

CDP



Research Update -- April 22, 2021

What's Here:

- Race/Ethnicity and Community Participation Among Veterans and Service Members With Traumatic Brain Injury: A VA Traumatic Brain Injury Model Systems Study.
- Implementation of a Telemental Health Training Program Across a Mental Health Department.
- Building effective networks for the transition from the military to the civilian workforce: Who, what, when, and how.
- Indirect effects of soldier healthy eating and physical activity on suicidal ideation through psychological health symptoms in active-duty military.
- Perceived changes in social interactions following military psychiatric hospitalization for a suicidal crisis.
- Can seizure therapies and noninvasive brain stimulations prevent suicidality? A systematic review.
- Association of Posttraumatic Stress Disorder and Incident Ischemic Heart Disease in Women Veterans.
- Immersive Rehearsal in a Simulated Environment.
- Videotherapy and therapeutic alliance in the age of COVID-19.
- The Relationship Between Self-criticism and Suicide Probability.
- A different kind of battle: the effects of NICU admission on military parent mental health.

- Indirect effects of soldier healthy eating and physical activity on suicidal ideation through psychological health symptoms in active-duty military.
- Association of US Nurse and Physician Occupation With Risk of Suicide.
- Barriers to PTSD treatment-seeking by women veterans who experienced military sexual trauma decades ago: The role of institutional betrayal.
- The role of PTSD symptom clusters and criterion in predicting future high-risk drug and alcohol use among returning veteran men and women.
- Targeting women veteran's stress-induced drinking with cognitive reappraisal: Mechanisms and moderators of change.
- Neurotrauma Biomarker Levels and Adverse Symptoms Among Military and Law Enforcement Personnel Exposed to Occupational Overpressure Without Diagnosed Traumatic Brain Injury.
- Experiences of Military Veterans in a Therapeutic Horseback Riding Program.
- Perceived barriers to mental healthcare among spouses of military service members.
- Insomnia: Sex differences and age of onset in active duty Army soldiers.
- Trauma-informed and affirmative mental health practices with LGBTQ+ clients.
- The association of opioid use disorder and homelessness nationally in the veterans health administration.
- Strong associations among PTSD, pain, and alcohol and drug use disorders in VA primary care patients.
- Loving-Kindness Meditation vs Cognitive Processing Therapy for Posttraumatic Stress Disorder Among Veterans: A Randomized Clinical Trial.
- Relationship among combat experience, Veteran pathology, and pathology of Veterans' intimate partners — Factors predicting the pathology of Veterans and their intimate partners.
- Links of Interest
- Resource of the Week: DoD Resources for Providers Treating Service Members Disclosing Sexual Harassment (PHCoE)

<https://doi.org/10.1097/HTR.0000000000000657>

Race/Ethnicity and Community Participation Among Veterans and Service Members With Traumatic Brain Injury: A VA Traumatic Brain Injury Model Systems Study.

Stevens, L. F., Ketchum, J. M., Sander, A. M., Callender, L., Dillahunt-Aspillaga, C., Dreer, L. E., Finn, J. A., Gary, K. W., Graham, K. M., Juengst, S. B., Kajankova, M., Kolakowsky-Hayner, S., Lequerica, A. H., & Rabinowitz, A.

The Journal of Head Trauma Rehabilitation
2021 Feb 22

Objective:

To examine racial/ethnic disparities in community participation among veterans and active duty service members with traumatic brain injury (TBI).

Setting:

Five Department of Veterans Affairs (VA) TBI Model Systems (TBIMS) Polytrauma Rehabilitation Centers (PRCs). Participants: Three hundred forty-two community-dwelling adults (251 White, 34 Black, and 57 Hispanic) with TBI enrolled in the VA TBIMS National Database who completed a 1-year follow-up interview. Mean age was 38.6 years (range, 19-84 years).

Design:

Cross-sectional analysis of a prospective observational cohort study. Main Measures: Community participation at 1 year postinjury assessed by 3 domains of the Participation Assessment with Recombined Tools-Objective (PART-O): Out & About, Productivity, and Social Relations.

Results:

Significant differences were observed among race/ethnicity groups in PART-O Productivity and Out & About domains without controlling for relevant participant characteristics; Productivity scores were significantly higher for non-Hispanic Black than for non-Hispanic White participants ($t = 2.40$, $P = .0169$). Out & About scores were significantly higher for Hispanic than for non-Hispanic White participants ($t = 2.79$, $P = .0056$). However, after controlling for demographic, injury severity, and 1-year follow-up characteristics, only differences in the Out & About domain remained statistically significant ($t = 2.62$, $P = .0094$), with scores being significantly higher for Hispanics than for non-Hispanic Whites.

Conclusions:

The results, which differ from findings from studies conducted in non-VA healthcare settings where there are greater racial/ethnic disparities in participation outcomes, could reflect differences between military and civilian samples that may reduce disparities.

<https://doi.org/10.1089/tmr.2020.0011>

Implementation of a Telemental Health Training Program Across a Mental Health Department.

Bradford L. Felker, Meghan M. McGinn, Erika M. Shearer, Gina T. Raza, Sari D. Gold, Jean M. Kim, Sasha M. Rojas, Milena S. Roussev, Ruth L. Varkovitzky, Huiting Liu, Kate L. Morrison, and Russell A. McCann

Telemedicine Reports 2021 2:1, 26-31

Introduction:

Telemental health (TMH) has increased substantially. However, health care systems have found it challenging to implement TMH ubiquitously. A quality improvement project guided by implementation science methodology was used to design and implement a TMH training program.

Materials and Methods:

Implementation science methodology (Promoting Access to Research Implementation in Health Services, Reach-Effectiveness-Adoption-Implementation-Maintenance, Implementation/Facilitation) provided the framework to design and implement the training program. A total of 100 interdisciplinary mental health providers from outpatient mental health clinics participated.

Results:

Providers reported satisfaction with the training program. Results indicated that the training increased providers' TMH knowledge and competence. The number of providers using TMH and patients who received TMH nearly doubled.

Conclusions:

Implementation science methodology was important in creating an organizational

framework at this facility to design, evaluate, and implement an innovative TMH training program.

<https://doi.org/10.1080/08995605.2021.1897489>

Building effective networks for the transition from the military to the civilian workforce: Who, what, when, and how.

Nicole A. Alonso, Caitlin M. Porter & Kristin Cullen-Lester

Military Psychology

Published online: 14 Apr 2021

Servicemembers leaving the military and entering the civilian workforce are often encouraged to network to identify and obtain civilian employment. However, there are few resources that offer insights into how to build an effective network when transitioning from the military to the civilian workforce. Based on extant literature, we present a Guiding Framework for Building an Effective Network for the Military to Civilian Workforce Transition to answer questions of who Veterans should include in their professional and personal networks (“Who”), what social resources are available from network contacts (“What”) at which phase of the transition (“When”), and how to build relationships with network contacts that may facilitate the transition from the military to civilian workforce (“How”). This framework identifies four types of network contacts that Veterans may include in their networks: family members, other Veterans, civilians, and formal resources persons. Furthermore, we describe the social resources they are likely to receive from these contacts (e.g., love/friendship, information, services, status, money, and goods) at each stage of the transition (e.g. approaching the transition, managing the transition, and assessing the transition) as well as practical suggestions for Veterans to connect with these network contacts. Additionally, we explain how the resources provided by network contacts enable successful role/identity transition. Finally, we discuss practical implications of our framework for service members, and we propose directions for future research on Veterans’ networks and the role that they play during Veterans’ transition from the military to the civilian workforce.

<https://doi.org/10.1080/08995605.2021.1902180>

Indirect effects of soldier healthy eating and physical activity on suicidal ideation through psychological health symptoms in active-duty military.

Nicolas Oakey-Frost, Benjamin Trachik, Michelle L. Ganulin, Mathew L. LoPresti, Michael N. Dretsch & Raymond P. Tucker

Military Psychology

Published online: 13 Apr 2021

The suicide rate within the military continues to rise. New approaches for prevention are needed which capitalize on existing strengths, are scalable at multiple levels, and promote mental fortitude. Healthy eating (HE) and physical activity (PA) represent scalable practices and methods for promoting mental health and protective factors within the military. A cross-sectional sample of N = 1019 active-duty Soldiers completed self-report measures of HE, PA, major depressive disorder (MDD) symptoms, generalized anxiety disorder (GAD) symptoms, and suicidal ideation (SI). Moderated mediation analyses using bootstrapping techniques were used to determine if HE and PA interact to relate to lower SI through reduced psychological health (PH) symptoms. Results indicated an indirect effect of HE on presence versus absence of past month SI through GAD symptoms at moderate-to-high levels of cardiovascular PA. A similar pattern was demonstrated for strength training PA where HE had an indirect effect on past month SI through GAD symptoms at only high levels of strength training PA. HE was indirectly related to lower MDD symptoms at all levels of cardiovascular PA and moderate to high levels of strength training PA. Study limitations and implications for secondary suicide prevention strategies within the military are discussed.

<https://doi.org/10.1080/08995605.2021.1902182>

Perceived changes in social interactions following military psychiatric hospitalization for a suicidal crisis.

Su Yeon Lee-Tauler, Jessica M. LaCroix, Sarah P. Carter, Kanchana U. Perera, David B. Goldston, Max Stivers, Alyssa Soumoff, Jeffrey J. Sapyta, Bridget E. Weller, Adrienne Banny Inscoe, Jennifer J. Weaver & Marjan Ghahramanlou-Holloway

Introduction

Changes in social interactions following psychiatric hospitalization, a period characterized by heightened suicide risk, are important to understand. Objective. We qualitatively explored perceived changes in social interactions one month after inpatient psychiatric discharge following a suicidal crisis.

Methods

A total of 113 United States Service members, recruited in the context of a psychotherapy randomized controlled trial, described the extent to which social interactions with family members, peers, and military commanders had changed.

Results

Most participants (82.3%) reported at least some change in social interactions, conveying six common themes. Showing more care and checking in more were frequently reported for family (24.8%, 20.4%), commanders (23.0%, 16.8%), and by peers (12.4%, 10.6%). Showing more concern was most frequently reported for family (13.3%) followed by peers (6.2%) and commanders (6.2%). Participants reported showing more caution from peers (14.2%), commanders (13.3%) and family (6.2%). Acting more distant was reported from commanders (7.1%), peers (7.1%), and family (5.3%). Showing negative reaction(s) was reported from commanders (8.0%), family (3.5%) and rarely for peers (0.9%).

Conclusion

Inpatient providers are encouraged to prepare patients for potential changes in social interactions following psychiatric discharge and how to best respond to these changes.

<https://doi.org/10.1002/brb3.2144>

Can seizure therapies and noninvasive brain stimulations prevent suicidality? A systematic review.

Chen, Y, Magnin, C, Brunelin, J, Leane, E, Fang, Y, Poulet, E.

Brain and Behavior

First published: 10 April 2021

Background

Suicide is a major public health issue and the majority of those who attempt suicide suffer from mental disorders. Beyond psychopharmacotherapy, seizure therapies and noninvasive brain stimulation interventions have been used to treat such patients. However, the effect of these nonpharmacological treatments on the suicidal ideation and incidence of suicidality remains unclear. Here, we aimed to provide an update on the effects of seizure therapies and noninvasive brain stimulation on suicidality.

Methods

We conducted a systematic review of the literature in the PubMed, EMBASE, Cochrane Central Register of Controlled Trials, Elsevier ScienceDirect, and Wiley Online Library databases using the MeSH terms “Electroconvulsive Therapy”, “Magnetic Seizure Stimulation”, “repetitive Transcranial Magnetic Stimulation”, “transcranial Direct Current Stimulation”, “Cranial Electrostimulation” and “suicide”. We included studies using seizure therapies and noninvasive brain stimulation as a main intervention that evaluated suicidality, regardless of diagnosis.

Results

Among 1,019 records screened, 26 studies met the inclusion criteria using either electroconvulsive therapy (n = 14), magnetic seizure therapy (n = 2), repetitive transcranial magnetic stimulation (n = 9), or transcranial direct current stimulation (n = 1). We observed that studies reported significant results, suggesting these techniques can be effective on the suicidal dimension of mental health pathologies, but a general statement regarding their efficacy is premature due to limitations.

Conclusions

Future enquiry is necessary to address methodological limitations and evaluate the long-term efficacy of these methods both alone and in combination with pharmacotherapy and/or psychotherapy.

<https://doi.org/10.1001/jamacardio.2021.0227>

Association of Posttraumatic Stress Disorder and Incident Ischemic Heart Disease in Women Veterans.

Ramin Ebrahimi, MD; Kristine E. Lynch, PhD; Jean C. Beckham, PhD; Paul A. Dennis, PhD; Benjamin Viernes, MPH; Chi-Hong Tseng, PhD; A. Laurie W. Shroyer, PhD; Jennifer A. Sumner, PhD

JAMA Cardiology
March 17, 2021

Key Points

Question

Is a prior diagnosis of posttraumatic stress disorder (PTSD) associated with incident ischemic heart disease (IHD) in women veterans?

Findings

In this longitudinal cohort study of 398 769 women veterans, including 132 923 with PTSD matched 1:2 to 265 846 without PTSD, those with PTSD had a 44% higher rate of developing incident IHD. Propensity score matching was used to account for various risk factors, including traditional and female-specific cardiovascular risk factors and mental and physical health disorders.

Meaning

These findings suggest that PTSD is associated with an increased risk of developing incident IHD among women veterans.

Abstract

Importance

Posttraumatic stress disorder (PTSD) is associated with greater risk of ischemic heart disease (IHD) in predominantly male populations or limited community samples. Women veterans represent a growing, yet understudied, population with high levels of trauma exposure and unique cardiovascular risks, but research on PTSD and IHD in this group is lacking.

Objective

To determine whether PTSD is associated with incident IHD in women veterans.

Design, Setting, and Participants

In this retrospective, longitudinal cohort study of the national Veterans Health Administration (VHA) electronic medical records, the a priori hypothesis that PTSD would be associated with greater risk of IHD onset was tested. Women veterans 18 years or older with and without PTSD who were patients in the VHA from January 1, 2000, to December 31, 2017, were assessed for study eligibility. Exclusion criteria

consisted of no VHA clinical encounters after the index visit, IHD diagnosis at or before the index visit, and IHD diagnosis within 90 days of the index visit. Propensity score matching on age at index visit, number of prior visits, and presence of traditional and female-specific cardiovascular risk factors and mental and physical health conditions was conducted to identify women veterans ever diagnosed with PTSD, who were matched in a 1:2 ratio to those never diagnosed with PTSD. Data were analyzed from October 1, 2018, to October 30, 2020.

Exposures

PTSD, defined by International Classification of Diseases, Ninth Revision (ICD-9), or International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10), diagnosis codes from inpatient or outpatient encounters.

Main Outcomes and Measures

Incident IHD, defined as new-onset coronary artery disease, angina, or myocardial infarction, based on ICD-9 and ICD-10 diagnosis codes from inpatient or outpatient encounters, and/or coronary interventions based on Current Procedural Terminology codes.

Results

A total of 398 769 women veterans, 132 923 with PTSD and 265 846 never diagnosed with PTSD, were included in the analysis. Baseline mean (SD) age was 40.1 (12.2) years. During median follow-up of 4.9 (interquartile range, 2.1-9.2) years, 4381 women with PTSD (3.3%) and 5559 control individuals (2.1%) developed incident IHD. In a Cox proportional hazards model, PTSD was significantly associated with greater risk of developing IHD (hazard ratio [HR], 1.44; 95% CI, 1.38-1.50). Secondary stratified analyses indicated that younger age identified women veterans with PTSD who were at greater risk of incident IHD. Effect sizes were largest for those younger than 40 years at baseline (HR, 1.72; 95% CI, 1.55-1.93) and decreased monotonically with increasing age (HR for ≥ 60 years, 1.24; 95% CI, 1.12-1.38).

Conclusions and Relevance

This cohort study found that PTSD was associated with increased risk of IHD in women veterans and may have implications for IHD risk assessment in vulnerable individuals.

<https://doi.org/10.1093/milmed/usaa419>

Immersive Rehearsal in a Simulated Environment.

Clouse, C., Ewer, M. W., French, D., Gallimore, J., & Ganapathy, S.

Military Medicine

2021 Jan 25;186(Suppl 1):184-189

Introduction:

Recent advancements in virtual environment (VE) technology and the increasing use of VEs for treatment are opening up possibilities for rehearsal in safe and rich environments. Research has shown that VEs can be used to treat individuals with posttraumatic stress disorder (PTSD), but little research has been done to suggest guidelines for creating an effective environment. The aim of this study was to determine the design of systems that would allow military veterans to rehearse potentially stressful events in a VE before having to step into the actual environment. This research evaluated the responses to six stimuli: startle sound, direct eye contact, horizontal movement across the visual field, social conflict, an abandoned item, and a crowded auditorium. Measures used included change in heart rate (Δ HR), change in subjective unit of discomfort scores, and participant behavior.

Materials and methods:

Thirty-eight participants, both with and without PTSD, experienced two VEs in first person using an Oculus Rift device. The first VE consisted of a tranquil garden, which allowed the participants to practice in the system, whereas baseline data were collected. The second VE was the experimental condition where the participant completed tasks within the VE and encountered stimuli designed to evoke responses from those with PTSD.

Results:

There was a significant difference in Δ HR between the PTSD and non-PTSD groups ($P = .008$), and the PTSD group had a higher mean Δ HR for all stimuli. The stimulus type was also significant for all participants ($P < .001$). Crowded auditorium and startle sound had the largest impact on the participants' Δ HR. Change in subjective unit of discomfort showed a significant interaction between the group factor (PTSD, non-PTSD) and stimulus ($P = .043$). Individuals with PTSD also presented more avoidance behavior than those without PTSD.

Conclusions:

Findings imply that VEs other than virtual combat zones can elicit behavioral, emotional, and physiological responses in individuals with PTSD, and these types of environments should be further studied for use with veterans suffering from PTSD. In future studies,

systems should include initial stimuli that can be configured to allow focus on specific past traumatic experiences. Stimuli should also include both a crowded room and a startle noise scenario.

<https://doi.org/10.1002/cpp.2521>

Videotherapy and therapeutic alliance in the age of COVID-19.

Simpson, S, Richardson, L, Pietrabissa, G, Castelnuovo, G, Reid, C.

Clinical Psychology & Psychotherapy
2021; 28: 409– 421

The arrival of the coronavirus (COVID-19) pandemic has confronted us with a global and unprecedented challenge of community-wide psychological distress alongside reduced access to therapeutic services in the traditional face-to-face format, due to the need to self-isolate. This previously unimagineable set of circumstances provides a unique opportunity, and indeed an imperative, for videotherapy to fulfil its potential in addressing mental health and well-being needs from a distance. Historically, the uptake of videotherapy has been hindered by psychotherapist expectations of inferior therapeutic alliance and outcomes, in spite of considerable research evidence to the contrary. Research suggests that videotherapy provides a powerful pathway for clients to experience enhanced opportunities for self-expression, connection and intimacy. This more neutral therapeutic 'space' provides clients with multifarious opportunities for self-awareness, creative experience and collaboration, with potentially a greater sense of agency over their own experience. This paper explores ways in which videotherapy can lead to a revitalisation of the concept of the therapeutic relationship, in order to meet the challenges associated with COVID-19. A number of specific considerations for videotherapy adaptations and etiquette in the midst of COVID-19 are described.

<https://doi.org/10.1002/cpp.2593>

The Relationship Between Self-criticism and Suicide Probability.

Catherine O'Neill, Daniel Pratt, Meryl Kilshaw, Kate Ward, James Kelly, Gillian Haddock

Clinical Psychology & Psychotherapy
First published: 13 April 2021

The relationship of self-to-self relating and suicide has received attention in explanatory models of suicide. However, exploration of specific types of self-relationships, namely feelings of inadequacy (associated with perfectionism), self-attacking and the ability to be kind and nurturing towards the self has not been examined in a suicidal population. The present study assessed the relative contribution of self-criticism to suicide probability, alongside established predictors of suicidal ideation; hopelessness, depression, defeat and entrapment. Participants completed measures of inadequacy, self-attacking, self-reassurance, defeat, entrapment, depression and hopelessness (N= 101). A correlation, regression and mediation analysis was undertaken. Results demonstrated that self-attacking has a direct relationship with suicide probability, alongside established predictors; entrapment and hopelessness. Depressive symptomology was not found to be a significant predictor of suicide probability in this population.

Addressing particularly hostile forms of self-criticism may be a promising area in terms of future research and clinical practice. Entrapment continues to be a significant predictor of suicide risk and interventions that target this experience should be explored.

<https://doi.org/10.1038/s41372-021-00994-y>

A different kind of battle: the effects of NICU admission on military parent mental health.

Joshua Anchan, Shallimar Jones, Jay Aden, Sarah Ditch, Angela Fagiana, Donia Blauvelt, Maria Cristina Gallup & Nicholas Carr

Journal of Perinatology
Published: 13 April 2021

Objective

To determine the incidence of mental health symptoms in military families after prolonged NICU admission.

Study design

Prospective cohort study of military-affiliated NICU parents participating in serial

electronic surveys, which included validated screening tools for acute stress (ASD), post-traumatic stress (PTSD), and depression disorders.

Results

Among 106 military parents surveyed after NICU admission, 24.5% screened positive for ASD and 28.3% for depression. 77 (72.6%) parents continued participation beyond discharge, with 7.8% screening positive for PTSD and 15.6% for late depression. Positive ASD correlated with later symptoms of PTSD (OR 8.4 [2.4–30]) and early depression with both PTSD symptoms (OR 5.7 [1.7–18.8]) and late depression (OR 8.4 [2.4–30]) after discharge. Secondary analysis determined these findings were independent of deployment and other military related factors.

Conclusion

This study highlights the potential mental health burden experienced by military-affiliated NICU parents. Early ASD and depression screening may identify parents at risk for mental health symptoms after discharge.

<https://doi.org/10.1080/08995605.2021.1902180>

Indirect effects of soldier healthy eating and physical activity on suicidal ideation through psychological health symptoms in active-duty military.

Nicolas Oakey-Frost, Benjamin Trachik, Michelle L. Ganulin, Mathew L. LoPresti, Michael N. Dretsch & Raymond P. Tucker

Military Psychology

Published online: 13 Apr 2021

The suicide rate within the military continues to rise. New approaches for prevention are needed which capitalize on existing strengths, are scalable at multiple levels, and promote mental fortitude. Healthy eating (HE) and physical activity (PA) represent scalable practices and methods for promoting mental health and protective factors within the military. A cross-sectional sample of $N = 1019$ active-duty Soldiers completed self-report measures of HE, PA, major depressive disorder (MDD) symptoms, generalized anxiety disorder (GAD) symptoms, and suicidal ideation (SI). Moderated mediation analyses using bootstrapping techniques were used to determine if HE and PA interact to relate to lower SI through reduced psychological health (PH) symptoms. Results indicated an indirect effect of HE on presence versus absence of past month SI

through GAD symptoms at moderate-to-high levels of cardiovascular PA. A similar pattern was demonstrated for strength training PA where HE had an indirect effect on past month SI through GAD symptoms at only high levels of strength training PA. HE was indirectly related to lower MDD symptoms at all levels of cardiovascular PA and moderate to high levels of strength training PA. Study limitations and implications for secondary suicide prevention strategies within the military are discussed.

<https://doi.org/10.1001/jamapsychiatry.2021.0154>

Association of US Nurse and Physician Occupation With Risk of Suicide.

Davis MA, Cher BAY, Friese CR, Bynum JPW

JAMA Psychiatry

Published online April 14, 2021

Key Points

Question

Is the risk of suicide among US nurses and physicians greater than that in the general population?

Findings

In this cohort study using data from 2007 to 2018 that included 2374 nurses, 857 physicians, and 156 141 individuals in the general population (age, ≥ 30 years), the suicide incidence rates per 100 000 in 2017-2018 among women were 17.1 for nurses, 10.1 for physicians, and 8.6 for the general population, and the suicide incidence rates per 100 000 in 2017-2018 among men were 31.1 for nurses, 31.5 for physicians, and 32.6 for the general population. The suicide risk compared with the general population was significantly increased for nurses but not for physicians.

Meaning

This study suggests that there was a significantly increased suicide risk for the usual occupation of nurse but not for physician.

Abstract

Importance

Nurses are the largest component of the US health care workforce. Recent research

suggests that nurses may be at high risk for suicide; however, few studies on this topic exist.

Objectives

To estimate the national incidence of suicide among nurses and examine characteristics of nurse suicides compared with physicians and the general population.

Design, Setting, and Participants

This retrospective cohort study used US data from 159 372 suicides reported in the National Violent Death Reporting System from 2007 to 2018. With the use of workforce denominators, sex-specific suicide incidence estimates were generated among nurses, physicians, and the general population (age, ≥ 30 years). Associations between clinician type and method of suicide and results of toxicology examination at death were calculated, adjusted for sociodemographic characteristics. Statistical analysis was performed from October 16, 2020, to January 10, 2021.

Exposure

Occupation as a nurse or physician.

Main Outcome and Measures

Suicide incidence and characteristics associated with suicides.

Results

A total of 2374 suicides among nurses (1912 women [80.5%]; mean [SD] age, 52.8 [11.8] years), 857 suicides among physicians (723 men [84.4%]; mean [SD] age, 59.8 [15.3] years), and 156 141 suicides in the general population (121 483 men [77.8%]; mean [SD] age, 53.1 [14.7] years) were identified. Overall, suicide was more common among nurses compared with the general population (sex-adjusted incidence in 2017-2018, 23.8 per 100 000 vs 20.1 per 100 000; relative risk, 1.18 [95% CI, 1.03-1.36]). Among women in 2017-2018, the suicide incidence among nurses was 17.1 per 100 000 (506 among 2 966 048) vs 8.6 per 100 000 (8879 among 103 731 387) in the general female population (relative risk, 1.99 [95% CI, 1.82-2.18]). In absolute terms, being a female nurse was associated with an additional 8.5 suicides per 100 000 (95% CI, 7.0-10.0 per 100 000) compared with the general population of women. By sex, physician suicide rates were not statistically different from the general population other than among female physicians in 2011-2012 (11.7 per 100 000 [95% CI, 6.6-16.8 per 100 000] female physicians vs 7.5 per 100 000 [95% CI, 7.2-7.7 per 100 000] general population; $P = .04$). In terms of the characteristics of suicides, clinicians were more likely to use poisoning than the general population; for example, 24.9% (95% CI, 23.5%-26.4%) of nurses used poisoning compared with 16.8% (95% CI, 16.6%-17.0%) of the

general suicide population. The presence of antidepressants, benzodiazepines, barbiturates, and opiates was more common among clinician suicides than suicides in the general population.

Conclusion and Relevance

This study suggests that, in the US, the risk of suicide compared with the general population was significantly greater for nurses but not for physicians. Further research is needed to assess whether interventions would be associated with benefit in reducing suicide risk among nurses.

<https://doi.org/10.1016/j.outlook.2021.02.002>

Barriers to PTSD treatment-seeking by women veterans who experienced military sexual trauma decades ago: The role of institutional betrayal.

Ursula A. Kelly, PhD, APRN, ANP-BC, PMHNP-BC, FAANP, FAAN

Nursing Outlook

Published: April 13, 2021

Highlights

- Approximately one in three women veterans in the VA report military sexual trauma.
- Women who experienced MST decades ago face specific contextual barriers to help seeking.
- The military culture and lack of supportive response to MST left women without recourse.
- Institutional betrayal served as a barrier to PTSD treatment seeking.
- Organizational and cultural change in the Department of Defense and VA and targeted outreach to veterans who experienced MST is necessary to increase veterans' engagement in PTSD treatment.

Abstract

Background

While some barriers to PTSD treatment engagement among veterans are well-identified, e.g., stigma, little is known about the barriers to VA PTSD treatment-seeking among women veterans who experienced military sexual trauma (MST) decades ago.

Purpose

To explore the barriers to PTSD treatment-seeking of women veterans with PTSD related to MST experienced prior to 2000.

Method

Data were collected from women veterans ($n = 14$) who had experienced MST and sought VA PTSD treatment. Data analyses utilized a constructivist grounded theory approach.

Findings

The context of the MST experience, including the military environment at the time, the era in which they experienced MST and the response of others to their reporting or disclosure of MST created decades-long barriers to PTSD treatment-seeking.

Discussion

Understanding institutional betrayal as a barrier to PTSD treatment-seeking among women veterans who experienced MST decades ago is necessary to develop effective targeted outreach and programs for this population.

<https://doi.org/10.1037/ser0000538>

The role of PTSD symptom clusters and criterion in predicting future high-risk drug and alcohol use among returning veteran men and women.

Livingston, N. A., Farmer, S. L., Mahoney, C. T., Marx, B. P., & Keane, T. M.

Psychological Services

Advance online publication

The prevalence of co-occurring posttraumatic stress disorder (PTSD) and substance use disorder (SUD) remains exceptionally high among returning veterans, with numerous studies linking PTSD, but not specific PTSD symptoms, to future SUD risk. Further explication of PTSD symptom effects on future SUD risk will likely promote intervention development and refinement while offsetting SUD risk. Accordingly, In this study we explored the prospective associations between PTSD symptom clusters, symptoms, and future SUD risk and use of specific drug classes. Returning veterans ($N = 1,295$; $Mage = 42.3$, $SD = 9.89$; 51% female; 66.8% White) completed structured

diagnostic interviews to assess PTSD symptoms and self-report measures of substance use 14–36 months later ($M = 24.59$, $SD = 2.97$). Hyperarousal and reckless/self-destructive symptoms specifically predicted future high-risk drug use and binge drinking behavior, and avoidance of internal stimuli (i.e., of trauma memories, thoughts, and feelings) differentiated individuals classified as high-risk for alcohol use based on their AUDIT total score. Further, negative alterations in cognition and mood predicted future opioid (i.e., nightmares) and stimulant use (i.e., flashbacks), whereas concentration difficulties were inversely associated with future binge drinking. This longitudinal study identified prospective and enduring associations between specific PTSD symptom clusters, symptoms, and future high-risk substance use patterns among returning veterans. Accordingly, careful assessment of specific PTSD criteria and differential motivations for substance use is warranted, along with tailored interventions to offset risk for opioid, stimulant, and alcohol use among returning veterans. (Psychnfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1016/j.jsat.2021.108408>

Targeting women veteran's stress-induced drinking with cognitive reappraisal: Mechanisms and moderators of change.

Cathryn Glanton Holzhauer, Elizabeth E. Epstein, David A. Smelson, Kristin Mattocks

Journal of Substance Abuse Treatment
Volume 130, November 2021

Highlights

- Emotion regulation may be an important treatment element for women veterans with unhealthy drinking.
- This study examined effects of cognitive reappraisal on alcohol craving and inhibitory control.
- Severity of alcohol use disorder symptoms moderated the effect of cognitive reappraisal.
- Immediate effects of cognitive reappraisal on alcohol-related outcomes may differ between individuals.

Abstract

Emotion dysregulation mediates the effects of stress on drinking among individuals with co-occurring emotional and alcohol use disorders (AUD). The current study examined

the effects of cognitive reappraisal (CR), an adaptive emotion regulation strategy, on mechanisms that contribute to drinking (alcohol craving, inhibitory control) among 50 women veterans. In session one, participants were randomized to one of two 50-min “microinterventions”, either to learn a CR coping strategy or receive non-therapeutic psychoeducation control. In session two, all participants underwent a personalized stress induction, after which women in the experimental condition were instructed to use CR to reduce stress, while those in the control group were instructed to sit quietly. Craving and inhibitory control were measured at post-stress induction and after using CR/sitting quietly. Moderating effects of AUD, depression, and PTSD severity were assessed. Craving and inhibitory control improved among women in both conditions (CR or sitting quietly), with no main effect of condition. Condition by AUD severity had a significant interaction effect ($b = 0.018$, $p = .013$), whereby women with more severe AUD had greater decreases in craving after sitting quietly, and women with less severe AUD had greater decreases in craving after CR. The opposite pattern was observed for inhibitory control ($b = 6.45$, $p = .004$), with women with less severe AUD having greater decreases in inhibitory control after sitting quietly, and women with more severe AUD having greater decreases in inhibitory control after CR. Results highlight CR's immediate effects on alcohol-related outcomes and the important role of symptom severity.

<https://doi.org/10.1001/jamanetworkopen.2021.6445>

Neurotrauma Biomarker Levels and Adverse Symptoms Among Military and Law Enforcement Personnel Exposed to Occupational Overpressure Without Diagnosed Traumatic Brain Injury.

Angela M. Boutté, PhD; Bharani Thangavelu, PhD; Jeffrey Nemes, MS; Christina R. LaValle, MS; Mike Egnoto, PhD; Walter Carr, PhD; Gary H. Kamimori, PhD

JAMA Network Open
April 16, 2021

Key Points

Question

Are neurotrauma biomarkers associated with adverse symptoms reported by military and law enforcement personnel exposed to low-level overpressure, an excess of normal atmospheric pressure, in the absence of a clinically defined brain injury?

Findings

In this cohort study of 106 male active-duty US Army or law enforcement personnel exposed to low-level atmospheric overpressure and 30 control individuals, serum levels of ubiquitin carboxyl hydrolase (UCH)-L1, tau, amyloid β (A β)-40, and A β -42 were elevated in personnel exposed to overpressure compared with control individuals; A β -42 was associated with self-reported ear ringing and memory problems.

Meaning

The findings suggest that elevated levels of neurotrauma biomarkers are associated with overpressure exposure and concussion-like symptoms among active-duty military and law enforcement personnel who are outwardly healthy and cleared to perform duties.

Abstract

Importance

There is a scientific and operational need to define objective measures of exposure to low-level overpressure (LLOP) and concussion-like symptoms among persons with specialized occupations.

Objective To evaluate serum levels of neurotrauma biomarkers and their association with concussion-like symptoms reported by LLOP-exposed military and law enforcement personnel who are outwardly healthy and cleared to perform duties.

Design, Setting, and Participants

This retrospective cohort study, conducted from January 23, 2017, to October 21, 2019, used serum samples and survey data collected from healthy, male, active-duty military and law enforcement personnel assigned to operational training at 4 US Department of Defense and civilian law enforcement training sites. Personnel aged 18 years or older with prior LLOP exposure but no diagnosed traumatic brain injury or with acute blast exposure during sampling participated in the study. Serum samples from 30 control individuals were obtained from a commercial vendor.

Main Outcomes and Measures

Serum levels of glial fibrillary acidic protein, ubiquitin carboxyl hydrolase (UCH)-L1, neurofilament light chain, tau, amyloid β (A β)-40, and A β -42 from a random sample (30 participants) of the LLOP-exposed cohort were compared with those of 30 age-matched controls. Associations between biomarker levels and self-reported symptoms or operational demographics in the remainder of the study cohort (76 participants) were assessed using generalized linear modeling or Spearman correlations with age as a covariate.

Results

Among the 30 randomly sampled participants (mean [SD] age, 32 [7.75] years), serum levels of UCH-L1 (mean difference, 4.92; 95% CI, 0.71-9.14), tau (mean difference, 0.16; 95% CI, -0.06 to 0.39), A β -40 (mean difference, 138.44; 95% CI, 116.32-160.56), and A β -42 (mean difference, 4.97; 95% CI, 4.10-5.83) were elevated compared with those in controls. Among the remaining cohort of 76 participants (mean [SD] age, 34 [7.43] years), ear ringing was reported by 44 (58%) and memory or sleep problems were reported by 24 (32%) and 20 (26%), respectively. A total of 26 participants (34%) reported prior concussion. Amyloid β -42 levels were associated with ear ringing ($F_{1,72} = 7.40$; $P = .008$) and memory problems ($F_{1,72} = 9.20$; $P = .003$).

Conclusions and Relevance

The findings suggest that long-term LLOP exposure acquired during occupational training may be associated with serum levels of neurotrauma biomarkers. Assessment of biomarkers and concussion-like symptoms among personnel considered healthy at the time of sampling may be useful for military occupational medicine risk management.

<https://doi.org/10.1177/10547738211003580>

Experiences of Military Veterans in a Therapeutic Horseback Riding Program.

Johnson, R. A., Albright, D. L., Marzolf, J. R., Bibbo, J. L., Yaglom, H. D., Crowder, S. M., Carlisle, G. M., Grindler, K., Harms, N., Willard, A., Wassman, M., & Russell, C. L.

Clinical Nursing Research

First Published April 15, 2021

Posttraumatic stress disorder commonly occurs among U.S. military veterans. Therapeutic horseback riding (THR) has emerged as an adjunct therapy. We explored 20 veterans' perceived benefits, drawbacks and views of a 6-week THR program. Participants had confirmed diagnoses of posttraumatic stress disorder, traumatic brain injury, or both. Veterans rode the same horse weekly, the same day, at the same time. Data were collected as part of a randomized clinical trial testing the effects of THR on Post-Traumatic Stress Disorder. Veterans responded to an open-ended questionnaire. Content analysis was used for data analysis. Benefits were "Connection to the Horse," "Relaxing," "180 Degree Change," and "Meeting New People." Drawbacks were "None," "Struggle to Get There," "Pain," "Too Short," and "It is Structured." Overall perceptions

were “I Absolutely Loved It,” “Feel Again,” “The Horse,” “The People,” and “No Worries.” Participants viewed THR as positive. Findings may elucidate why THR may be clinically beneficial.

<https://doi.org/10.1037/ser0000523>

Perceived barriers to mental healthcare among spouses of military service members.

Schvey, N. A., Burke, D., Pearlman, A. T., Britt, T. W., Riggs, D. S., Carballo, C., & Stander, V.

Psychological Services
Advance online publication

Barriers to mental healthcare services are reported among military service members. However, little is known about these barriers among the spouses of military personnel, who face unique stressors and may subsequently be at high-need for mental health services. Understanding barriers to care among this vulnerable population may help improve access to psychological services. The current study utilized data from the Millennium Cohort Family Study. Participants were referred by their military spouses or through targeted mailers. Participants completed self-report measures of mood, psychosocial functioning, and perceived barriers to mental healthcare via web- or paper-based surveys. A factor analysis was conducted to identify subscales of the barriers to mental healthcare measure, and logistic regressions were conducted adjusting for relevant sociodemographic variables, to determine psychosocial factors associated with likelihood of reporting barriers to mental healthcare. The sample comprised 9,666 military spouses (86% female; Mage: 27.73 ± 5.09 ; 29.2% racial/ethnic minority; 19.5% with prior/current military service). Logistic factors were the most frequently reported barrier to care (63%), followed by negative beliefs about mental healthcare (52%), fear of social/occupational consequences (35%), and internalized stigma (32%). Spouses with prior or current military service themselves and individuals with a psychiatric condition were most likely to report barriers to mental healthcare. A preponderance of military spouses reported barriers to mental healthcare services. Prospective data are needed to elucidate the associations between barriers to care and mental healthcare utilization. Efforts may be warranted to improve access to mental healthcare among the spouses of military personnel. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1016/j.sleh.2021.03.003>

Insomnia: Sex differences and age of onset in active duty Army soldiers.

Nina C. Polyné, Katherine E. Miller, Janeese Brownlow, Philip R. Gehrman

Sleep Health

Available online 15 April 2021

Background

The prevalence of insomnia symptoms, insomnia diagnostic status, and age of onset compared by sex is understudied within the military population.

Method

Data were examined from the All Army Study to Assess Risk and Resilience in Service members (N = 21,294; 18-61 years; 11.7% female and 87.6% male). Participants were given a self-administered version of the Composite International Diagnostic Interview Screening Scales to assess psychopathology and cognitive deficits, and the Brief Insomnia Questionnaire for insomnia disorder assessment. Participants identified the age they first experienced sleep problems for 1 month or longer as part of the self-administered questionnaire.

Results

Among this sample of Army soldiers, 22.8% met insomnia diagnostic status (22.0% of males and 28.4% of females). A binary logistic regression model revealed that insomnia diagnostic status was associated with female soldiers (OR = 1.26, $P < .001$, 95% CI = 1.13-1.41) compared to male soldiers, even when accounting for sociodemographic variables and mental health disorders. No significant sex differences emerged at insomnia symptom level or sleep problem age of onset.

Conclusion

This study highlights the importance of examining insomnia by sex in active-duty populations. Results suggest that female active duty soldiers experience insomnia at a higher rate than their male counterparts, which may be driven by reports of daytime impairment. Given this information, more specific clinical recommendations on assessing and treating insomnia could be provided, especially when considering readiness for military duty.

<https://doi.org/10.1037/ser0000540>

Trauma-informed and affirmative mental health practices with LGBTQ+ clients.

Levenson, J. S., Craig, S. L., & Austin, A.

Psychological Services
Advance online publication

People with diverse sexual orientations, gender identities, and gender expression are at greater risk for trauma, discrimination, and victimization than heterosexual and cisgender populations. Trauma-informed care (TIC) provides a framework for providing lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ +) mental health services. Substance Abuse and Mental Health Services Administration (SAMHSA)'s principles of TIC guide practitioners to create safety, trust, transparency, collaboration, and empowerment in helping relationships, and to ensure that services have cultural and gender relevance. This article first explores the role of trauma in contributing to behavioral health concerns presented by LGBTQ + clients. The application of TIC to mental health counseling and social services for LGBTQ + clients will then be described, with specific suggestions for translating TIC principles into affirmative practice. Through the lens of trauma, clinicians can improve clinical case conceptualization and effective treatment strategies for LGBTQ + clients. (PsyInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1016/j.drugalcdep.2021.108714>

The association of opioid use disorder and homelessness nationally in the veterans health administration.

Ajay Manhapra, Elina Stefanovics, Robert Rosenheck

Drug and Alcohol Dependence
Volume 223, 1 June 2021

Highlights

- OUD prevalence was 12 times higher among homeless as compared to non-homeless adult veterans.
- Unadjusted odds of homelessness was 13 times higher among veterans with OUD Vs. no OUD.
- Adjusting for sociodemographic vulnerabilities, odds of homelessness with OUD dropped to 10.7.
- Adjusting for sociodemographic factors and comorbidities, odds of homelessness with OUD was 3.1.

Abstract

Background

Substance use disorder (SUD) is a major risk factor for homelessness, but the specific association of opioid use disorder (OUD) and homelessness in the context of their shared risk factors has not been the focus of prior studies. We used national data from the United States Veterans Health Administration (VHA) to examine the association of OUD and homelessness in the context of shared risk factors.

Methods

In this cross-sectional analysis of veterans who received VHA care during Fiscal Year 2012 (N = 5,450,078), we compared the prevalence of OUD and other sociodemographic, and clinical factors among homeless and non-homeless veterans. We estimated the odds ratio for homelessness associated with OUD alone, and after adjusting for other factors through multivariate logistic regression.

Results

Homeless veterans had substantially higher prevalence of OUD than other VHA patients (7.7 % Vs 0.6 %) and OUD was associated with 13 times higher unadjusted odds of homelessness (Odds Ratio [OR] 13.36, 95 % CI 13.09–13.62), which decreased with adjustment for sociodemographic factors (black race, mean income and age), other SUD, medical, and psychiatric diagnoses (final OR 1.57, 95 % CI 1.53–1.61). Other SUDs (alcohol, cannabis, cocaine, and hallucinogens) showed similar or slightly higher odds of homelessness as OUD in the final model.

Conclusions

OUD was strongly associated with homelessness among US veterans although this association was largely but not entirely attenuated by shared sociodemographic and comorbid risk factors including several other SUDs. Treatment of homeless veterans with OUD should address socio-economic vulnerabilities and other co-morbidities in addition to treatments for OUD.

<https://doi.org/10.1016/j.drugalcdep.2021.108699>

Strong associations among PTSD, pain, and alcohol and drug use disorders in VA primary care patients.

Quyen Q. Tiet, Rudolf H. Moos

Drug and Alcohol Dependence
Volume 223, 1 June 2021

Highlights

- PTSD, pain, and substance use disorders are highly comorbid in VA primary care.
- PTSD, pain, and alcohol use disorder raise the odds of opioid use disorder 7-fold.
- VA primary care should routinely screen for opioid and cocaine use disorders.

Abstract

Aims

PTSD, pain, and alcohol and drug use disorders (AUD and DUDs) are prevalent, debilitating, and costly. Clinicians benefit from understanding the co-occurrence among these conditions, especially cocaine and opioid use disorders. This is the first study to examine (1) the odds of having one condition in the presence of one of the other conditions, and (2) the extent to which having PTSD, pain, or an AUD raises the odds of having a DUD in VA primary care patients.

Methods

We used cross-sectional archival data from 1283 primary care patients recruited in VA primary care clinics. Pain was measured by the numeric rating scale. PTSD, AUD, and DUDs (i.e., cannabis, opioid, cocaine, and any drug use disorder) were measured by the Mini International Diagnostic Interview. We conducted logistic regression analyses to examine the odds of having one condition in the presence of other conditions.

Results

A total of 14.9 % of patients had PTSD, 52.8 % of patients had moderate or severe pain, 12.8 % had an AUD, and 10.4 % had any DUD. Patients who had one condition

(PTSD, pain, AUD, or DUD) were highly likely to have one or more of the other conditions, with or without controlling for demographic variables.

Conclusions

VA Patients who had PTSD, moderate or severe pain, or an AUD were highly likely to have an opioid or cocaine use disorder, and therefore should be screened for DUDs in VA primary care.

<https://doi.org/10.1001/jamanetworkopen.2021.6604>

Loving-Kindness Meditation vs Cognitive Processing Therapy for Posttraumatic Stress Disorder Among Veterans: A Randomized Clinical Trial.

Kearney DJ, Malte CA, Storms M, Simpson TL

JAMA Network Open

April 16, 2021

Key Points

Question

Is group loving-kindness meditation noninferior to group cognitive processing therapy for treatment of posttraumatic stress disorder (PTSD) among veterans?

Findings

In this randomized clinical trial, 184 veterans with PTSD were assigned to group loving-kindness meditation or group cognitive processing therapy; the differences in the decrease from baseline to 6-month follow-up for measures of PTSD and depression were very similar and within predefined margins considered not meaningfully different. Attendance was better for loving-kindness meditation.

Meaning

This study adds to the evidence indicating that interventions without a specific focus on trauma, including meditation-based interventions, can yield results similar to trauma-focused therapies.

Abstract

Importance

Additional options are needed for treatment of posttraumatic stress disorder (PTSD) among veterans.

Objective

To determine whether group loving-kindness meditation is noninferior to group cognitive processing therapy for treatment of PTSD.

Design, Setting, and Participants

This randomized clinical noninferiority trial assessed PTSD and depression at baseline, posttreatment, and 3- and 6-month follow-up. Veterans were recruited from September 24, 2014, to February 5, 2018, from a large Veterans Affairs medical center in Seattle, Washington. A total of 184 veteran volunteers who met Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition) criteria for PTSD were randomized. Data collection was completed November 28, 2018, and data analyses were conducted from December 10, 2018, to November 5, 2019.

Interventions

Each intervention comprised 12 weekly 90-minute group sessions. Loving-kindness meditation (n = 91) involves silent repetition of phrases intended to elicit feelings of kindness for oneself and others. Cognitive processing therapy (n = 93) combines cognitive restructuring with emotional processing of trauma-related content.

Main Outcomes and Measures

Co-primary outcomes were change in PTSD and depression scores over 6-month follow-up, assessed by the Clinician-Administered PTSD Scale (CAPS-5; range, 0-80; higher is worse) and Patient-Reported Outcome Measurement Information System (PROMIS; reported as standardized T-score with mean [SD] of 50 [10] points; higher is worse) depression measures. Noninferiority margins were 5 points on the CAPS-5 and 4 points on the PROMIS depression measure.

Results

Among the 184 veterans (mean [SD] age, 57.1 [13.1] years; 153 men [83.2%]; 107 White participants [58.2%]) included in the study, 91 (49.5%) were randomized to the loving-kindness group, and 93 (50.5%) were randomized to the cognitive processing group. The mean (SD) baseline CAPS-5 score was 35.5 (11.8) and mean (SD) PROMIS depression score was 60.9 (7.9). A total of 121 veterans (66%) completed 6-month follow-up. At 6 months posttreatment, mean CAPS-5 scores were 28.02 (95% CI, 24.72-31.32) for cognitive processing therapy and 25.92 (95% CI, 22.62-29.23) for

loving-kindness meditation (difference, 2.09; 95% CI, -2.59 to 6.78), and mean PROMIS depression scores were 61.22 (95% CI, 59.21-63.23) for cognitive processing therapy and 58.88 (95% CI, 56.86-60.91) for loving-kindness meditation (difference, 2.34; 95% CI, -0.52 to 5.19). In superiority analyses, there were no significant between-group differences in CAPS-5 scores, whereas for PROMIS depression scores, greater reductions were found for loving-kindness meditation vs cognitive processing therapy (for patients attending ≥ 6 visits, ≥ 4 -point improvement was noted in 24 [39.3%] veterans receiving loving-kindness meditation vs 9 (18.0%) receiving cognitive processing therapy; $P = .03$).

Conclusions and Relevance

Among veterans with PTSD, loving-kindness meditation resulted in reductions in PTSD symptoms that were noninferior to group cognitive processing therapy. For both interventions, the magnitude of improvement in PTSD symptoms was modest. Change over time in depressive symptoms was greater for loving-kindness meditation than for cognitive processing therapy.

<https://doi.org/10.3138/jmvfh-2020-0023>

Relationship among combat experience, Veteran pathology, and pathology of Veterans' intimate partners — Factors predicting the pathology of Veterans and their intimate partners.

Edwin A. Brennan, Nancy Carbonell, Jimmy Kijai, Dennis Waite

Journal of Military, Veteran and Family Health

Published Online: April 12, 2021

For nearly 20 years, military members and their families have been involved in some form of military operation in support of what is known as the Global War on Terrorism. Research has shown that military members and Veterans demonstrate increased levels of mental health disorders, such as anxiety, depression, and posttraumatic stress disorder. No studies to date, however, have explored how the resulting mental illness is shared by the intimate partners of these military members and Veterans. For this research, the term resonating of pathology is used to identify this phenomenon. The research authors surveyed combat Veterans and their intimate partners to gather the data for analysis. The authors then completed statistical analysis to examine both associations and predictive factors that would help clinicians, researchers, and

academics understand and develop theories and clinical interventions for such couples. Although the research appears to confirm this sharing of mental health diagnosis, more research will be needed to create a better understanding in the future.

Links of Interest

Researchers take first step in understanding disparities in community participation for people with TBI

<https://blogs.va.gov/VAntage/87118/researchers-understanding-disparities-community-participation-tbi/>

For Afghanistan veterans, old feelings of frustration and loss surface as the U.S. prepares to end its longest war.

https://www.washingtonpost.com/national-security/afghanistan-withdrawal-veterans-biden/2021/04/14/92ce7798-9c96-11eb-8a83-3bc1fa69c2e8_story.html

'Pink tax' on women's military uniform items would be eliminated under new proposal

<https://www.militarytimes.com/pay-benefits/mil-money/2021/04/14/pink-tax-on-womens-military-uniform-items-would-be-eliminated-under-new-proposal/>

Newly deployed sailors are now getting counseling assistance aboard ship

<https://www.navytimes.com/news/your-navy/2021/04/14/newly-deployed-sailors-are-now-getting-counseling-assistance-aboard-ship/>

Why 300 Sailors and Marines Deployed on an Amphibious Ship with Smart Rings

<https://www.military.com/daily-news/2021/04/14/why-300-sailors-and-marines-deployed-amphibious-ship-smart-rings.html>

3 consequences of using marijuana after your state 'legalizes' (commentary)

<https://www.militarytimes.com/opinion/commentary/2021/04/14/3-consequences-of-using-marijuana-after-your-state-legalizes/>

Sexual assault awareness and prevention a DHA, DOD priority

<https://health.mil/News/Articles/2021/04/16/Sexual-assault-awareness-and-prevention-a-DHA-DOD-priority>

Holistic Healing through Horses

https://www.mirecc.va.gov/visn5/newsletter/Spring_2021_Volume_22_Issue_1/Article_2.asp

VA Connection Plans: A Whole Health Intervention to Promote Social Connections for Veterans

https://www.mirecc.va.gov/visn5/newsletter/Spring_2021_Volume_22_Issue_1/Article_4.asp

Separating troops with uncertain career plans to be targeted for extra employment help

<https://www.militarytimes.com/education-transition/2021/04/19/separating-troops-with-uncertain-career-plans-to-be-targeted-for-extra-employment-help/>

Study of 400,000 Female Vets Links PTSD to Heart Disease

<https://www.military.com/daily-news/2021/04/19/study-of-400000-female-vets-links-ptsd-heart-disease.html>

How the Military Attempts to Right Racial Wrongs

<https://www.usnews.com/news/national-news/articles/2021-04-20/military-racism-george-floyd-and-new-attempts-at-change-air-force-chief-gen-brown-discusses-the-future-of-the-armed-forces>

Resource of the Week: [DoD Resources for Providers Treating Service Members Disclosing Sexual Harassment](#)

From the [Psychological Health Center of Excellence](#) (PHCoE)

What should I do if my patient tells me they are experiencing sexual harassment?

This is a frequent question among military mental health providers. In fact, PHCoE regularly receives requests for more information and resources focused on sexual harassment.

...

There is no requirement of psychological harm to the victim for the behavior to constitute sexual harassment. However, threats to pay or career, repeated unwelcome advances, and a hostile work environment are all likely to impact

service members' wellbeing. [One study](#) (link is external) of former reservists found that sexual harassment was associated with poorer mental health and symptoms of depression and posttraumatic stress disorder for both men and women. It is important for providers to know what resources are available to victims of sexual harassment.

DYK? In fiscal year 2019, active duty women who experienced sexual harassment were at three times greater risk for sexual assault than those who did not.

Shirl Kennedy
Research Editor (HJF)
Center for Deployment Psychology
www.deploymentpsych.org
shirley.kennedy.ctr@usuhs.edu
240-535-3901