

CDP



Research Update -- January 28, 2021

What's Here:

- Virtual Reality Exposure Simulation for Student Veteran Social Anxiety and PTSD: A Case Study.
- Gender Differences in Mental Health Screening Outcomes Among U.S. Marines in Combat Support Occupations.
- Symptoms of Depression, Anxiety, and Post-Traumatic Stress Disorder and Their Relationship to Health-Related Behaviors in Over 12,000 US Military Personnel: Bi-Directional Associations.
- Factors increasing the risk of suicide after traumatic brain injury: a state-of-the-science review of military and civilian studies.
- A Factor Analysis of the Suicide Cognitions Scale in Veterans with Military Sexual Trauma-Related Posttraumatic Stress Disorder.
- Independent and Synergistic Associations Between TBI Characteristics and PTSD Symptom Clusters on Cognitive Performance and Postconcussive Symptoms in Iraq and Afghanistan Veterans.
- An Examination of Suicide Exposure and Fearlessness about Death on Suicide Risk among Active Duty Service Members, Veterans, and Civilians.
- Intimate Partner Violence Among Pregnant Veterans: Prevalence, Associated Mental Health Conditions, and Health Care Utilization.
- Baseline Characteristics from the Women Veterans Cohort Study: Gender Differences and Similarities in Health and Healthcare Utilization.

- Improving Geropsychology Competencies of Veterans Affairs Psychologists.
- Suicide-Related Internet Searches During the Early Stages of the COVID-19 Pandemic in the US.
- Internet-Based Cognitive Behavioral Therapy for Depression: A Systematic Review and Individual Patient Data Network Meta-analysis.
- Serving Veterans in their Communities: Evaluation of an Online Resource for Behavioral Health Care Providers.
- Service Impact on Veteran Health: Case Examples From Recent Eras.
- “A Woman in A Man’s World”: A Pilot Qualitative Study of Challenges Faced by Women Veterans During and After Deployment.
- Evaluating the quality of resilience apps for military members and public safety personnel.
- Acceptance and Efficacy of Mandibular Advancement Device Treatment in Military Veterans With Obstructive Sleep Apnea: Effect on Posttraumatic Stress Disorder.
- Diurnal Rhythm Robustness in Individuals With PTSD and Insomnia and The Association With Sleep.
- Evolution of Irritability, Anger, and Aggression after Traumatic Brain Injury: Identifying and Predicting Subgroups.
- The Marine Suicide Prevention and Intervention REsearch (M-SPIRE) study: A randomized clinical trial investigating potential treatment mechanisms for reducing suicidal behaviors among military personnel.
- Prevalence and Risk Factors for Food Insecurity Among Low-Income US Military Veterans.
- Veterans and Media: The Effects of News Exposure on Thoughts, Attitudes, and Support of Military Veterans.
- Exposure therapy beliefs and utilization for treatment of PTSD: A survey of licensed mental health providers.
- Association of opioid misuse with anxiety and depression: A systematic review of the literature.
- Links of Interest

- Resource of the Week -- Defense Primer: Military Commissaries and Exchanges (Congressional Research Service)

<https://doi.org/10.1007/s10615-020-00784-7>

Virtual Reality Exposure Simulation for Student Veteran Social Anxiety and PTSD: A Case Study.

Mark H. Trahan, Richard H. Morley, Erica E. Nason, Nathan Rodrigues, Laura Huerta & Vangelis Metsis

Clinical Social Work Journal
Published 19 January 2021

Exposure based exercises are a common element of many gold standard treatments for anxiety disorders and post-traumatic stress disorder and virtual reality simulations have been evaluated as a platform for providing clients with opportunities for repeated exposure during treatment. Although research on virtual reality exposure therapy (VRET) indicates effectiveness and high levels of user satisfaction, VRETs require a participant to complete exposure exercises in-offices with specialized equipment. The current exploratory case method study evaluates the experience and outcomes of one student veteran with social anxiety disorder and PTSD completing twelve sessions of VRET exposure using a mobile phone simulation of a virtual grocery store. The participant reported decreases in psychological symptoms, improvements in neurological connectivity, and better sleep quality upon completing the trial. Results suggest that VRET using a mobile application is feasible and warrants further research to evaluate effectiveness more fully. Implications include the use of a mobile based virtual reality simulation for intervening in social anxiety for student veterans.

<https://doi.org/10.1016/j.whi.2020.08.004>

Gender Differences in Mental Health Screening Outcomes Among U.S. Marines in Combat Support Occupations.

MacGregor, A. J., Dye, J. L., & Dougherty, A. L.

Background:

The role of women in the U.S. Military has expanded over the years. Recent policy changes allow for women to serve in all military occupations, including direct combat. Multiple studies have identified a higher risk of mental health problems with increasing levels of combat, but little is known regarding gender differences among specific combat support occupations.

Methods:

A total of 15,900 U.S. Marines (1,065 women and 14,835 men) with a deployment between 2007 and 2009 were identified from electronic military records. A standard health questionnaire was completed at the end of deployment, which queried the service member on combat exposure and mental health. Mental health problems were defined as screening positive for post-traumatic stress disorder or depression, or receiving a mental health referral. Military occupation was categorized as electrical/mechanical repair, communications/intelligence, functional support/administration, and service/supply.

Results:

Overall, men reported more combat exposure than women. The communications/intelligence and service/supply occupations had the highest rates of combat exposure. After adjusting for combat exposure, previous diagnosis of anxiety or depression, deployment time, age, and military rank, women had higher odds than men for mental health problems in service/supply (odds ratio, 1.76; 95% confidence interval, 1.21-2.56) and communications/intelligence occupations (odds ratio, 1.60; 95% confidence interval, 1.01-2.52).

Conclusions:

As women become fully integrated into the military, the study of health disparities becomes essential for medical planning purposes. Occupation-specific exposures should be considered, along with combat exposures, when determining a risk profile for adverse mental health outcomes among women and men after wartime deployment.

<https://doi.org/10.1016/j.jad.2021.01.029>

Symptoms of Depression, Anxiety, and Post-Traumatic Stress Disorder and Their Relationship to Health-Related Behaviors in Over 12,000 US Military Personnel: Bi-Directional Associations.

A Hruby, HR Lieberman, TJ Smith

Journal of Affective Disorders
Available online 15 January 2021

Background:

Military personnel are at greater risk of psychological disorders and related symptoms than civilians. Limited participation in health-promoting behaviors may increase presence of these disorders. Alternatively, these symptoms may limit engagement in health-promoting behaviors.

Methods:

Self-reported data from the 2015 Department of Defense Health Related Behaviors Survey were used to assess bi-directional relationships between health-related behaviors (obesity, physical activity [PA], alcohol, smoking, sleep) and self-reported psychological disorders (generalized anxiety disorder [GAD], depression, post-traumatic disorder [PTSD]) in U.S. military personnel.

Outcomes:

Among 12 708 respondents (14.7% female; 28.2% 17–24 y; 13.7% obese), self-reported depression was reported by 9.2%, GAD by 13.9%, and PTSD by 8.2%. Obesity and short sleep were associated with self-reported depression, GAD, and PTSD; current smoking was associated with higher odds of GAD; higher levels of vigorous PA were associated with lower odds of GAD; higher levels of moderate PA associated with lower odds of PTSD; and higher alcohol intake associated with higher odds of depression and PTSD. Self-reported depression, GAD, and PTSD were associated with higher odds of short sleep, obesity, and low levels of PA.

Interpretation:

Obesity, short sleep, and limited engagement in health-promoting behaviors are associated with higher likelihood of self-reported psychological disorders, and vice-versa. Encouraging and improving health-promoting behaviors may contribute to positive mental health in military personnel.

<https://doi.org/10.1080/02699052.2020.1861656>

Factors increasing the risk of suicide after traumatic brain injury: a state-of-the-science review of military and civilian studies.

Kayla S. McIntire, Kelly A. Crawford, Paul B. Perrin, Jordan L. Sestak, Kyle Aman, Lauren A. Walter, David B. Page, Huacong Wen, Brittney O. Randolph, Robert C. Brunner, Tom L. Novack & Janet P. Niemeier

Brain Injury

Published online: 18 Jan 2021

Primary Objective:

Survey TBI literature to identify evidence of risk for post-injury suicide.

Literature Selection:

Search terms ((traumatic brain injury OR TBI) AND (suicidality OR suicidal behaviour OR suicidal ideation)) entered in PubMed, OVID Medline, PsychInfo, and Web of Science for papers published in print 01/01/1997 to 06/30/2019.

Analysis of Literature:

Authors screened abstracts, excluding duplicates and articles not meeting inclusion/exclusion criteria. Full papers were reviewed to make final exclusions. Data were extracted from 40 papers included co- and premorbid disorders, demographics, injury-related and psychological factors.

Results:

Persons with TBI have a higher risk for suicide than the general population. Reviewed articles reported comorbid depression and/or PTSD as risk factors for post-TBI suicide. Co- or premorbid substance misuse, sex, and sleep disturbance moderate risk. Quality of the literature was limited by sample size, the predominance of male participants, and inconsistency in reporting of findings.

Conclusions:

Comorbid depression and PTSD are significant post-TBI risk factors for suicide. Several variables combine to moderate or mediate TBI's connection with suicide. Civilian and military clinician cross-talk and consistent reporting of results from reproducible studies

of post-TBI suicide risk factors could improve prevention and treatment efforts in veterans and civilians.

<https://doi.org/10.1080/15299732.2020.1869643>

A Factor Analysis of the Suicide Cognitions Scale in Veterans with Military Sexual Trauma-Related Posttraumatic Stress Disorder.

Jessica Wiblin, Nicholas Holder, Ryan Holliday, Haekyung Jeon-Slaughter, James LePage & Alina Surís

Journal of Trauma & Dissociation

Published online: 18 Jan 2021

The Suicide Cognitions Scale (SCS) assesses suicide-specific cognitions which may drive suicide risk. Nonetheless, prior work has been mixed regarding optimal factor structure. Additionally, this measure has not been validated for use with veterans with military sexual trauma-related posttraumatic stress disorder (MST-related PTSD), a population that is at elevated risk for suicidal self-directed violence (SDV). This study sought to determine the optimal factor structure of the SCS for use with veterans with MST-related PTSD as well as its psychometric properties. An exploratory factor analysis revealed a four-factor structure, including unlovability, unbearable, unsolvability, and negative urgency. The SCS also demonstrated excellent internal consistency and good convergent validity. This study identified a novel factor, negative urgency, which may explain some of the predictive power of the SCS found in previous research. This paper provides initial support for a four-factor structure of the SCS among those with MST-related PTSD. Additional work remains necessary in evaluating the SCS as a tool for detecting risk for future suicidal SDV among veterans with MST-related PTSD.

<https://doi.org/10.1176/appi.neuropsych.20050128>

Independent and Synergistic Associations Between TBI Characteristics and PTSD Symptom Clusters on Cognitive Performance and Postconcussive Symptoms in Iraq and Afghanistan Veterans.

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The Journal of Neuropsychiatry and Clinical Neurosciences
Published Online: 14 Jan 2021

Objective:

The investigators sought to evaluate the independent and interactive associations between mild traumatic brain injury (mTBI) characteristics and posttraumatic stress disorder (PTSD) symptoms with regard to postconcussive symptoms and cognition among treatment-seeking veterans of the U.S. conflicts in Iraq and Afghanistan.

Methods:

Sixty-seven Iraq and Afghanistan veterans who had a history of mTBI and comorbid PTSD were grouped based on injury mechanism (blast versus nonblast) and number of lifetime mTBIs (one to two versus three or more). Independent associations between mTBI characteristics and PTSD symptom clusters were evaluated with regard to cognition and postconcussive symptoms. Follow-up analyses were conducted to determine any interactive associations between TBI characteristics and PTSD symptom clusters.

Results:

Higher PTSD symptoms, particularly hyperarousal, were associated with poorer executive functioning and higher postconcussive symptoms. No direct relationships were observed between PTSD symptom clusters and memory or processing speed. The relationship between hyperarousal and processing speed was moderated by lifetime mTBIs, such that those with a history of at least three mTBIs demonstrated a negative association between hyperarousal and processing speed. Blast-related mTBI history was associated with reduced processing speed, compared with non-blast-related mTBI. However, an interaction was observed such that among those with blast-related mTBI history, higher re-experiencing symptoms were associated with poorer processing speed, whereas veterans without history of blast-related mTBI did not demonstrate an association between processing speed and re-experiencing symptoms.

Conclusions:

Higher hyperarousal and re-experiencing symptoms were associated with reduced processing speed among veterans with repetitive and blast-related mTBI history, respectively. PTSD symptoms, specifically hyperarousal, were associated with poorer

executive functioning and higher postconcussive symptoms. Limited associations were found between injury characteristics and cognition chronically following mTBI. However, these results support synergistic effects of specific PTSD symptom clusters and TBI characteristics.

<https://doi.org/10.1080/13811118.2020.1868365>

An Examination of Suicide Exposure and Fearlessness about Death on Suicide Risk among Active Duty Service Members, Veterans, and Civilians.

Kelly A. Soberay, Julie Cerel, Margaret M. Brown & Myfanwy Maple

Archives of Suicide Research

Published online: 19 Jan 2021

Suicide exposure is associated with an increased risk for suicide. There is limited research on the mechanisms that increase this risk. This study aims to: (1) compare suicide exposure and associated variables in veteran, active duty, and civilian participants, (2) examine the extent to which fearlessness about death and suicide risk factors differ as a function of group membership and suicide exposure, and (3) determine the degree to which relationship to the decedent, perceived closeness, and reported impact of the death are associated with fearlessness about death and suicide-related outcomes. 1,533 participants were included, of whom 48% of active duty service members, 65% of veterans, and 58% of civilians reported knowing someone who died by suicide. A series of regressions were conducted. There were group differences by military service on the suicide exposure variables. Furthermore, there were significant main effects for military service group and suicide exposure on the outcome variables. In general, civilians reported greater suicide risk and active duty service members reported greater fearlessness about death. Fearlessness about death mediated the associations between perceived closeness and a history of suicide attempts. The loss of a military colleague to suicide was found to be unique and distinguishable from other important relationships. Results suggest the need to consider suicide exposure and closeness as salient variables associated with fearlessness about death and suicide risk factors. Inquiring about suicide exposure, closeness to the decedent, fearlessness about death, and beyond familial losses to suicide may indicate important avenues of intervention.

<https://doi.org/10.1007/s11606-020-06498-3>

Intimate Partner Violence Among Pregnant Veterans: Prevalence, Associated Mental Health Conditions, and Health Care Utilization.

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Journal of General Internal Medicine
Published 19 January 2021

Background

Intimate partner violence (IPV) is a prevalent and serious health concern for women veterans, associated with mental and physical health symptoms. The adverse impacts of IPV are exacerbated during pregnancy, with added risks for pregnancy and postpartum outcomes.

Objective

Identify the scope of IPV among pregnant veterans and associations with health outcomes.

Design

Data were obtained from a national retrospective cohort study.

Participants

Study participants were 442 pregnant veterans using VHA maternity care benefits.

Main Measures

Mental health history was assessed via self-report measure and chart review; history of IPV and perinatal depression were assessed via brief validated self-report measures.

Key Results

Fourteen percent of the sample reported past-year IPV. Report of past-year IPV was associated with higher self-reported rates of lifetime mental health disorders including depression ($p = 0.01$), posttraumatic stress disorder ($p = 0.02$), anxiety disorders ($p = 0.05$), mood disorders ($p = 0.01$), bipolar disorder ($p = 0.001$), and eating disorders ($p = 0.003$); past-year IPV was also associated with the diagnosis of posttraumatic stress disorder during pregnancy ($p = 0.002$). Additionally, past-year IPV was associated with

higher rates of military sexual trauma (MST; $p = 0.03$), pregnancy health risk behaviors (i.e., smoking, alcohol, and drug use; $p = 0.004$), greater number of VHA mental health visits during pregnancy ($p = 0.04$), and a lower likelihood of seeking social support from a spouse or partner ($p < 0.0001$).

Conclusions

Results indicate substantial rates of IPV among pregnant veterans, and high rates of mental health conditions which may be exacerbated by MST experience and lower likelihood of seeking social support. Clinicians treating pregnant veterans should screen for and address IPV and mental health treatment needs, and risks should be assessed among pregnant veterans experiencing IPV.

<https://doi.org/10.1089/jwh.2020.8732>

Baseline Characteristics from the Women Veterans Cohort Study: Gender Differences and Similarities in Health and Healthcare Utilization.

Allison E. Gaffey, Matthew M. Burg, Lindsey Rosman, Galina A. Portnoy, Cynthia A. Brandt, Casey E. Cavanagh, Melissa Skanderson, James Dziura, Kristin M. Mattocks, Lori A. Bastian, and Sally G. Haskell.

Journal of Women's Health
Published Online: 13 Jan 2021

Introduction:

With the unprecedented expansion of women's roles in the U.S. military during recent (post-9/11) conflicts in Iraq and Afghanistan, the number of women seeking healthcare through the Veterans Health Administration (VHA) has increased substantially. Women Veterans often present as medically complex due to multiple medical, mental health, and psychosocial comorbidities, and consequently may be underserved. Thus, we conducted the nationwide Women Veterans Cohort Study (WVCS) to examine post-9/11 Veterans' unique healthcare needs and to identify potential disparities in health outcomes and care.

Methods:

We present baseline data from a comprehensive questionnaire battery that was administered from 2016 to 2019 to a national sample of post-9/11 men and women Veterans who enrolled in Veterans Affairs care (WVCS2). Data were analyzed for

descriptives and to compare characteristics by gender, including demographics; health risk factors and symptoms of cardiovascular disease, chronic pain, and mental health; healthcare utilization, access, and insurance.

Results:

WVCS2 included 1,141 Veterans (51% women). Women were younger, more diverse, and with higher educational attainment than men. Women also endorsed lower traditional cardiovascular risk factors and comorbidities (e.g., weight, hypertension) and greater nontraditional cardiovascular risk factors (e.g., trauma, psychological symptoms). More women reported single-site pain (e.g., neck, stomach, pelvic) and multisite pain, but did not differ from men in posttraumatic stress disorder (PTSD) symptoms or treatment for PTSD. Women seek care at VHA medical centers more frequently, often combined with outside health services, but do not significantly differ from men in their insurance coverage.

Conclusion:

Overall, this investigation indicates substantial variation in risk factors, health outcomes, and healthcare utilization among post-9/11 men and women Veterans. Further research is needed to determine best practices for managing women Veterans in the VHA healthcare system.

<https://doi.org/10.1111/jgs.17029>

Improving Geropsychology Competencies of Veterans Affairs Psychologists.

Huh, J.W.T., Rodriguez, R.L., Gregg, J.J., Scales, A.N., Kramer, B.J. and Gould, C.E.

Journal of the American Geriatrics Society

First published: 16 January 2021

Older adults are more likely to seek mental health care through integrated care settings such as primary care. Currently, there exists a significant shortage of mental health providers trained in geropsychology and integrated care competencies. To address this need within the Veterans Health Administration, a national workforce development program was extended to include psychologists, which is called the Geriatric Scholars Program-Psychology Track (GSP-P). The GSP-P has two overarching educational program aims: (1) to improve geropsychology competencies of practicing VA psychologists, particularly those working within integrated settings (e.g., primary care)

and (2) enrich psychologists' abilities to enact change in their clinical settings. Ninety-eight VA clinicians participated in the GSP-P, which includes a multi-day in-person course, from 2014 to 2018. Participants completed measures assessing confidence and self-reported knowledge in geropsychology and integrated care competencies pre-course and 3-months post-completion. Two-weeks post-course participants responded to open-ended survey questions regarding their perceptions of the course and potential applications of learning. Significant improvements in confidence in and knowledge of geropsychology and integrated care competencies emerged from pre-course to 3-months post-completion. Qualitative findings demonstrated that participants valued the face-to-face, integrated multimodal educational program. Findings provided insights regarding clinicians' planned application of the knowledge acquired, such as modifying treatments for older patients. Specialized workforce programs such as the GSP-P have a significant, positive impact on the care of older Veterans.

<https://doi.org/10.1001/jamanetworkopen.2020.34261>

Suicide-Related Internet Searches During the Early Stages of the COVID-19 Pandemic in the US.

Ayers JW, Poliak A, Johnson DC, et al.

JAMA Network Open
January 21, 2021

Introduction

Experts anticipate that the societal fallout associated with the coronavirus disease 2019 (COVID-19) pandemic will increase suicidal behavior, and strategies to address this anticipated increase have been woven into policy decision-making without contemporaneous data.^{1,2} For instance, President Trump cited increased suicides as an argument against COVID-19 control measures during the first presidential debate on September 29, 2020.

Given the time delays inherent in traditional population mental health surveillance, it is important for decision-makers to seek other contemporaneous data to evaluate potential associations.³ To assess the value that free and public internet search query trends can provide to rapidly identify associations, we monitored suicide-related internet search rates during the early stages of the COVID-19 pandemic in the US.

Methods

In this cross-sectional study, we replicated the methods of a previous study on tracking suicidal ideation.⁴ Weekly Google search rates (per 10 million searches) for the term suicide after excluding searches mentioning squad (a reference to a popular film) that originating from the US between January 1, 2010, and July 5, 2020, were monitored using the Google Trends application programming interface (Alphabet Inc). We also monitored the top 20 unique queries related to suicide after unrelated terms (eg, suicide slide) had been excluded. This study was exempted from ethical review and certified as not qualifying as human participant research by the University of California San Diego Human Research Protections Program. This study followed the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) reporting guideline.

Changes in search rates were compared before and after the US declaration of a national emergency for the COVID-19 pandemic during the second week of March 2020. Search rates between January 1-7, 2010, and March 1-7, 2020, were used to forecast expected search rates between March 8-14, 2020, and July 5-12, 2020, using an autoregressive integrated moving average model. The ratio of observed and expected search rates with bootstrapped 95% CIs was computed weekly and cumulatively. Absolute volume of searches was estimated by multiplying the search rates by total search estimates from comScore.com (comScore Inc). Analyses were performed using R, version 3.6.1 (R Project for Statistical Computing)

Results

All queries containing the term suicide cumulatively decreased by 22% (95% CI, 18%-26%) in the 18 weeks after President Trump declared a national emergency and never eclipsed their expected search rate for any week (Figure 1). In raw terms, this was approximately 7.8 million fewer searches than expected.

Moreover, searches for 15 of the 20 related terms significantly decreased, including suicide note (-47%; 95% CI, -52% to -43%), suicidal thoughts (-20%; 95% CI, -24% to -16%), and suicidal ideation (-22%; 95% CI, -28% to -15%), translating into approximately 245 000, 155 000, and 80 000 fewer searches than expected, respectively (Figure 2). The only search term that significantly increased was potentially associated with interest in suicide facts: how many people commit suicide (18%; 95% CI, 1%-36%; approximately 13 000 more searches than expected).

Discussion

Internet searches for suicide, previously found to be associated with population changes in suicidal behavior,^{3,5} decreased during the early stages of the COVID-19 pandemic in the US. Although this study cannot independently confirm that changes in search rates

were caused by changes in population-level suicide rates, it showed that COVID-19 may have been inversely associated with population suicide trends between March and July 2020. Counter to expectations, our early findings are supported by the literature on catastrophic events.⁶ In some cases, catastrophes are associated with increased social support and unify communities and are thereby associated with reduced suicidal outcomes (what experts call the “pulling together” phenomenon). These include acute events, such as the 1995 Great Hanshin-Awaji Earthquake, and long-lasting events, such as the response to the September 11 attacks on the US and the subsequent recovery efforts, and now potentially the COVID-19 pandemic. For instance, at the onset of the COVID-19 outbreak, business and community leaders adopted the United Nations’ “We are all in this together” campaign, a theme that has since permeated pop culture.

Still, search rates for information on suicide may change, even increase, especially given a prolonged pandemic, making continued monitoring crucial. Moreover, researchers can extend the approach that we used (including tracking online help-seeking searches and social media shares) to empirically assess complementary proxies for other population mental health outcomes. Decision-makers could track hundreds of mental health search queries, identify the subsets that have greater demand, and target resources to meet those needs. Timely, empirical evidence from contemporaneous digital data sources can help steer limited resources to align with the needs of the public and promote data-driven debate regarding the potential societal implications of the COVID-19 pandemic.

<https://doi.org/10.1001/jamapsychiatry.2020.4364>

Internet-Based Cognitive Behavioral Therapy for Depression: A Systematic Review and Individual Patient Data Network Meta-analysis.

Karyotaki E, Efthimiou O, Miguel C, et al.

JAMA Psychiatry

Published online January 20, 2021

Key Points

Question

What are the patient-specific relative outcomes of guided vs unguided internet-based cognitive behavioral therapy (iCBT) for depression over the short and the long term?

Findings

In this systematic review and meta-analysis of 39 studies comprising 9751 participants, individuals with mild/subthreshold depression was associated with little or no benefit from therapeutic guidance, while guided iCBT was associated with more effectiveness in individuals with moderate and severe depression. Both iCBT modalities outperformed the TAU regardless of depression severity.

Meaning

Although guided iCBT was associated with greater improvement compared with unguided iCBT on average, many people with depression may still benefit from the iCBT without therapeutic guidance, and optimizing treatment assignment would considerably expand treatment coverage worldwide.

Abstract

Importance

Personalized treatment choices would increase the effectiveness of internet-based cognitive behavioral therapy (iCBT) for depression to the extent that patients differ in interventions that better suit them.

Objective

To provide personalized estimates of short-term and long-term relative efficacy of guided and unguided iCBT for depression using patient-level information.

Data Sources

We searched PubMed, Embase, PsycInfo, and Cochrane Library to identify randomized clinical trials (RCTs) published up to January 1, 2019.

Study Selection

Eligible RCTs were those comparing guided or unguided iCBT against each other or against any control intervention in individuals with depression. Available individual patient data (IPD) was collected from all eligible studies. Depression symptom severity was assessed after treatment, 6 months, and 12 months after randomization.

Data Extraction and Synthesis

We conducted a systematic review and IPD network meta-analysis and estimated relative treatment effect sizes across different patient characteristics through IPD network meta-regression.

Main Outcomes and Measures

Patient Health Questionnaire–9 (PHQ-9) scores.

Results

Of 42 eligible RCTs, 39 studies comprising 9751 participants with depression contributed IPD to the IPD network meta-analysis, of which 8107 IPD were synthesized. Overall, both guided and unguided iCBT were associated with more effectiveness as measured by PHQ-9 scores than control treatments over the short term and the long term. Guided iCBT was associated with more effectiveness than unguided iCBT (mean difference [MD] in posttreatment PHQ-9 scores, -0.8 ; 95% CI, -1.4 to -0.2), but we found no evidence of a difference at 6 or 12 months following randomization. Baseline depression was found to be the most important modifier of the relative association for efficacy of guided vs unguided iCBT. Differences between unguided and guided iCBT in people with baseline symptoms of subthreshold depression (PHQ-9 scores 5-9) were small, while guided iCBT was associated with overall better outcomes in patients with baseline PHQ-9 greater than 9.

Conclusions and Relevance

In this network meta-analysis with IPD, guided iCBT was associated with more effectiveness than unguided iCBT for individuals with depression, benefits were more substantial in individuals with moderate to severe depression. Unguided iCBT was associated with similar effectiveness among individuals with symptoms of mild/subthreshold depression. Personalized treatment selection is entirely possible and necessary to ensure the best allocation of treatment resources for depression.

<https://doi.org/10.1007/s10597-020-00766-6>

Serving Veterans in their Communities: Evaluation of an Online Resource for Behavioral Health Care Providers.

Shannon E. McCaslin, Margaret-Anne Mackintosh, Andrew Chang, Abbie J. B. Sanborn & Craig S. Rose

Community Mental Health Journal
Published 23 January 2021

Many veterans receive behavioral health care services from providers in their communities. The Community Provider Toolkit (the Toolkit) is a website developed by

the National Center for PTSD and the Department of Veterans Affairs intended to provide community mental health care providers with key veteran-focused educational resources. This mixed-methods study examined the potential impact of the Toolkit on provider knowledge and behaviors. Sixty-four clinicians in the community who currently or plan to provide services to veterans were surveyed. The majority of providers found the website useful and easy to navigate. After visiting the site, many providers found additional online and educational resources that they would add to a hypothetical treatment plan. Forty-five providers completed a 1-month follow-up survey focused on use of the Toolkit. Results indicate that the Toolkit may be a valuable tool for increasing provider knowledge about veteran-specific resources.

<https://doi.org/10.1016/j.nurpra.2020.12.022>

Service Impact on Veteran Health: Case Examples From Recent Eras.

April Bigelow, Carol Ann Fausone

The Journal for Nurse Practitioners

Available online 21 January 2021

Highlights

- Veterans are complex and require a different clinical approach from civilians.
- Each military era has specific risks and consequences to consider during care.
- Knowledge of risks related to specific military eras can guide providers' clinical approach with veterans.

Abstract

The impact and health outcomes of each war or era present differently in each veteran and are unpredictable in timing of presentation. Civilian providers may not be well versed in taking a military history, the unique approach recommended for interacting with veteran patients, and the specific health implications of each military era. This article describes the unique attributes of veteran clients. Two recent military eras are discussed, and their potential impact on health is presented using case examples. Resources for practice with patients who have served in the military are presented.

<https://doi.org/10.1080/15299732.2020.1869068>

“A Woman in A Man’s World”: A Pilot Qualitative Study of Challenges Faced by Women Veterans During and After Deployment.

Elaine K. Brown M. P.H., M.A., Kate M. Guthrie Ph.D., Mia Stange & Suzannah Creech

Journal of Trauma & Dissociation

Published online: 20 Jan 2021

Women Veterans face gender-specific challenges to military life and post-deployment readjustment, including gender-based discrimination and military sexual trauma. Despite recent military initiatives to address these issues, women still experience unique challenges during military service. This study examines spontaneous comments about gender-specific challenges to military life that were made by participants in a qualitative study of women’s transitions to civilian life after deployment to Iraq or Afghanistan. Methods: Women Veterans who were enrolled at a New England VA hospital and who had deployed to the U.S. conflicts in Iraq and Afghanistan participated in this qualitative study (N = 22). Interview queries and initial coding structure were developed through an extensive literature review. An iterative coding process generated additional themes identified in the data. For this project, codes regarding self-initiated reports of gender-specific challenges that fell outside the scope of the study’s initial interview agenda were reviewed for thematic analysis. Results: The following three self-initiated themes emerged among 12 respondents: 1) gender-based scrutiny and discrimination; 2) the military’s inadequate position and response to military sexual trauma; and 3) disadvantages to women service members living in a male-dominated environment. Across all three themes emerged a sub-theme in which women perceived their unique needs to be inconvenient and/or disregarded. Respondents described how these challenges disrupted their lives during and after military service. Conclusion: Results imply gender-specific challenges and military sexual trauma remain critical concerns for women Veterans well after deployment had ended, and that improved policy may have long-term health implications.

<https://doi.org/10.3138/jmvfh-2020-0002>

Evaluating the quality of resilience apps for military members and public safety personnel.

Kaitlin O'Toole and Cary A. Brown

Journal of Military, Veteran and Family Health
January 2021

Introduction:

Military members and public safety personnel need targeted mental health interventions that are clinically effective, confidential, easily accessed, and cost effective. Smartphone apps are an emergent method of service delivery that provide an alternative to in-person therapy. However, although apps are increasingly prevalent, app development is unregulated and often lacks health care professional input and a clear evidence base. This study evaluates the quality of mental health apps for resiliency that are specifically targeted to military members and public safety personnel.

Methods:

After a comprehensive search for relevant apps costing no more than \$5.00, a review was conducted, based on the Mobile Application Rating Scale.

Results:

Eighty-two apps were retrieved, and 12 met the inclusion criteria for evaluation. All evaluated apps were free and had been updated in the past two years. The resilience strategies offered by the majority of apps were diaphragmatic breathing, mindfulness practice, and progressive muscle relaxation. One app had been tested in a randomized controlled trial, seven had been tested with other methods, and four had not been research trialed. All apps except one were ranked as high quality, and the content provided evidence-based strategies for mental health resiliency interventions.

Discussion:

The apps reviewed are well suited to foster resilience among public safety personnel and military members. They offer evidence-based resiliency interventions and encourage help-seeking behaviors.

<http://dx.doi.org/10.15331/jdsm.7172>

Acceptance and Efficacy of Mandibular Advancement Device Treatment in Military Veterans With Obstructive Sleep Apnea: Effect on Posttraumatic Stress Disorder.

M Al-Halawani, S Naik, M Chan, I Kreinin, J Meiers, M Kryger

Journal of Dental Sleep Medicine
2021; 8(1)

Study Objectives:

Obstructive sleep apnea (OSA) and posttraumatic stress disorder (PTSD) often coexist in military veterans. Adherence to continuous positive airway pressure (CPAP) is poor among military veterans. The goal of the study was to evaluate whether veterans who were nonadherent to CPAP would accept treatment with mandibular advancement (MAD) devices, and whether those with PTSD experienced improvement in symptoms.

Methods:

The subjects were 75 military veterans in whom OSA was diagnosed (with an apnea-hypopnea index (AHI) >5 events per hour, central AHI <5 events per hour and <50% of total AHI) and who could not tolerate treatment with CPAP; 43% of subjects had concomitant PTSD. They were evaluated and treated by the Veterans Administration dental service and a MAD device was fabricated and provided to them. Treatment acceptance, efficacy and compliance were evaluated, as well as the effect of OSA treatment with MAD on PTSD symptoms.

Results:

Of 75 subjects who met initial inclusion criteria, 49 completed the study protocol and 47% of those were using MAD with good reported compliance. In approximately 45% of subjects, AHI was reduced by 50% from pretreatment baseline or AHI was less than 10 events per hour. A diagnosis of PTSD was documented in 43%, and 35.5% of patients with PTSD reported improvement in PTSD symptoms at the end of the study.

Conclusions:

Treatment of OSA with a MAD is a good alternative for patients who cannot tolerate CPAP, and may be associated with symptomatic improvement in those patients with concomitant PTSD.

<https://doi.org/10.1177/0748730420984563>

Diurnal Rhythm Robustness in Individuals With PTSD and Insomnia and The Association With Sleep.

Mascaro L, Phillips AJK, Clark JW, Straus LD, Drummond SPA.

Journal of Biological Rhythms

First Published January 20, 2021

Posttraumatic stress disorder (PTSD) and insomnia are characterized by sleep disturbances and daytime functional impairments. Actigraphy metrics can quantify diurnal rhythms via interdaily stability, intradaily variability, relative amplitude, and sleep regularity. Here, we (a) compared diurnal rhythms in PTSD, insomnia, and healthy control samples using linear mixed modeling; (b) compared inter-individual variability of diurnal rhythms between groups using variance ratio tests; and (c) examined correlations between diurnal rhythms and sleep measures within the clinical samples. Participants (N = 98) wore wrist-activity monitors for one week and completed the Insomnia Severity Index and Pittsburgh Sleep Quality Index. Both clinical samples displayed significantly lower interdaily stability, relative amplitude, and sleep regularity compared with controls. Individuals with PTSD and insomnia did not differ on mean diurnal rhythm metrics. Both clinical samples showed more inter-individual variability in relative amplitude compared with controls, and the individuals with PTSD were distinguished from those with insomnia by greater inter-individual variability in interdaily stability and relative amplitude. Relative amplitude in the clinical samples was positively correlated with objective sleep efficiency and total sleep time. This is the first study to compare individuals with PTSD and insomnia on measures of diurnal rhythms, revealing those with PTSD and insomnia to have less robust and more variable diurnal rhythms compared with controls. Individuals with PTSD differed from those with insomnia in inter-individual variability of diurnal rest-activity stability and amplitude, highlighting this population as particularly heterogenous. Diurnal rhythm robustness might be considered an intervention target in insomnia and PTSD populations.

<https://doi.org/10.1089/neu.2020.7451>

Evolution of Irritability, Anger, and Aggression after Traumatic Brain Injury: Identifying and Predicting Subgroups.

Dr. Shannon Miles, Dr. Flora McConnell Hammond, Dawn Neumann, Dr. Marc A Silva, Dr. Xinyu Tang, Dr. Maria Kajankova, Dr. Christina Dillahunt-Aspillaga, and Dr. Risa Nakase-Richardson

The current prospective, multi-center, longitudinal cohort study examined how Veterans/Service Members (V/SM) changed in their irritability, anger, and aggression (IAA) scores from admission to discharge in post-acute rehabilitation settings. The goals were to identify trajectory subgroups, and explore if there were different predictors of the subgroups. V/SM (N=346) from 5 Veterans Affairs TBI Model Systems Polytrauma Rehabilitation Centers participated. The sample was mostly men (92%) and identified as White (69%) Black (13%), and other races (18%). Median age was 28 years, and 78% sustained a severe TBI. Staff rated IAA at admission and discharge using the Mayo-Portland Adaptability Inventory-4 item#15. Four IAA trajectory subgroups were identified: 1.) No IAA at admission or discharge (n=89, 25.72%), 2.) Resolved IAA (n=61, 17.63%), 3.) Delayed Onset IAA (n=31, 8.96%), 4.) Persistent IAA (n=165; 47.69%). Greater posttraumatic stress disorder (PTSD) symptoms were the only consistent predictor of belonging to all the subgroups who had IAA compared to the No IAA subgroup. We conclude, IAA had different trajectories after a TBI. The majority of V/SM had persistent impairment from IAA, a quarter of the sample had no impairment from IAA, followed by IAA resolving, or getting worse. Findings emphasize the importance of educating providers and family of the different ways and times IAA can manifest after TBI. Timely diagnosis and treatment of PTSD symptoms during and after rehabilitation are critical treatment targets.

<https://doi.org/10.1016/j.conctc.2021.100731>

The Marine Suicide Prevention and Intervention REsearch (M-SPIRE) study: A randomized clinical trial investigating potential treatment mechanisms for reducing suicidal behaviors among military personnel.

LR Khazem, DC Rozek, JC Baker, CJ Bryan

Contemporary Clinical Trials Communications
Available online 20 January 2021

Suicides within the U.S. Armed Forces remain elevated. Brief cognitive behavioral therapy for suicide prevention (BCBT) has demonstrated preliminary efficacy as a psychotherapeutic intervention that reduces suicide attempts among U.S. Army Soldiers. The generalizability of BCBT's effects in other military groups and its

underlying mechanisms of action remain unknown, however. The Marine Suicide Prevention and Intervention REsearch (M-SPIRE) study is designed to test the efficacy of BCBT for the prevention of suicide attempts among active duty U.S. Marines with recent suicidal ideation or attempts and to identify potential mechanisms of change contributing to BCBT's effects. In this protocol paper, we describe M-SPIRE's rationale and methods with a particular emphasis on measuring treatment fidelity and BCBT's hypothesized mechanisms of action.

<https://doi.org/10.1177/0033354920974662>

Prevalence and Risk Factors for Food Insecurity Among Low-Income US Military Veterans.

Pooler JA, Srinivasan M, Miller Z, Mian P.

Public Health Reports

First Published January 21, 2021

Objective

Ensuring access to sufficient foods at all times is critical to veterans' health and well-being. Food insecurity has not been well explored in the veteran population. We examined the prevalence and predictors of food insecurity among low-income veterans, because the highest rates of food insecurity are among low-income households. We also examined rates of Supplemental Nutrition Assistance Program (SNAP) participation among subgroups at the highest risk of food insecurity.

Methods

We used univariate analyses and 2011-2017 National Health Interview Survey (NHIS) data on veterans aged ≥ 21 with family incomes $< 200\%$ of the federal poverty level to estimate the prevalence of food insecurity. We used bivariate analyses to identify correlates of food insecurity and estimate SNAP participation rates among subgroups of low-income veterans. Percentages were weighted using NHIS survey weights.

Results

Of 5146 low-income veterans, 22.5% reported being food insecure in the previous month. Food insecurity was significantly associated with being aged < 65 (33.0% aged 45-64 and 29.7% aged 21-44) compared with 15.0% and 6.4% among veterans aged 65-74 and ≥ 75 , respectively ($P < .001$); unemployed compared with employed or not in

the labor force (39.4%, 22.7%, and 20.2%, respectively; $P < .001$); in fair or poor health compared with good, very good, or excellent health (31.8% vs 18.2%; $P < .001$); and having experienced serious psychological distress in the past month (56.3%) compared with not having experienced such distress (19.7%; $P < .001$). Although overall SNAP participation among low-income veterans was estimated to be 27.0%, participation rates were highest among veterans who had experienced serious psychological distress (44.1%), were unemployed (39.2%), and were renting their home (39.0%).

Conclusions

Some low-income veterans are at greater risk of food insecurity than other veterans. Postseparation programs, civilian support services, and veterans' health providers should be aware of the characteristics that place veterans at highest risk of food insecurity.

<https://doi.org/10.1177/0095327X20986145>

Veterans and Media: The Effects of News Exposure on Thoughts, Attitudes, and Support of Military Veterans.

Scott Parrott, David L. Albright, Nicholas Eckhart

Armed Forces & Society

First Published January 20, 2021

The mass media are an important source of information concerning military service personnel and veterans. Veterans, veterans organizations, and others have criticized the mass media for providing the public shallow representations of veterans and military service in which veterans are heroes traumatized mentally and/or physically by their service. Despite the concern, scant research has empirically examined how exposure to such content affects public perceptions of veterans. Using an experiment, this study examined how exposure to news stories of military veterans informed thoughts, attitudes, and support intentions toward veterans. Results suggest short, one-time exposure to stereotypical news stories can lead readers to perceive an increased likelihood veterans will experience post-traumatic stress disorder and, in turn, feel less desire to be socially close with veterans. However, exposure to a story that challenges stereotypical representations of veterans appears to mitigate the effect. In addition, news exposure can influence support intentions related to veterans.

<https://doi.org/10.1016/j.beth.2021.01.002>

Exposure therapy beliefs and utilization for treatment of PTSD: A survey of licensed mental health providers.

Alexander C. Kline, Alexandra B. Klein, Alexandra R. Bowling, Norah C. Feeny

Behavior Therapy

Available online 23 January 2021

Highlights

- About half of providers (55%) reported using prolonged exposure in PTSD treatment.
- Approximately two-thirds of providers (68%) reported training in exposure.
- Exposure beliefs and use differed by providers' training, background, and setting.
- Training in prolonged exposure also varied based on provider characteristics.
- Some providers reported negative exposure beliefs yet high utilization.

Abstract

Exposure-based therapies for posttraumatic stress disorder (PTSD) and anxiety disorders remain underutilized, despite their effectiveness and widescale dissemination efforts. This study surveyed a broad range of licensed providers (N = 155) to examine rates at which prolonged exposure (PE) and other interventions are used to treat PTSD and to investigate provider characteristics linked to exposure beliefs and utilization. While 92.3% of clinicians reported understanding of or training in exposure, only 55.5% of providers reported use of PE to treat PTSD. Clinicians with current cognitive behavioral therapy (CBT) orientation, CBT training orientation, a doctoral degree, and training in PE endorsed greater likelihood of exposure utilization for PTSD ($ps < .001$, $ds = 0.82-1.98$) and less negative beliefs about exposure ($ps < .01$, $ds = 0.55-2.00$). Exposure beliefs also differed based on healthcare setting ($p < .001$). Among providers trained in exposure ($n = 106$), Master's degree and non-CBT current theoretical orientation were associated with high utilization yet also negative beliefs. Results suggest exposure training, accurate beliefs, and utilization still lag among some groups of providers. Additionally, negative beliefs and misunderstanding of the exposure rationale may persist even among providers who are trained and report high utilization.

<https://doi.org/10.1016/j.cpr.2021.101978>

Association of opioid misuse with anxiety and depression: A systematic review of the literature.

Andrew H. Rogers, Michael J. Zvolensky, Joseph W. Ditre, Julia D. Buckner, Gordon J.G. Asmundson

Clinical Psychology Review
Volume 84, March 2021

Highlights

- This paper systematically reviews literature on opioid misuse, anxiety and depression.
- We review anxiety and depression symptoms/disorders among opioid users.
- We review prevalence of anxiety and depressive symptoms/disorders among opioid users.
- We review the extent of anxiety and depressive symptoms/disorders among opioid users.
- We review factors for anxiety and depression that may lead to opioid misuse.

Abstract

The opioid epidemic is a public health problem associated with a host of negative outcomes. Although clinicians recognize covariation between opioid misuse with anxiety and depressive symptoms and disorders, research on this topic has only recently accumulated. Progress in this domain is impeded by the lack of systematic and integrative research to better understand and treat these co-occurring problems. This paper represents the first attempt to systematically review the empirical literature examining relations between opioid use and misuse, and anxiety and depression. In the first section, we define key terms and describe the article selection strategy. In the second section, we review the prevalence of anxiety and depressive symptoms among individuals who use and misuse prescription and illicit opioids. In the third section, we review the magnitude of associations between anxiety and depressive symptoms and disorders with opioid misuse, as well as highlight studies examining the longitudinal and temporal sequence of the relations between these variables. In the fourth section, we focus on experimental therapeutics, reviewing what is known about individual difference and transdiagnostic vulnerability factors for anxiety and depression that might contribute to opioid misuse and its symptoms. Finally, we discuss current knowledge gaps and present a heuristic model to guide future research.

Links of Interest

Tampa military base ramps up talk and action about diversity and inclusion

<https://www.tampabay.com/news/military/2021/01/21/tampa-military-base-ramps-up-talk-and-action-about-diversity-and-inclusion/>

Family Violence: Considerations Amid the Pandemic

<https://www.pdhealth.mil/news/blog/family-violence-considerations-amid-pandemic>

Coronasomnia: Pervasive sleeplessness, self-medicating raise concerns of sleep experts

<https://www.mdedge.com/internalmedicine/article/234932/coronavirus-updates/coronasomnia-pervasive-sleeplessness-self>

This study will pay you to help prevent military suicides

<https://www.militarytimes.com/news/your-military/2021/01/23/this-study-will-pay-you-to-help-prevent-military-suicides/>

MHS looks to decrease substance abuse, as numbers rose in 2020

<https://health.mil/News/Articles/2021/01/22/MHS-looks-to-decrease-substance-abuse-as-numbers-rose-in-2020>

Ponytails and lipstick: Sweeping changes to Army grooming standards are coming

<https://www.armytimes.com/news/your-army/2021/01/27/ponytails-and-lipstick-sweeping-changes-to-army-grooming-standards-are-coming/>

The Marines Could Be the Next Military Service to Get New Grooming Rules

<https://www.military.com/daily-news/2021/01/26/marines-could-be-next-military-service-get-new-grooming-rules.html>

The adorable story of Scoff, the plushy ducky who flies in an F-15

<https://taskandpurpose.com/culture/scoff-the-duck-air-force-f-15/>

VA researcher tests condensed form of psychotherapy to treat PTSD patients

<https://www.research.va.gov/currents/0121-VA-researcher-tests-condensed-form-of-psychotherapy-to-treat-PTSD-patients.cfm>

Resource of the Week -- [Defense Primer: Military Commissaries and Exchanges](#)

From this recently updated Congressional Research Service report:

The Department of Defense (DOD) offers certain quality-of-life benefits to military members, their families, and retirees. The general purpose of these benefits is to attract, retain, and support morale and readiness for military service members. One of these benefits is worldwide access to grocery and retail stores—called commissaries and exchanges—typically located on military installations. Commissaries provide subsidized groceries and household goods to eligible patrons. Exchanges sell goods for profit, similar to a department or specialty store, but use some of this profit to fund various Morale, Welfare, and Recreation (MWR) activities.

Table 2. DeCA Appropriations FY2015-FY2020

Fiscal Year	Amount in Billions
FY2015	\$1.3
FY2016	\$1.3
FY2017	\$1.4
FY2018	\$1.4
FY2019	\$1.3
FY2020	\$1.0

Source: Overview - FY2021 Defense Budget, Figure 2.2. Military Family Support Programs, on p. 2-7 at https://comptroller.defense.gov/Portals/45/Documents/defbudget/fy2021/fy2021_Budget_Request_Overview_Book.pdf; and earlier budget requests at <https://comptroller.defense.gov/Budget-Materials/>.

See also: [DeCA reports FY '20 customer savings of 25%](#)

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