

# CDP



## Research Update -- December 17, 2020

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- Links of Interest
- Resource of the Week: The Implementation of a Comprehensive Policy on Pain Management by the Military Health Care System for Fiscal Year 2020

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<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.

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<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.**

Jan Grimell & Sofia 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.

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<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.

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

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

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.

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<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1806635>

## **Military sexual trauma among women Veterans: The buffering effect of coworker support.**

Nicholas A. Smith, Jacquelyn M. Brady, Leslie B. Hammer, Kathleen F. Carlson & Cynthia D. Mohr

Military Psychology

Published online: 14 Dec 2020

<https://doi.org/10.1080/08995605.2020.1806635>

Prior research has demonstrated the impact of military sexual trauma (MST) on health and well-being. However, little empirical work has been published identifying protective factors for women who have experienced MST. We examined the impact of two different forms of MST, harassment-only and assault MST, on PTSD symptoms and social functional impairment in a sample of women Veterans employed in the civilian workforce. The effects of MST were examined at three different times over a period of 9 months. We found that MST that included both harassment and assault was associated with significantly higher levels of PTSD symptoms and social functional impairment across three different time points among women Veterans employed in civilian jobs. Further, the pattern of results suggested that coworker support can buffer against these negative outcomes experienced by women who reported assault MST. Overall, findings suggest that coworker support is one critical resource for women Veterans who experienced assault MST.

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<https://www.tandfonline.com/doi/full/10.1080/13811118.2020.1851832>

## **The Mask of Suicide.**

Antoon A. Leenaars, Gudrun Dieserud & Susanne Wenckstern

Archives of Suicide Research

Published online: 30 Nov 2020

<https://doi.org/10.1080/13811118.2020.1851832>

Although it has been stated that the majority of suicidal people give definite warnings of their suicidal intention, a percentage of suicidal people may dissemble (or mask),

possibly 20%. The aim of this psychological autopsy (PA) study was to explore the mask of suicide, examining age and sex of the decedent, and survivors' relationship to the deceased. A PA study in Norway, with 120 survivors/informants, was undertaken. Overall, 80% of informants reported manifest and/or latent content of deception (dissembling); well above the 20% suggested. Three main themes emerged from the interviews of the 95 survivors that were related to the mask. In the opinion of the bereaved, reasons for the mask were due to: 1) Inability to adjust/impairment; 2) Relational problems; and 3) Weakened resilience. Differences in masking or (self) deception were found in the age of the decedent, but not in sex, nor in the survivors' closeness of the relationship. Older deceased people were perceived to exhibit more dissembling, associated to the suicide. Limitations are noted in this beginning study into the mask of suicide, and it is concluded that much greater research is needed to unmask the dangerous dissembling, maybe in some, self-deception.

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<https://press.armywarcollege.edu/parameters/vol50/iss4/3/>

### **Challenging Prevailing Models of US Army Suicide.**

Dr. Tim Hoyt & Dr. Pamela Holtz

U.S. Army War College: Parameters

50, no. 4 (2020)

<https://press.armywarcollege.edu/parameters/vol50/iss4/3>

Statistics behind reported suicide rates in the military are often insufficiently analyzed and portray a distorted picture of reality. Several models for identifying individuals at risk for suicide have been proposed but few show adequate predictive power to be actionable. Instead, a collaborative and consistent effort to address core drivers at the individual level may be more useful.

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<https://psycnet.apa.org/record/2020-88219-005>

### **Implementation strategies for digital mental health interventions in health care settings.**

Graham, A. K., Lattie, E. G., Powell, B. J., Lyon, A. R., Smith, J. D., Schueller, S. M., Stadnick, N. A., Brown, C. H., & Mohr, D.

American Psychologist  
2020; 75(8), 1080–1092  
<https://doi.org/10.1037/amp0000686>

U.S. health care systems are tasked with alleviating the burden of mental health, but are frequently underprepared and lack workforce and resource capacity to deliver services to all in need. Digital mental health interventions (DMHIs) can increase access to evidence-based mental health care. However, DMHIs commonly do not fit into the day-to-day activities of the people who engage with them, resulting in a research-to-practice gap for DMHI implementation. For health care settings, differences between digital and traditional mental health services make alignment and integration challenging. Specialized attention is needed to improve the implementation of DMHIs in health care settings so that these services yield high uptake, engagement, and sustainment. The purpose of this article is to enhance efforts to integrate DMHIs in health care settings by proposing implementation strategies, selected and operationalized based on the discrete strategies established in the Expert Recommendations for Implementing Change project, that align to DMHI-specific barriers in these settings. Guidance is offered in how these strategies can be applied to DMHI implementation across four phases commonly distinguished in implementation science using the Exploration, Preparation, Implementation, Sustainment Framework. Next steps to advance research in this area and improve the research-to-practice gap for implementing DMHIs are recommended. Applying implementation strategies to DMHI implementation will enable psychologists to systematically evaluate this process, which can yield an enhanced understanding of the factors that facilitate implementation success and improve the translation of DMHIs from controlled trials to real-world settings. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22633>

**Seeking to Understand the Conditions Under Which Exposure-Based Writing Therapy for Posttraumatic Stress Disorder is an Effective Approach: A Commentary on Dawson et al. (2020).**

Johanna Thompson-Hollands, Denise M. Sloan, Brian P. Marx



Journal of Traumatic Stress

First published: 05 December 2020

<https://doi.org/10.1002/jts.22633>

Exposure-based writing interventions for posttraumatic stress disorder (PTSD) have shown promise when compared with waitlist conditions, placebo writing control conditions, and evidence-based, trauma-focused treatments. Recently, Dawson et al. (2020) conducted a systematic review and meta-analysis to examine existing published randomized controlled trials investigating exposure-based writing interventions. The findings were encouraging; however, the studies included in the meta-analysis had a high degree of methodological heterogeneity. Our own work examining exposure-based writing as an intervention for PTSD has demonstrated that methodological differences in the structure of exposure-based writing can have a meaningful impact on treatment outcome. Accordingly, we urge caution in interpreting the meta-analysis findings reported by Dawson and colleagues and encourage investigation into better understanding the mechanisms underlying exposure-based writing interventions to further propel this important area of work.

[Dawson et al. \(2020\), Exposure-Based Writing Therapies for Subthreshold and Clinical Posttraumatic Stress Disorder: A Systematic Review and Meta-Analysis.](#)

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<https://psycnet.apa.org/record/2020-88222-006>

**Perceived partner responsiveness, pain, and sleep: A dyadic study of military-connected couples.**

O'Neill, A. S., Mohr, C. D., Bodner, T. E., & Hammer, L. B.

Health Psychology

2020; 39(12), 1089–1099

<https://doi.org/10.1037/hea0001035>

**Objective:**

The health-promoting influence of supportive close relationships has been extensively documented, yet the mechanisms of this effect are still being clarified. Leading researchers have theorized that examining particular interpersonal interactions and the mediating intrapersonal processes they facilitate is the key to understanding how close relationships benefit health. The purpose of this study was to investigate the influence of

perceived partner responsiveness (PPR) on pain and sleep quality via affect in a sample of veterans and spouses (collectively called military-connected couples).

Method:

Military-connected couples (N = 162) completed 32 days of daily diaries. Mediated actor-partner interdependence models were conducted using multilevel structural equation modeling to assess the effects of PPR at baseline on the daily levels of positive affect, negative affect, pain, and sleep across the following 32 days.

Results:

Indirect effects emerged such that affect mediated the association between PPR and pain for veterans only whereas affect mediated the association between PPR and sleep quality for both partners. Daily direct effects emerged as well; for example, positive affect was positively associated with higher sleep quality for both partners and lower pain for veterans. Partner effects were revealed such as veteran PPR was positively associated with spouse positive affect. Overall, greater PPR was associated with positive health outcomes for military-connected couples.

Conclusion:

The implications of this study include providing insights for couple-oriented interventions for preventing and treating pain and sleep problems in couples who are at high risk of these health problems such as military-connected couples. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

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<https://journals.sagepub.com/doi/full/10.1177/1557988320976306>

**Mental Health, Sexual Orientation, and Perceived Social Network Support in Relation to Hazardous Alcohol Consumption Among Active Duty Military Men.**

Blair CS, Dunlap S, Tzen M, Castro CA, Goldbach JT, Holloway

American Journal of Men's Health

First Published December 2, 2020

<https://doi.org/10.1177/1557988320976306>

Knowledge surrounding perceived network support and alcohol consumption among active duty U.S. military personnel is limited, particularly among sexual minorities.

We sought to determine the correlates of hazardous alcohol consumption and whether perceived network support moderated the relationship between sexual orientation and Alcohol Use Identification Test (AUDIT-C) score.

The sample comprised cisgender men currently serving in the U.S. military (N = 292). Participants were recruited through respondent-driven sampling and completed an online survey. Logistic regression analysis evaluated associations between positive AUDIT-C with sociodemographic characteristics (including sexual orientation), military service, mental health, and perceived social network support. Interaction analysis assessed the moderating effect of perceived network support on sexual orientation and AUDIT-C.

Among study participants, 52.7% (154/292) had positive AUDIT-C, while 65.4% (191/292) self-identified as heterosexual/straight and 34.6% (101/292) identified as gay or bisexual. In adjusted analysis, positive AUDIT-C was associated with increased post-traumatic stress disorder symptomatology (adjusted odds ratio [adjOR] 1.03; 95% CI [1.00, 1.06];  $p = .019$ ) and high perceived network support (adjOR 1.85; 95% CI [1.04, 3.29];  $p = .036$ ), while mental health service utilization had reduced odds of positive AUDIT-C (adjOR 0.40; 95% CI [0.20, 0.78];  $p = .007$ ). In interaction analysis, high perceived network support was associated with increased odds of positive AUDIT-C among sexual minority men (adjOR 3.09; 95% CI [1.21, 7.93];  $p = .019$ ) but not heterosexual men (adjOR 1.38; 95% CI [0.68, 2.81];  $p = .37$ ).

Hazardous alcohol use was prevalent among all men in our sample. Perceived social network support may influence hazardous alcohol consumption, particularly among sexual minority servicemen. These findings suggest the potential role of tailored social network-based interventions to decrease hazardous alcohol use among military personnel.

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<https://psycnet.apa.org/record/2020-91549-001>

### **Examining moderators of the relationship between social support and self-reported PTSD symptoms: A meta-analysis.**

Zalta, A. K., Tirone, V., Orlowska, D., Blais, R. K., Lofgreen, A., Klassen, B., Held, P., Stevens, N. R., Adkins, E., & Dent, A. L.

Social support is one of the most robust predictors of posttraumatic stress disorder (PTSD). Yet, little is known about factors that moderate the relationship between social support and PTSD symptom severity. This meta-analysis estimated the overall effect size of the relationship between self-reported social support and PTSD severity and tested meaningful demographic, social support, and trauma characteristics that may moderate this association using both cross-sectional and longitudinal effect sizes. A comprehensive search identified 139 studies with 145 independent cross-sectional effect sizes representing 62,803 individuals and 37 studies with 38 independent longitudinal effect sizes representing 25,792 individuals. Study samples had to comprise trauma-exposed, nonclinical adult populations to be included in the analysis. Cross-sectional and longitudinal analyses revealed a near medium overall effect size ( $r_{\text{cross}} = -.27$ ; 95% CI  $[-.30, -.24]$ ;  $r_{\text{long}} = -.25$ ; 95% CI  $[-.28, -.21]$ ) with a high degree of heterogeneity (cross-sectional  $I^2 = 91.6$ , longitudinal  $I^2 = 86.5$ ). Both cross-sectional and longitudinal moderator analyses revealed that study samples exposed to natural disasters had a weaker effect size than samples exposed to other trauma types (e.g., combat, interpersonal violence), studies measuring negative social reactions had a larger effect size than studies assessing other types of social support, and veteran samples revealed larger effect sizes than civilian samples. Several other methodological and substantive moderators emerged that revealed a complex relationship between social support and PTSD severity. These findings have important clinical implications for the types of social support interventions that could mitigate PTSD severity. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

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<https://academic.oup.com/acn/advance-article-abstract/doi/10.1093/arclin/aaa119/6017454>

### **Number of Concussions Does Not Affect Treatment Response to Cognitive Rehabilitation Interventions Following Mild TBI in Military Service Members.**

Anna S Ord, Robert D Shura, Glenn Curtiss, Patrick Armistead-Jehle, Rodney D Vanderploeg, Amy O Bowles, Jan E Kennedy, David F Tate, Douglas B Cooper

Archives of Clinical Neuropsychology  
Published: 03 December 2020  
<https://doi.org/10.1093/arclin/aaa119>

### Objective

The study objective was to determine whether the number of concussions would affect symptom improvement following cognitive rehabilitation (CR) interventions.

### Method

Service members (N = 126) with concussion history completed a 6-week randomized control trial of CR interventions. Participants were stratified based on self-reported lifetime concussion frequency. Outcome measures included the Paced Auditory Serial Addition Test (PASAT), the Global Severity Index (GSI) from the Symptom Checklist-90-Revised, and the Key Behaviors Change Inventory (KBCI).

### Results

Mixed-model analyses of variance revealed a significant main effect for time on cognitive, psychological, and neurobehavioral functioning. A significant main effect for the number of concussions was observed for GSI and KBCI, but not PASAT. Interactions between the number of concussions and time were not significant for any of the outcome variables.

### Conclusions

Over the 6-week interval, improvements were found for all participants across all outcome measures. Number of concussions did not affect improvements over time.

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<https://www.tandfonline.com/doi/abs/10.1080/13811118.2020.1848670>

### **Verbal Response Latency as a Behavioral Indicator of Diminished Wish to Live in a Clinical Sample of Active Duty Army Personnel with Recent Suicidal Ideation.**

D. Nicolas Oakey-Frost, Julia A. Harris, Erika M. Roberge, William C. Andres, Kelsi F. Rugo, AnnaBelle O. Bryan & Craig J. Bryan

Archives of Suicide Research  
Published online: 04 Dec 2020  
<https://doi.org/10.1080/13811118.2020.1848670>

## Objective

Research on risk factors of suicide attempt has yielded little improvement in imminent risk detection for clinicians, due in part to the inherent limitations of self-report methodologies. Therefore, objective behavioral indicators of suicide risk that can be implemented practically with little cost in clinical settings are needed.

## Method

The current study examined verbal response latency, measured as the length of time to answer a question asking about reasons for living (i.e., What are your reasons for living or not killing yourself?), as a potential indicator of suicide risk among 97 active duty Army personnel presenting to an emergency department or behavioral health clinic for current suicide ideation and/or a recent suicide attempt.

## Results

Verbal response latency was significantly correlated with diminished wish to live at the participant level but was not significantly correlated with wish to die or overall severity of suicidal ideation.

## Conclusion

Verbal response latency may serve as an objective indicator of suicide risk.

## Highlights

- Response latency to a life construct may be an objective indicator of suicide risk
- Delayed response latency is indicative of diminished wish to live
- Pathological mechanisms may manifest within dyadic interactions via verbal behaviors

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<https://psycnet.apa.org/record/2020-90034-001>

## **Interpersonal violence and head injury: The effects on treatment for PTSD.**

Galovski, T. E., Smith, B. N., Micol, R. L., & Resick, P. A.

Psychological Trauma: Theory, Research, Practice, and Policy

Advance online publication

<https://doi.org/10.1037/tra0000976>

#### Objective:

This study sought to understand the extent and influence of head injuries (HIs) on recovery from posttraumatic stress disorder (PTSD) in a sample of treatment-seeking survivors of interpersonal violence, including intimate partner violence (IPV).

#### Method:

Three randomized controlled clinical trials (RCTs) investigating the efficacy of cognitive processing therapy were combined to form a repository resulting in 306 participants (92% women) diagnosed with PTSD. Participants were an average age of 36.83 years old (SD = 12.15), and 56% were White and 40% were Black. RCTs were conducted at the same location, with the same procedures and overlapping staff. PTSD was diagnosed via the Clinician-Administered PTSD Scale, depression was measured by the Beck Depression Inventory-II, and trauma history and injuries were assessed via the clinician-administered Trauma Interview.

#### Results:

Most of the sample (74.9%) reported HI during at least 1 interpersonal assault. Higher rates of HI were reported in those who endorsed IPV (84.5%;  $p = .001$ ). To assess the influence of HI on outcomes, the sample was grouped into 3 conditions: HI (at least 1 significant head injury during trauma), NHI (denied head injuries, but reported serious nonhead injuries), and NI (denied any injury). All injury groups improved on PTSD and depressive symptoms with no moderation of group.

#### Conclusion:

Most individuals exposed to violence experienced at least 1 head injury, with higher rates in those assaulted by an intimate partner. The experience of HI did not negatively impact recovery from PTSD, including with participants histories of multiple head injuries. (Psycho Database Record (c) 2020 APA, all rights reserved)

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<https://www.sciencedirect.com/science/article/abs/pii/S0165032720330718>

### **Association of Remote Traumatic Brain Injury and Military Employment with Late-life Trajectories of Depressive Symptom Severity.**

Raj G. Kumar, Nimali Jayasinghe, Rod L. Walker, Laura E. Gibbons, ... Kristen Dams-O'Connor

## Highlights

- History of traumatic brain injury (TBI) and prior military employment are common lifetime exposures among current older adults, yet are seldom considered in late-life studies of depression trajectories and may be “hidden” exposures.
- We document in males, remote TBI exposure is associated with persistent depressive symptom severity over time in late life, which past military employment is associated with a declining depressive symptom severity.
- In females, remote TBI exposure and past military employment was not associated with late-life trajectories of depressive symptom severity.

## Abstract

### Background

Traumatic brain injury (TBI) and military service are common lifetime exposures among current older adults that may affect late-life mental health. The objective of the present study was to evaluate the association between TBI with loss of consciousness (LOC) and military employment and late-life depressive symptom severity trajectory.

### Methods

1445 males and 2096 females adults at least 65 years old without dementia or recent TBI were enrolled and followed biennially for up to 10 years in the Adult Changes in Thought study from Kaiser Permanente Washington in Seattle, Washington.

### Results

Using group-based trajectory modeling, we documented four distinct depressive symptom severity trajectories that followed a similar course in males and females (Minimal, Decreasing, Increasing, and Persistent). In multinomial regression analyses, TBI with LOC in males was associated with greater likelihood of Persistent versus Minimal depressive symptom severity compared to individuals without TBI (OR = 1.51, 95% CI: 1.01, 2.27;  $p=0.046$ ). Males reporting past military employment had greater likelihood of Decreasing versus Minimal depressive symptom severity compared to individuals without past military employment (OR = 1.54, 95% CI: 1.03, 2.31;  $p=0.035$ ). There was no association between TBI or military employment and depression trajectories in females, and no evidence of effect modification by age or between exposures.



## Limitations

Lifetime history of TBI was ascertained retrospectively and may be subject to recall bias. Also, past military employment does not presuppose combat exposure.

## Conclusions

Remote TBI and past military employment are relevant to late-life trajectories of depressive symptom severity in dementia-free older males.

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<https://www.cambridge.org/core/journals/psychological-medicine/article/abs/order-effects-in-ptsd-network-analysis-important-implications-for-diagnostic-conceptualization-treatment-refinement-and-research/7D4BE8D32EE3453EB1E52847F60D21CF>

## **Order effects in PTSD network analysis: important implications for diagnostic conceptualization, treatment refinement, and research.**

Trachik, B., Elliman, T., Ganulin, M., Dretsch, M., Riviere, L., Cabrera, O., . . . Hoge, C.

Psychological Medicine

Published online by Cambridge University Press: 02 December 2020

<https://doi.org/10.1017/S0033291720004377>

## Background

For decades confirmatory factor analysis (CFA) has been the preeminent method to study the underlying structure of posttraumatic stress disorder (PTSD); however, methodological limitations of CFA have led to the emergence of other analytic approaches. In particular, network analysis has become a gold standard to investigate the structure and relationships between PTSD symptoms. A key methodological limitation, however, which has significant clinical implications, is the lack of data on the potential impact of item order effects on the conclusions reached through network analyses.

## Methods

The current study, involving a large sample (N = 5055) of active duty army soldiers following deployment to Iraq, assessed the vulnerability of network analyses and prevalence rate to item order effects. This was done by comparing symptom networks of the DSM-IV PTSD checklist items to these same items distributed in random order. Half of the participants rated their symptoms on traditionally ordered items and half the participants rated the same items, but in random order and interspersed between items

from other validated scales. Differences in prevalence rate and network composition were examined.

### Results

The prevalence rate differed between the ordered and random item samples. Network analyses using the ordered survey closely replicated the conclusions reached in the existing network analyses literature. However, in the random item survey, network composition differed considerably.

### Conclusion

Order effects appear to have a significant impact on conclusions reached from PTSD network analysis. Prevalence rates were also impacted by order effects. These findings have important diagnostic and clinical treatment implications.

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<https://psycnet.apa.org/record/2020-91610-001>

### **A preliminary examination of a posttraumatic growth-based program for veteran mental health.**

Moore, B. A., Tedeschi, R. G., & Greene, T. C.

#### Practice Innovations

Advance online publication

<https://doi.org/10.1037/pri0000136>

Prevalence studies of combat veterans from the recent conflicts in Iraq and Afghanistan reveal that up to 20% experience some type of psychiatric disorder as a result of their combat experiences. One of the more notable psychiatric conditions for combat veterans is posttraumatic stress disorder (PTSD). Currently, trauma-focused, manualized psychotherapies are the prominent interventions for PTSD. These interventions, however, have significant limitations related to effectiveness, tolerance, and adherence. Consequently, alternative interventions should be considered. The present study provides longitudinal data over 18 months on an integrative approach that is based on the principles of posttraumatic growth. Outcomes related to psychiatric symptoms, quality of life, stress and emotion management, psychological flexibility, and psychological growth are reported. The application of these principles by practitioners is reviewed. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

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[https://journals.lww.com/journalpatientsafety/Abstract/9000/Suicide\\_and\\_Suicide\\_Attempts\\_on\\_Veterans\\_Affairs.99072.aspx](https://journals.lww.com/journalpatientsafety/Abstract/9000/Suicide_and_Suicide_Attempts_on_Veterans_Affairs.99072.aspx)

## **Suicide and Suicide Attempts on Veterans Affairs Medical Center Outpatient Clinic Areas, Common Areas, and Hospital Grounds.**

Rajendran, Sreevaishali MS; Mills, Peter D. PhD, MS; Watts, Bradley V. MD, MPH; Gunnar, William MD, JD

Journal of Patient Safety

December 2, 2020

<https://doi.org/10.1097/PTS.0000000000000796>

### Objectives

Few studies have analyzed suicide deaths and attempts occurring outside inpatient units on other hospital locations. We aimed to quantify and analyze suicide deaths and attempts occurring on Department of Veterans Affairs medical center outpatient clinic areas, common areas, and hospital grounds including parking lots to determine whether a relationship with access to mental health care exists and to elucidate potential mitigation strategies.

### Methods

We conducted a retrospective review of patient safety report (n = 3,186), root cause analysis (n = 234), and issue brief (n = 2,064) national databases between January 1, 2015, and December 31, 2018, to identify occurrences of suicides and attempts. Correlation between mental health access times and hospital-specific rates of suicides and attempts was assessed. Qualitative analyses of root causes and mitigation strategies were conducted.

### Results

Of 192 reports meeting our location criteria, 42 suicides or attempts occurred in outpatient clinic areas, 39 in common spaces, and 111 on outdoor facility areas. Forty-four reports (23%) pertained to suicides, and 148 (77%) pertained to attempts. The predominate methods were death by firearms (64%) and attempt by drug overdose (38%). We identified a weak yet significant relationship between mental health access times for established patients and rates of on-campus suicides and attempts (r = 0.279, P = 0.0013).

## Conclusions

Clinical changes including environmental assessments and interventions, staff training on identifying suicide risk characteristics, policy changes toward improving contraband search techniques, and medications risk assessment, as well as timely access to care may be effective mitigation strategies toward preventing suicides of this nature.

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<https://www.sciencedirect.com/science/article/abs/pii/S2468749920300697>

## **The involvement of a significant other in the treatment of posttraumatic disorder: A systematic review.**

Marie-Ève Leclerc, Alison Paradis, Michelle Dewar, Christophe Fortin

European Journal of Trauma & Dissociation

Available online 8 December 2020

<https://doi.org/10.1016/j.ejtd.2020.100188>

Social support is an important protective factor for the development and maintenance of posttraumatic stress disorder (PTSD). The involvement of a significant other in treatment of PTSD in trauma survivors has been suggested to improve social support and to promote recovery. This systematic review was conducted to examine the effects of interventions involving a significant other on changes in PTSD symptoms and perceived social support. Searches were performed among databases including Cochrane, Pubmed, PsycInfo and Embase. Studies that focused on the treatment of PTSD among adults, included the participation of a significant other in the intervention, used at least one valid tool to measure symptoms of PTSD, and had a control group, a comparison group or a pre-test/post-test comparison were included. All eleven retained studies reported a reduction of PTSD symptoms following intervention. Of these, six studies reported a loss of diagnosis in all participants and three in a majority. An improvement in social support was reported in four studies. Current evidence, though methodologically limited, supports the notion that incorporating a significant other in interventions represents a potential avenue in treating PTSD to improve treatment outcomes. (Prospero registration number: CRD42018087768)

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/cdq.12242>

## **Student Veterans: Meaning in Life, Negative Career Thoughts, and Depression.**

Mary E. Buzzetta Janet G. Lenz Seth C. W. Hayden Debra S. Osborn

Career Development Quarterly

First published: 06 December 2020

<https://doi.org/10.1002/cdq.12242>

Student veterans may experience challenges as they transition from military to student life, including adjusting to the academic environment, coping with mental health concerns, and redefining their identities. Research indicates that veterans may have difficulty finding meaning and purpose outside of the military (Brenner et al., 2008; Doenges, 2011). This study explored variables that may affect meaning and purpose in student veterans' lives, specifically negative career thoughts and depression. One hundred thirty-two student veterans at U.S. institutions were surveyed. The results revealed that both negative career thoughts and depression were statistically significant predictors ( $p < .001$ ) of the presence of meaning in life, with 46% of the variance in the presence of meaning in life scores accounted for by participants' negative career thinking and depression levels. Pearson correlations indicated that all variables were statistically significant ( $p < .01$ ). Future research could explore how other career readiness and self-assessment constructs are related to meaning and purpose in student veterans' lives, as well as the intersection of mental health and career factors. Interventions that focus both on the presence of negative career thoughts and depressive symptomatology may positively influence student veterans' report of meaning and purpose in life.

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<https://journal-veterans-studies.org/articles/10.21061/jvs.v6i3.216/>

## **Military Life Narratives and Identity Development among Black Post-9/11 Veterans.**

Deon M. Hall, Jeffrey A. Rings, Tyler Anderson

Journal of Veterans Studies

2020; 6(3), 36–46

<http://doi.org/10.21061/jvs.v6i3.216>

Military culture is heterogenous and comprised of various subcultures with their own distinct military identity. The call for cultural competence has remained ubiquitous within the mental health field for decades, and a great need exists to provide increasingly culturally sensitive and informed mental health care for Black veterans. The purpose of this phenomenological study was twofold: (a) to privilege the diverse experiences of Black military veterans and (b) to advance a theory of Black veteran identity development to assist mental health professionals in further comprehending the psychosocial needs of Black veterans. Twelve Post-9/11 veterans who identified within the Black diaspora were interviewed about their service and post-service experiences, which resulted in the following four themes. (a) keep pushing/suck it up demonstrated an inclination among Black servicemembers toward emotional restraint and limited self-disclosure when answering emotionally-activating questions related to deployment and the impact of systemic discrimination within the military, (b) family orientation/communalism: "I'm sticking with the community" described how many consistently expressed their own identity in terms of family attachments or community affiliations. This communalistic approach is furthered in (c) seeing green/colorblindness. As many veterans reported, green was the only color seen, referring to the deindividuation process that unfolded for them during service including in regard to their Black identity. However, those holding multiple marginalized identities reported being highly subject to substantial discrimination, and as a result, described the military through the lens of (d) no protective cloak/microcosm of American society. Also elicited were several essential chapters comprising the military life cycle for Black veterans. This model provides an initial framework for understanding the Black veteran identity, consisting of distinct tasks and intrapsychic negotiations to be made before the Black servicemember/veteran can proceed onto the next stage. An additional theme, understanding blackness requires a cultural fluency, provides critical implications for behavioral health providers in working to become better attuned to their Black veteran patients' needs. In describing their Blackness as "unique and dynamic," these participants encourage providers to "go beyond the symptoms," and instead to privilege their unique sociohistorical and identity specific factors in kind.

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<https://journal-veterans-studies.org/articles/10.21061/jvs.v6i3.213/>

## **Between Order and Execution: A Phenomenological Approach to the Role of Relationships in Military Culture.**

Michael Hoffman

Journal of Veterans Studies  
2020; 6(3), 72–83  
<http://doi.org/10.21061/jvs.v6i3.213>

Veteran identity is deeply rooted in the experience of military service and military culture (Castro & Kintzle, 2014; Smith & True, 2014; Meyer et al., 2016; Lancaster et al., 2018; McCormick et al., 2019). Despite the growing recognition that military identity and veteran identity are interrelated, there is scant literature that seeks to describe or define military culture—perhaps an indication of the degree to which veterans and civilians alike take military culture for granted as a factor in veteran identity. Following Brim (2013), I will regard military culture broadly: “the total of all knowledge, beliefs, morals, customs, habits, and capabilities acquired by service members and their families through membership in military organizations” (p. 31). Despite the focus on individual service members in Brim’s definition, much of the existing literature on the military treats military culture as a theoretical and often monolithic construct, rather than as a lived experience. Classic works like Samuel Huntington’s (1957) *The Soldier and the State*, and more recent entries on military culture in general (Wilson, 2008; Hall, 2013), begin with organizational elements—such as rank and role, the use of orders, and the mission of the military—and deductively construct the soldier. However useful this approach may be when considering armies en masse, a different understanding of military culture is necessary when faced with a particular veteran with particular needs, and with a particular identity that is informed by their military service. We need a means to consider how the specific experiences of military service inform specific veteran knowledge, beliefs, morals, etc.; and further, a means to consider more fully how the customs and habits—what soldiers do in the course of service—are connected to the beliefs and morals that constitute military ethos.

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<https://journal-veterans-studies.org/articles/10.21061/jvs.v6i3.218/>

### **Embracing Diverse Women Veteran Narratives: Intersectionality and Women Veteran’s Identity.**

Vanessa Meade

Journal of Veterans Studies  
2020; 6(3), 47–53  
<http://doi.org/10.21061/jvs.v6i3.218>



As women's roles in the military have shifted and more women are serving in the military, the systems and organizations working with women veterans after military service have made few changes to reflect the diversity, roles, and experiences of women and have thus created a difficult context for women to develop an identity as a veteran. The effects of racism, heterosexism, sexual discrimination, harassment and violence, and other forms of oppression, as well the intersection of these and how they uphold the existing power structures in the military are crucial to understanding veteran identity yet are often overlooked by systems serving women veterans.

Other examples of the need for more inclusive narratives for women veterans in services and organizations is the projected increase in the percentage of women veterans and the increased racial and ethnic diversity in the military. As the number of women veterans increases, organizations serving veterans can also provide support to develop self-efficacy, develop new programs, and change existing programming to assist women veterans in connecting in civilian society as veterans and better address their needs, including the accumulated effects of systematic oppression and discrimination they experienced in the military.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22635>

### **Distinguishing the Effects of Life Threat, Killing Enemy Combatants, and Unjust War Events in U.S. Service Members.**

Krauss, S.W., Zust, J., Frankfurt, S., Kumparatana, P., Riviere, L.A., Hocut, J., Sowden, W.J. and Adler, A.B.

Journal of Traumatic Stress

First published: 10 December 2020

<https://doi.org/10.1002/jts.22635>

Although previous studies have identified behavioral health risks associated with combat exposure, it is unclear which types of combat events are associated with these risks, particularly regarding contrasts among the risks associated with life-threatening experiences, killing combatants, and exposure to unjust war events, such as killing a noncombatant or being unable to help civilian women and children. In the present study, we examined surveys from 402 soldiers following deployment (i.e., baseline) and again 13 months later (i.e., Year 1). Regression analyses were conducted across a range of



behavioral health (e.g., posttraumatic stress disorder, depression, suicide ideation, anxiety, somatic, insomnia, aggression) and benefit-finding measures, each controlling for two combat event categories while assessing the predictive utility of a third. The results suggested that life-threatening events were associated with poor behavioral health at baseline, relative risk (RR) = 10.00, but not at Year 1, RR = 2.67. At both baseline and Year 1, killing enemy combatants was not associated with behavioral health, RRs = 1.67–3.33, but was positively associated with benefit-finding, RRs = 26.67–40.00. Exposure to unjust war events was associated with a transdiagnostic pattern of behavioral health symptoms at baseline, RR = 40.00, and Year 1, RR = 23.33. Overall, the results suggest unjust war event exposure is particularly injurious, above and beyond exposure to other combat-related events. Future research can build on these findings to develop clearer descriptions of the combat events that might place service members at risk for moral injury and inform the development of assessment and treatment options.

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<https://pubmed.ncbi.nlm.nih.gov/32749616/>

### **Mechanisms Through Which a Family Caregiver Coaching Intervention Might Reduce Anxiety Among Children in Military Households.**

Shepherd-Banigan M, Jones KA, Wang K, DePasquale N, Van Houtven C, Olsen JM.

Maternal and Child Health Journal  
2020; 24(10), 1248–1258  
<https://doi.org/10.1007/s10995-020-02964-w>

#### **Objectives:**

Children of injured or disabled veterans and service members may be at risk for mental health and adjustment problems due to household stress. Yet, there are few widely available interventions to address the needs of this population. Reducing distress and improving coping skills of the parent who cares for the injured or disabled adult may improve child outcomes. This paper examines whether changes in caregiver psychosocial outcomes after a caregiver coaching intervention are associated with decreases in child anxiety.

#### **Methods:**

Using programmatic data collected between 2015 and 2019 from participants in a family caregiver coaching intervention (170 caregivers, 294 children), we apply linear mixed

models to assess associations between changes in family caregiver well-being, including problem solving, depressive symptoms, burden, health complaints and quality of life, and changes in parent-reported child anxiety.

#### Results:

The baseline median Spence Children's Anxiety Scale-Parent score was 17; children aged 6-11 had slightly higher scores. Child anxiety scores decreased on average 2.8 points (SD 8.4) between baseline and follow-up. In adjusted models, decreases in caregiver depressive symptoms and health complaints were associated with decreases in child anxiety. Caregiver problem-solving skills, quality of life, and subjective burden were not associated with changes in child anxiety.

#### Conclusion:

Family caregiver-focused interventions that decrease caregiver stress may positively affect children in the household. Few resources are directed at military children; therefore, practitioners should consider ways to leverage caregiver interventions to address child well-being, such as incorporating information on parenting strategies and addressing issues faced by military children.

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<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usaa539/6031147>

### **Health Behavior Differences Between Male and Female U.S. Military Personnel by Sexual Orientation: The Importance of Disaggregating Lesbian, Gay, and Bisexual Groups.**

Diana D Jeffery, Matthew R Beymer, Mark J Mattiko, Donald Shell

Military Medicine

Published: 11 December 2020

<https://doi.org/10.1093/milmed/usaa539>

#### Introduction

The aims of the study are to identify health-related behaviors associated with sexual orientation among active duty military personnel and to compare those behaviors when lesbian, gay, and bisexual (LGB) groups are aggregated and disaggregated.

## Materials and Methods

We used public data from the 2015 Health-Related Behavior Survey of Active Duty Military Personnel. Binomial logistic regression analyses were used to examine differences between and within heterosexual, same-sex, and bisexual groups as predicted by the following correlates: demographic characteristics, physical activity, substance use, probable mood disorders, unwanted sexual contact, physical abuse, suicidal behaviors, and sexually transmitted infection (STI).

## Results

In univariate analyses, rates of lifetime unwanted sexual contact and lifetime suicidal ideation were significantly higher for bisexual females compared to other groups. The results of regression analyses differed depending on whether LGB groups were aggregated or disaggregated. Aggregated LGB versus heterosexual model found significant differences with respect to unwanted sexual contact, lifetime suicide attempt, STI, smoking, and marijuana use. Disaggregated models found different patterns of significant correlates, e.g., correlates comparing gays to heterosexual males were STI, sexual contact, lifetime suicide attempt, and age; correlates comparing lesbians to heterosexual females were heavy drinking, probable post-traumatic stress disorder, ever used marijuana, lifetime suicide attempt, lifetime physical abuse, and smoking.

## Conclusion

The findings are consistent with those of previous research showing highest risk for suicidal behaviors and substance abuse among bisexual individuals. We recommend that future studies and clinical care consider LGB sexual identities as heterogeneous groups; otherwise, risks for adverse health behaviors may be overlooked.

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<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usaa529/6029449>

## **An Examination of Chronic Pain Indices and the Updated Posttraumatic Stress Disorder Checklist for Diagnostic and Statistical Manual of Mental-Disorders-Fifth Edition.**

Elizabeth Lehinger, PhD, David E Reed, II, PhD, Paul Nabity, PhD, Nicole Brackins, MS, Robert Villarreal, MS, Cindy McGeary, PhD, ABPP, Tabatha Blount, PhD, Briana Cobos, MA, Carlos Jaramillo, MD, PhD, Blessen C Eapen, MD, Mary Jo Pugh, PhD, Jennifer Potter, PhD, Alan Peterson, PhD, Stacey Young-McCaughan, PhD, Timothy Houle, PhD, Donald D McGeary, PhD, ABPP

Military Medicine

Published: 10 December 2020

<https://doi.org/10.1093/milmed/usaa529>

## Introduction

Chronic pain and post-traumatic stress disorder (PTSD) comorbidity is prevalent among veterans and is associated with increased levels of pain severity and pain-related disability. An improved understanding of the relationship between these co-occurring disorders, in addition to effective integrated treatments, will develop by considering the changes to the PTSD diagnostic criteria in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). The current study examined the relationship between the revised PTSD Checklist for DSM-5 (PCL-5) symptom clusters (i.e., intrusion, avoidance, negative alterations in cognition and mood [NACM], and arousal) and chronic pain measurements (i.e., pain severity, interference, and disability).

## Materials and Methods

Participants included 103 veterans (ages 26-70, mean = 45.33) participating in a randomized clinical trial examining the efficacy of an interdisciplinary pain management program for chronic musculoskeletal pain. The study was approved by a university system Institutional Review Board and affiliated healthcare system.

## Results

The participants with a provisional PTSD diagnosis based on PCL-5 responses (N = 76) had significantly greater pain severity, interference, and disability than the participants without a provisional diagnosis (N = 23). Correlations between symptom clusters and pain measurements were mostly significant and positive with varying strengths. The avoidance symptom cluster, however, had relatively weaker correlations with pain measurements and was not significantly associated with the numeric rating scale of pain severity. Path analyses revealed that, after controlling for avoidance symptoms, significant associations remained between NACM and all the pain measurements. After controlling for NACM symptoms, however, there were no significant associations between avoidance symptoms and pain measurements.

## Conclusion

The current study highlights a need to re-examine the leading theories about the mutual maintenance of these disorders in order to develop effective integrative treatment approaches. PTSD-related avoidance may have a relatively weaker role in co-occurring chronic pain than the other symptom clusters and may have a qualitatively different role than chronic pain-related avoidance. Future research should explore the relationship

between the avoidance in PTSD and the avoidance in chronic pain as well as identify which chronic pain measurements are the most useful when examining the relationship between PTSD and chronic pain. The potential impact of trauma-related cognition and mood on chronic pain indicates that this is an important area for intervention and should be considered in the development of integrated treatments for chronic pain and PTSD among veterans.

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### **Links of Interest**

Here's Why the National Guard Is Over 100 Years Older Than the Other Military Services

<https://www.military.com/daily-news/2020/12/13/heres-why-national-guard-over-100-years-older-other-military-services.html>

Successfully Coping with Holiday Stress: Strategies for Health Care Workers

<https://www.pdhealth.mil/news/blog/successfully-coping-holiday-stress-strategies-health-care-workers>

Navy hires special education attorneys as part of pilot program for families

<https://www.stripes.com/news/us/navy-hires-special-education-attorneys-as-part-of-pilot-program-for-families-1.655271>

He Designed A Smartwatch App To Help Stop His Dad's Nightmares

<https://www.npr.org/2020/12/06/943647610/he-designed-a-smartwatch-app-to-help-stop-his-dads-nightmares>

Pandemic Leaves More Military Families Seeking Food Assistance

<https://www.nytimes.com/2020/12/16/us/politics/coronavirus-military-hunger.html>

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### **Resource of the Week: [The Implementation of a Comprehensive Policy on Pain Management by the Military Health Care System for Fiscal Year 2020](#)**

This is the annual report required by section 711 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2010 (Public Law 111-84). Section 711 requires the Secretary of Defense to submit an annual assessment of Military Health System (MHS) pain management to the Congressional Armed

Services Committees through 2018 (see Appendix A). This requirement was extended to 2021 by section 1061 of NDAA for FY 2017 Public Law 114-328. Key elements include: a description of the current pain management policy and revisions; a description of the performance measures used to determine the effectiveness of policy; and an assessment of adequacy and effectiveness of pain management services, research completed or underway, training delivered to Department of Defense (DoD) health care personnel, education provided to beneficiaries, and dissemination of information on pain management to our beneficiaries.



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