

CDP



Research Update -- March 25, 2021

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- Resource of the Week -- Military Sexual Assault: A Framework for Congressional Oversight (Congressional Research Service)

<https://doi.org/10.1037/tep0000356>

Development and implementation of an objective structured clinical examination for evaluating clinical psychology graduate students.

Goodie, J. L., Bennion, L. D., Schvey, N. A., Riggs, D. S., Montgomery, M., & Dorsey, R. M.

Training and Education in Professional Psychology
Advance online publication

Structured Clinical Examinations (OSCEs) have been utilized for decades to systematically assess the clinical skills of students in medical schools and nursing programs. To date, few health service psychology programs have integrated this potentially useful training tool into their assessments and instead typically rely on clinical supervisors to rate clinical skills in unstructured and uncontrolled training environments. To address this gap in clinical evaluation, the authors designed and implemented a Clinical Psychology-OSCE (CP-OSCE) for 3rd-year clinical psychology doctoral students. The CP-OSCE was feasible to administer and enabled the identification of strengths and weaknesses among students. Further, the CP-OSCE highlighted the need for additional diversity and risk assessment training within our program. Administration of the OSCE is, in the authors' view, a valuable method for assessing whether students possess the foundational skills needed to advance to a clinical internship, and the requisite skill set for successful completion of the Examination for Professional Practice in Psychology-Part 2. (PsyInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1016/j.psychres.2021.113875>

The Deadly Gap: Understanding Suicide among Veterans Transitioning Out of the Military.

Yosef Sokol, Molly Gromatsky, Emily R. Edwards, Ashley L. Greene, ... Marianne Goodman

Highlights

- Transitioning Veterans are at higher risk for suicide compared to other Veterans.
- This narrative review uses the 3ST framework to clarify their risk.
- Prevalent mental, physical, social/reintegration difficulties may increase their risk.
- Greater suicide capability from military service may also increase risk.
- Barriers to psychiatric services during transition produce a “deadly gap” in care.

Abstract

In the period following separation from the military, service members face the challenge of transitioning to a post-military civilian life. Some evidence suggests these transitioning Veterans are at higher risk for suicide compared with both the broader Veteran population and the United States public, yet they often do not receive adequate support and resources. In this review, we use the Three-Step Theory of suicide to outline characteristics of transitioning Veterans and the transition process that may affect suicide risk. We then highlight relevant services available to this specific subgroup of Veterans and make recommendations that address barriers to care. Cumulatively, this literature suggests transitioning Veterans fall within a “deadly gap” between the end of their military service and transition into civilian life. This “deadly gap” consists of limited psychiatric services and increased suicide risk factors which together may explain the increase in suicide during this transition period.

<https://doi.org/10.1080/21635781.2021.1895922>

VICTORS: A Conceptual Framework for Implementing and Measuring Military Spiritual Fitness.

IA Gutierrez, EA Alders, Z Abulhawa, PA Deuster

Military Behavioral Health
Published online: 16 Mar 2021

Spiritual Fitness is one of eight components of the Department of Defense’s Total Force Fitness (TFF) model of warfighter health, readiness, and performance. To date, the lack of a shared framework for describing the beliefs and practices that optimize human performance has hampered the identification, measurement, and operationalization of

spiritual fitness within the military. To address this need, we propose a values-centered model of spiritual fitness —VICTORS—that defines military spiritual fitness in terms of Values, Integrity, Calling, Tolerance, Openness, Routine, and Selfless Service. The VICTORS framework comprises a broad set of inclusive traits and capabilities that characterize the spiritually fit warfighter within the definition of spiritual fitness as established by instruction of the Chairman of the Joint Chiefs of Staff (CJCSI). The application of this framework includes; (1) measurement, (2) training and consultation, (3) supporting chaplaincy, and (4) leadership development. We believe that VICTORS will provide a common military language for the essential components of spiritual fitness and become an actionable framework for enhancing spiritual fitness across the Armed Forces.

<https://doi.org/10.1016/j.cbpra.2021.02.001>

Cognitive Processing Therapy With an Older Woman Veteran During COVID-19: A Case Study.

Sitz, A. L., Cogan, C. M., & Davis, J. L.

Cognitive and Behavioral Practice
2021 Mar 14

With advances in technology, telehealth has become an acceptable way of conducting psychotherapy. During the COVID-19 pandemic, telehealth and ways to modify treatments for delivery via telehealth have become increasingly important. Researchers and clinicians have issued recommendations on providing telehealth-based care in response to the COVID-19 global pandemic. However, recommendations are limited for audio only telephone-based care, which may be the only option for specific clients. This is a case study of an older adult who completed Cognitive Processing Therapy (CPT) for military sexual trauma. Halfway through her treatment, COVID-19 resulted in transitioning from in-person services to a virtual format. Client X did not have video capabilities aside from her cell phone, and it was determined she would complete treatment via telephone-based sessions. Client X's outcome data is presented, and the reductions in her PTSD and depressive symptoms provide preliminary support suggesting that telephone-based care may be an acceptable method of receiving CPT. Recommendations for telephone-based CPT are provided.

<https://doi.org/10.1177/2167702620961067>

Machine Learning to Classify Suicidal Thoughts and Behaviors: Implementation Within the Common Data Elements Used by the Military Suicide Research Consortium.

Littlefield, A. K., Cooke, J. T., Bagge, C. L., Glenn, C. R., Kleiman, E. M., Jacobucci, R., Millner, A. J., & Steinley, D.

Clinical Psychological Science

First Published March 15, 2021

Suicide rates among military-connected populations have increased over the past 15 years. Meta-analytic studies indicate prediction of suicide outcomes is lacking. Machine-learning approaches have been promoted to enhance classification models for suicide-related outcomes. In the present study, we compared the performance of three primary machine-learning approaches (i.e., elastic net, random forests, stacked ensembles) and a traditional statistical approach, generalized linear modeling (i.e., logistic regression), to classify suicide thoughts and behaviors using data from the Military Suicide Research Consortium's Common Data Elements (CDE; $n = 5,977-6,058$ across outcomes). Models were informed by (a) selected items from the CDE or (b) factor scores based on exploratory and confirmatory factor analyses on the selected CDE items. Results indicated similar classification performance across models and sets of features. In this study, we suggest the need for robust evidence before adopting more complex classification models and identify measures that are particularly relevant in classifying suicide-related outcomes.

<https://doi.org/10.1024/1662-9647/a000260>

Need for Age-Appropriate Diagnostic Criteria for PTSD.

Andreas Maercker

GeroPsych

Published online: March 15, 2021

Studies in patient or community samples suggest that many older adults who experience clinically significant psychopathology do not fit easily into our existing disorder classification systems. This affects older people with traumatic experiences, who in their senescence report multiple mental disturbances and reduced quality of life. Thus, there is a need to develop age-appropriate diagnostic criteria for posttraumatic stress disorder (PTSD). To date, the new ICD-11 has done this only in a very rudimentary way. This article gives a brief historical overview and names the reasons for these diagnostic problems. Subsequently, it proposes six plus one (male-only) features to be dominant and life-stage specific in older adults: posttraumatic nightmares and reenactments, impaired sleep, painful memories of traumatically lost close persons, hypervigilance including elevated startle response, weakness or asthenia, somatoform pain or chronic primary pain, and in males only: reckless or self-destructive behavior. Finally, it outlines future steps to improve the adequate recognition of clinical presentations of trauma sequelae.

<https://doi.org/10.1016/j.addbeh.2021.106911>

Sleep and Alcohol Use among Young Adult Drinkers with Insomnia: A Daily Process Model.

Mary Beth Miller, Lindsey K. Freeman, Chelsea B. Deroche, Chan Jeong Park, ...
Christina S. McCrae

Addictive Behaviors

Available online 15 March 2021

Highlights

- Most variance in sleep and drinking occurred within (not between) individuals.
- Drinking quantity did not significantly impact sleep quality.
- Participants self-reported more efficient sleep after drinking, and vice versa.
- Subjective findings were not replicated using objective measures.

Abstract

Background

Previous studies examining associations between sleep and alcohol use have done so primarily at the aggregate (between-person) level and primarily among healthy young adults. This study aimed to examine reciprocal, within-person associations between sleep and alcohol use among young adult drinkers with insomnia.

Methods

Young adults who engaged in past-month binge drinking and met diagnostic criteria for insomnia (N=56) wore wrist actigraphy and completed online daily diaries assessing sleep and drinking for an average of 8.52 days (SD=2.31), resulting in 477 reports. Multilevel models were used to examine within- and between-person effects of sleep quality and efficiency on likelihood of alcohol use and vice versa. Bedtime and waketime were included as secondary sleep parameters.

Results

Participants reported drinking on 231 days (48%). Participants did not report significantly different sleep quality on heavier-drinking days, nor did they demonstrate significant changes in actigraphy-measured sleep efficiency. However, they self-reported better sleep efficiency on heavier-drinking days (driven primarily by improvements in sleep onset latency), and they reported heavier drinking following days of better sleep efficiency (driven by improvements in total sleep time). Drinking was also associated with later bedtimes and waketimes.

Conclusions

Young adult drinkers with insomnia report reciprocal associations between subjective sleep efficiency and alcohol use, but these results were not replicated using objective measures. Providers may need to challenge the belief that there is a positive association between alcohol use and sleep among young adults who drink and have insomnia.

<https://doi.org/10.1016/j.addbeh.2021.106919>

Pre-deployment personality traits predict prescription opioid receipt over 2-year post-deployment period in a longitudinal cohort of deployed National Guard Soldiers.

Melissa A. Polusny, Samuel Hintz, Michael Mallen, Paul Thuras, ... Paul A. Arbisi

Addictive Behaviors

Available online 22 March 2021

Highlights

- The study examined the effects of pre-deployment personality traits on receipt of

prescribed opioids over the two-year period following soldiers' return from deployment to Iraq.

- Higher disinhibition, negative emotionality, and introversion/low positive emotionality assessed before deployment were associated with receipt of more prescribed opioids during the two years after returning from deployment.
- Personality traits measured at baseline persisted in predicting receipt of prescribed opioids even after adjusting for baseline and deployment risk factors of interest.

Abstract

Background

While military service members are at risk for pain conditions, receipt of prescribed opioids is associated with a range of serious adverse outcomes. The goal of this study is to examine the association between pre-deployment personality traits and receipt of prescription opioids after return from deployment.

Method

Data were drawn from the Readiness and Resilience in National Guard Soldiers (RINGS) cohort study, an ongoing study of post-deployment health. Participants (N=522) completed baseline assessments one month prior to deploying to Iraq (2006-2007). At baseline, we assessed personality traits using abbreviated versions of the Personality Psychopathology Five scales from the Minnesota Multiphasic Personality Inventory-2. Follow-up assessments were conducted three months, one year, and two years post-deployment. The primary outcome was total amount of prescribed opioids dispensed from Department of Veterans Affairs outpatient pharmacies in the two-year period following soldiers' return from deployment. Unadjusted and adjusted negative binomial regression models examined the relationships of pre-deployment personality traits, demographics (age, gender, and rank), baseline trauma symptoms, deployment related risk factors (difficult living/working environment, deployment injury, combat exposure), and post-deployment trauma symptoms with post-deployment opioid prescribing.

Results

Disinhibition, negative emotionality, and introversion/low positive emotionality were associated with receipt of more prescribed opioids over the two years after return from deployment. Personality traits measured at baseline remained statistically significant after adjusting for all eight baseline and deployment risk factors of interest.

Conclusions

Understanding how pre-deployment personality traits contribute to post-deployment prescription opioid use could inform efforts to improve veterans' health.

<https://doi.org/10.1007/s10879-021-09493-9>

Addressing Concealed Suicidality: A Flexible and Contextual Approach to Suicide Risk Assessment in Adults.

Nagdimon, J., McGovern, C. & Craw, M.

Journal of Contemporary Psychotherapy
Published 17 March 2021

Concealed suicidality can be a major impediment for clinicians conducting a suicide risk assessment. Client minimization and denial of suicidal thoughts can lead clinicians to undertreat and under-monitor clients experiencing a suicidal crisis. Five recommendations are given to address potential weak areas of suicide assessment with adults including routinized processes and a reliance on assessment instruments that may underestimate risk when individuals have no prior attempts or significant mental illness. Specifically, the authors highlight the importance of continued training and education in suicide assessment, how considering the context of the assessment can heighten one's sensitivity to concealment of suicidal ideation and how different assessment instruments and interview techniques, when chosen with care, can increase the candor of client expression. The authors also recommend attending to clinician anxiety both as a way of maintaining rapport as well as a method of identifying clues that the assessment is not producing accurate information. Finally, application of recommendations is demonstrated through case vignettes.

<https://doi.org/10.1016/j.jad.2021.03.033>

Nonsuicidal Self-Injury Disorder, Borderline Personality Disorder, and Lifetime History of Suicide Attempts among Male and Female Veterans with Mental Health Disorders.

Katherine C. Cunningham, Frances M. Aunon, Tapan A. Patel, Adam J. Mann, ...
Nathan A. Kimbrel

Journal of Affective Disorders
Available online 15 March 2021

Highlights

- BPD and NSSI disorder (NSSID) were each uniquely associated with lifetime suicide attempts.
- When examined together, NSSID emerged as the only significant predictor of suicide attempts in the present study, beyond the effects of BPD, PTSD, and depression.
- Veterans with NSSID exhibited nearly 5 times the odds of a lifetime suicide attempt compared to those without NSSID.
- Future research should continue to expand our understanding of NSSID as a risk factor for suicide.
- Assessment for NSSID in clinical settings may greatly increase our ability to identify and intervene to reduce suicide risk among Veterans.

Abstract

Background

Expanding on research that has identified nonsuicidal self-injury (NSSI) as a strong predictor of suicide risk, the present study examined NSSI disorder (NSSID) and borderline personality disorder (BPD) as unique contributors to lifetime suicide attempts. To our knowledge, the present study represents the first exploration of these associations among veterans.

Methods

Participants included 124 male (74%) and female (26%) veterans diagnosed with at least one mental health disorder. Posttraumatic stress disorder (93%) and major depression (86%) were the most common mental health diagnoses. Large proportions of the sample met criteria for NSSID (48%) and BPD (40%). Suicide attempts were reported by 28% of the sample. Chi-square tests determined the bivariate associations among NSSID, BPD, history of suicide attempts, and other variables. Significant diagnostic (i.e., MDD, BPD, and NSSID) and demographic (i.e., age) characteristics were included as covariates in a logistic regression model examining the associations of BPD and NSSID with suicide attempts.

Results

BPD, $X^2=11.1$, $p<0.001$, and NSSID, $X^2=13.9$, $p<0.001$, were uniquely associated with

suicide attempts. When all significant predictors were included in the final model, only NSSID emerged as a significant contributor to suicide attempts, OR = 4.9, $p < 0.001$.

Limitations

Causality cannot be determined from cross-sectional analyses.

Conclusion

These findings highlight NSSID as a powerful and unique correlate of suicide attempts among veterans, beyond the associations of established diagnostic risk factors. Improving our understanding of the relationship between NSSID and suicide risk has the potential to inform suicide prevention efforts and improve clinical outcomes among veterans.

<https://doi.org/10.1177/2167702621993857>

Increase in Suicidal Thinking During COVID-19.

Fortgang, R. G., Wang, S. B., Millner, A. J., Reid-Russell, A., Beukenhorst, A. L., Kleiman, E. M., Bentley, K. H., Zuromski, K. L., Al-Suwaidi, M., Bird, S. A., Buonopane, R., DeMarco, D., Haim, A., Joyce, V. W., Kastman, E. K., Kilbury, E., Lee, H.-I. S., Mair, P., Nash, C. C., ... Nock, M. K.

Clinical Psychological Science

First Published March 15, 2021

There is concern that the COVID-19 pandemic may cause increased risk of suicide. In the current study, we tested whether suicidal thinking has increased during the COVID-19 pandemic and whether such thinking was predicted by increased feelings of social isolation. In a sample of 55 individuals recently hospitalized for suicidal thinking or behaviors and participating in a 6-month intensive longitudinal smartphone monitoring study, we examined suicidal thinking and isolation before and after the COVID-19 pandemic was declared a national emergency in the United States. We found that suicidal thinking increased significantly among adults (odds ratio [OR] = 4.01, 95% confidence interval [CI] = [3.28, 4.90], $p < .001$) but not adolescents (OR = 0.84, 95% CI = [0.69, 1.01], $p = .07$) during the onset of the COVID-19 pandemic. Increased feelings of isolation predicted suicidal thinking during the pandemic phase. Given the importance of social distancing policies, these findings support the need for digital outreach and treatment.

<https://doi.org/10.1016/j.jpsychires.2021.03.021>

Prevalence, risk and protective factors associated with suicidal ideation during the COVID-19 pandemic in U.S. military veterans with pre-existing psychiatric conditions.

Peter J. Na, Jack Tsai, Melanie L. Hill, Brandon Nichter, ... Robert H. Pietrzak

Journal of Psychiatric Research
Volume 137, May 2021

Highlights

- Pre-pandemic purpose in life and higher income protected against SI during the pandemic.
- COVID-19 infection, pre-pandemic psychosocial difficulties, and increased psychiatric symptoms were risk factors of SI.
- Among veterans infected with COVID-19, older veterans and those with low purpose in life were at highest risk of SI.
- In veterans with pre-existing psychiatric conditions, interventions to enhance purpose in life may mitigate suicide risk

Abstract

The coronavirus disease 2019 (COVID-19) pandemic has negatively affected the mental health of the general population. However, less is known about its impact on vulnerable populations, such as veterans with pre-existing psychiatric conditions. Data were analyzed from the National Health and Resilience in Veterans Study, which surveyed a nationally representative cohort of U.S. veterans. Pre-pandemic and 1-year peri-pandemic risk and protective factors associated with suicidal ideation (SI) were examined in veterans with pre-existing psychiatric conditions. 19.2% of veterans screened positive for SI peri-pandemic. Relative to veterans without SI, they had lower income, were more likely to have been infected with COVID-19, reported greater COVID-19-related financial and social restriction stress, and increases in psychiatric symptoms and loneliness during the pandemic. A multivariable analysis revealed that older age, greater pre-pandemic psychiatric symptom severity, past-year SI, lifetime suicide attempt, psychosocial difficulties, COVID-19 infection, and past-year increase in psychiatric symptom severity were linked to peri-pandemic SI, while pre-pandemic higher income and purpose in life were protective. Among veterans who were infected

with COVID-19, those aged 45 or older and who reported lower purpose in life were more likely to endorse SI. Monitoring for suicide risk and worsening psychiatric symptoms in older veterans who have been infected with COVID-19 may be important. Interventions that enhance purpose in life may help protect against SI in this population.

<https://doi.org/10.1016/j.jpsychires.2021.02.061>

Subgroups of comorbid PTSD and AUD in U.S. military veterans predict differential responsiveness to two integrated treatments: A latent class analysis.

Kaitlyn E. Panza, Alexander C. Kline, Gregory J. Norman, Michelle Pitts, Sonya B. Norman

Journal of Psychiatric Research
Volume 137, May 2021, Pages 342-350

Highlights

- Veterans with PTSD/AUD received integrated coping skills or exposure therapy.
- Latent class analysis explored subgroups of comorbid PTSD/AUD.
- PTSD/AUD subgroups differed based on PTSD severity and AUD-related impairment.
- PTSD/AUD subgroups moderated treatment response to integrated interventions.

Abstract

Posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD) frequently co-occur. Integrated treatments are effective, but not all patients respond and predicting outcome remains difficult. In this study, latent class analysis (LCA) identified symptom-based subgroups of comorbid PTSD/AUD among 119 veterans with PTSD/AUD from a randomized controlled trial of integrated exposure therapy (I-PE) versus integrated coping skills therapy (I-CS). Multilevel models compared subgroups on PTSD severity and percentage of heavy drinking days at post-treatment and 3- and 6-month follow-up. LCA revealed three subgroups best fit the data: Moderate PTSD/Low AUD Impairment (21%), High PTSD/High AUD Impairment (48%), and Low PTSD/High AUD Impairment (31%). There was a three-way interaction between time, treatment condition, and subgroup in predicting PTSD outcomes ($p < .05$). For the Moderate PTSD/Low AUD Impairment class, outcomes at post-treatment and 3-months were similar ($d_s = 0.17, 0.55$), however I-PE showed greater reductions at 6-months ($d = 1.36$). For the High

PTSD/High AUD Impairment class, I-PE demonstrated better post-treatment ($d = 0.83$) but comparable follow-up ($ds = -0.18, 0.49$) outcomes. For the Low PTSD/High AUD Impairment class, I-PE demonstrated stronger outcomes at every timepoint ($ds = 0.82-1.15$). Heavy drinking days declined significantly through follow-up, with an effect of subgroup, but not treatment, on timing of response. This was the first study modeling how PTSD and AUD symptoms might cluster together in a treatment sample of veterans with PTSD/AUD. Symptom-based subgroups show promise in helping understand variability in treatment response among patients with PTSD/AUD and deserve further study.

<https://doi.org/10.1007/s10943-021-01227-4>

Moral Injury and the Absurd: The suffering of moral paradox.

Wesley H. Fleming

Journal of Religion and Health
Published 16 March 2021

Drawing upon qualitative and construct validity evidence within MI research and the oral histories of combat-exposed Veterans, this paper explores the role of moral paradox (MP) as a precondition of moral injury (MI). This paper recommends research to clearly delineate MP as a causative factor leading to more intractable cases of MI in the definitional literature, beyond the recognized impact of perpetration and betrayal-based conditions. Veteran stories collected during the normal course of providing spiritual care to combat-exposed Veterans and used by permission will provide insight into the theoretical concepts and interrelations of MP; proposed here as: circumstances in which moral obligations and/or ethical values come into conflict, forcing a choice between sides, none of which can be honored without violating the other. Acquainted with religious traditions that elucidate the perplexity and liberating effects of paradox, the work of Chaplains will also be recommended to address the problem of MP in wartime situations, highlighting the efficacy of acceptance-based spiritual interventions and therapeutic programs. Psychological and spiritual interventions that facilitate self-transcendence and non-dual awareness through experiential acceptance and a subscale measuring paradox-induced injury will be recommended for future research as well.

<https://doi.org/10.1080/15504263.2021.1891360>

Drinking to Cope with Posttraumatic Stress: A Nationally Representative Study of Men with and without Military Combat Experience.

Shannon M. Blakey, Jack Tsai & Eric B. Elbogen

Journal of Dual Diagnosis

Published online: 17 Mar 2021

Objective

Posttraumatic stress disorder (PTSD) and hazardous alcohol use are prevalent among trauma survivors. Despite higher rates of both PTSD and hazardous alcohol use among military combat veterans than civilians, scant research has examined whether military combat experience is associated with drinking alcohol to cope with PTSD symptoms. This study tested the hypothesis that compared to trauma-exposed men without combat experience, men with military combat experience would be more likely to endorse drinking alcohol to cope with their PTSD symptoms.

Methods:

Interview data from N = 11,474 men who reported at least one lifetime traumatic experience were drawn from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a face-to-face interview study that recruited a nationally representative sample of adults living in the United States between 2004 and 2005.

Results:

Among men endorsing lifetime trauma exposure, men with military combat experience (n = 1,386) were more likely than men without combat experience (n = 10,088) to report drinking alcohol to cope (7.22 vs. 2.61% in unweighted analyses, 6.46 vs. 2.37% in weighted analyses). Total number of lifetime trauma types, lifetime PTSD severity, and lifetime alcohol abuse/dependence were significantly associated with drinking to cope in bivariate and multivariate analyses. Military combat experience was significantly associated with drinking to cope in multivariate analyses adjusting for lifetime PTSD diagnosis. Military combat experience was not significantly associated with drinking to cope in multivariate analyses adjusting for lifetime PTSD symptom count.

Conclusions:

Although military combat experience was significantly associated with drinking to cope in bivariate analyses, multivariate analyses yielded mixed findings: combat experience

was significantly associated with drinking to cope in models adjusting for PTSD diagnosis, but not in models adjusting for PTSD symptom count. Findings highlight the importance of assessing and targeting PTSD symptom-related alcohol use, even in the absence of alcohol abuse/dependence. Results from this preliminary study could inform future research on drinking to cope with PTSD symptoms among military combat veterans and other trauma survivors.

<https://doi.org/10.3390/ijerph18063153>

The Airman's Edge Project: A Peer-Based, Injury Prevention Approach to Preventing Military Suicide.

Baker, J. C., Bryan, C. J., Bryan, A. O., & Button, C. J.

International Journal of Environmental Research and Public Health,
Published: 18 March 2021

In light of data indicating military personnel are more likely to reach out to peers during times of need, peer-to-peer (P2P) support programs have been implemented for military suicide prevention. Often designed to reduce suicidal thoughts and behaviors by reducing mental health symptom severity, existing data suggest that P2P programs have little to no effect on mental health symptoms. Conceptualizing suicide prevention from an occupational safety and injury prevention perspective to promote positive health-related behavior change at both the group and individual level may enhance the effectiveness of P2P programs and military suicide prevention efforts more broadly. To illustrate these concepts, the present article provides an overview of the Airman's Edge project, a P2P program design based upon the occupational safety and injury prevention model of suicide prevention, and describes a program evaluation effort designed to test the effectiveness of this approach.

<https://doi.org/10.1371/journal.pone.0246990>

The short-term impact of 3 smoked cannabis preparations versus placebo on PTSD symptoms: A randomized cross-over clinical trial.

Marcel O. Bonn-Miller, Sue Sisley, Paula Riggs, Berra Yazar-Klosinski, Julie B. Wang, Mallory J. E. Loflin, Benjamin Shechet, Colin Hennigan, Rebecca Matthews, Amy Emerson, Rick Doblin

PLoS ONE

Published: March 17, 2021

Importance

There is a pressing need for development of novel pharmacology for the treatment of Posttraumatic Stress Disorder (PTSD). Given increasing use of medical cannabis among US military veterans to self-treat PTSD, there is strong public interest in whether cannabis may be a safe and effective treatment for PTSD.

Objective

The aim of the present study was to collect preliminary data on the safety and potential efficacy of three active concentrations of smoked cannabis (i.e., High THC = approximately 12% THC and < 0.05% CBD; High CBD = 11% CBD and 0.50% THC; THC+CBD = approximately 7.9% THC and 8.1% CBD, and placebo = < 0.03% THC and < 0.01% CBD) compared to placebo in the treatment of PTSD among military veterans.

Methods

The study used a double-blind, cross-over design, where participants were randomly assigned to receive three weeks of either active treatment or placebo in Stage 1 (N = 80), and then were re-randomized after a 2-week washout period to receive one of the other three active treatments in Stage 2 (N = 74). The primary outcome measure was change in PTSD symptom severity from baseline to end of treatment in Stage 1.

Results

The study did not find a significant difference in change in PTSD symptom severity between the active cannabis concentrations and placebo by the end of Stage 1. All three active concentrations of smoked cannabis were generally well tolerated.

Conclusions and relevance

The present study is the first randomized placebo-controlled trial of smoked cannabis for PTSD. All treatment groups, including placebo, showed good tolerability and significant improvements in PTSD symptoms during three weeks of treatment, but no active treatment statistically outperformed placebo in this brief, preliminary trial. Additional well-controlled and adequately powered studies with cannabis suitable for

FDA drug development are needed to determine whether smoked cannabis improves symptoms of PTSD.

Trial registration

Identifier: NCT02759185; ClinicalTrials.gov.

<https://doi.org/10.1037/ser0000501>

Mental health literacy in veterans: What do U.S. military veterans know about PTSD and its treatment?

Williston, S. K., & Vogt, D. S.

Psychological Services

Advance online publication

Given military veterans' underutilization of posttraumatic stress disorder (PTSD) treatment, it is important to explore factors that may facilitate or stand in the way of treatment seeking for this population. The purpose of this study was to provide an initial examination of military veterans' mental health literacy as it relates to PTSD and its treatment. One-hundred and 32 post-9/11 veterans were recruited for this web-based study. A vignette-based approach was employed to examine veterans' mental health literacy and relationships between mental health literacy and dimensions of stigma. Consistent with hypotheses, results revealed relatively higher levels of PTSD problem recognition, and lower levels of knowledge about evidence-based treatments and self-help strategies within this veteran sample. Correlational results provided partial support for our hypotheses: Mental health literacy was inversely associated with negative beliefs about mental health problems and treatments, but not significantly related to other dimensions of stigma. This study highlights potential targets for mental health literacy interventions and points to the value of additional research on the role of mental health literacy in veterans' treatment seeking. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1002/jts.22665>

A Pilot Randomized Controlled Trial of Transcendental Meditation as Treatment for Posttraumatic Stress Disorder in Veterans.

Mayer Bellehsen Valentina Stoycheva Barry H. Cohen Sanford Nidich

Journal of Traumatic Stress
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Preliminary studies have demonstrated the efficacy of Transcendental Meditation (TM) for treating posttraumatic stress disorder (PTSD). The present study extended previous research with a pilot trial of TM as a treatment for PTSD via a single-blinded, randomized controlled design. Veterans with PTSD (N = 40) were assigned to a TM intervention or treatment-as-usual (TAU) control group. Participants in the TM group engaged in 16 sessions over 12 weeks, primarily in a 60-min group format. Change in PTSD symptoms, measured via the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) was the primary outcome. Secondary outcomes included self-reported PTSD symptoms, depression, anxiety, sleep difficulties, anger, and quality of life (QoL). Assessments were conducted at baseline and 3-month follow-up. Mean CAPS-5 score decreases were significantly larger for participants in the TM group (M = -11.28, 95% CI [-17.35, -5.20]), compared to the TAU group (M = -1.62, 95% CI [-6.77, 3.52]), $p = .012$, $d = -0.84$. At posttest, 50.0% of veterans in the TM group no longer met PTSD diagnostic criteria as compared to 10.0% in the TAU group, $p = .007$. Adjusted mean changes on self-report measures of PTSD symptoms, depression, anxiety, and sleep difficulties indicated significant reductions in the TM group compared to TAU, $d_s = .80$ – 1.16 . There were no significant group differences regarding anger or QoL. These findings demonstrate the efficacy of TM as a treatment for veterans with PTSD and for comorbid symptoms. Combined with other research, they suggest that TM may be a tolerable, non-trauma-focused PTSD treatment.

<https://doi.org/10.1001/jamanetworkopen.2021.1955>

Evaluation of State Cannabis Laws and Rates of Self-harm and Assault.

Matthay EC, Kiang MV, Elser H, Schmidt L, Humphreys K.

JAMA Network Open
March 18, 2021

Key Points

Question

Are state cannabis legalization laws with varying degrees of commercialization associated with rates of self-harm or assault injuries?

Findings

In this cohort study based on health insurance claims data from 75 395 344 beneficiaries between 2003 and 2017, rates of self-harm injuries among males younger than 40 years increased more in states legalizing recreational cannabis dispensaries compared with states without cannabis legalization laws. For other age and sex groups and for more restrictive legalization approaches, no association with self-harm and assault was found.

Meaning

States with recreational cannabis may benefit from monitoring levels of self-harm as a potential consequence of legalization.

Abstract

Importance

State cannabis laws are changing rapidly. Research is inconclusive about their association with rates of self-harm and assault. Existing studies have not considered variations in cannabis commercialization across states over time.

Objective

To evaluate the association of state medical and recreational cannabis laws with self-harm and assault, overall and by age and sex, while considering varying degrees of commercialization.

Design, Setting, and Participants

Using a cohort design with panel fixed-effects analysis, within-state changes in claims for self-harm and assault injuries before and after changes in cannabis laws were quantified in all 50 US states and the District of Columbia. Comprehensive claims data on commercial and Medicare Advantage health plan beneficiaries from January 1, 2003, to December 31, 2017, grouped by state and month, were evaluated. Data analysis was conducted from January 31, 2020, to January 21, 2021.

Exposures

Categorical variable that indexed the degree of cannabis legalization in each state and month based on law type (medical or recreational) and operational status of dispensaries (commercialization).

Main Outcomes and Measures

Claims for self-harm and assault injuries based on International Classification of Diseases codes.

Results

The analysis included 75 395 344 beneficiaries (mean [SD] age, 47 [22] years; 50% female; and median follow-up, 17 months [interquartile range, 8-36 months]). During the study period, 29 states permitted use of medical cannabis and 11 permitted recreational cannabis. Point estimates for populationwide rates of self-harm and assault injuries were higher in states legalizing recreational cannabis compared with states with no cannabis laws, but these results were not statistically significant (adjusted rate ratio [aRR] assault, recreational dispensaries: 1.27; 95% CI, 0.79-2.03; self-harm, recreational dispensaries aRR: 1.15; 95% CI, 0.89-1.50). Results varied by age and sex with no associations found except for states with recreational policies and self-harm among males younger than 40 years (aRR <21 years, recreational without dispensaries: 1.70; 95% CI, 1.11-2.61; aRR aged 21-39 years, recreational dispensaries: 1.46; 95% CI, 1.01-2.12). Medical cannabis was generally not associated with self-harm or assault injuries populationwide or among age and sex subgroups.

Conclusions and Relevance

Recreational cannabis legalization appears to be associated with relative increases in rates of claims for self-harm among male health plan beneficiaries younger than 40 years. There was no association between cannabis legalization and self-harm or assault, for any other age and sex group or for medical cannabis. States that legalize but still constrain commercialization may be better positioned to protect younger male populations from unintended harms.

<https://doi.org/10.1002/da.23149>

Increasing treatment-seeking intentions of US veterans in the Covid-19 era: A randomized controlled trial.

Amsalem, D., Lazarov, A., Markowitz, J. C., Gorman, D., Dixon, L. B., & Neria, Y.

Depression and Anxiety

First published: 18 March 2021

Background

Veterans have higher rates of anxiety, depression, and posttraumatic stress disorder (PTSD), and may be vulnerable to mental health consequences of the Covid-19 pandemic. More than half of veterans who meet mental illness criteria do not seek help. This study screened for clinical symptoms and evaluated the efficacy of a brief, online social-contact-based video intervention in increasing treatment-seeking intentions among veterans. We hypothesized that the video-based intervention would increase treatment-seeking intentions more than written vignette and control conditions.

Methods

One hundred seventy-two veterans were randomized to either a (a) brief video-based intervention; (b) written vignette intervention, or (c) nonintervention control group. In the 3-min video, a veteran previously diagnosed with PTSD described his symptom reactivation by Covid-19, his barriers to care, and how therapy helped him to cope. Assessments were conducted at baseline, postintervention, and at 14- and 30-day follow-ups.

Results

A total of 91 (53%) veterans reported high levels of clinical symptoms, especially those self-reporting Covid-19 exposure. The brief video-based intervention yielded greater increase in treatment-seeking intentions among veterans. Within the video group, women showed an increase in treatment-seeking intentions from baseline to postintervention only, whereas men showed a more sustained effect, from baseline to Day 14.

Conclusions

Surveyed veterans reported high symptoms levels. A brief video intervention increased treatment-seeking intention, likely through identification and emotional engagement with the video protagonist. This easily disseminable video-based intervention has the potential to increase likelihood of seeking care. Future research should examine longer term sustainability and changes in help-seeking behavior.

<https://doi.org/10.1097/HTR.0000000000000675>

Network Analysis of Research on Mild Traumatic Brain Injury in US Military Service Members and Veterans During the Past Decade (2010-2019).

Eagle, Shawn R. PhD, ATC; Collins, Michael W. PhD; Dretsch, Michael N. PhD; Uomoto, Jay M. PhD; Connaboy, Chris PhD; Flanagan, Shawn D. PhD; Kontos, Anthony P. PhD

Journal of Head Trauma Rehabilitation
March 05, 2021

Objective:

To evaluate trends in the extant literature on mild traumatic brain injury (mTBI) in military service members and veterans using network analysis based on a comprehensive search of original, peer-reviewed research articles involving human participants published between January 1, 2010, and December 31, 2019. Specifically, we employed network analysis to evaluate associations in the following areas: (1) peer-reviewed journals, (2) authors, (3) organizations/institutions, and (4) relevant key words.

Participants:

Included studies were published in peer-reviewed journals available on Web of Science database, using US military service members or veterans.

Design:

Bibliometric network analytical review.

Main Measures:

Outcomes for each analysis included number of articles, citations, total link strength, and clusters.

Results:

The top publishing journals were (1) Journal of Head Trauma and Rehabilitation, (2) Military Medicine, (3) Brain Injury, (4) Journal of Neurotrauma, and (5) Journal of Rehabilitation Research and Development. The top publishing authors were (1) French, (2) Lange, (3) Cooper, (4) Vanderploeg, and (5) Brickell. The top research institutions were (1) Defense and Veterans Brain Injury Center, (2) Uniformed Services University of the Health Sciences, (3) University of California San Diego, (4) Walter Reed National Military Medical Center, and (5) Boston University. The top co-occurring key words in this analysis were (1) posttraumatic stress disorder (PTSD), (2) persistent

postconcussion symptoms (PPCS), (3) blast injury, (4) postconcussion syndrome (PCS), and (5) Alzheimer's disease.

Conclusions:

The results of this network analysis indicate a clear focus on veteran health, as well as investigations on chronic effects of mTBI. Research in civilian mTBI indicates that delaying treatment for symptoms and impairments related to mTBI may not be the most precise treatment strategy. Increasing the number of early, active, and targeted treatment trials in military personnel could translate to meaningful improvements in clinical practices for managing mTBI in this population.

<https://doi.org/10.1037/trm0000309>

Factors associated with police contact in veterans with PTSD.

Camins, J. S., Varela, J. G., Henderson, C. E., Kimbrel, N. A., Meyer, E. C., Morissette, S. B., & DeBeer, B. B.

Traumatology

Advance online publication

A small number of veterans commit crimes and become involved in the criminal justice system. Emerging literature identifying empirically supported risk factors suggests that both general (i.e., sociodemographic and mental health) and veteran-specific (e.g., traumatic brain injury [TBI] and combat exposure) factors are associated with veteran aggression and criminal justice involvement. Yet, there is little exploration of risk factors for police contact in veterans with posttraumatic stress disorder (PTSD). Understanding how combat exposure, PTSD, and other factors common among veterans are or are not related to police contact is critical to inform preventative interventions. The current study examined the associations among sociodemographic, mental health, deployment-related factors, and recent police contact in a sample of veterans with PTSD (N = 100) recruited for a larger study on suicide risk. The impact of general (i.e., age, education, income level, substance use) and veteran-specific (i.e., PTSD symptoms, TBI, and combat exposure) factors on past 6-month police contact was examined using a logistic regression model. Only younger age was independently associated with police contact. However, a history of TBI had a trending association ($p < .10$). In contrast to the literature, combat exposure and PTSD symptom severity were not associated with police contact. The findings suggest initial prevention efforts should focus on younger

veterans and those with a history of TBI. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1016/j.cpr.2021.102004>

Preventing the onset of post traumatic stress disorder.

Jonathan I. Bisson, Laurence Astill Wright, Kimberley A. Jones, Catrin Lewis, ... Neil P. Roberts

Clinical Psychology Review
Available online 19 March 2021

Highlights

- There is limited evidence for the prevention of PTSD.
- Indicated prevention is better supported than universal or selective approaches.
- Cognitive behavioural therapy with a trauma focus for acute stress disorder was best supported.
- Detection and treatment of people with significant symptoms is indicated.
- Further research is required to develop effective interventions to prevent PTSD.

Abstract

Post-traumatic stress disorder (PTSD) is a common mental health condition that requires exposure to a traumatic event. This provides unique opportunities for prevention that are not available for other disorders. The aim of this review was to undertake a systematic review and evaluation of randomized controlled trials (RCTs) of interventions designed to prevent PTSD in adults. Searches involving Cochrane, Embase, Medline, PsycINFO, PILOTS and Pubmed databases were undertaken to identify RCTs of pre-incident preparedness and post-incident interventions until May 2019. Six pre-incident and 69 post-incident trials were identified that could be included in meta-analyses. The overall quality of the evidence was low. There was emerging evidence that some interventions may be helpful but an absence of evidence for any intervention that can be strongly recommended for universal, selected or indicated prevention before or within the first three months of a traumatic event. The strongest results were found for cognitive-behavioural therapy with a trauma focus (CBT-T) in individuals with a diagnosis of acute stress disorder which supports calls to detect and treat individuals with significant symptoms rather than providing blanket preventative interventions. Further research is required to optimally configure existing interventions

with some evidence of effect and to develop novel interventions to address this major public health issue.

Links of Interest

FDA-regulated study shows promise for using marijuana to treat veterans with PTSD
<https://www.militarytimes.com/news/your-military/2021/03/19/fda-regulated-study-shows-promise-for-using-marijuana-to-treat-veterans-with-ptsd/>

The truth about false sexual assault reports in the military
<https://taskandpurpose.com/news/truth-about-false-sexual-assault-reports/>

'What does wrong look like?' Air Force slides aim to clarify extremism for troops
<https://www.airforcetimes.com/news/your-air-force/2021/03/18/what-does-wrong-look-like-air-force-slides-aim-to-clarify-extremism-for-troops/>

AMC Looks to Virtual Reality to Help Curb Suicides
<https://www.airforcemag.com/amc-looks-to-virtual-reality-to-help-curb-suicides/>

The number of veterans experiencing homelessness rose slightly even before the coronavirus pandemic
<https://www.militarytimes.com/news/pentagon-congress/2021/03/18/the-number-of-veterans-experiencing-homelessness-rose-slightly-even-before-the-coronavirus-pandemic/>

Race in the ranks: Investigating racial bias in the US military
<https://www.cbsnews.com/news/us-military-racism-60-minutes-2021-03-21/>

States make it easier for vets who were kicked out for being gay to access benefits
<https://www.stripes.com/news/us/states-make-it-easier-for-vets-who-were-kicked-out-for-being-gay-to-access-benefits-1.666864>

The Army's Legal Assistance attorneys can help with special education law (commentary)
<https://www.armytimes.com/opinion/commentary/2021/03/23/the-armys-legal-assistance-attorneys-can-help-with-special-education-law/>

Supporting LGBTQ+ Service Members: Reproductive Health and Services

<https://www.pdhealth.mil/news/blog/supporting-lgbtq-service-members-reproductive-health-and-services>

Resource of the Week -- [Military Sexual Assault: A Framework for Congressional Oversight](#)

New, from the Congressional Research Service:

The rate of sexual assault in the military has garnered significant attention over the past decade from policymakers. While there have been several efforts to improve prevention, response, and accountability for sex-related offenses within the Department of Defense (DOD), there has not been a concomitant decrease in either estimated prevalence or sex-assault reports among military servicemembers. In addition, there is some evidence that a majority of sexual offenses are not being reported, as estimated prevalence of sexual assault from survey data consistently exceeds the number of incidents that are reported. DOD encourages sexual assault reporting for two reasons, 1) to allow victims to get access to support services (e.g., legal, medical, and health counseling), and 2) to hold perpetrators accountable through the military justice system.

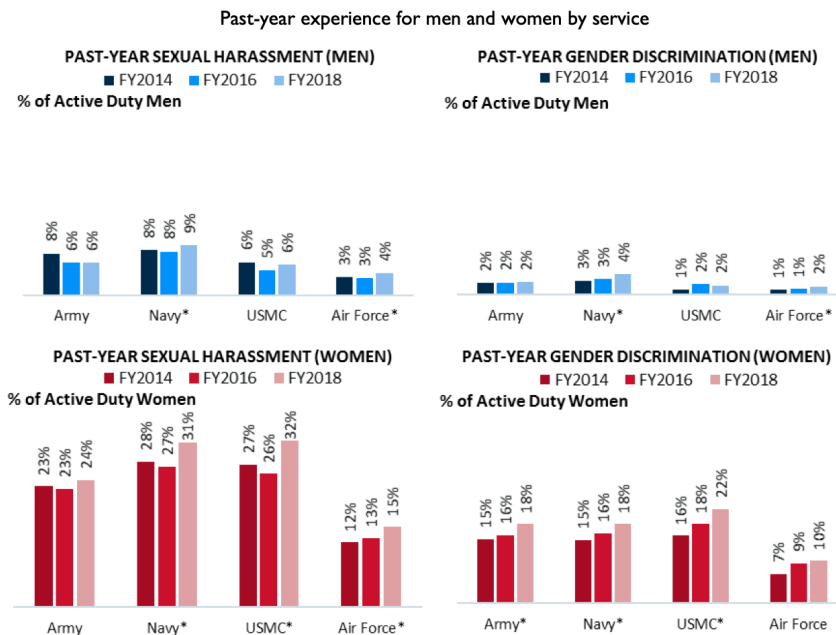
Congress has the Constitutional authority to enact military criminal law applicable to members of the Armed Forces. Congress has determined that sexual assault is a criminal act under the Uniform Code of Military Justice (UCMJ) in Title 10 of the United States Code. Since 2004, Congress has enacted over 100 provisions intended to address different aspects of the problem as part of the annual National Defense Authorization Act (NDAA) and as stand-alone legislation affecting veterans and civilians. In addition, DOD and other federal agencies have devoted significant resources to the issue in terms of funds, personnel, and training time. Given the scope and complexity of this issue, it is helpful to apply a framework for analysis and oversight. This report provides such a framework to help congressional staff understand the legislative and policy landscape, and to link proposed policy solutions with potential impact metrics.

Congressional oversight and action on military sexual assault can be organized into four main categories: (1) DOD management and accountability, (2) prevention, (3) victim protection and support, and (4) military justice and investigations. The first category deals with actions to improve management,

monitoring, and evaluation of DOD's efforts in sexual assault prevention and response. The second category includes efforts to reduce the number of sexual assaults through screening, training, and organizational culture. The third category focuses on DOD's response once an alleged assault has occurred, including actions to protect and support the victim. The last category addresses the application of justice through military investigative and judicial processes.

Some of the reforms to military sexual assault prevention and response programs over the past decade have shown positive results, particularly in the areas of increased transparency, a more robust victim support system, and heightened awareness among servicemembers. Nevertheless, existing data indicates that problems still exist and that specific demographics within the military (e.g., LGBT and junior enlisted) might be more vulnerable to harm. Victim advocates have argued for additional reforms, particularly in the area military justice and commander accountability for establishing a positive and responsive organizational climate. Congress may consider these and other arguments in its oversight role.

Figure 3. Estimated Sexual Harassment and Gender Discrimination for Active Component



Source: DOD, 2018 Workplace and Gender Relations Survey of Active Duty Members; Overview Report, OPA Report No. 2019-027, May 2019.

Notes: An asterisk (*) indicates that there was a statistically significant increase from the FY2016 to the FY2018 survey.

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