

CDP



Research Update -- December 3, 2020

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- Network analysis of PTSD and depressive symptoms in 158,139 treatment-seeking veterans with PTSD.
- The Impact of Moral Injury and Disclosure of Military Experiences on Veterans.
- Methodology of the U.S. Army's Suicide Prevention Leadership Tool Study: The Behavioral Health Readiness and Suicide Risk Reduction Review (R4).
- The effects of web-prolonged exposure among military personnel and veterans with posttraumatic stress disorder.
- An open-label, randomized controlled trial of the reconsolidation of traumatic memories protocol (RTM) in military women.
- A Theory of Planned Behavior Scale for Adherence to Trauma-Focused Posttraumatic Stress Disorder Treatments.

- Links of Interest
- Resource of the Week: Addressing the needs of military members, Veterans and their families during the COVID-19 pandemic -- Volume 6 Supplement 2 2020 -- Journal of Military, Veteran, and Family Health

<https://www.sciencedirect.com/science/article/abs/pii/S1555415520305456>

Identifying Veterans in Your Practice: What Clinicians Need to Know.

Cynthia S. Selleck, Teena M. McGuinness, John P. McGuinness, Glenda J. Stanley, Rebecca S. Miltner

The Journal for Nurse Practitioners

Available online 8 November 2020

<https://doi.org/10.1016/j.nurpra.2020.10.011>

Highlights

- Most veterans receive their care in community settings outside the Veterans Affairs health system.
- Clinicians in community settings are likely caring for veterans regularly.
- Veterans have unique experiences that impact their overall health.
- Identifying veterans and knowing where to access additional resources is important.

Abstract

Clinicians in ambulatory care are likely seeing veterans regularly without knowing it. In fact, most practices are not screening for military service, and most veterans do not divulge their military service without being asked. Veterans experience unique stressors during their service, placing them at risk for long-term health issues, including emotional health and psychiatric problems. Incorporating screening for military service into the health history for all patients and including military health history questions for those who screen positive is important. A basic knowledge of military culture and understanding the common mental and behavioral health issues veterans face is also helpful.

<https://www.sciencedirect.com/science/article/abs/pii/S155541552030533X>

Veteran Suicide Risk Reduction: A Recommendation for Practice.

Joshua Faucett

The Journal for Nurse Practitioners

Available online 18 November 2020

<https://doi.org/10.1016/j.nurpra.2020.09.016>

Highlights

- After adjusting for differences in age and sex, the risk for suicide was 21% higher in the veteran population than their civilian peers.
- Approximately 40% of veterans do not receive care from the Veterans Affairs.
- In the 14 years from 2003 to 2017, combat operations in Iraq accounted for 4,410 fatalities; in 2014 alone, more than 7,300 veterans took their own life
- The Columbia Suicide Severity Rating Scale, an evidence-based, free, and easy-to-use suicide screening tool, is available.
- The key to the effectiveness of the Columbia Suicide Severity Rating Scale is targeted dissemination at every point of care.

Abstract

On August 3, 2016, the United States Department of Veterans Affairs Office of Suicide Prevention published the most comprehensive analysis of Veteran suicide in the nation's history. After adjusting for differences in age and sex, the risk for suicide was 21% higher in the Veteran population than their civilian peers. Substantial decreases in suicide rates have been achieved after targeted dissemination of the Columbia Suicide Severity Rating Scale, an evidence-based tool that is effective not only as a predictor of suicide risk but also is preventative when appropriately used at every point of care.

<https://link.springer.com/article/10.1186/s12888-020-02936-y>

Assessing psychological adjustment and cultural reintegration after military service: development and psychometric evaluation of the post-separation Military-Civilian Adjustment and Reintegration Measure (M-CARM).

Madeline Romaniuk, Gina Fisher, Chloe Kidd & Philip J. Batterham

Background

The transition out of military service and subsequent reintegration to civilian life has been established as a period associated with an increased risk of psychological adjustment difficulties, psychiatric disorders and suicide risk, yet no tool exists to measure cultural and psychological adjustment following permanent separation from the military. This study describes the two-phase mixed-methods development and validation of the self-report Military-Civilian Adjustment and Reintegration Measure (M-CARM).

Methods

In Phase I, four focus groups ($n = 20$) and semi-structured one-on-one interviews ($n = 80$) enabled thematic analysis and generation of 53 initial items that were reviewed by an expert multidisciplinary panel ($n = 12$) and piloted for clarity and relevance in an Australian service-veteran sample ($n = 11$). In Phase II, psychometric properties of the 47 items resulting from Phase I were evaluated with online assessment of a convenience sample of transitioned Australian Defence Force veterans ($n = 725$). Analyses included exploratory and confirmatory factor analyses, as well as evaluation of test-retest reliability, internal consistency, and convergent, divergent and discriminant validity.

Results

Exploratory factor analysis on a randomized split-half sample ($n = 357$), resulted in a 21-item, five-factor solution of Purpose and Connection, Help seeking, Beliefs about civilians, Resentment and regret, and Regimentation, explaining 53.22% of the variance. Confirmatory factor analysis ($n = 368$) verified this factor structure without modification ($\chi^2 = 304.96$, $df = 160$; $CFI = .96$, $TLI = .94$, $NFI = .91$, $RMSEA = .05$). Strong convergent, divergent and discriminant validity was demonstrated as M-CARM scores significantly correlated with related constructs assessed by standardised clinical measures as well as differentiated groups based on three binary reintegration items, with large effect sizes ($d = > 1$). Strong test-retest reliability for the total score ($n = 186$, $r = .93$) and excellent internal consistency ($n = 725$, $\alpha = .90$) were also found.

Conclusions

Results provide promising evidence the M-CARM is a valid, reliable measure of psychological and cultural reintegration to civilian life, with potential for considerable clinical and research application.

<https://jcsmd.aasm.org/doi/abs/10.5664/jcsmd.8988>

Behavioral and psychological treatments for chronic insomnia disorder in adults: an American Academy of Sleep Medicine systematic review, meta-analysis and GRADE assessment.

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Journal of Clinical Sleep Medicine
Published Online: November 9, 2020
<https://doi.org/10.5664/jcsmd.8988>

INTRODUCTION:

The purpose of this systematic review is to provide supporting evidence for a clinical practice guideline on the use of behavioral and psychological treatments for chronic insomnia disorder in adult populations.

METHODS:

The American Academy of Sleep Medicine commissioned a task force of nine experts in sleep medicine. A systematic review was conducted to identify randomized controlled trials that addressed behavioral and psychological interventions for the treatment of chronic insomnia disorder in adults. Statistical analyses were performed to determine if the treatments produced clinically significant improvements in a range of critical and important outcomes. Finally, the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) process was used to evaluate the evidence for making specific treatment recommendations.

RESULTS:

The literature search identified 1274 studies; 124 studies met the inclusion criteria; 89 studies provided data suitable for statistical analyses. Evidence for the following interventions are presented in this review: Cognitive Behavioral Therapy for Insomnia (CBT-I), Brief Therapies for Insomnia (BTIs), stimulus control, sleep restriction therapy, relaxation training, sleep hygiene, biofeedback, paradoxical intention, intensive sleep retraining and mindfulness. This review provides a detailed summary of the evidence

along with the quality of evidence, the balance of benefits versus harms, patient values and preferences, and resource use considerations.

<https://jmvfh.utpjournals.press/doi/full/10.3138/jmvfh-6.s2-2020-0048>

Military mental health and COVID-19.

Gary Wynn, Joshua C. Morganstein, Rakesh Jetly, Shannon C. Ford, Mary C. Vance, Eric G. Meyer, James C. West, David M. Benedek, and Robert J. Ursano

Journal of Military, Veteran, and Family Health
Volume 6 Issue S2, November 2020, pp. 21-26
<https://doi.org/10.3138/jmvfh-6.s2-2020-0048>

Ensuring optimal mental health care for globally dispersed military service members is challenging during normal operations. The SARS-CoV-2 (COVID-19) pandemic has necessitated a rapid response to ensure ongoing care for existing and new mental health illness as well as pandemic-related distress and behavioural effects. COVID-19 has impacted all sectors of society as a result of containment and mitigation efforts. Stay-at-home orders, travel restrictions, quarantine requirements, and increased isolation have dramatically changed the experience of home and work for military personnel. Economic consequences, such as spousal job loss, further compound existing family stressors. Altered standards of health care, with the need to allocate limited resources, and the sheer volume of deaths create unique, adverse exposures for service members deployed domestically to support pandemic response efforts. Clearly, an invisible enemy has broken through our ranks, battling us on our own home soil, causing death and destruction not previously seen since the influenza pandemic of 1918. Military personnel have accompanied civilian personnel in deploying to the front-line hot spots of this global fight. It is critical to ensure adequate resources to support and protect service members from not only COVID-19 infection, but also the inevitable adverse psychological and behavioural effects to come. Although this article is based primarily on the United States Department of Defense (DoD) response to COVID -19, the principles are likely generalizable to most military populations.

https://journals.lww.com/jaanp/Abstract/2020/11000/Quality_of_life_among_women_veterans.6.aspx

Quality of life among women veterans.

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Journal of the American Association of Nurse Practitioners
November 2020 - Volume 32 - Issue 11 - p 745-755
<https://doi.org/10.1097/JXX.0000000000000445>

Background:

Of 23 million US veterans, 2 million are women. Female veterans often have physical and mental health disorders, but only 6.5% use the Veterans Health Administration (VA) system. Health care for women veterans is challenging in a health care system unfamiliar with this population.

Purpose:

The purpose of this study was to investigate how receipt of treatment by female veterans at a VA women's health specialty clinic affected levels of distress, quality of life (QOL), and depression.

Methods:

A retrospective record review was completed on 51 female veterans between the ages of 40 and 60 years attending a VA clinic. The clinic provides comprehensive women's health services to female veterans. Multiple linear regression models were fit to explore QOL and depression levels with socioeconomic status, parity, years of service, and military sexual trauma (MST).

Results:

Female veterans had significantly lower baseline scores for QOL than did a comparison group. The only significant predictor associated with higher health-related symptom scores at baseline was a history of MST ($\beta = 0.363$; $t = 2.44$; $p = .02$). Means and standard deviations for total scores were significantly higher than those of the comparison group. Higher symptom scores indicated lower QOL among female veterans.

Implications for practice:

Study findings suggested that timely, comprehensive, gender-specific health care can significantly improve overall QOL and depression levels. Nurse practitioners play a leading role in providing primary care to this population with significant potential to impact QOL, depression levels, and overall health of female veterans.

<https://www.tandfonline.com/doi/abs/10.1080/13607863.2020.1842999>

Subjective well-being among male veterans in later life: the enduring effects of early life adversity.

MS Yang, L Quach, LO Lee, A Spiro III, JA Burr

Aging and Mental Health

Published online: 10 Nov 2020

<https://doi.org/10.1080/13607863.2020.1842999>

Objectives

This study investigated the association between childhood and young adult adversities and later-life subjective well-being among older male veterans. We also explored whether early-life parent–child relationships and later-life social engagement served as moderators and mediators, respectively.

Methods

Data were from the 2008 to 2012 waves of the Health and Retirement Study for male veterans (N = 2026). Subjective well-being measures included depressive symptoms, self-rated health, and life satisfaction. Linear regression with the Process macro was employed to estimate the relationships.

Results

Adverse childhood experiences (ACEs) were positively associated with number of depressive symptoms and negatively related to life satisfaction. Combat exposure, a young adulthood adversity experience, was positively associated with depressive symptoms, but not with self-rated health or life satisfaction. Later-life social engagement mediated the relationship between ACEs and subjective well-being indices. Parent–child relationship quality did not moderate the association between the measures of adversity and any measure of subjective well-being.

Discussion

Childhood adversity and combat exposure were related to worse later life subjective well-being. Also, later-life social engagement mediated the association of two early life adversity measures and subjective well-being. Future research should examine subjective well-being and early life adversity for female veterans and should employ more detailed information about combat exposure.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22612>

The Role of Negative Affect in Differentiating Posttraumatic Stress Disorder, Depression, and Their Comorbidity Among United States Veterans.

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Journal of Traumatic Stress

First published: 10 November 2020

<https://doi.org/10.1002/jts.22612>

Following trauma exposure, two frequently co-occurring forms of psychopathology include posttraumatic stress disorder (PTSD) and major depressive disorder (MDD). Although these diagnoses have been identified as distinct constructs, the proper classification of these disorders remains a challenge due to overlapping symptoms. Instead, systematically establishing higher- and lower-order personality traits associated with each diagnosis may avoid this confound and improve differential diagnosis. In the present study, we examined how higher-order negative affect and its lower-order facets (i.e., anxiousness, emotional lability, and separation insecurity) may be associated with a diagnosis of PTSD only, MDD only, both diagnoses, or neither diagnosis. Participants were 1,175 veterans enrolled in the Veterans After Discharge Longitudinal Registry. Higher- and lower-order negative affect were assessed using the Personality Inventory for DSM-5 (PID-5), and PTSD and MDD diagnoses were based on the Structured Clinical Interview for DSM-5 (SCID-5). Multinomial logistic regressions were used to model the association between higher- and lower-order negative affect and diagnostic status, after controlling for potential covariates. Diagnostic utility analyses were conducted to examine the degree to which higher- and lower-order negative affect classified participants across groups. Higher-order negative affect and lower-order anxiousness differentiated diagnostic groups, ORs = 1.76–4.66, and had strong specificity and negative predictive value for individuals with PTSD and MDD and those with MDD only. These findings help explain the role of higher-order negative affect and

lower-order anxiousness in differentiating PTSD from MDD and comorbid PTSD and MDD and may have implications for assessment, differential diagnosis, and treatment planning.

<https://onlinelibrary.wiley.com/doi/full/10.1111/jsr.13231>

Profiles of sleep changes during the COVID-19 pandemic: Demographic, behavioural and psychological factors.

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Journal of Sleep Research

First published: 17 November 2020

<https://doi.org/10.1111/jsr.13231>

This study aimed to evaluate changes in sleep during the COVID-19 outbreak, and used data-driven approaches to identify distinct profiles of changes in sleep-related behaviours. Demographic, behavioural and psychological factors associated with sleep changes were also investigated. An online population survey assessing sleep and mental health was distributed between 3 April and 24 June 2020. Retrospective questions were used to estimate temporal changes from before to during the outbreak. In 5,525 Canadian respondents (67.1% females, 16–95 years old: Mean \pm SD = 55.6 \pm 16.3 years), wake-up times were significantly delayed relative to pre-outbreak estimates ($p < .001$, $\text{urn:x-wiley:09621105:media:jsr13231:jsr13231-math-0001} = 0.04$). Occurrences of clinically meaningful sleep difficulties significantly increased from 36.0% before the outbreak to 50.5% during the outbreak (all $p < .001$, $g \geq 0.27$). Three subgroups with distinct profiles of changes in sleep behaviours were identified: “Reduced Time in Bed”, “Delayed Sleep” and “Extended Time in Bed”. The “Reduced Time in Bed” and “Delayed Sleep” subgroups had more adverse sleep outcomes and psychological changes during the outbreak. The emergence of new sleep difficulties was independently associated with female sex, chronic illnesses, being employed, family responsibilities, earlier wake-up times, higher stress levels, as well as heavier alcohol use and television exposure. The heterogeneity of sleep changes in response to the pandemic highlights the need for tailored interventions to address sleep problems. --

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/10.1001/jamapsychiatry.2020.3598>

Association of Borderline Personality Disorder Criteria With Suicide Attempts: Findings From the Collaborative Longitudinal Study of Personality Disorders Over 10 Years of Follow-up.

Yen S, Peters JR, Nishar S, et al.

JAMA Psychiatry

Published online November 18, 2020

<https://doi.org/10.1001/jamapsychiatry.2020.3598>

Key Points

Question

Are borderline personality disorder (BPD) and its specific diagnostic criteria associated with who reports a suicide attempt(s) over 10 years of prospective follow-up?

Findings

In this longitudinal study of adults with personality disorders, after controlling for significant demographic and other clinical risk factors, BPD and the specific criteria of identity disturbance, chronic feelings of emptiness, and frantic efforts to avoid abandonment emerged as significant factors associated with prospectively observed suicide attempt status.

Meaning

Identity disturbance, chronic feelings of emptiness, and frantic efforts to avoid abandonment may be clinically overlooked features of BPD in context of suicide risk assessment.

Abstract

Importance

Borderline personality disorder (BPD) has been identified as a strong risk factor for suicidal behavior, including suicide attempts. Delineating specific features that increase risk could inform interventions.

Objective

To examine factors associated with prospectively observed suicide attempts among participants in the Collaborative Longitudinal Study of Personality Disorders (CLPS), over 10 years of follow-up, with a focus on BPD and BPD criteria.

Design, Setting, and Participants

The CLPS is a multisite, naturalistic, prospective study of adult participants with 4 personality disorders (PDs) and a comparison group of adults with major depressive disorder and minimal PD features. Participants were all treatment-seeking and recruited from inpatient, partial, and outpatient treatment settings across New York, New York, Boston, Massachusetts, New Haven, Connecticut, and Providence, Rhode Island. A total of 733 participants were recruited at baseline, with 701 completing at least 1 follow-up assessment. The cohorts were recruited from September 1996 through April 1998 and September 2001 through August 2002. Data for this study using this follow-up sample (N = 701) were analyzed between March 2019 and August 2020.

Main Outcomes and Measures

Participants were assessed annually using semistructured diagnostic interviews and a variety of self-report measures for up to 10 years. Multiple logistic regression analyses were used to examine baseline demographic and clinical risk factors, including BPD and individual BPD criteria, of suicide attempt assessed over 10 years of prospective follow-up.

Results

Of the 701 participants, 447 (64%) identified as female, 488 (70%) as White, 527 (75%) as single, 433 (62%) were unemployed, and 512 (73%) reported at least some college education. Of all disorders, BPD emerged as the most robust factor associated with prospectively observed suicide attempt(s) (odds ratio [OR], 4.18; 95% CI, 2.68-6.52), even after controlling for significant demographic (sex, employment, and education) and clinical (childhood sexual abuse, alcohol use disorder, substance use disorder, and posttraumatic stress disorder) factors. Among BPD criteria, identity disturbance (OR, 2.21; 95% CI, 1.37-3.56), chronic feelings of emptiness (OR, 1.63; 95% CI, 1.03-2.57), and frantic efforts to avoid abandonment (OR, 1.93; 95% CI, 1.17-3.16) emerged as significant independent factors associated with suicide attempt(s) over follow-up, when covarying for other significant factors and BPD criteria.

Conclusions and Relevance

In the multisite, longitudinal study of adults with personality disorders, identity disturbance, chronic feelings of emptiness, and frantic efforts to avoid abandonment were significantly associated with suicide attempts. Identity disturbance, chronic feelings of emptiness, and frantic efforts to avoid abandonment may be clinically overlooked features of BPD in context of suicide risk assessment. In light of the high rates of BPD diagnostic remission, our findings suggest that these criteria should be independently assessed and targeted for further study as suicide risk factors.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1803725>

Deployment-related coping strategies in military couples: Associations with relationship satisfaction.

Sarah T. Giff, Keith D. Renshaw, Sarah P. Carter & Lauren C. Paige

Military Psychology

Published online: 23 Nov 2020

<https://doi.org/10.1080/08995605.2020.1803725>

Military deployments are known to be stressful for both military service members (SMs) and their romantic partners. Little is known about how coping strategies used during deployment may relate to one's own and one's partner's relationship satisfaction following deployment. This project investigated the retrospective report of how 154 SMs and their romantic partners coped with deployment-related stress, using previously established coping constructs of problem-focused, emotion-focused, and avoidance coping. Examination of relative associations of coping strategies and mental health symptoms with SMs' and partners' relationship satisfaction showed that partners' emotion-focused coping was positively related to both SMs' and partners' relationship satisfaction, whereas partners' avoidance was negatively related to both their own and SMs' relationship satisfaction. Results highlight the importance of partner coping within military couples and point to potential strategies for coping with deployment that are associated with enhanced relationship functioning after deployment.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1803724>

Coping and Mental Health Differences among Active Duty Service Members and Their Spouses with High and Low Levels of Marital Warmth.

Mallory Lucier-Greer, Davina Quichocho, Nicky Frye-Cox, Haley Sherman, Benjamin Burke & James M. Duncan

Military Psychology

Published online: 23 Nov 2020

<https://doi.org/10.1080/08995605.2020.1803724>

This study examined the relationship between marital warmth (e.g., openly expressing affection, supportive behaviors) and assessments of coping (i.e., challenges coping with military life and self-efficacy in the context of stress) and mental health (i.e., depressive symptoms and anxiety symptoms) in a sample of active duty men and their spouses/romantic partners (N = 234 military couples). Results from a series of multivariate analysis of variance tests indicate that service members and spouses who reported higher levels of marital warmth also reported better coping skills and mental health compared to individuals in couple relationships that demonstrated lower levels of marital warmth. Intervention and prevention implications targeting social support and marital warmth are provided.

<https://link.springer.com/article/10.1007/s11920-020-01207-7>

Special Concerns in Military Families.

Monica D. Ormeno, Yevin Roh, Mathew Heller, Elizabeth Shields, Aidith Flores-Carrera, Matthew Greve, Jarred Hagan, Anastasia Kostrubala & Natosha Onasanya

Military Mental Health

Published: 20 November 2020

<https://doi.org/10.1007/s11920-020-01207-7>

Purpose of Review

Military cultural competence has been recognized as an important factor to delivering effective care to service members, who are a distinct population with unique exposures, and thus with different clinical implications—though only recently has the military service been recognized as a cultural identity that can impact treatment (Meyer et al. *Curr Psychiatry Rep.* 18:26:1–8, 2016). Competencies within this field do not share a universal definition but have been recognized by the Center for Deployment Psychology (CDP) to include four key components: (1) military ethos, (2) organization and roles, (3) military stressors and resources, and (4) treatment, resources, and tools (Atuel & Castro *Clin Soc Work J.* 46:74–82, 2018). This article summarizes research literature published in the last 6 years addressing common features and health needs of military families with the goal of improving military cultural competence. This includes recognizing that

(a) The military carries its own culture as evidenced by its particular traditions, beliefs, language, and set of guiding principles (Sanghera *Optom Educ J Assoc Sch Coll Optom.* 42:8–16, 2017) and (b) military families—defined in this paper as active duty service members, their spouses, their children, and civilian warfighters in the form of National Guard and Reservists (NG/R)—face unique stressors as they access health care either in military treatment facilities (MTFs) or in civilian settings. Given the broad and unshared definition of military cultural competence, the CDP’s framework for understanding military culture helped shape the focus of our review into literature addressing military stressors and resources, with a particular interest on the impact of deployment, reintegration after deployment, interfamily relationships strained by military service, mental health concerns related to military families, and the vulnerabilities of civilian warfighters.

Recent Findings

A 2018 demographics profile revealed there were 1.3 million active duty service members, with 605,677 spouses and 981,871 children (Department of Defense, Office of the Deputy Assistant Secretary of Defense for Military Community Family Policy (ODASD (MC&FP)). 2018). Concerningly, military families exhibit above-average mental health issues—defined in this review to include increased susceptibility to mental health diagnoses and hospitalizations, worse academic achievement in their children, and higher rates of child maltreatment—and challenges related to military service such as frequent relocations and deployments, geographic isolation from social/support network, financial stressors, worries about infidelity, sexual trauma, and child maltreatment.

Summary

The military has been described as the most engrossing and demanding institution in American society. Our review shows that military families exhibit above-average mental health issues, thought to be related, at least in part, to the challenges of frequent relocations and deployments. The implications for this are broad, given that 8% of the USA has served in the military, and a third is directly related to a service member (Meyer et al. *Curr Psychiatry Rep.* 18:26:1–8, 2016) This article describes unique challenges military families face and their impact on the service member, their spouse, and their children.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1785268>

The impact of family stressors and resources on military spouse’s perception of post-deployment reunion stress.

Sybil Mallonee, David Riggs & Valerie Stander

Military Psychology

Published online: 20 Nov 2020

<https://doi.org/10.1080/08995605.2020.1785268>

Much of the prior research on variables impacting spouses' perceptions of reunion stress have focused on individual variables and have not examined these variables within their shared context, despite the indication from some research and theory that this is a key component of understanding couple's responses to stressors. The present study examined the impact of various family stressors and resources, both independently and in conjunction with each other, on spouses' perceptions of reunion stress. To examine these variables, the present study utilized cross-sectional data from a representative sample of 1,558 military service members and their spouses participating in the Millennium Cohort Family Study. Results indicated that poorer mental health among spouses and service members was associated with increased reunion stress as reported by spouses across all models tested. In addition, stressful communication during deployment was significantly associated with spouses' perceptions of reunion stress. These results can help guide more targeted prevention and intervention efforts to decrease spouses' sense of reunion stress.

<https://psycnet.apa.org/record/2020-86700-001>

“Turning personal tragedy into triumph”: A systematic review and meta-analysis of studies on posttraumatic growth among suicide-loss survivors.

Levi-Belz, Y., Krysinska, K., & Andriessen, K.

Psychological Trauma: Theory, Research, Practice, and Policy

Advance online publication

<https://doi.org/10.1037/tra0000977>

Objectives:

Posttraumatic growth (PTG) is a significant positive change experienced by an individual following stressful or challenging life events in his or her life. PTG has been explored in various populations; however, only recently, the concept has been applied to suicide bereavement and postvention. This systematic review aims to explore

whether PTG can ensue in the aftermath of a suicide loss and what are the sociodemographic and psychological correlates of PTG among suicide-loss survivors.

Method:

A systematic review, adhering to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines, identified 11 quantitative studies published between 2009 and 2019. The review was followed by an examination of the pooled effect size for the main correlates of PTG.

Results:

PTG following suicide loss was reported to be positively associated with time since loss, adaptive coping strategies, and help-seeking. Furthermore, perceived social support and self-disclosure mediated the relations between both PTG and attachment style and between PTG and belongingness. A meta-analysis provided evidence that these two factors have strong averaged pool effects for their correlations with PTG.

Conclusions:

The systematic review and meta-analysis found evidence of PTG following suicide loss and identified several psychosocial correlates of growth. Limitations of the reviewed studies, which included a lack of control groups and cross-sectional design, constrain the generalizability of the findings. Nonetheless, PTG is a relatively new area of research in postvention that carries substantial implications for the delivery of effective support to individuals coping with suicide loss. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

<https://www.sciencedirect.com/science/article/abs/pii/S0165178120332376>

Evaluating Suicide Risk Using the Reasons for Dying-Reasons for Living (RFD-RFL) Index in a Military Psychiatric Inpatient Setting.

Amber M. Fox, Jessica M. LaCroix, Allison E. Bond, Kanchana U. Perera, ... Marjan Ghahramanlou-Holloway

Psychiatry Research

Available online 18 November 2020

<https://doi.org/10.1016/j.psychres.2020.113576>

Highlights

- We describe reasons for living and dying among military service members hospitalized for a recent suicide-related crisis
- The most reported and top ranked reason for dying is general self-descriptors
- The most reported and top ranked reason for living is family
- Reporting more reasons for dying relative to reasons for living is associated with suicide risk indicators

Abstract

The present study aimed to explore reasons for dying (RFD) and reasons for living (RFL) among suicidal inpatients, conceptualize the RFD-RFL index, and examine whether suicide risk indicators were associated with the RFD-RFL index scores. Participants were military personnel (N = 167) psychiatrically hospitalized following a suicide-related crisis who provided baseline data as part of a randomized controlled trial. Family was the most commonly reported RFL (39.7%) and was the top ranked RFL for 65.9% of participants. The most frequently endorsed RFD categories included general descriptors of self (26.9%), general statements about escape (19.7%), and others/relationships (19.1%). Greater RFD-RFL index scores were associated with a greater wish to die relative to wish to live, greater hopelessness, and with history of lifetime multiple suicide attempts. Endorsing more RFD relative to RFL may indicate heightened suicide risk. Results of this study identify the characteristics of RFD and RFL among a high-risk, military sample, and provide preliminary support for the clinical utility of evaluating the quantities of RFD and RFL. Clinicians are encouraged to explore RFD and RFL when working with suicidal patients. Future research may explore military-specific RFD and evaluate the validity of the proposed RFD-RFL index.

<https://www.sciencedirect.com/science/article/abs/pii/S0165178120332455>

Suicidal Ideation in the Context of Prospective Firearm Ownership.

Ian H. Stanley, Natalie J. Sachs-Ericsson, Thomas E. Joiner

Psychiatry Research

Available online 19 November 2020

<https://doi.org/10.1016/j.psychres.2020.113584>

Highlights

- We examined prospective firearm owners and those with current firearm

ownership/access.

- Suicidal ideation severity was higher among prospective firearm owners.
- The intention to commence firearm ownership might signal increased suicide risk.
- Research should seek to replicate findings in higher-risk samples.
- Findings suggest clinicians should assess for intentions to obtain firearms.

Abstract

Most suicide deaths in the United States are enacted with a firearm, and recent and first-time purchasers of firearms represent at-risk groups. This study aimed to examine differences in indicators of suicide risk among individuals who either (a) reported current firearm ownership/access or (b) denied current firearm ownership/access but reported an intention to obtain a firearm (i.e., prospective firearm owners). Participants were 96 young adults with a lifetime history of suicidal ideation and firearm ownership, access, or interest. We assessed recent suicidal ideation severity with the Depressive Symptom Inventory-Suicidality Subscale (DSI-SS) and sought to internally replicate findings with the Patient Health Questionnaire (PHQ-9) item 9. Fifty-two (54.2%) participants reported firearm ownership/access and 44 (45.8%) identified as prospective firearm owners. Prospective firearm owners had significantly greater DSI-SS suicidal ideation severity scores compared to those who already own/have access to a firearm, corresponding to a medium effect size; results were consistent with the PHQ-9 suicidal ideation item. Findings of this initial investigation suggest that the intention to commence firearm ownership might represent an at-risk period, especially for individuals with a history of suicidal thinking. Replication of findings in larger and more clinically severe samples is needed.

<https://www.sciencedirect.com/science/article/pii/S0165178120332388>

'The dual pandemic' of suicide and COVID-19: A biopsychosocial narrative of risks and prevention.

Banerjee, JR Kosagisharaf, TSS Rao

Psychiatry Research

Available online 18 November 2020

<https://doi.org/10.1016/j.psychres.2020.113577>

Highlights

- Coronavirus disease 2019 (COVID-19) has emerged as a global health threat.
- Number of suicidal deaths during times of COVID-19 is rising though data is limited.
- Pandemics lead to several risk factors for suicidality like isolation, loneliness, economic fallout, domestic abuse, stigma and fear.
- Biological vulnerabilities (family history of suicide, substance use, etc.) and psychosocial risks (migration, old age, low socio-economic class, etc.) amplify the suicidal risks of pandemics.
- Stress and immune reaction to infections like COVID-19 are hypothesized as possible linking pathways to suicidal risk.
- Suicide-prevention is discussed as an integral part of public health response to pandemics.

Abstract

The Coronavirus disease 2019 (COVID-19) has emerged as a new global health threat. By increasing the risk of isolation, fear, stigma, abuse and economic fallout, COVID-19 has led to an increase in risk of psychiatric disorders, chronic trauma and stress, which eventually increase suicidality and suicidal behavior. There is limited data on association of pandemics and suicides. Cases of suicides have been rising since COVID-19 first emerged in China. The association between suicides and pandemics can possibly be explained through various models like Durkheim's theory, Joiner's interpersonal theory, social stress theory, biological theories, etc. The frontline workers, elderly, migrants, homeless, socio-economically impoverished classes as well as those with pre-existing mental disorders, substance abuse and family history of suicides are at higher risk. Suicides are preventable and need early detection, awareness and socio-culturally tailored interventions. This narrative review draws global perspectives on the association of suicidality and pandemics, the theories and risk factors related to same based on the available evidence. It also hypothesizes neuroimmunity and immune based risk factors as possible links between the psychosocial vulnerabilities and suicide during outbreaks like COVID-19. Proposed strategies of suicide-prevention, as an integral part of public health response to the pandemic are subsequently discussed.

<https://jech.bmj.com/content/early/2020/11/18/jech-2020-214664.abstract>

Intervention to address homelessness and all-cause and suicide mortality among unstably housed US Veterans, 2012–2016.

AE Montgomery, M Dichter, T Byrne, J Blosnich

Journal of Epidemiology and Community Health

First published November 18, 2020

<http://dx.doi.org/10.1136/jech-2020-214664>

Background

People without stable housing—and Veterans specifically—are at increased risk of suicide. This study assessed whether unstably housed Veterans' participation in homeless services is associated with reduced risk of all-cause and suicide mortality.

Methods

This retrospective cohort study used a sample of 169 221 Veterans across the US who self-reported housing instability between 1 October 2012 and 30 September 2016. Multivariable Cox regression models assessed the association between Veterans' utilisation of homeless services and all-cause and suicide mortality, adjusting for sociodemographics and severity of medical comorbidities.

Results

More than one-half of unstably housed Veterans accessed homeless services during the observation period; utilisation of any homeless services was associated with a 6% reduction in hazards for all-cause mortality (adjusted HR[aHR]=0.94, 95% CI[CI]=0.90–0.98). An increasing number of homeless services used was associated with significantly reduced hazards of both all-cause (aHR=0.93, 95% CI=0.91–0.95) and suicide mortality (aHR=0.81, 95% CI=0.73–0.89).

Conclusions

The use of homeless services among Veterans reporting housing instability was significantly associated with reduced hazards of all-cause and suicide mortality. Addressing suicide prevention and homelessness together—and ensuring 'upstream' interventions—within the context of the VHA healthcare system holds promise for preventing suicide deaths among Veterans. Mental health treatment is critical for suicide prevention, but future research should investigate if social service programmes, by addressing unmet human needs, may also reduce suicide.

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usaa450/5985655>

Deployment and Psychological Correlates of Suicide Ideation: A Prospective, Longitudinal Study of Risk and Resilience Among Combat Veterans.

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Military Medicine

Published: 17 November 2020

<https://doi.org/10.1093/milmed/usaa450>

Introduction

Suicide rates among military personnel have risen in part due to war zone deployments. Yet, the degree to which deployment-related stressors, in combination with preexisting and co-occurring psychiatric symptoms and individual resilience factors, contribute to suicide ideation (SI) remains unclear. The current study leverages prospective, longitudinal data to examine both risk and protective factors associated with SI in deployed service members.

Materials and Methods

Participants were 1,805 active duty enlisted Marines and Navy service members assessed before and after a 7-month deployment for SI, preexisting and concurrent symptoms of depression, post-traumatic stress disorder (PTSD), alcohol consumption, as well as prior and deployment-related traumatic brain injury (TBI). Current self-reported psychological resilience and social support were analyzed as potential protective factors.

Results

Rates of SI were 7.3% and 3.9% before and after deployment, respectively. Of those with post-deployment SI, 68.6% were new-onset cases. Multivariate regression revealed that concurrent mild depression was the strongest risk factor (odds ratio [OR] = 10.03, 95% CI 5.28-19.07). Other significant risk factors included prior SI (OR = 3.36, 95% CI 1.60-7.05), prior subthreshold PTSD (OR = 2.10, 95% CI 1.10-3.99), and deployment TBI (OR = 1.84, 95% CI 1.03-3.28). Controlling for clinical symptoms and TBI, the risk of SI was reduced for those with moderate (OR = 0.50, 95% CI 0.27-0.93) and high psychological resilience scores (OR = 0.25, 95% CI 0.08-0.79) after deployment.

Conclusions

Results indicate that even mild symptoms of depression and PTSD may increase the risk of SI. Screening for subthreshold clinical symptoms and TBI while incorporating psychological resilience training would allow for a more multidimensional approach to suicide risk assessment.

<https://www.tandfonline.com/doi/full/10.1080/08995605.2020.1794478>

An advanced perspective on moral challenges and their health-related outcomes through an integration of the moral distress and moral injury theories.

J Grimell, S Nilsson

Military Psychology

Published online: 16 Nov 2020

<https://doi.org/10.1080/08995605.2020.1794478>

Both the models of moral distress and of moral injury place an emphasis on various types of moral challenges that may violate the individual's conscience, evoking moral emotions. Yet, there appears to be great conceptual confusion as regards both scholarly perspectives. The purpose of this article is to further elaborate on the qualitative content and conceptual demarcations of the theories of moral injury and moral distress. In the light of this theoretical elaboration, we propose an integrated moral distress and injury scale that provides a more holistic overview of these moral challenges. We suggest that the utility and applicability of the moral injury and moral distress theories may benefit from the integration of these concepts. A practical implication of our theoretical understanding is that processes of recovery, which involve moral dimensions, are complex. In line with this understanding, we advocate a holistic approach to health and well-being among military service members and Veterans.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/da.23112>

Network analysis of PTSD and depressive symptoms in 158,139 treatment-seeking veterans with PTSD.

Duek, O, Spiller, TR, Pietrzak, RH, Fried, EI, Harpaz-Rotem, I.

Depression and Anxiety

First published: 15 November 2020

<https://doi.org/10.1002/da.23112>

Background

In recent years, a new framework for analyzing and understanding posttraumatic stress disorder (PTSD) was introduced; the network approach. Up until now, network analysis studies of PTSD were largely conducted on small to medium sample sizes ($N < 1,000$), which might be a possible cause of variability in main findings. Moreover, only a limited number of network studies investigated comorbidity.

Methods

In this study, we utilized a large sample to conduct a network analysis of 17 symptoms of PTSD (DSM-IV), and compared it to the result of a second network consisting of symptoms of PTSD and depression (based on Patient Health Questionnaire-9 [PHQ-9]). Our sample consisted of 502,036 treatment-seeking veterans, out of which 158,139 had fully completed the assessment of symptoms of PTSD and a subsample of 32,841 with valid PCL and PHQ-9 that was administered within 14 days or less.

Results

Analyses found that in the PTSD network, the most central symptoms were feeling distant or cut off from others, followed by feeling very upset when reminded of the event, and repeated disturbing memories or thoughts of the event. In the combined network, we found that concentration difficulties and anhedonia are two of the five most central symptoms.

Conclusion

Our findings replicate the centrality of intrusion symptoms in PTSD symptoms' network. Taking into account the large sample and high stability of the network structure, we believe our study can answer some of the criticism regarding stability of cross-sectional network structures.

<https://journals.sagepub.com/doi/abs/10.1177/0022167820972214>

The Impact of Moral Injury and Disclosure of Military Experiences on Veterans.

La Fleur R, McDonald M, Senecal G, Coey C.

Journal of Humanistic Psychology
First Published November 20, 2020
<https://doi.org/10.1177/0022167820972214>

While many veterans face physical, psychological, and spiritual difficulties, research suggests that the reintegration process from military service to civilian life, is a complex one. Our study focused on the role of moral injury and the disclosure of military experience in this transition, and how they might combine to affect veterans' life satisfaction. We gave a battery of surveys to a large and diverse sample of veterans, measuring aspects of military culture and service, the moral ramifications of military experiences and attitudes and experiences with disclosing these experiences to civilians. Most important, we found that greater moral injury was associated with greater concerns about disclosure. Greater disclosure concerns were associated with lower perceptions of disclosure support, which in turn was associated with lower life satisfaction. We conclude that these findings suggest that a more nuanced account is required to fully understand the relationship between moral injury, disclosure attitudes, and life satisfaction. For promoting healthy reintegration and greater satisfaction with life, and we discuss several possibilities for future research.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usaa503/5997565>

Methodology of the U.S. Army's Suicide Prevention Leadership Tool Study: The Behavioral Health Readiness and Suicide Risk Reduction Review (R4).

Justin M Curley, MC USA, Farifteh F Duffy, PhD, Paul Y Kim, MA, Kristina M Clarke-Walper, MPH, Katie L Nugent, PhD, Elizabeth A Penix, MS, Toby D Elliman, PhD, Joshua E Wilk, PhD, Lyndon A Riviere, PhD

Military Medicine

Published: 21 November 2020

<https://doi.org/10.1093/milmed/usaa503>

Introduction

The Secretary of the U.S. Army issued two directives in late 2017 to directly combat the problem of suicide in the U.S. Army. The first was to develop an Army tool to assist commanders and first-line leaders in preventing suicide and improving behavioral health

(BH) outcomes, which has been previously published as the BH Readiness and Risk Reduction Review (R4). The second was to conduct an evaluation study of the tool with Army units in the field. This study is the first to empirically examine the Army's tool-based methods for identifying and caring for the health and welfare of soldiers at risk for suicide, and this article outlines the methodology employed to study the effectiveness of the R4 tools and accomplish the Secretary's second directive.

Methods

The Walter Reed Army Institute of Research Institutional Review Board approved the R4 study. The study employed a repeated measurements in pre/post quasi-experimental design, including a nonequivalent but comparable business-as-usual control group. The R4 intervention consisted of the R4 tools, accompanying instructions, and an orientation. Samples were drawn from two geographically separated U.S. Army divisions in the continental United States, each composed of four comparable brigades. Study implementation consisted of three phases and three data collections over the course of 12 months. Soldiers completed anonymous survey instruments to assess a range of health factors, behaviors, characteristics, tool-related decision-making processes, and the frequency, type, and quality of interactions between soldiers and leaders.

Results

The R4 study commenced on May 6, 2019, and concluded on June 4, 2020. Sample size goals were achieved for both the divisions at all three data collection time points.

Conclusions

The methodology of the R4 study is critical for the U.S. Army from both a precedential and an outcome-based standpoint. Despite the use of many previous tools and programs for suicide prevention, this is the first time the Army has been able to empirically test the effectiveness of tool-supported decision-making among Army units in a rigorous fashion. The methodology of such a test is a critical marker for future interventional inquiries on the subject of suicide in the Army, and the results will allow for more informed decision-making by leaders when approaching these ongoing challenges.

<https://psycnet.apa.org/record/2020-86687-001>

The effects of web-prolonged exposure among military personnel and veterans with posttraumatic stress disorder.

McLean, C. P., Foa, E. B., Dondanville, K. A., Haddock, C. K., Miller, M. L., Rauch, S. A. M., Yarvis, J. S., Wright, E. C., Hall-Clark, B. N., Fina, B. A., Litz, B. T., Mintz, J., Young-McCaughan, S., & Peterson, A. L.

Psychological Trauma: Theory, Research, Practice, and Policy

Advance online publication

<https://doi.org/10.1037/tra0000978>

Objective:

Web-based treatments address many of the logistical and stigma-related barriers to in-person behavioral health care. Prior studies of web-based treatments for posttraumatic stress disorder (PTSD) did not employ gold-standard treatments and have not compared to in-person therapy.

Method:

We compared a web version of Prolonged Exposure Therapy, “Web-PE,” to in-person Present-Centered Therapy (PCT) in a randomized controlled trial (RCT) with 40 military personnel with PTSD seeking treatment at Fort Hood, Texas. Due to recruitment challenges, we terminated the RCT and subsequently examined the effects of Web-PE in an uncontrolled open trial with 34 service members and veterans recruited nationwide. Both studies assessed PTSD, depressive symptoms, and health functioning at baseline and 1 and 3 months posttreatment; the RCT also included a 6-month assessment.

Results:

Results of the RCT showed no differential impact for Web-PE and PCT, although more PCT participants achieved clinically significant change at one of the follow-up assessments. Both treatment conditions significantly reduced self-reported and blind independent interviewer-assessed symptoms of PTSD. Results of the open trial showed that Web-PE was associated with significant reductions in self-reported PTSD symptoms, with a much larger effect size than in the RCT.

Conclusions:

Web-PE significantly reduced PTSD symptoms in both studies, although the reductions in PTSD symptoms were greater among open trial participants, who were specifically seeking a web-based treatment. Future research should evaluate Web-PE relative to another web-based treatment. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

<https://psycnet.apa.org/record/2020-86321-001>

An open-label, randomized controlled trial of the reconsolidation of traumatic memories protocol (RTM) in military women.

Gray, R. M., Budden-Potts, D., Schwall, R. J., & Bourke, F. F.

Psychological Trauma: Theory, Research, Practice, and Policy

Advance online publication

<https://doi.org/10.1037/tra0000986>

Objective:

PTSD in female veterans and service members (SMs) is understudied, and new, effective treatments for PTSD are needed. Reconsolidation of Traumatic Memories (RTM) is a brief, manualized treatment for PTSD previously piloted in RCTs of male veterans and SMs. Here we examine RTM's effect on military women with PTSD.

Method:

We report a waitlist RCT using 30 military-connected females with DSM-IV-TR PTSD diagnoses, including current-month nightmares or flashbacks. Trauma types include military sexual trauma, other sexual traumas, combat, and other trauma types. Participants were randomized to treatment or waitlist. Of those enrolled, 97% completed treatment. Independent psychometricians, blinded to treatment condition, evaluated participants at intake, postwait, and two weeks post. The clinician took follow-up measures at six months and one year. The primary measure was the PTSD Symptom Scale-Interview (PSS-I). The secondary measure was the PTSD Checklist. Participants received up to three 120-min sessions of RTM.

Results:

RTM eliminated intrusive symptoms and significantly decreased symptom scale ratings in 90% ($n = 27$) of participants, versus 0% of controls ($p < .001$). Two-week treatment group PSS-I scores dropped 33.9 points versus 3.9 points for postwait controls ($g = 3.7$; 95% CI [2.5, 4.8]; $p < .001$). Treatment results were stable to 1 year.

Conclusions:

RTM effectively treated PTSD, independent of trauma source in female SMs and veterans effectively replicating previous results in male populations. Further research is recommended. (PsyInfo Database Record (c) 2020 APA, all rights reserved)

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22620>

A Theory of Planned Behavior Scale for Adherence to Trauma-Focused Posttraumatic Stress Disorder Treatments.

Laura A. Meis, Siamak Noorbaloochi, Emily M. Hagel Campbell, Emily P. G. Erickson, Tina L. Velasquez, David M. Leverty, Katie Thompson, Christopher Erbes

Journal of Traumatic Stress

First published: 16 November 2020

<https://doi.org/10.1002/jts.22620>

Evidence-based psychotherapies for posttraumatic stress disorder (PTSD), such as cognitive processing therapy and prolonged exposure (CPT/PE), greatly reduce suffering for veterans, but many veterans fail to complete treatment. Developing a theory-based understanding of adherence is necessary to inform interventions to improve treatment retention. We developed and tested a series of scales applying the theory of planned behavior (TPB) to CPT/PE adherence. The scales were administered in mailed surveys as part of a larger mixed-methods study of veteran adherence to PE/CPT. Surveys were sent to 379 veterans who were initiating CPT/PE across four U.S. Veterans Affairs (VA) hospitals and 207 of their loved ones. Subsequent session attendance and homework compliance were coded via a review of electronic medical records. We examined item-level characteristics, factor structure, and the convergent and discriminant validity of the resultant scales. The findings support four subscales: two related to attitudes (i.e., Treatment Makes Sense and Treatment Fits Needs), one related to perceived behavioral control over participation (i.e., Participation Control), and one related to perceived family attitudes about CPT/PE participation (i.e., Subjective Norms). Scale validity was supported through significant associations with theoretically relevant constructs, including intentions to persist in CPT/PE, $r_s = .19-.38$; treatment completion, $r_s = .21-.25$; practical treatment barriers, $r_s = -.19$ to $-.24$; and therapeutic alliance, $r_s = .39-.57$.

Links of Interest

Sexual assault and harassment prevention program 'hasn't achieved its mandate,' says Army secretary

<https://www.armytimes.com/news/your-army/2020/11/18/sexual-assault-and-harassment-prevention-program-hasnt-achieved-its-mandate-says-army-secretary/>

Settlement will ease process for Army veterans looking to upgrade less-than-honorable discharges

<https://www.militarytimes.com/news/pentagon-congress/2020/11/18/settlement-will-ease-process-for-army-veterans-looking-to-upgrade-less-than-honorable-discharges/>

Light therapy lamps can ease seasonal depression. Here's what you need to know.

https://www.washingtonpost.com/lifestyle/wellness/light-box-therapy-seasonal-depression/2020/11/17/4116e2a0-2914-11eb-92b7-6ef17b3fe3b4_story.html

Trump's ban on transgender troops hurt the military, former service surgeons general say

<https://www.washingtonpost.com/national-security/2020/11/22/transgender-military-study/>

The Military Reach Review -- Auburn University | November 2020

Promoting Military Family Readiness

<https://militaryreach.auburn.edu/dr?id=38d89b79-e88b-45c9-a73d-ecebaecc247a&rt=nl>

To Prevent Suicide Among Veterans, Their Physicians Should Discuss Gun Safety

<https://jamanetwork.com/channels/health-forum/fullarticle/2773507>

Postvention — VA offers support after suicide loss: Helping survivors work through emotions

<https://www.blogs.va.gov/VAntage/78063/postvention-va-offers-support-suicide-loss/>

I struggled with thoughts of suicide. Vulnerability and connection kept me alive

<https://taskandpurpose.com/opinion/suicide-vulnerability-connection-navy-oped/>

Remote work could be silver lining of pandemic for some veterans, including those with PTSD

<https://www.militarytimes.com/news/your-army/2020/11/27/remote-work-could-be-silver-lining-of-pandemic-for-some-veterans-including-those-with-ptsd/>

Special Operations Forces Wounded Warriors receive specialized brain-health care
<https://www.socom.mil/Pages/Special-Operations-Forces-Wounded-Warriors-receive-specialized-brain-health-care-.aspx>

**Resource of the Week: [Addressing the needs of military members, Veterans and their families during the COVID-19 pandemic](#) -- Volume 6 Supplement 2 2020 --
Journal of Military, Veteran, and Family Health**

The idea of developing a special issue focused on COVID-19 for the Journal of Military, Veteran and Family Health (JMVFH) began as the media was flooded with images of the height of the pandemic's devastation in Italy. The virus brought about anxiety-inducing discourse, not only in the medical and academic worlds, but also in the broader citizenry. People were grappling to understand COVID-19's modes of transmission, coming to grips with exactly how powerful the virus is, and helplessly watching as patients suffocated by the thousands in overcrowded intensive care units around the globe.

To combat that helplessness, many of our research colleagues took it upon themselves to band together and begin projects to address the impact of COVID-19 on the military, Veteran and family population. They stayed in close contact over email and by phone and found means of safely communicating and collaborating in defiance of the pandemic-imposed isolation and confinement. Those discussions naturally evolved into peer-reviewed papers, brilliantly joining science and experience to make sense of the constantly changing world around them.

Although the pandemic's effects are still being felt worldwide, and massive data on the physical and mental toll of COVID-19 for the military, Veteran, and family population is still being collected, we hope this JMVFH special issue will begin a conversation that contributes to the ongoing dialogue about the pandemic. Let it serve as the first step toward better health and well-being for those we strive to serve.



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