

CDP



Research Update -- June 2, 2022

What's Here:

- Real-Time Telehealth Versus Face-to-Face Management for Patients With PTSD in Primary Care: A Systematic Review and Meta-Analysis.
- Associations between therapist factors and treatment efficacy in randomized controlled trials of trauma-focused cognitive behavioral therapy for children and youth: A systematic review and meta-analysis.
- Psychological comorbidity: Predictors of residential treatment response among U.S. service members with posttraumatic stress disorder.
- Marriage checkup in integrated primary care: A randomized controlled trial with active-duty military couples.
- A randomized trial of brief couple therapy for PTSD and relationship satisfaction.
- A false sense of security: Rapid improvement as a red flag for death by suicide.
- Predictors of Secondary Traumatic Stress in Mental Health Professionals: Trauma History, Self-Compassion, Emotional Intelligence.
- Sleep and allostatic load: A systematic review and meta-analysis.
- Moral Injury as a Mediator of the Associations Between Sexual Harassment and Mental Health Symptoms and Substance Use Among Women Veterans.
- Low resilience following traumatic brain injury is strongly associated with poor neurobehavioral functioning in U.S. military service members and veterans.
- Repetitive Transcranial Magnetic Stimulation Promotes Rapid Psychiatric Stabilization in Acutely Suicidal Military Service Members.

- The role of trauma, social support, and demography on veteran resilience.
- Postdeployment mental health concerns and family functioning in veteran men and women.
- How does PTSD treatment affect cardiovascular, diabetes and metabolic disease risk factors and outcomes? A systematic review.
- Moral injury and chronic pain among military veterans in an integrated behavioral health clinic.
- Co-occurring alcohol use disorder and obesity in U.S. military veterans: Prevalence, risk factors, and clinical features.
- Making sense of poor adherence in PTSD treatment from the perspectives of veterans and their therapists.
- Post-traumatic stress disorder: clinical and translational neuroscience from cells to circuits.
- Effectively counseling the military population: Training needs for counselors.
- A Two-Year Examination of Intimate Partner Violence and Associated Mental and Physical Health among Sexual Minority and Heterosexual Women Veterans.
- PTSD Coach Version 3.1: A Closer Look at the Reach, Use, and Potential Impact of This Updated Mobile Health App in the General Public.
- A temporal analysis of mental health symptoms relative to separation from the military.
- Associations between Post-Traumatic stress disorder symptoms and automobile driving behaviors: A review of the literature.
- Correlates and clinical associations of military sexual assault in Gulf War era U.S. veterans: Findings from a national sample.
- Associations between PTSD, depression, aggression, and TBI screening status: Test of a conditional process model.
- Transgenerational Factors Associated With Military Service: Comparison of Children of Veterans and Nonveterans in a Nationally Representative Sample.
- Links of Interest
- Resource of the Week: Resources for Providers in Times of War (CDP)

<https://doi.org/10.4088/JCP.21r14143>

Real-Time Telehealth Versus Face-to-Face Management for Patients With PTSD in Primary Care: A Systematic Review and Meta-Analysis.

Scott, A. M., Bakhit, M., Greenwood, H., Cardona, M., Clark, J., Krzyzaniak, N., Peiris, R., & Glasziou, P.

The Journal of Clinical Psychiatry
2022 May 23; 83(4): 21r14143

Objective:

We conducted a systematic review and meta-analysis of randomized controlled trials comparing real-time telehealth (video, phone) with face-to-face therapy delivery to individuals with posttraumatic stress disorder (PTSD), by primary or allied health care practitioners.

Data Sources:

We searched MEDLINE, Embase, CINAHL, and Cochrane Central (inception to November 18, 2020); conducted a citation analysis on included studies (January 7, 2021) in Web of Science; and searched ClinicalTrials.gov and WHO ICTRP (March 25, 2021). No language or publication date restrictions were used.

Study Selection:

From 4,651 individual records screened, 13 trials (27 references) met the inclusion criteria.

Data Extraction:

Data on PTSD severity, depression severity, quality of life, therapeutic alliance, and treatment satisfaction outcomes were extracted.

Results:

There were no differences between telehealth and face-to-face for PTSD severity (at 6 months: standardized mean difference [SMD] = -0.11; 95% CI, -0.28 to 0.06), depression severity (at 6 months: SMD = -0.02; 95% CI, -0.26 to 0.22; P = .87), therapeutic alliance (at 3 months: SMD = 0.04; 95% CI, -0.51 to 0.59; P = .90), or treatment satisfaction (at 3 months: mean difference = 3.09; 95% CI, -7.76 to 13.94; P = .58). One trial reported similar changes in quality of life in telehealth and face-to-face.

Conclusions:

Telehealth appears to be a viable alternative for care provision to patients with PTSD. Trials evaluating therapy provision by telephone, and in populations other than veterans, are warranted.

<https://doi.org/10.1002/jts.22840>

Associations between therapist factors and treatment efficacy in randomized controlled trials of trauma-focused cognitive behavioral therapy for children and youth: A systematic review and meta-analysis.

Lauren Grainger, Zoe Thompson, Nexhmedin Morina, Thole Hoppen, Richard Meiser-Stedman

Journal of Traumatic Stress
First published: 27 April 2022

Previous research suggests that the effect of therapist factors on patient outcomes is significant. Yet, to date, no reviews have explored the potential effects of therapist characteristics on treatment outcomes for children and youth with posttraumatic stress disorder (PTSD). This systematic review and meta-analysis aimed to summarize the professional characteristics of trial therapists delivering trauma-focused cognitive behavioral interventions (TF-CBT) for child PTSD in clinical trials and understand the association between treatment efficacy and therapist factors. Systematic searches for randomized controlled trials (RCTs) published through November 3, 2020, were conducted; 40 RCTs were included in the full review. PTSD treatment outcome data were extracted from each publication along with any available data regarding trial therapists. Subgroup analyses were conducted to compare the outcomes of interventions conducted by different types of therapists. All therapist groups yielded significant effects for TF-CBT relative to active and passive control conditions, with the largest effect size, Hedges' $g = -1.11$, for RCTs that used clinical psychologists and psychiatrists. A significant moderating effect was found when comparing the treatment outcomes of clinical psychologists and psychiatrists versus other professionals, $p = .044$; however, this effect was no longer apparent when only studies with an active

control arm were included. Further moderator analyses demonstrated no significant differences regarding therapists' educational and professional backgrounds and PTSD treatment outcomes. The current RCT evidence for TF-CBT for children and youth with PTSD does not suggest that therapist educational or professional background influences treatment efficacy. Limitations and implications for future research are discussed.

<https://doi.org/10.1002/jts.22838>

Psychological comorbidity: Predictors of residential treatment response among U.S. service members with posttraumatic stress disorder.

Kristen H. Walter, Cameron T. McCabe, Jessica R. Watrous, Casey B. Kohen, Jessica L. Beltran, Alex Kirk, Justin S. Campbell

Journal of Traumatic Stress
First published: 25 April 2022

Residential posttraumatic stress disorder (PTSD) research in military samples generally shows that in aggregate, PTSD symptoms significantly improve over the course of treatment but can remain at elevated levels following treatment. Identifying individuals who respond to residential treatment versus those who do not, including those who worsen, is critical given the extensive resources required for such programs. This study examined predictors of treatment response among 282 male service members who received treatment in a U.S. Department of Defense residential PTSD program. Using established criteria, service members were classified as improved, indeterminate (referent), or worsened in terms of self-reported PTSD symptoms. Multinomial logistic regression results showed that for PTSD symptoms, higher levels of pretreatment PTSD symptom severity were associated with significantly lower odds of being in the improved group, adjusted odds ratio (aOR) = 0.955, $p = .018$. In addition, service members who completed treatment were significantly more likely to be in the improved group, aOR = 2.488, $p = .048$. Longer average pretreatment nightly sleep duration, aOR = 1.157, $p = .035$, and more severe pretreatment depressive symptoms, aOR = 1.109, $p = .014$, were associated with significantly higher odds of being in the improved group. These findings reveal clinical characteristics better suited for residential PTSD treatment and highlight implications for comorbid conditions.

<https://doi.org/10.1037/ccp0000734>

Marriage checkup in integrated primary care: A randomized controlled trial with active-duty military couples.

Cigrang, J. A., Cordova, J. V., Gray, T. D., Fedynich, A. L., Maher, E., Diehl, A. N., & Hawrilenko, M.

Journal of Consulting and Clinical Psychology
2022; 90(5), 381–391

Objective:

This study assessed the efficacy of the marriage checkup, as adapted to integrated primary care settings and active-duty military couples, for improving relationship health and depressive symptoms.

Method:

Married couples (N = 244, Mage = 32.4, 67.6% Caucasian) in which at least one member was active-duty Air Force were recruited from bases across the U.S. via online advertisement, emails sent from medical clinics to enrolled beneficiaries, social media posts, and flyers, and randomly assigned to active treatment or waitlist control. Treatment and control couples were linked in pairs sequentially and pairs completed nine sets of questionnaires at baseline, 1-, and 6-month posttreatment. Outcome measures included the Couples Satisfaction Index, Intimate Safety Questionnaire, Responsive Attention Scale, Partner Compassion Scale, Communication Skills Test, and the Center for Epidemiologic Studies Depression Scale.

Results:

A three-level multilevel model indicated, after adjustment for multiple comparisons, treatment couples experienced statistically significant small-to-moderate improvements compared to the control group (Cohen's d from 0.21 to 0.55) at 1 month that were sustained at 6 months for relationship satisfaction, responsive attention, compassion toward their partners, communication skills, intimate safety, and depressive symptoms.

Conclusions:

A longitudinal randomized control trial of the MC supports the hypothesis that the MC significantly improves relationship satisfaction, intimacy, communication, partner compassion, responsive attention, and depressive symptoms. Implications for theory,

treatment, and dissemination are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1037/ccp0000731>

A randomized trial of brief couple therapy for PTSD and relationship satisfaction.

Morland, L. A., Knopp, K. C., Khalifian, C. E., Macdonald, A., Grubbs, K. M., Mackintosh, M.-A., Becker-Cretu, J. J., Sautter, F. J., Buzzella, B. A., Wrape, E. R., Glassman, L. H., Webster, K., Sohn, M. J., Glynn, S. M., Acierno, R., & Monson, C. M.

Journal of Consulting and Clinical Psychology
2022; 90(5), 392–404

Objective:

This three-arm randomized trial tested a brief version of cognitive-behavioral conjoint therapy (bCBCT) delivered in two modalities compared to couples' psychoeducation in a sample of U.S. veterans with posttraumatic stress disorder (PTSD) and their intimate partners.

Method:

Couples were randomized to receive (a) in-person, office-based bCBCT (OB-bCBCT), (b) bCBCT delivered via home-based telehealth (HB-bCBCT), or (c) an in-person psychoeducation comparison condition (PTSD family education [OB-PFE]). Primary outcomes were clinician-assessed PTSD severity (Clinician Administered PTSD Scale), self-reported psychosocial functioning (Brief Inventory of Psychosocial Functioning), and relationship satisfaction (Couples Satisfaction Index) at posttreatment and through 6-month follow-up.

Results:

PTSD symptoms significantly decreased by posttreatment with all three treatments, but compared to PFE, PTSD symptoms declined significantly more for veterans in OB-bCBCT (between-group $d = 0.59$ [0.17, 1.01]) and HB-bCBCT (between-group $d = 0.76$ [0.33, 1.19]) treatments. There were no significant differences between OB-bCBCT and HB-bCBCT. Psychosocial functioning and relationship satisfaction showed significant small to moderate improvements, with no differences between treatments. All changes were maintained through 6-month follow-up.

Conclusions:

A briefer, more scalable version of CBCT showed sustained effectiveness relative to an active control for improving PTSD symptoms when delivered in-person or via telehealth. Both bCBCT and couples' psychoeducation improved psychosocial and relational outcomes. These results could have a major impact on PTSD treatment delivery within large systems of care where access to brief, evidence-based PTSD treatments incorporating family members are needed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1037/ccp0000723>

A false sense of security: Rapid improvement as a red flag for death by suicide.

Rufino, K. A., Beyene, H., Poa, E., Boland, R. J., & Patriquin, M. A.

Journal of Consulting and Clinical Psychology
2022; 90(5), 405–412

Objective:

Postdischarge from inpatient psychiatry is the highest risk period for suicide, thus better understanding the predictors of death by suicide during this time is critical for improving mortality rates after inpatient psychiatric treatment. As such, we sought to determine whether there were predictable patterns in suicide ideation in hospitalized psychiatric patients.

Method:

We examined a sample of 2,970 adult's ages 18–87 admitted to an extended length of stay (LOS) inpatient psychiatric hospital. We used group-based trajectory modeling via the SAS macro PROC TRAJ to quantitatively determine four suicide ideation groups: nonresponders (i.e., high suicide ideation throughout treatment), responders (i.e., steady improvement in suicide ideation across treatment), resolvers (i.e., rapid improvement in suicide ideation across treatment), and no-suicide ideation (i.e., never significant suicide ideation in treatment). Next, we compared groups to clinical and suicide-specific outcomes, including death by suicide.

Results:

Resolvers were the most likely to die by suicide postdischarge relative to all other suicide ideation groups. Resolvers also demonstrated significant improvement in all

clinical outcomes from admission to discharge.

Conclusion:

There are essential inpatient psychiatry clinical implications from this work, including that clinical providers should not be lulled into a false sense of security when hospitalized adults rapidly improve in terms of suicide ideation. Instead, inpatient psychiatric treatment teams should increase caution regarding the patient's risk level and postdischarge treatment planning. (PsychoInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1007/s10942-022-00458-y>

Predictors of Secondary Traumatic Stress in Mental Health Professionals: Trauma History, Self-Compassion, Emotional Intelligence.

Yazıcı, H., Özdemir, M.

Journal of Rational-Emotive & Cognitive-Behavior Therapy

Published: 27 May 2022

Although the organizational and professional variables that have an impact on the psychological adjustment of mental health professionals are well known, there is limited evidence of the individual factors playing a role in the development of secondary traumatic stress. Therefore, this study aimed to examine the effects of personal trauma history, self-compassion, and emotional intelligence on secondary traumatic stress symptoms among mental health professionals. A cross-sectional study with 155 mental health professionals who work with traumatized clients was conducted in Turkey. The data collected by Life Events Checklist for DSM-5 (LEC-5), Self-Compassion Scale (SCS), Trait Emotional Intelligence Questionnaire Short Form (TEIQue-SF), Secondary Traumatic Stress Scale (STSS) were analyzed using hierarchical regression. The study results showed that personal trauma history predicted a higher risk of experiencing secondary traumatic stress. Emotional intelligence and self-compassion were negative predictors of stress symptoms. According to the findings of the current study, self-compassion and emotional intelligence play a protective role in the development of secondary traumatic stress.

<https://doi.org/10.1016/j.smr.2022.101650>

Sleep and allostatic load: A systematic review and meta-analysis.

Dinne S. Christensen, Robert Zachariae, Ali Amidi, Lisa M. Wu

Sleep Medicine Reviews

Available online 28 May 2022

The detrimental effects of sleep disturbances on health and wellbeing are well-established but not fully understood. The allostatic load model has been suggested as a framework for understanding the adverse effects of sleep disturbances. We conducted a systematic review and meta-analysis to examine the associations of sleep disturbance and sleep duration with allostatic load. PubMed, PsycINFO, Embase, and Web of Science were searched for records relating to sleep and allostatic load published from 1993 to January 14th, 2022. Two independent raters screened 395 titles and abstracts and 51 full texts. Data were extracted from 18 studies that were assessed for methodological quality. Of these, 17 studies of 26,924 participants were included in the meta-analysis. Sleep disturbance was significantly associated with higher allostatic load (effect size correlation [ESr] = 0.09, $p < 0.001$), and the association was weaker in samples with a larger proportion of women. When compared to normal sleep, long sleep was significantly associated with higher allostatic load (ESr = 0.12, $p = 0.003$). Results indicated heterogeneity. No association was found for short sleep (ESr = 0.05, $p = 0.069$) or sleep duration (ESr = -0.06, $p = 0.36$). Future research should identify mechanisms and directionality in longitudinal studies.

<https://doi.org/10.1016/j.jad.2022.04.018>

Trauma type as a risk factor for insomnia in a military population.

Brownlow, J. A., Klingaman, E. A., Miller, K. E., & Gehrman, P. R.

Journal of Affective Disorders

2022 Jul 1; 308: 65-70

Background:

This study evaluated whether lifetime traumatic stress compared to deployment-related traumatic stress differentially affected the likelihood of insomnia in military personnel.

Methods:

Data were obtained from the Army Study to Assess Risk and Resilience in Servicemembers (unweighted N = 21,499; weighted N = 670,335; 18-61 years; 13.5% Female). DSM-5 criteria were applied to the Brief Insomnia Questionnaire to determine past month insomnia diagnostic status. A lifetime stress survey was used to assess traumatic stress encountered outside of the military, and a deployment-related stress survey assessed for various types of deployment-related traumatic stress.

Results:

Adjusting for sex and psychiatric disorders, lifetime traumatic stress increased the prevalence for insomnia among those who endorsed combat death of close friend or relative, 1.021 (95% CI, 1.02-1.02), followed by those who reported other experiences that put them at risk of death or serious injury, 1.013 (95% CI, 1.01-1.01), whereas deployment-related traumatic stress showed that the prevalence for insomnia was highest for those who reported being sexually assaulted or raped, 1.059 (95% CI, 1.04-1.08), followed by those who endorsed being hazed or bullied by one or more members of their unit 1.042 (95% CI, 1.04-1.05).

Limitations:

The cross-sectional nature of the assessment limits causal inferences and there was no clinician determined diagnosis for insomnia.

Conclusion:

Findings suggest that traumas over both one's lifetime and during deployment are associated with a higher prevalence for insomnia among Army soldiers. Results highlight the importance of considering both lifetime and deployment traumas into mental health assessment and treatment for active-duty soldiers.

<https://doi.org/10.1177/0886260520985485>

Moral Injury as a Mediator of the Associations Between Sexual Harassment and Mental Health Symptoms and Substance Use Among Women Veterans.

Hamrick, H. C., Ehlke, S. J., Davies, R. L., Higgins, J. M., Naylor, J., & Kelley, M. L.

Journal of Interpersonal Violence
2022 Jun; 37(11-12): NP10007-NP10035

Moral injury is an array of symptoms theorized to develop in response to morally injurious events, defined as events that challenge one's core moral beliefs and expectations about the self, others, and world. Recent measures of moral injury have distinguished self-directed moral injury (e.g., moral injury symptoms that emerge following the perpetration of morally injurious events) from other-directed moral injury, the symptoms of which are believed to stem from one's response to actions that others have committed (e.g., within-rank violence, failures of leadership, and acts of betrayal committed by trusted others or institutions). Using a convenience sample of 154 primarily former military women, the present study examined if other-directed moral injury symptoms (e.g., anger, betrayal, and mistrust) associated with military experience would mediate the association between military sexual harassment and mental health and substance abuse symptoms. Results demonstrated that 85.8% (n = 127) of the of this sample of women veterans reported experiencing sexual harassment during their military service. Using a single mediation model, we further demonstrated that other-directed moral injury mediated the association between sexual harassment experience and mental health symptoms. Given the percentage of women veterans who reported sexual harassment, these results suggest that additional training for military members, and particularly, military leaders, is necessary to begin to reduce sexual harassment. In addition, mental health providers who work with current and former military members should consider how other-directed moral injury may be associated with mental health symptoms among women veterans who have experienced sexual harassment while in the military.

<https://doi.org/10.1080/02699052.2022.2034183>

Low resilience following traumatic brain injury is strongly associated with poor neurobehavioral functioning in U.S. military service members and veterans.

Merritt, V. C., Brickell, T. A., Bailie, J. M., Hungerford, L., Lippa, S. M., French, L. M., & Lange, R. T.

Brain Injury

2022 Feb 23; 36(3): 339-352

Objective:

The purpose of this study was to examine the relationship between resilience and self-reported neurobehavioral functioning following traumatic brain injury (TBI) in U.S.

military service members and veterans (SMVs). A secondary objective was to examine the interaction between resilience and posttraumatic stress disorder (PTSD) on neurobehavioral functioning.

Method:

Participants included 795 SMVs classified into four groups: Uncomplicated Mild TBI (MTBI; n=300); Complicated Mild, Moderate, Severe, or Penetrating TBI (STBI, n 162); Injured Controls (IC, n=185); and Non-injured Controls (NIC, n=148). Two independent cohorts were evaluated - those assessed within 1-year of injury and those assessed 10-years post-injury. SMVs completed self-report measures including the PTSD Checklist-Civilian version, Neurobehavioral Symptom Inventory, and TBI-Quality of Life.

Results:

Results showed that (1) lower resilience was strongly associated with poorer neurobehavioral functioning across all groups at 1-year and 10-years post-injury, and (2) PTSD and resilience had a robust influence on neurobehavioral functioning at both time periods post-injury, such that SMVs with PTSD and low resilience displayed the poorest neurobehavioral functioning.

Conclusion:

Results suggest that regardless of injury group and time since injury, resilience and PTSD strongly influence neurobehavioral functioning following TBI among SMVs. Future research evaluating interventions designed to enhance resilience in this population is indicated.

<https://doi.org/10.1097/YCT.0000000000000810>

Repetitive Transcranial Magnetic Stimulation Promotes Rapid Psychiatric Stabilization in Acutely Suicidal Military Service Members.

Hines, C. E., Mooney, S., Watson, N. L., Looney, S. W., & Wilkie, D. J.

The Journal of ECT
2022 Jun 1; 38(2): 103-109

Objective:

This study presents data for using accelerated transcranial magnetic stimulation (TMS) as an intervention for suicidal crisis (SC).

Methods:

This prospective, single-site, randomized, double-blind trial enrolled active-duty military participants with SC to receive either active TMS (n = 59) or sham TMS (n = 61) 3 times per day for 3 consecutive days. Our primary outcome, the Beck Scale for Suicidal Ideation-current (SSI-C), was measured before each session of TMS. Secondary outcomes measured both the SSI-C and the Beck Scale for Suicidal Ideation-total daily for the 3 intervention days and at 1, 3, and 6 months of follow-up.

Results:

In the modified intention to treat (mITT) analysis of SSI-C changes over treatment sessions, the TMS active group had accelerated decline in suicidal ideation as compared with sham: β for interaction was 0.12 points greater SSI-C decline per session (standard error [SE], 0.06) in TMS versus sham ($P = 0.04$). In both the mITT and per-protocol active TMS groups, the mean final SSI-C scores were below 3. These scores remained below 3 for the entire 6-month follow-up period.

Conclusions:

In this military trial of suicidal patients, we found that both active and sham accelerated TMS rapidly reduces SC. Moreover, in the mITT analysis, there was a statistically significant antisuicidal benefit of active TMS versus sham TMS in the primary outcome. Both the mITT and per-protocol groups moved from higher to approximately 7 times lower suicide risk strata and remained there for the duration of the study. Further studies are warranted to understand accelerated TMS' full potential as a treatment for SC.

<https://doi.org/10.1080/20008198.2022.2058267>

The role of trauma, social support, and demography on veteran resilience.

Rakesh, G., Clausen, A. N., Buckley, M. N., Clarke-Rubright, E., Fairbank, J. A., Wagner, H. R., VA Mid-Atlantic MIRECC Workgroup, & Morey, R. A.

European Journal of Psychotraumatology
2022 May 11; 13(1): 2058267

Background:

Historically, resilience has often been conceptualized as the sustained lack of symptoms following trauma exposure. In line with a novel conceptualization of resilience as being

dynamic over lifespan, determined by interacting biological and environmental factors, we examined the VA Mid-Atlantic Post Deployment Mental Health Repository (PDMH) comprised of 3876 US Military Veterans with and without PTSD diagnoses.

Methods:

We performed regression modelling to study the relationship between resilience (measured with Connor Davidson Resilience Scale; CD-RISC), posttraumatic stress disorder (PTSD) severity (Davidson Trauma Scale; DTS), social support (Medical Outcome Study Social Support Survey; MOSSS), combat exposure (Combat Exposure Scale; CES), childhood trauma (Trauma Life Events Questionnaire; TLEQ), and demographic factors. CD-RISC was positively correlated with years of education and negatively correlated with DTS, CES and TLEQ scores.

Results:

We found an interaction between CD-RISC and CES in predicting PTSD severity (Davidson Trauma Scale). Specifically, high resilience predicted lower PTSD symptom severity than low resilience, this relationship was amplified with increasing levels of combat exposure. Structural equation modelling (SEM) identified an optimal latent variable that represents resilience and relationships between latent variables for resilience, trauma, and illness. We derived a resilience latent variable composed of age, education level, MOSSS and race.

Conclusions:

Our results support a conceptualization of resilience as a multifactorial determinant that coexists with PTSD, a state rather than trait variable, and can be quantified by biological and behavioural metrics.

Highlights:

- Historically, resilience has often been conceptualized as the sustained lack of symptoms following trauma exposure.
- We examined the VA Mid-Atlantic Post Deployment Mental Health Repository (PDMH) comprised of 3876 US Military Veterans.
- We found an interaction effect between CD-RISC and CES in predicting PTSD severity (Davidson Trauma Scale).

<https://doi.org/10.1037/tra0001237>

Postdeployment mental health concerns and family functioning in veteran men and women.

Zelkowitz, R. L., Archibald, E. A., Gradus, J. L., & Street, A. E.

Psychological Trauma: Theory, Research, Practice, and Policy
Advance online publication

Objective:

Despite growing numbers of veteran women, it is unclear whether the impact of common postdeployment mental health concerns on key aspects of family functioning varies by gender. We examined whether associations between PTSD, depression, and problematic alcohol use and intimate relationship quality and parenting self-efficacy differed among men and women in a large, gender-balanced sample of post-9/11 veterans.

Method:

Participants included 2,348 veterans (51.49% women) of the wars in Iraq and Afghanistan who were part of a larger study of gender differences in effects of wartime deployment. Veterans who were married or in a relationship ($n = 1,536$, 49.09% women) reported overall relationship quality. Veterans with children under age 18 ($n = 1,049$; 51.57% women) self-reported on their sense of efficacy as parents. All participants reported symptoms of PTSD, depression, and problematic alcohol use. We used a series of hierarchical linear regressions to test gender as a moderator of each postdeployment mental health concern and the family functioning constructs of interest.

Results:

Each postdeployment mental health concern was associated with reduced relationship quality and parenting self-efficacy, and these associations were largely consistent across gender. However, links between reduced parenting self-efficacy and increased PTSD and depressive symptoms were stronger in women compared with men.

Conclusions:

Postdeployment mental health concerns are associated with impairment in key family relationships for both veteran men and women. This impact may be particularly profound for parenting self-efficacy among female veterans, highlighting the potential importance of targeted interventions in this domain. (PsyInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1016/j.jpsychores.2022.110793>

How does PTSD treatment affect cardiovascular, diabetes and metabolic disease risk factors and outcomes? A systematic review.

Carissa van den Berk Clark, Vruta Kansara, Margarita Fedorova, Tiffany Ju, ... Jeffrey F. Scherrer

Journal of Psychosomatic Research
Volume 157, June 2022

Objective

Prior research indicates PTSD is associated with cardiovascular and metabolic disease. A number of different treatments for PTSD can be effective in reducing PTSD symptoms. The aim of this study is to systematically review studies which determine whether treatment for PTSD is associated with better cardiovascular and metabolic outcomes.

Method

Five different databases were searched in a systematic manner, and 11 relevant studies were recovered and analyzed.

Findings

Treatments associated with PTSD improvement and found to be effective in improving cardiovascular or metabolic outcomes among individuals with PTSD include cognitive behavioral therapy (heart rate variability and blood pressure), prolonged exposure (heart rate and heart rate variability) and SSRIs (blood pressure).

Conclusions

Multiple PTSD treatment modalities were associated with improved cardiovascular health and reduced risk of cardiovascular-related mortality. Given the small sample sizes, lack of follow-up studies and the extensive use of military populations in studies on PTSD and chronic diseases, these results should be interpreted with caution. More studies are needed that assess and verify whether PTSD treatments mitigate the risk for metabolic, diabetic and cardiovascular disease.

<https://doi.org/10.1037/tra0001230>

Moral injury and chronic pain among military veterans in an integrated behavioral health clinic.

Hinkel, H. M., Currier, J. M., Isaak, S. L., McAdams, E., & Kilpatrick, J. F.

Psychological Trauma: Theory, Research, Practice, and Policy
Advance online publication

Objective:

Military service may place veterans at increased risk for perpetrating, witnessing, or failing to prevent events that violate deeply held moral values. In some cases, veterans may develop moral injury (MI) symptoms that transcend and/or overlap with mental health conditions such as posttraumatic stress disorder (PTSD) and major depressive disorder (MDD). Further, PTSD and MDD are 2 established risk factors for chronic pain. However, research has not examined the association between MI symptoms and chronic pain.

Method:

We tested whether MI would emerge as a salient correlate of concurrent reports of chronic pain in the presence of PTSD and MDD symptom severity among 59 veterans seeking integrated behavioral health care.

Results: Findings indicated the severity of MI symptoms was significantly linked with veterans' concurrent reports of chronic pain. Self-directed MI symptoms emerged as a correlate of worse pain in the presence of PTSD and MDD.

Conclusions:

Preliminary findings demonstrate possible associations between MI and chronic pain among veterans with a need for holistic health care. Future research should examine mechanisms for an apparent MI-chronic pain link. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Co-occurring alcohol use disorder and obesity in U.S. military veterans: Prevalence, risk factors, and clinical features.

Meagan M. Carr, Kristin L. Serowik, Peter J. Na, Marc N. Potenza, ... Robert H. Pietrzak

Journal of Psychiatric Research
Volume 150, June 2022, Pages 64-70

Highlights

- Nearly half of veterans with alcohol use disorder are overweight.
- This is significantly higher than veterans without alcohol use disorder.
- Childhood adversity was strongly associated with having both AUD and obesity.
- Results indicate that it may be useful to monitor weight in veterans with AUD.

Abstract

Obesity and alcohol use disorder (AUD) are two of the most prevalent and costly clinical conditions among U.S. military veterans, and these conditions often co-occur. However, little is known about the clinical correlates of co-occurring obesity and AUD, which is critical to informing effective interventions. The current study analyzed data from a nationally representative sample of 4069 (3463 males, 479 females) veterans, who completed an online survey. The Alcohol Use Disorder Identification Test was used to identify veterans who screened positive for probable AUD (pAUD) and self-reported height and weight was used to calculate body mass index and identify veterans with obesity. Multinomial logistic regression was used to examine differences between four groups: controls (no current AUD or obesity), pAUD only, obesity only, and pAUD + obesity. A total of 1390 (36.1%) veterans had obesity, 10.5% (n = 359) had pAUD, and 3.7% (n = 124) had pAUD and obesity. Relative to veterans without AUD, Veterans with pAUD were less likely to have normal/lean weight (14.6% versus 21.4%) and more likely to have overweight (49.6% versus 41.7%). Veterans with pAUD + obesity were nearly twice as likely than veterans with pAUD to report three or more adverse childhood experiences. The results of this study help inform the clinical presentation and needs of veterans with co-occurring obesity and AUD. They also underscore the importance of regularly monitoring weight among veterans with AUD, and considering the role of childhood adversity as a risk factor for co-occurring AUD and obesity.

<https://doi.org/10.1037/tra0001199>

Making sense of poor adherence in PTSD treatment from the perspectives of veterans and their therapists.

Meis, L. A., Polusny, M. A., Kehle-Forbes, S. M., Erbes, C. R., O'Dougherty, M., Erickson, E. P. G., Orazem, R. J., Burmeister, L. B., & Spont, M. R.

Psychological Trauma: Theory, Research, Practice, and Policy
Advance online publication

Objective:

Dropout rates from trauma-focused PTSD treatments (TFTs) in VA clinics are particularly high. We conducted in-depth qualitative interviews with 29 veterans and their therapists to better understand this phenomenon.

Method:

Participants were part of a multisite, mixed-methods study of TFT adherence in VA clinics. Veterans were eligible for interviews if they exhibited poor TFT adherence and screened positive for PTSD in follow-up surveys. Interviews were analyzed using qualitative dyadic analysis approaches.

Results:

Therapists relied on stereotypes of poor adherence to understand veterans' experiences and were missing information critical to helping veterans succeed. Veterans misunderstood aspects of the therapy and struggled in ways they inadequately expressed to therapists. Therapist attempts at course corrections were poorly matched to veterans' needs. Many dyads reported difficulties in their therapeutic relationships. Veterans reported invalidating experiences that were not prominent in therapists' interviews.

Conclusions:

Future work is needed to test hypotheses generated and find effective ways to help veterans fully engage in TFTs. (Psycho Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1038/s41582-022-00635-8>

Post-traumatic stress disorder: clinical and translational neuroscience from cells to circuits.

Kerry. J. Ressler, Sabina Berretta, Vadim Y. Bolshakov, Isabelle M. Rosso, Edward G. Meloni, Scott L. Rauch & William A. Carlezon Jr

Nature Reviews Neurology

Published: 29 March 2022

Post-traumatic stress disorder (PTSD) is a maladaptive and debilitating psychiatric disorder, characterized by re-experiencing, avoidance, negative emotions and thoughts, and hyperarousal in the months and years following exposure to severe trauma. PTSD has a prevalence of approximately 6–8% in the general population, although this can increase to 25% among groups who have experienced severe psychological trauma, such as combat veterans, refugees and victims of assault. The risk of developing PTSD in the aftermath of severe trauma is determined by multiple factors, including genetics — at least 30–40% of the risk of PTSD is heritable — and past history, for example, prior adult and childhood trauma. Many of the primary symptoms of PTSD, including hyperarousal and sleep dysregulation, are increasingly understood through translational neuroscience. In addition, a large amount of evidence suggests that PTSD can be viewed, at least in part, as a disorder that involves dysregulation of normal fear processes. The neural circuitry underlying fear and threat-related behaviour and learning in mammals, including the amygdala–hippocampus–medial prefrontal cortex circuit, is among the most well-understood in behavioural neuroscience. Furthermore, the study of threat-responding and its underlying circuitry has led to rapid progress in understanding learning and memory processes. By combining molecular–genetic approaches with a translational, mechanistic knowledge of fear circuitry, transformational advances in the conceptual framework, diagnosis and treatment of PTSD are possible. In this Review, we describe the clinical features and current treatments for PTSD, examine the neurobiology of symptom domains, highlight genomic advances and discuss translational approaches to understanding mechanisms and identifying new treatments and interventions for this devastating syndrome.

Key points

- Post-traumatic stress disorder (PTSD) is a debilitating neuropsychiatric disorder, characterized by re-experiencing, avoidance, negative emotions and thoughts, and hyperarousal.

- PTSD is frequently comorbid with neurological conditions such as traumatic brain injury, post-traumatic epilepsy and chronic headaches.
- PTSD has a prevalence of approximately 6–8% in the general population and up to 25% among individuals who have experienced severe trauma.
- Many of the neural circuit mechanisms that underlie the PTSD symptoms of fear-related and threat-related behaviour, hyperarousal and sleep dysregulation are becoming increasingly clear.
- Key brain regions involved in PTSD include the amygdala–hippocampus–prefrontal cortex circuit, which is among the most well-understood networks in behavioural neuroscience.
- Combining molecular–genetic approaches with a mechanistic knowledge of fear circuitry will enable transformational advances in the conceptual framework, diagnosis and treatment of PTSD.

<https://doi.org/10.1002/jmcd.12236>

Effectively counseling the military population: Training needs for counselors.

Nicole M. Arcuri-Sanders, Kellie Forziat-Pytel

Journal of Multicultural Counseling and Development

First published: 30 March 2022

Counselors (N = 49) interested in working with the military population described what is needed to feel competent and confident counseling this population in a mixed-methods research study. Findings suggest counselors do not believe their programs are preparing them to work with this population. Participants indicate strategies which would increase their ability to work with the military. Results provide implications for counseling programs on how they can better prepare students to work effectively with this population and increase the employment rates in serving the military.

<https://doi.org/10.1080/10926771.2022.2053260>

A Two-Year Examination of Intimate Partner Violence and Associated Mental and Physical Health among Sexual Minority and Heterosexual Women Veterans.

Aliya Webermann, Christina Dardis, Jillian Shipherd & Katherine Iverson

Journal of Aggression, Maltreatment & Trauma

Published online: 28 Mar 2022

Lesbian and bisexual women veterans may experience higher rates of intimate partner violence (IPV) experience compared to heterosexual women veterans, but more research is needed on IPV and healthcare needs among sexual minority women veterans, particularly those in the community who may not use Veterans Health Administration healthcare. This study assessed recent (prior 6–12 months) IPV, mental health symptoms (e.g., PTSD, anxiety, depression, insomnia), and physical health problems (e.g., physical pain, pain interference, general physical health) among 263 women veterans (11% lesbian, bisexual, or questioning [LBQ]) 18 months after baseline (Time 2), and 24 months after baseline (Time 3; N = 190). At both Time 2 and Time 3, compared to heterosexual women veterans, LBQ women veterans reported experiencing greater recent psychological and physical IPV and intimate partner stalking, and worse PTSD, anxiety, depression, insomnia symptoms, and general physical health problems. At Time 3 only, LBQ women veterans reported experiencing greater recent sexual IPV. As the population of women and sexual/gender minority veterans grows, the current findings can help increase clinician and policy maker knowledge of IPV experiences and concurrent health problems among LBQ women veterans. Future research should conduct intragroup comparisons between veterans across the gender and sexuality spectrum.

<https://doi.org/10.2196/34744>

PTSD Coach Version 3.1: A Closer Look at the Reach, Use, and Potential Impact of This Updated Mobile Health App in the General Public.

Hallenbeck HW, Jaworski BK, Wielgosz J, Kuhn E, Ramsey KM, Taylor K, Juhasz K, McGee-Vincent P, Mackintosh M, Owen JE

Background:

With widespread smartphone ownership, mobile health apps (mHealth) can expand access to evidence-based interventions for mental health conditions, including posttraumatic stress disorder (PTSD). Research to evaluate new features and capabilities in these apps is critical but lags behind app development. The initial release of PTSD Coach, a free self-management app developed by the US Departments of Veterans Affairs and Defense, was found to have a positive public health impact. However, major stakeholder-driven updates to the app have yet to be evaluated.

Objective:

We aimed to characterize the reach, use, and potential impact of PTSD Coach Version 3.1 in the general public. As part of characterizing use, we investigated the use of specific app features, which extended previous work on PTSD Coach.

Methods:

We examined the naturalistic use of PTSD Coach during a 1-year observation period between April 20, 2020, and April 19, 2021, using anonymous in-app event data to generate summary metrics for users.

Results:

During the observation period, PTSD Coach was broadly disseminated to the public, reaching approximately 150,000 total users and 20,000 users per month. On average, users used the app 3 times across 3 separate days for 18 minutes in total, with steep drop-offs in use over time; a subset of users, however, demonstrated high or sustained engagement. More than half of users (79,099/128,691, 61.46%) accessed one or more main content areas of the app (ie, Manage Symptoms, Track Progress, Learn, or Get Support). Among content areas, features under Manage Symptoms (including coping tools) were accessed most frequently, by over 40% of users (53,314/128,691, 41.43% to 56,971/128,691, 44.27%, depending on the feature). Users who provided initial distress ratings (56,971/128,691, 44.27%) reported relatively high momentary distress (mean 6.03, SD 2.52, on a scale of 0-10), and the use of a coping tool modestly improved momentary distress (mean -1.38, SD 1.70). Among users who completed at least one PTSD Checklist for DSM-5 (PCL-5) assessment (17,589/128,691, 13.67%), PTSD symptoms were largely above the clinical threshold (mean 49.80, SD 16.36). Among users who completed at least two PCL-5 assessments (4989/128,691, 3.88%),

PTSD symptoms decreased from the first to last assessment (mean -4.35 , SD 15.29), with approximately one-third ($1585/4989$, 31.77%) of these users experiencing clinically significant improvements.

Conclusions:

PTSD Coach continues to fulfill its mission as a public health resource. Version 3.1 compares favorably with version 1 on most metrics related to reach, use, and potential impact. Although benefits appear modest on an individual basis, the app provides these benefits to a large population. For mHealth apps to reach their full potential in supporting trauma recovery, future research should aim to understand the utility of individual app features and identify strategies to maximize overall effectiveness and engagement.

<https://doi.org/10.1002/da.23246>

A temporal analysis of mental health symptoms relative to separation from the military.

Porter, B., Carey, F. R., Roenfeldt, K. A., Rull, R. P., & Castro, C. A.

Depression and Anxiety
2022 Apr; 39(4): 334-343

Background:

The transition from military to civilian life is a dramatic change that is often stressful for veterans. However, little is known regarding how mental health symptoms fluctuate in the period leading up to and following separation from the military.

Methods:

The current study examined posttraumatic stress disorder and depression symptoms reported on surveys completed within 1 year of military separation from 23,887 active duty Millennium Cohort Study participants. A series of general linear models and graphs stratified by demographic and military characteristics examined the association between time until/since separation and mental health symptoms.

Results:

Character of discharge had the most striking relationship between time until/since separation and mental health. Personnel with Honorable discharges did not differ in

their level of mental health symptoms across the study period. In contrast, personnel with Other than Honorable/General discharges reported normal levels of mental health symptoms 1 year-prior to separation but reported progressively greater symptoms leading to separation which persisted through the remainder of study period.

Conclusions:

This study suggests that additional outreach is needed for personnel with Other than Honorable/General discharges. However, for most other personnel, increased mental health symptomatology around military separation is not a normative phenomenon and any instance should be treated promptly.

<https://doi.org/10.1016/j.aap.2022.106648>

Associations between Post-Traumatic stress disorder symptoms and automobile driving behaviors: A review of the literature.

John PK Bernstein, William P Milberg, Regina E McGlinchey, Catherine B Fortier

Accident Analysis & Prevention
Volume 170, June 2022

Highlights

- Twenty-two studies examined associations between PTSD and driving behaviors.
- Most studies were cross-sectional and used subjective driving measures.
- PTSD symptoms linked to increased hostile driving and unintentional errors.
- PTSD symptoms also associated with negative driving-related thoughts/emotions.

Abstract

Human factors are responsible for most motor vehicle accidents that occur on the road. Recent work suggests that symptoms of posttraumatic stress disorder (PTSD) are linked to reduced driving safety, yet none have provided a comprehensive review of this small, emerging literature. The present review identified twenty-two studies reporting associations between PTSD and driving behaviors. Among these, longitudinal designs (k = 3) and studies using objective driving performance measures (e.g., simulators) (k = 2) were rare. Most studies (k = 18) relied on brief screener measures of PTSD status/symptoms or a prior chart diagnosis, while few used a standardized structured interview measure to determine PTSD status (k = 4), and only a small number of studies

assessed PTSD symptom clusters ($k = 7$). PTSD was most frequently associated with increased rates of hostile driving behaviors (e.g., cutting off others), unintentional driving errors (e.g., lapses in attention) and negative thoughts and emotions experienced behind the wheel. Findings regarding risk of motor vehicle accident and driving-related legal issues were variable, however relatively few studies ($k = 5$) explored these constructs. Future directions are discussed, including the need for work focused on concurrent PTSD symptom/driving-related changes, more comprehensive PTSD and driving assessment, and consideration of the contributions of comorbid traumatic brain injury history and other neurological and psychiatric conditions on driving outcomes.

<https://doi.org/10.1002/jts.22825>

Correlates and clinical associations of military sexual assault in Gulf War era U.S. veterans: Findings from a national sample.

Tapan A. Patel, Adam J. Mann, Faith O. Nomamiukor, Shannon M. Blakey, Patrick S. Calhoun, Jean C. Beckham, Mary J. Pugh, Nathan A. Kimbrel

Journal of Traumatic Stress

First published: 30 March 2022

Military sexual assault (MSA) is a prevalent issue among military personnel that can have direct implications on postmilitary mental health. Gulf War era U.S. veterans represent the first cohort in which women veterans were integrated into most aspects of military service except for combat. The present study sought to build on prior studies by identifying characteristics associated with the occurrence of MSA and clinical correlates of MSA and examining how these differ between men and women. This study analyzed cross-sectional survey data from a national sample of treatment-seeking Gulf War era veterans. Participants ($N = 1,153$) reported demographic information, clinical outcomes, military background, and history of MSA. MSA was more common among female veterans ($n = 100, 41.3\%$) than male veterans ($n = 32, 3.6\%$). The odds of experiencing MSA were approximately 19 times higher for female veterans relative to their male peers, $OR = 18.92, p < .001$. Moreover, as expected, MSA was robustly associated with probable current posttraumatic stress disorder, probable current depression, and past-year suicidal ideation in female veterans, whereas combat exposure was robustly associated with these sequelae in male veterans. The present findings confirm that a large proportion of female veterans from the Gulf War era experienced MSA and

highlight the deleterious correlates of MSA on veterans' mental health. Sex differences of correlates of MSA and subsequent clinical associations are highlighted.

<https://doi.org/10.1016/j.avb.2022.101744>

Associations between PTSD, depression, aggression, and TBI screening status: Test of a conditional process model.

Willie Hale, Sarah Vacek, Alicia Swan

Aggression and Violent Behavior

Available online 1 April 2022

Highlights

- Total effects models showed that PTSD severity was positively associated with both psychological and physical aggression.
- Depressive symptoms mediated the relationship between PTSD severity and psychological aggression.
- The mediated effect was only significant for individuals who did not screen positive for a history of TBI.

Abstract

PTSD is associated with increased physical and psychological aggression in civilian, active duty, and veteran populations in the extant literature. That said, not all individuals with PTSD exhibit aggressive behaviors. As such, more work is needed to identify mediators and moderators of this relationship. The present study examined a conditional process model that examined 1) the degree to which depressive symptoms mediated the relationship between PTSD and both physical and psychological aggression, and, 2) whether any of the paths in the mediation model differed for individuals who screened positive for TBI versus those who did not. For the overall sample, the PTSD severity total effect was significant for both types of aggression, and depression was a significant mediator for psychological, but not physical, aggression. The multiple groups model showed that the indirect effect seen in the total sample existed only for those who had not screened positive for TBI, though the direct effect was significant for both groups. These findings help reconcile conflicting results from earlier studies and have important clinical implications, chiefly that individuals with PTSD should be monitored for psychological aggression regardless of TBI screening

status, and that treating concurrent depressive symptoms may help reduce psychological aggression specifically for those who do not screen positive for TBI.

<https://doi.org/10.1016/j.jaac.2022.03.024>

Transgenerational Factors Associated With Military Service: Comparison of Children of Veterans and Nonveterans in a Nationally Representative Sample.

Tanner J. Bommersbach, Robert Rosenheck, Taeho Greg Rhee

Journal of the American Academy of Child & Adolescent Psychiatry

Available online 31 March 2022

Objective

While the psychological effects of military service on the children of active-duty personnel have been studied extensively, little is known about the potential effects of military service for children of veterans after service has ended.

Method

Using nationally representative data from the 2018-2019 National Survey of Children's Health, school-age children of veteran families ($n = 4,028$) were compared with children of nonveteran families ($n = 38,228$). Owing to large sample sizes, effect sizes (relative risk and Cohen's d), rather than p values, were used to identify substantial differences in caregiver-reported sociodemographic, clinical, and school performance factors between children and caregivers in families with and without a veteran caregiver. Multivariate analyses were used to adjust for socioeconomic factors that could increase health service use.

Results

Children of veteran families were more likely to have higher family incomes, health insurance, and married caregivers, but were also reported to have higher rates of clinically recognized externalizing behavioral conditions (attention-deficit disorder/attention-deficit/hyperactivity disorder or conduct disorder) (17.6% vs 12.7%; relative risk 1.42; 95% CI 1.21-1.66) and adverse childhood experiences; no substantial differences were reported in clinically recognized anxiety or depression. After adjustment for potentially confounding factors, children in veteran families were still more likely to be reported to have externalizing problems (odds ratio 1.34; 95% CI 1.02-1.77).

Conclusion

After adjustment for socioeconomic advantages that may increase health service use, children of veteran families demonstrate substantially higher rates of clinically recognized externalizing problems. While explanations for this require further study, service systems working with veterans may consider integrating child-focused screening/services.

Links of Interest

Mental Health is a Team Effort

<https://health.mil/News/Articles/2022/05/24/Mental-Health-is-a-Team-Effort>

Services detail plans to beef up mental health services for troops, families

<https://www.militarytimes.com/pay-benefits/2022/05/26/services-detail-plans-to-beef-up-mental-health-services-for-troops-families/>

More than 22,000 US Veterans have died in the COVID-19 pandemic

<https://www.abcactionnews.com/news/in-depth/more-than-22-000-us-veterans-have-died-in-the-covid-19-pandemic>

Canada's Military, Where Sexual Misconduct Went to the Top, Looks for a New Path

<https://www.nytimes.com/2022/05/30/canada-military-sexual-misconduct.html>

Sexual misconduct prevention in the Army is 'disjointed' and 'unclear,' watchdog says

<https://www.armytimes.com/news/your-army/2022/05/31/sexual-misconduct-prevention-in-the-army-is-disjointed-and-unclear-watchdog-says/>

Women military veterans at greater suicide risk, study indicates

<https://cph.temple.edu/about/news-events/news/women-military-veterans-greater-suicide-risk-study-indicates>

Suicide takes more military lives than combat, especially among women

<https://www.washingtonpost.com/dc-md-va/2022/05/30/military-suicide-women-sexual-assault-ptsd/>

Guns, Depression, and Suicide Prevention: Is It Time for Universal Home Safety Screening? (Invited Commentary)

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2790178>

New National Guard program aims to reduce stress, save lives for service members in Nevada

<https://mynews4.com/news/local/new-nv-national-guard-program-aims-to-reduce-stress-save-lives-purple-resolve-military-ptsd-suicide-deployment-helicopter-crash-mustang22-crash-nevada-service-members>

Staff Perspective: Parents of Service Members - Finding Ways to Connect with Others Who Walk in Similar Shoes

<https://deploymentpsych.org/blog/staff-perspective-parents-service-members-finding-ways-connect-others-who-walk-similar-shoes>

How Health Care Providers Can Mitigate Burnout

<https://health.mil/News/Articles/2022/05/25/Medical-Providers-Burnout>

Facility Dogs Play a Vital Role in Recovery for Patients Across the MHS

<https://health.mil/News/Articles/2022/05/27/Service-Dogs-at-Walter-Reed>

Resource of the Week: [Resources for Providers in Times of War](#)

From the Center for Deployment Psychology:

In times of heightened conflict, providers seek resources that address situations that involve acute stress and crisis response. International conflicts and wars represent two such periods of heightened conflict; but, providers are encouraged to review the following resources for any situation in which they support those in acutely distressing situations. These resources have been developed in collaboration with APA Division 19, the [Society for Military Psychology](#), and its members.



Resources for Providers in Times of War



U.S. Air Force photo by Master Sgt. Andy Dunaway/Released.

Shirl Kennedy, BS, MA
Research Editor
Henry M. Jackson Foundation employee collaborating with Center for Deployment Psychology
Office: (727) 537-6160
Email: shirley.kennedy.ctr@usuhs.edu