behavior may, ironically, stem from individuals' concerted efforts to control and manage overwhelming symptoms. Self-control demands may be a common factor that accounts for a broad range of functional impairments associated with PTSD.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22602>

### **Posttraumatic Stress Disorder Symptom Cluster Structure in Prolonged Exposure Therapy and Virtual Reality Exposure.**

Stevens, E.S., Bourassa, K.J., Norr, A.M. and Reger, G.M.

Journal of Traumatic Stress

First published: 31 October 2020

<https://doi.org/10.1002/jts.22602>

The emotional processing theory of posttraumatic stress disorder (PTSD) posits that avoidance is central to PTSD development and maintenance. Prolonged exposure (PE) therapy, which clinically focuses on avoidance reduction, has strong empirical support as a PTSD treatment. Virtual reality exposure (VRE) has been utilized to accelerate avoidance reduction by increasing multisensory engagement. Although some exposure therapy studies have found associations between avoidance and PTSD symptoms, others have indicated that reexperiencing or hyperarousal symptoms drive symptom trajectories. Using a cross-lagged panel design, the present secondary data analysis examined temporal associations between clinician-assessed PTSD symptom clusters during treatment with PE, VRE, or a waitlist control condition. There were no significant differences between PE and VRE regarding symptom clusters at any assessment. Compared to the waitlist condition, individuals who received VRE or PE exhibited earlier reductions in avoidance/numbing symptoms,  $\beta = -.19$ , 95% CI  $[-.33, -.05]$ , followed by reductions in hyperarousal symptoms,  $\beta = -.21$ , 95% CI  $[-.33, -.09]$ . Hyperarousal symptoms predicted changes in later avoidance/numbing and reexperiencing outcomes across treatment: pretreatment to midtreatment,  $\beta = .29$ , 95% CI  $[.17, .42]$ ; midtreatment to posttreatment,  $\beta = .23$ , 95% CI  $[.07, .39]$ . Reexperiencing symptoms predicted changes in hyperarousal outcomes earlier in treatment,  $\beta = .22$ , 95% CI  $[.02, .37]$ ,

whereas avoidance/numbing symptoms predicted changes in hyperarousal outcomes later in treatment,  $\beta = .18$ , 95% CI [.04, .32]. These findings support the efficacy of exposure therapy in addressing avoidance/numbing symptoms and highlight the potential importance of hyperarousal symptoms in relation to other symptom clusters.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22618>

### **Residential Cognitive Processing Therapy Decreases Suicidality by Reducing Perceived Burdensomeness in Veterans with Posttraumatic Stress Disorder.**

Blain, R.C., Pukay-Martin, N.D., Martin, C.E., Dutton-Cox, C.E. and Chard, K.M.

Journal of Traumatic Stress

First published: 31 October 2020

<https://doi.org/10.1002/jts.22618>

The interpersonal theory of suicide (Joiner, 2005) may help explain high suicide rates among veterans with posttraumatic stress disorder (PTSD). It suggests that suicidal ideation results from believing that one is a burden on others (i.e., perceived burdensomeness) and does not belong among family, friends, or other social groups (i.e., thwarted belongingness). Evidence-based PTSD treatments, including cognitive processing therapy (CPT), decrease suicidal ideation, potentially through changes in these two theory constructs. The current study examined whether (a) changes in PTSD severity and suicidal ideation and (b) changes in negative cognitions about self and suicidal ideation were indirectly associated through changes in perceived burdensomeness and thwarted belongingness across PTSD treatment. Participants ( $N = 107$ ) were veterans in a residential treatment program who were diagnosed with full or subthreshold PTSD and received CPT. Changes in PTSD symptom severity and negative cognitions about self predicted changes in suicidal ideation,  $B = 0.18$ ,  $p < .001$  and  $B = 0.50$ ,  $p < .001$ , respectively. Changes in PTSD symptom severity and negative cognitions about self were indirectly associated with suicidal ideation through changes in perceived burdensomeness,  $B = 0.16$ , 95% CI [0.07, 0.25];  $B = 0.27$ , 95% CI [0.05, 0.50], but not thwarted belongingness,  $B = -0.002$ ; 95% CI [-0.06, 0.06];  $B = 0.06$ , 95% CI [-0.12, 0.21] in separate models. These findings suggest that residential CPT may be uniquely equipped to decrease suicidality by restructuring negative beliefs, including perceptions of being a burden on others, and/or by alleviating the objective burden of PTSD.



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<https://link.springer.com/article/10.1007/s12144-020-01152-x>

**Positive mental health mediates the relationship between physical activity and suicide-related outcomes: a three-year follow-up study.**

Brailovskaia, J., Teismann, T. & Margraf, J.

Current Psychology

Published 31 October 2020

<https://doi.org/10.1007/s12144-020-01152-x>

Suicide belongs to the leading causes of death worldwide. The present longitudinal study investigated physical activity (for example jogging, cycling) and positive mental health (PMH) as potential factors that can reduce the risk of suicide ideation and suicidal behavior. Data of 223 participants (79.4% women; Mage (SD) = 22.85 (4.05)) were assessed at two measurement time points over a three-year period (2016: first measurement = baseline (BL); 2019: second measurement = follow-up (FU)) via online surveys. The results reveal a significant positive relationship between higher physical activity (BL) and higher PMH (BL). Higher scores of both variables were significantly negatively linked to lower suicide-related outcomes (FU). Moreover, the association between higher physical activity (BL) and lower suicide-related outcomes (FU) was significantly mediated by higher PMH (BL). The current findings demonstrate that physical activity in combination with PMH can reduce the risk of suicide-related outcomes. Fostering physical activity and PMH may be relevant strategies in the prevention of suicide ideation and suicide behavior.

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<https://www.tandfonline.com/doi/full/10.1080/16506073.2020.1829026>

**Learning gains from a one-day training in acceptance-based behavior therapy.**

Grace Gu, Lizabeth Roemer, Michael Suvak, Gabrielle Liverant & Susan M. Orsillo

Cognitive Behaviour Therapy

Published online: 02 Nov 2020

<https://doi.org/10.1080/16506073.2020.1829026>



The primary method of training for individual licensed mental health professionals is continuing education (CE). Despite the promise of CE as a vehicle for training clinicians in evidence-based practices, only a handful of studies have examined the efficacy of trainings delivered in the CE context. Moreover, these studies have focused on a few very specific therapeutic approaches. There is a growing body of evidence supporting Acceptance-based Behavior Therapy (ABBT) as a treatment for generalized anxiety disorder (GAD) and related disorders. Training workshops aimed at disseminating ABBT are regularly conducted across and outside the United States, yet the effectiveness of these trainings is unknown. The goal of this study was to examine learning outcomes among licensed mental health professionals following a six-hour CE training in ABBT. Data were collected at baseline, post-training, and at three-month follow-up. Participants demonstrated a statistically significant increase in learning on an ABBT Knowledge Questionnaire and in their coded responses to client scenarios from baseline to follow-up, although there was a significant decline in knowledge between post and follow-up. Beyond baseline ABBT knowledge, attitude towards evidence-based practice was the only predictor of change in knowledge over time.

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### **Links of Interest**

This study is recruiting troops for mild TBI research

<https://www.militarytimes.com/news/your-military/2020/10/29/this-study-is-recruiting-troops-for-mild-tbi-research/>

Military Domestic Violence Reports Didn't Rise During COVID-19 Pandemic

<https://www.airforcemag.com/military-domestic-violence-reports-didnt-rise-during-covid-19-pandemic/>

Army turns to telehealth and ministry to stem rise in suicides during COVID-19

<https://www.washingtonexaminer.com/policy/defense-national-security/army-turns-to-telehealth-and-ministry-to-stem-rise-in-suicides-during-covid-19>

Hard Truths About Suicide Prevention

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2771928>

Virtual advisors now available to military students at University of Maryland Global Campus

<https://connectingvets.radio.com/articles/university-of-maryland-global-campus-virtual-advising>

Relationship stress and COVID top military family counseling needs

<https://www.washingtonexaminer.com/policy/defense-national-security/relationship-stress-and-covid-top-military-family-counseling-needs>

'My story is not unique'—Mexican-American airman calls out racism in the military

<https://taskandpurpose.com/news/mexican-american-airman-racism>

Serving the visible and invisible wounds: Remembering mental health during times of uncertainty

<https://www.militarytimes.com/opinion/commentary/2020/11/02/serving-the-visible-and-invisible-wounds-remembering-mental-health-during-times-of-uncertainty/>

Researchers streamline PTSD diagnosis with machine learning

<https://medicalxpress.com/news/2020-09-ptsd-diagnosis-machine.html>

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**Resource of the Week: [Educating Health Professionals to Address the Social Determinants of Mental Health -- Proceedings of a Workshop \(2020\)](#)**

New, from the National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division:

The social determinants of mental health involve the economic, social, and political conditions into which one is born that influence a person's mental health - and, in particular, that affect the likelihood a person raised in deficient or dangerous conditions often associated with poverty will develop persistent mental health challenges throughout his or her life.

To explore how health professions education and practice organizations and programs are currently addressing social determinants that contribute to mental health disparities across the lifespan, the Global Forum on Innovation in Health Professional Education of the National Academies of Sciences, Engineering, and Medicine hosted a workshop in Washington, DC on November 14-15, 2019. This publication summarizes the presentation and discussion of the workshop.

PROCEEDINGS OF A WORKSHOP

**EDUCATING HEALTH  
PROFESSIONALS TO ADDRESS  
THE SOCIAL DETERMINANTS  
OF MENTAL HEALTH**



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