

# CDP



## Research Update -- December 21, 2023

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<https://doi.org/10.1001/jamanetworkopen.2023.44862>

## **Yoga vs Cognitive Processing Therapy for Military Sexual Trauma-Related Posttraumatic Stress Disorder: A Randomized Clinical Trial.**

Zaccari, B., Higgins, M., Haywood, T. N., Patel, M., Emerson, D., Hubbard, K., Loftis, J. M., & Kelly, U. A.

JAMA Network Open  
December 8, 2023

### Key Points

#### Question

What is the effectiveness of Trauma Center Trauma-Sensitive Yoga (TCTSY) compared with first-line cognitive processing therapy (CPT) for posttraumatic stress disorder (PTSD) related to military sexual trauma in women veterans?

#### Findings

In this randomized clinical trial of 131 women veterans with PTSD who use US Department of Veterans Affairs health care, TCTSY had large within-group effect sizes, equivalent effectiveness to CPT, and a 42.6% higher treatment completion rate than CPT.

#### Meaning

The findings demonstrate that TCTSY is a cost-effective means to expand Veterans Affairs PTSD treatment options; increase access to acceptable, patient-driven, and effective PTSD treatment for women veterans; and provide a treatment option that could improve associated symptoms (eg, depression, anxiety).

### Abstract

#### Importance

First-line treatment for posttraumatic stress disorder (PTSD) in the US Department of Veterans Affairs (VA), ie, trauma-focused therapy, while effective, is limited by low treatment initiation, high dropout, and high treatment refraction.

#### Objective

To evaluate the effectiveness of Trauma Center Trauma-Sensitive Yoga (TCTSY) vs first-line cognitive processing therapy (CPT) in women veterans with PTSD related to military sexual trauma (MST) and the hypothesis that PTSD outcomes would differ between the interventions.

## Design, Setting, and Participants

This multisite randomized clinical trial was conducted from December 1, 2015, to April 30, 2022, within 2 VA health care systems located in the southeast and northwest. Women veterans aged 22 to 71 years with MST-related PTSD were enrolled and randomized to TCTSY or CPT.

## Interventions

The TCTSY intervention (Hatha-style yoga focusing on interoception and empowerment) consisted of 10 weekly, 60-minute group sessions, and the CPT intervention (cognitive-based therapy targeting modification of negative posttraumatic thoughts) consisted of 12 weekly, 90-minute group sessions.

## Main Outcome and Measures

Sociodemographic data were collected via self-report survey. The primary outcome, PTSD symptom severity, was assessed using the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) and PTSD Checklist for DSM-5 (PCL-5). Assessments were conducted at baseline, midintervention, 2 weeks post intervention, and 3 months post intervention.

## Results

Of 200 women veterans who consented to participate, the intent-to-treat sample comprised 131 participants (mean [SD] age, 48.2 [11.2] years), with 72 randomized to TCTSY and 59 randomized to CPT. Treatment was completed by 47 participants (65.3%) in the TCTSY group and 27 (45.8%) in the CPT group, a 42.6% higher treatment completion rate in the TCTSY group ( $P = .03$ ). Both treatment groups improved over time on the CAPS-5 (mean [SD] scores at baseline: 36.73 [8.79] for TCTSY and 35.52 [7.49] for CPT; mean [SD] scores at 3 months: 24.03 [11.55] for TCTSY and 22.15 [13.56]) and the PCL-5 (mean [SD] scores at baseline: 49.62 [12.19] for TCTSY and 48.69 [13.62] for CPT; mean [SD] scores at 3 months: 36.97 [17.74] for TCTSY and 31.76 [12.47]) ( $P < .001$  for time effects). None of the group effects or group-by-time effects were significant. Equivalence analyses of change scores were not significantly different between the TCTSY and CPT groups, and the two one-sided test intervals fell within the equivalence bounds of plus or minus 10 for CAPS-5 for all follow-up time points.

## Conclusions and Relevance

In this comparative effectiveness randomized clinical trial, TCTSY was equivalent to CPT in reducing PTSD symptom severity, with both groups improving significantly. The higher treatment completion rate for TCTSY indicates its higher acceptability as an

effective and acceptable PTSD treatment for women veterans with PTSD related to MST that could address current VA PTSD treatment limitations.

Trial Registration

ClinicalTrials.gov Identifier: [NCT02640690](https://clinicaltrials.gov/ct2/show/study/NCT02640690)

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<https://doi.org/10.1080/21635781.2023.2246894>

### **Associations of Warzone Veteran and Intimate Partner PTSD Symptoms with Child Depression, Anxiety, Hyperactivity, and Conduct Problems.**

Helen Z. MacDonald, Molly R. Franz, Anica Pless Kaiser, Lewina O. Lee, Amy E. Lawrence, John A. Fairbank & Jennifer J. Vasterling

Military Behavioral Health

Published online: 25 Aug 2023

Warzone deployment increases risk for posttraumatic stress disorder symptoms (PTSS), including among service members who have children. Parental PTSS are associated with child depression, anxiety, hyperactivity, and conduct problems, yet few studies of child behavioral health outcomes in military populations have accounted for PTSS in both warzone veterans and their partners. Fewer still incorporate non-clinically-recruited samples of nationally dispersed warzone veterans and their families. The current research examines whether children whose parent(s) have higher levels of PTSS exhibit more behavioral health symptoms. One hundred and thirty-three Iraq and Afghanistan War veterans and their cohabitating partners completed clinical interviews and self-report questionnaires. Higher intimate partner PTSS, more extensive child exposure to stressful life events, and being an adolescent were significantly associated with child depression after adjusting for warzone veteran PTSS, demographics, and recent warzone veteran absence from the household. Greater child exposure to stressful life events was also associated with child conduct problems. Treatment of PTSD symptoms experienced by warzone veterans' intimate partners, and preventative interventions aimed at helping the children of warzone veterans cope with stress, may ultimately yield positive benefits for the behavioral health of children in military families.

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<https://doi.org/10.1080/00224499.2023.2232803>

## **Sexual Risk Taking among Survivors of U.S. Military Sexual Assault: Associations with PTSD Symptom Severity and Alcohol Use.**

R. K. Blais, H. S. Tannahill & K. Cue Davis

The Journal of Sex Research  
Published online: 14 Aug 2023

Sexual risk taking may be heightened among U.S. service members and veterans reporting military sexual assault (MSA) exposure. MSA increases the risk for posttraumatic stress disorder (PTSD), which is a common correlate of sexual risk taking among civilians. PTSD may relate to sexual risk taking through its association with alcohol use, which increases impulsivity and risky behavioral engagement. Male survivors may be at notably higher risk given greater overall alcohol use and engagement in sexual risk taking relative to female survivors. This study assessed whether higher alcohol use mediated the association between PTSD and sexual risk taking among MSA survivors, and whether this effect differed by sex. Participants included 200 male and 200 female service members and veterans (age:  $M = 35.89$ ,  $SD = 5.56$ ) who completed measures of PTSD symptoms, alcohol use, sexual risk taking, and a demographic inventory. In a moderated mediation analysis using linear regression, higher PTSD severity was associated with higher alcohol use, and higher alcohol use was associated with higher sexual risk taking. A significant indirect effect of alcohol use was observed, which was stronger among men. To reduce sexual risk taking among MSA survivors, it may be beneficial to target PTSD symptoms and alcohol use with sex-specific interventions. This line of inquiry would be strengthened by longitudinal studies that explore the fluidity of these experiences to identify periods of elevated risk. Studies that examine alcohol use expectancies and sexual delay discounting could expand our understanding of these associations.

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<https://doi.org/10.1007/s10943-023-01882-9>

## **Pilot Evaluation of the Online 'Chaplains-CARE' Program: Enhancing Skills for United States Military Suicide Intervention Practices and Care.**

Lee-Tauler, S. Y., Grammer, J., LaCroix, J. M., Walsh, A. K., Clark, S. E., Holloway, K. J., Sundararaman, R., Carter, C. K. M., Crouterfield, C. B., Hazlett, C. G. R., Hess, C. R. M., Miyahara, C. J. M., Varsogea, C. C. E., Whalen, C. C., & Ghahramanlou-Holloway, M.

Journal of Religion and Health  
2023 Dec; 62(6): 3856-3873

Chaplains frequently serve as first responders for United States military personnel experiencing suicidal thoughts and behaviors. The Chaplains-CARE Program, a self-paced, e-learning course grounded in suicide-focused cognitive behavioral therapy principles, was tailored for United States military chaplains to enhance their suicide intervention skills. A pilot program evaluation gathered 76 Department of Defense (DoD), Veterans Affairs (VA), and international military chaplain learners' responses. Most learners indicated that the course was helpful, easy to use, relevant, applicable, and that they were likely to recommend it to other chaplains. Based on open-ended responses, one-quarter (25.0%) of learners indicated that all content was useful, and over one-quarter (26.3%) of learners highlighted the usefulness of the self-care module. One-third (30.3%) of learners reported the usefulness of the interactive e-learning features, while others (26.3%) highlighted the usefulness of chaplains' role play demonstrations, which portrayed counseling scenarios with service members. Suggested areas of improvement include specific course adaptation for VA chaplains and further incorporation of experiential learning and spiritual care principles. The pilot findings suggest that Chaplains-CARE Online was perceived as a useful suicide intervention training for chaplains. Future training can be enhanced by providing experiential, simulation-based practice of suicide intervention skills.

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<https://doi.org/10.1007/s10896-023-00586-8>

### **Programs to Address Violence for Military Families: a Systematic Review.**

Jessica Dodge, Whitney Wortham, Caroline Kale, Victoria Williamson, Abigail Ross, Stephen Maher, Jennifer Kononowech, Jamie Winters & Kathrine Sullivan

Journal of Family Violence  
Published: 26 August 2023

## Purpose

Family violence, encompassing intimate partner violence (IPV) and child maltreatment (CM), is a considerable public health issue affecting a large subset of the U.S. population. Military families may be exposed to unique risk factors for experiencing family violence. Interventions to address family violence that are specific to military and Veteran populations are critical to the military family wellbeing as they address the unique military context as well as military stressors. Though a number of these programs exist, to our knowledge, there has been no systematic effort to describe and evaluate these interventions. To address this issue, the present study employs systematic review methods to explore the following research questions: (1) What military family violence interventions are reported in the peer-reviewed literature? (2) What are the characteristics of these interventions? (3) How effective are these interventions?

## Methods

This study utilized a systematic review following the PROSPERO (the International Prospective Register of Systematic Reviews) protocol, registration code CRD42022296207.

## Results

The initial search returned 3,666 sources. From these, 15 sources evaluating thirteen military family violence interventions were identified. About half of the studies evaluated interventions for Veterans and/or their partners ( $n = 7$ ), one study was for both Veterans and Active Duty service members and/or their partners, four were solely for Active Duty service members and/or their partners and families, two studies were for Veterans alone, and one study addressed a system-level intervention. Only three studies examined child-level outcomes. All studies reported positive intervention outcomes covering a variety of treatment modalities (i.e., group, couples, individual, online, in-person), which ranged from improved anger management skills, including reduced yelling, reductions in physical and psychological IPV, decreases in parenting practices that could potentially become violent, improvement in overall couples functioning, and increased relationship satisfaction. While all studies reported positive outcomes, their effect sizes ranged from small to large.

## Conclusion

This study had three main findings: (1) The majority of interventions were for Veterans and/or their partners rather than active service personnel; (2) All interventions reported positive outcomes in the reduction of self-reported IPV, with the majority of these outcomes maintained over time; (3) While we intended to assess military family-level interventions that targeted IPV and CM, we only found three studies that targeted or



included CM. Future research should explore how different treatment modalities (e.g., couples, individual, group, in-person, online) could affect long-term IPV treatment outcomes and should focus on how to best incorporate children, including documenting if there are children in the household, into IPV treatments/programs for military families.

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<https://doi.org/10.1177/08948453231198>

### **Facilitating United States Service Members' Transition Out of the Military: A Self-Determination Theory Perspective.**

Raabe, J., Eckenrod, M. R., Cooper, E., & Crain, J. A.

Journal of Career Development

First published online August 24, 2023

The purpose of the current qualitative research was to explore the role of veterans' basic psychological needs during the military transition. Using purposive and snowball sampling, 16 veterans ( $n = 13$  male,  $n = 3$  female;  $M_{age} = 38.3$ ,  $SD_{age} = 5.8$  years) of the United States military ( $n = 8$  Army,  $n = 4$  Marine Corps,  $n = 3$  Navy) were recruited to participate in semi-structured interviews. Reflexive thematic analysis of the qualitative data revealed seven themes: (a) veterans experienced different levels of relatedness in the military community during their transition, (b) perceptions of choice and control had varying influences on veterans' sense of autonomy during their transition, (c) veterans experienced a false sense of competence starting the transition, (d) figuring out how to transfer military experiences and skills to civilian jobs posed a meaningful challenge for veterans' sense of competence throughout the application process, (e) multiple factors helped veterans regain their sense of competence during the job search, (f) veterans experienced difficulties adjusting to new civilian job environment, and (g) family played a major role in fostering veterans' sense of autonomy during the transition. These findings offer multiple conceptual and practical implications, including the context-specificity of perceived competence and relatedness, challenge of skill transfer, and temporality of backup plans, that can be used to help service members' transition more effectively.

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<https://doi.org/10.1002/jts.23003>

## **Examination of race-based traumatic stress symptom networks in Black adults in the United States: A network analysis.**

Nathalie Dieujuste, Yara Mekawi, Jenalee R. Doom

Journal of Traumatic Stress

First published: 06 December 2023

In the United States, racism is theorized to exert its negative effects on Black individuals' mental health by triggering a response known as "race-based traumatic stress" (RBTS), a multidimensional construct comprising seven clusters of symptoms that can occur following exposure to race-based traumatic events (e.g., racial discrimination, racist incidents): depression, intrusion, anger, hypervigilance, physical symptoms, (low) self-esteem, and avoidance. However, little is known about which symptoms and clusters are strongest and most influential in the maintenance of RBTS. Network analysis is a powerful tool for understanding the etiology of traumatic stress, but it has not yet been applied to the examination of this construct. The present study aimed to identify the symptoms most central to RBTS and examine associations between symptoms and symptom clusters. Participants ( $N = 1,037$ ) identified as Black, and lived in the United States (Mage = 45.12 years, range: 18–82 years) and completed the Race-Based Traumatic Stress Symptom Scale–Short Form (RBTSSS-SF). Regularized partial correlation networks were estimated using R/RStudio. The cluster- and item-level networks demonstrated adequate centrality stability,  $CS = .44$ . The depression and physical symptoms clusters were the most central nodes in the cluster network. Feelings of meaninglessness, experiencing mental images of the event, and physical trembling were the most central items within the item-level network. These findings offer insights and implications for assessing and treating symptoms of RBTS in Black adults in the United States who are exposed to race-based traumatic events.

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<https://doi.org/10.3389/fpubh.2023.1215925>

## **Suicide risk communication and intervention preferences for veterans and service members.**

Beatty, A. E., Richardson, J. S., Batten, S. V., Weintraub, S., Hogan, K., & Hotle, K.

Despite the investment of public resources to fight staggering suicide rates among veterans, we know little about how veterans and service members in crisis communicate suicidal ideations, and what interventions they are willing to receive. We aim to identify communication and suicide intervention preferences of veterans and service members in times of crisis. Descriptive statistics were used to explore veterans communication of suicidal ideations. While 89.9% of participants indicated they were willing to speak to someone when having thoughts of suicide, less than 26% of participants indicated they were willing to bring up their thoughts with a crisis line or veterans organization. Rather, they indicate that family members (62.2%) and military friends (51.1%) would be their primary outreach. Logistic regression was used to determine whether or not preferred interventions varied by participant demographic characteristics. While the majority of participants indicated they were willing to allow intervention (88.6%), no one method was accepted by the majority of the population. The most accepted means of communication was to proactively contact a friend or family member about general life struggles (32.6%) or suicide-specific concerns (27.5%). Many participants were open to receiving resources (42.0%), suicide-specific mental health treatment (36.3%), and some sort of lethal means safety intervention (19.1%–26.4%). The age, marital status, and veterans status of participants significantly impacted what interventions they were willing to allow. We discuss the implications of these findings and the need for evidence-based, multimodal interventions in order to assist veterans in need.

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<https://doi.org/10.1017/S0033291723000491>

**A practical risk calculator for suicidal behavior among transitioning U.S. Army soldiers: results from the Study to Assess Risk and Resilience in Servicemembers-Longitudinal Study (STARRS-LS).**

Kearns, J. C., Edwards, E. R., Finley, E. P., Geraci, J. C., Gildea, S. M., Goodman, M., Hwang, I., Kennedy, C. J., King, A. J., Luedtke, A., Marx, B. P., Petukhova, M. V., Sampson, N. A., Seim, R. W., Stanley, I. H., Stein, M. B., Ursano, R. J., & Kessler, R. C.

Psychological Medicine  
2023 Nov; 53(15): 7096-7105

## Background

Risk of suicide-related behaviors is elevated among military personnel transitioning to civilian life. An earlier report showed that high-risk U.S. Army soldiers could be identified shortly before this transition with a machine learning model that included predictors from administrative systems, self-report surveys, and geospatial data. Based on this result, a Veterans Affairs and Army initiative was launched to evaluate a suicide-prevention intervention for high-risk transitioning soldiers. To make targeting practical, though, a streamlined model and risk calculator were needed that used only a short series of self-report survey questions.

## Methods

We revised the original model in a sample of  $n = 8335$  observations from the Study to Assess Risk and Resilience in Servicemembers-Longitudinal Study (STARRS-LS) who participated in one of three Army STARRS 2011–2014 baseline surveys while in service and in one or more subsequent panel surveys (LS1: 2016–2018, LS2: 2018–2019) after leaving service. We trained ensemble machine learning models with constrained numbers of item-level survey predictors in a 70% training sample. The outcome was self-reported post-transition suicide attempts (SA). The models were validated in the 30% test sample.

## Results

Twelve-month post-transition SA prevalence was 1.0% (S.E. = 0.1). The best constrained model, with only 17 predictors, had a test sample ROC-AUC of 0.85 (S.E. = 0.03). The 10–30% of respondents with the highest predicted risk included 44.9–92.5% of 12-month SAs.

## Conclusions

An accurate SA risk calculator based on a short self-report survey can target transitioning soldiers shortly before leaving service for intervention to prevent post-transition SA.

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<https://doi.org/10.1016/j.janxdis.2023.102794>

**Benchmarking secondary outcomes to posttraumatic stress disorder symptom change in response to cognitive processing and written exposure therapy for posttraumatic stress disorder.**

Stoycos, S. A., Straud, C. L., Stanley, I. H., Marx, B. P., Resick, P. A., Young-McCaughan, S., Peterson, A. L., Sloan, D. M., & STRONG STAR Consortium

Journal of Anxiety Disorders  
2023 Dec: 100: 102794

Posttraumatic stress disorder (PTSD) has high comorbidity with other psychiatric conditions, including depression, generalized anxiety, and suicidality. Evidence-based treatments (EBTs) for PTSD are effective at reducing PTSD symptoms. However, evidence on the impact of PTSD EBTs on comorbid conditions is mixed and often uses pre-post analyses, which disregards PTSD symptom response. This study replicated and extended prior work on benchmarking quality of life to PTSD symptom response to a broader range of secondary outcomes using a research-based metric of clinically meaningful PTSD symptom change. Ninety-five active duty military members seeking treatment for PTSD participated in a randomized noninferiority trial examining two cognitive behavioral therapies for PTSD: Written Exposure Therapy and Cognitive Processing Therapy. Participants completed clinician-administered and self-rating assessments at baseline and 10 weeks post-first treatment session and were classified as PTSD treatment responders or nonresponders. Data were analyzed using generalized linear mixed effects models with repeated measures with fixed effects of time and PTSD symptom response category. PTSD treatment responders experienced significant improvements in secondary outcomes; nonresponders demonstrated statistically significant, but not clinically meaningful, comorbid symptom change. Our findings provide evidence that successfully treating PTSD symptoms may also positively impact psychiatric comorbidity.

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<https://doi.org/10.1097/PSY.0000000000001253>

### **Bidirectional Associations Between Pain and Perceived Stress Among Veterans: Depressive Disorder as a Predisposing Factor.**

Saba, S. K., Davis, J. P., Prindle, J. J., Howe, E., Tran, D. D., Bunyi, J., Hummer, J. F., Castro, C. A., & Pedersen, E. R.

Psychosomatic Medicine  
(2024) 86(1), 44–51

#### Objective:

Military veterans who were injured in combat very often report pain along with co-occurring perceived stress and preexisting depressive disorder. The systems model of pain is a theoretical model suggesting that pain and perceived stress are bidirectionally associated at the within-person level, and associations are heightened among those with depressive disorder. However, the systems model of pain has not been adequately tested. Testing the systems model of pain could illuminate salient treatment targets for combat-injured veterans with pain and co-occurring psychological problems.

#### Methods:

The present study empirically tests the systems model of pain among a sample of combat-injured veterans ( N = 902) surveyed five times during an 18-month period. We used a multigroup, autoregressive latent trajectory with structured residual statistical model to test the within-person associations between pain and perceived stress and determine whether associations differ between veterans with and without a positive screen for depressive disorder.

#### Results:

In line with the systems model of pain, pain and perceived stress were bidirectionally associated only among combat-injured veterans with depressive disorder. Among such veterans, perceived stress was positively associated with subsequent pain (  $b = 0.12$ ; 95% confidence interval = 0.06-0.17), and pain was positively associated with subsequent perceived stress (  $b = 0.44$ ; 95% CI = 0.11-0.77).

#### Conclusions:

Our work highlights the interplay between pain and its psychological correlates among a particularly at-risk population. Clinicians addressing pain and perceived stress among combat-injured veterans should be prepared to identify and address depressive disorder.

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<https://doi.org/10.1002/jts.22971>

### **Differential impact of type of killing on posttraumatic stress disorder symptoms in U.S. Army soldiers deployed to Afghanistan.**

Kok, B. C., Dux, M., Lee-Wilk, T., Clarke-Walper, K., & Wilk, J. E.

Journal of Traumatic Stress  
(2023) 36(6), 1151–1156

Over the past 20 years, U.S. military conflicts in Iraq and Afghanistan have been marked by high rates of combat and wartime killings. Research on Vietnam-era service members suggests that the type of killing (i.e., killing a combatant vs. noncombatant) is an important predictor of later mental health problems, including posttraumatic stress disorder (PTSD). The present study aimed to update these findings by exploring the impact of type of killing on PTSD symptoms using a sample of postdeployment active duty U.S. Army personnel (N = 875). Using multiple regression analysis, we found that the act of killing a noncombatant was significantly associated with PTSD symptoms,  $B = 7.50$ ,  $p < .001$ , whereas killing a combatant was not,  $B = -0.85$ ,  $p = .360$ . This remained significant after controlling for demographic variables, depressive symptoms, and general combat experiences. These findings support the need for thoughtful postdeployment screenings and targeted clinical interventions.

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<https://doi.org/10.2196/47433>

### **The Safety of Digital Mental Health Interventions: Systematic Review and Recommendations.**

Taher R, Hsu C, Hampshire C, Fialho C, Heaysman C, Stahl D, Shergill S, Yiend J

JMIR Mental Health

Published on 9.10.2023 in Vol 10 (2023)

#### **Background:**

Evidence suggests that digital mental health interventions (DMHIs) for common mental health conditions are effective. However, digital interventions, such as face-to-face therapies, pose risks to patients. A safe intervention is considered one in which the measured benefits outweigh the identified and mitigated risks.

#### **Objective:**

This study aims to review the literature to assess how DMHIs assess safety, what risks are reported, and how they are mitigated in both the research and postmarket phases and building on existing recommendations for assessing, reporting, and mitigating safety in the DMHI and standardizing practice.

#### Methods:

PsycINFO, Embase, and MEDLINE databases were searched for studies that addressed the safety of DMHIs. The inclusion criteria were any study that addressed the safety of a clinical DMHI, even if not as a main outcome, in an adult population, and in English. As the outcome data were mainly qualitative in nature, a meta-analysis was not possible, and qualitative analysis was used to collate the results. Quantitative results were synthesized in the form of tables and percentages. To illustrate the use of a single common safety metric across studies, we calculated odds ratios and CIs, wherever possible.

#### Results:

Overall, 23 studies were included in this review. Although many of the included studies assessed safety by actively collecting adverse event (AE) data, over one-third (8/23, 35%) did not assess or collect any safety data. The methods and frequency of safety data collection varied widely, and very few studies have performed formal statistical analyses. The main treatment-related reported AE was symptom deterioration. The main method used to mitigate risk was exclusion of high-risk groups. A secondary web-based search found that 6 DMHIs were available for users or patients to use (postmarket phase), all of which used indications and contraindications to mitigate risk, although there was no evidence of ongoing safety review.

#### Conclusions:

The findings of this review show the need for a standardized classification of AEs, a standardized method for assessing AEs to statically analyze AE data, and evidence-based practices for mitigating risk in DMHIs, both in the research and postmarket phases. This review produced 7 specific, measurable, and achievable recommendations with the potential to have an immediate impact on the field, which were implemented across ongoing and future research. Improving the quality of DMHI safety data will allow meaningful assessment of the safety of DMHIs and confidence in whether the benefits of a new DMHI outweigh its risks.

#### Trial Registration:

PROSPERO CRD42022333181;

[https://www.crd.york.ac.uk/prospERO/display\\_record.php?RecordID=333181](https://www.crd.york.ac.uk/prospERO/display_record.php?RecordID=333181)

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<https://doi.org/10.1080/13811118.2023.2262540>

## **Preliminary Effectiveness of a Therapist-Supported Digital Mental Health Intervention in Reducing Suicidal Ideation.**

Nelson, B. W., Forman-Hoffman, V. L., & Peiper, N. C.

Archives of Suicide Research

Published online: 09 Oct 2023

Suicidal ideation (SI) is a significant public health concern with increasing prevalence. Therapist-supported digital mental health interventions (DMHI) are an emergent modality to address common mental health problems like depression and anxiety, although less is known about SI. This study examined SI trajectories among 778 patients who participated in a therapist-supported DMHI using multilevel models during and up to 6-months post-treatment. Estimates of associated suicide attempts and deaths by suicide were calculated using published data linking PHQ-9-assessed SI to records of suicide attempts and deaths by suicide. The proportion of participants reporting no SI significantly increased between baseline and end-of-treatment (78.02% to 91.00%). Effect sizes of SI changes between baseline and end-of-treatment, 3-month, and 6-month follow-ups were 0.33 (95%CI = 0.27–0.38), 0.32 (95%CI = 0.27–0.38), and 0.32 (95%CI = 0.27–0.38), respectively. Results also indicated an estimated 30.49% reduction (95%CI = 25.15%-35.13%) in suicide attempts and death by suicide across treatment. This study provides preliminary evidence of the effectiveness of a therapist-supported DMHI in reducing SI.

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<https://doi.org/10.1080/13811118.2023.2265432>

## **Telephone Assessment of Suicidal Risk at Prehospital Emergency Medical Services: A Direct Comparison with Face-to-Face Evaluation at Psychiatric Emergency Service.**

Norotte, C., Zeltner, L., Gross, J., Delord, M., Richard, C., Bembaron, M. C., Caussanel, J. M., Herbillon, A., Rousseau, C., Chiquet, C., Ehly, C., Pain, A., Vadillo, F., Morisset, L., Roux, P., Passerieux, C., Lambert, Y., Koukabi-Fradelizi, M., Younes, N., & Richard, O.

### Objective

Assessment of suicidal risk is one of the most challenging tasks faced by health professionals, notably in emergency care. We compared telephone suicide risk assessment at prehospital Emergency Medical Services Dispatch Center (EMS-DC), with subsequent face-to-face evaluation at Psychiatric Emergency Service (PES), using French national Risk-Urgency-Danger standards (RUD).

### Method

Data were collected for all suicidal adult patients (N = 80) who were addressed by EMS-DC to PES between December 2018 and August 2019 and benefited from RUD assessment at both services. Suicidal risk was given a score of 1, 2, 3 or 4, in order of severity.

### Results

Mean of the differences between the RUD score at EMS-DC and PES was  $-0.825$  (SD = 1.19), and was found to be significant ( $p < 0.01$ ). The average time between RUD assessments was 420 min (SD = 448) and was negatively correlated with the difference in the RUD score ( $r = -0.295$ ,  $p = 0.008$ ). Associated suicide attempt increased the odds of a decrease in the RUD score (OR = 2.989; 95% CI = 1.141–8.069;  $p < 0.05$ ).

### Conclusions

Telephone evaluation of suicidal risk using RUD at EMS-DC yielded moderately higher scores than those obtained by a subsequent face-to-face evaluation at PES, with this difference partially explained by the time between assessments, and by clinical and contextual factors.

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<https://doi.org/10.1001/jamanetworkopen.2023.36767>

### **Follow-Up Timing After Discharge and Suicide Risk Among Patients Hospitalized With Psychiatric Illness.**

Che, S. E., Gwon, Y. G., & Kim, K. H.

JAMA Network Open  
October 9, 2023

## Key Points

### Question

Is the timing of the first outpatient follow-up after psychiatric inpatient discharge associated with a lower risk of suicide?

### Findings

In this cohort study using a nationwide population-based database of 76 462 patients, earlier outpatient care was significantly associated with lower risk of suicide, particularly for patients with substance use disorder, schizophrenia, bipolar disorder, and depression.

### Meaning

These findings suggest that more intensive follow-up during the period immediately after discharge is needed to prevent suicide among patients with psychiatric illness.

## Abstract

### Importance

Although early outpatient follow-up after psychiatric inpatient discharge may prevent suicide, the association between early follow-up care and a reduced risk of suicide after discharge has not been fully explored.

### Objectives

To investigate outpatient follow-up care after psychiatric inpatient discharge and determine whether the timing of the first outpatient follow-up is associated with a reduced risk of suicide.

### Design, Setting, and Participants

This population-based, retrospective cohort study used the National Health Claim Database from 2017 to 2018 in Korea. Patients were observed until December 31, 2021, to confirm the occurrence of suicide. The study population included all patients aged 18 years or older who were newly admitted to hospitals with psychiatric illness except for dementia from January 1, 2017, to December 31, 2018. Statistical analysis was performed from January to May 2023.

### Exposure

The timing of the first mental health outpatient care follow-up within 30 days after discharge.

## Main Outcomes and Measures

The outcome of interest was suicide after hospital discharge. The timing of the first follow-up visit was observed within 30 days after discharge. The Cox proportional hazard model was used to explore the association between the risk of suicide and the timing of outpatient follow-up.

## Results

Of the 76 462 patients admitted to hospitals from 2017 to 2018, 225 (52.6%) were male; 21 313 (27.9%) had a primary diagnosis of substance use disorder, 17 608 (23.0%) had schizophrenia, and 15 018 (19.6) had depression; mean (SD) age was 46.4 (16.3) years. A total of 49 319 patients (64.5%) received follow-up outpatient care within 30 days of discharge. The mean (SD) follow-up period was 30.8 (20.2) months, and 1536 patients died of suicide during the study period. The hazard ratio for suicide risk in patients who received outpatient care within 7 days compared with those who did not receive any care within 30 days after discharge was 0.82 (95% CI, 0.80–0.83). The earlier the time of outpatient follow-up care, the lower the risk of suicide for those with substance use disorder, schizophrenia, bipolar disorder, and depression.

## Conclusions and Relevance

In this cohort study of patients with psychiatric illness, early follow-up outpatient care after discharge was associated with a lower risk of suicide. These results suggest that those at high risk of suicide during hospitalization need intensive follow-up immediately after discharge.

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<https://doi.org/10.1016/j.jadr.2023.100666>

## **Psychometric properties of the 10-item Connor-Davidson Resilience Scale (CD-RISC-10) in male military personnel with and without PTSD.**

X Yan, X Wang, C Xu, Y Xu, P Liu, L Peng, M Li

Journal of Affective Disorders Reports

Volume 14, December 2023, 100666

## Highlights

- The study mainly about the measurement invariance of the 10-item Connor-Davidson Resilience Scale (CD-RISC-10) across male military personnel with and without posttraumatic stress disorder (PTSD).

- The CD-RISC-10 showed good validity and reliability among male military personnel with and without PTSD.
- The psychological resilience of male military personnel with PTSD was significantly lower than that of those without PTSD.

## Abstract

### Background

The 10-item Connor-Davidson Resilience Scale (CD-RISC-10) is a scale widely used to assess resilience among various clinical and nonclinical populations. Measurement invariance of a scale is essential for group comparison. However, to our knowledge, the psychometric properties, including the measurement invariance, validity and reliability, of the CD-RISC-10 in male military personnel with posttraumatic stress disorder (PTSD) are unknown. The current study aimed to determine the measurement invariance of the CD-RISC-10 and its validity and reliability in male military personnel with and without PTSD.

### Methods

A total of 8089 male military personnel were enrolled in the study, 370 of whom were screened as having PTSD based on the screening criteria of a Posttraumatic Stress Disorder Checklist-Civilian score  $\geq 38$  and 7719 of whom did not have PTSD.

Confirmatory factor analysis (CFA) was conducted to evaluate whether the scale had a single factor and to determine the measurement invariance in PTSD and non-PTSD samples.

### Results

The results showed that the CD-RISC-10 had satisfactory and reliable internal consistency and criterion-related validity among the PTSD ( $\alpha = 0.91$ ;  $r = -0.54, -0.44, -0.55, P < 0.01$ ) and non-PTSD ( $\alpha = 0.94, r = -0.61, -0.49, -0.56, P < 0.01$ ) groups. The unidimensional structure of the CD-RISC-10 was verified by CFA in the PTSD and non-PTSD groups. Moreover, the scalar invariance of the CD-RISC-10 was established across PTSD and non-PTSD groups ( $\Delta CFI = -0.002, \Delta TLI = 0.001, \Delta RMSEA = -0.001$ ).

### Conclusions

The findings indicate that the CD-RISC-10 is an effective instrument for assessing psychological resilience across PTSD and non-PTSD male military personnel.

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[https://doi.org/10.1016/S2215-0366\(23\)00268-7](https://doi.org/10.1016/S2215-0366(23)00268-7)

## **Chronic pain, cannabis legalisation, and cannabis use disorder among patients in the US Veterans Health Administration system, 2005 to 2019: a repeated, cross-sectional study.**

Hasin, D. S., Wall, M. M., Alschuler, D. M., Mannes, Z. L., Malte, C., Olfson, M., Keyes, K. M., Gradus, J. L., Cerdá, M., Maynard, C. C., Keyhani, S., Martins, S. S., Fink, D. S., Livne, O., McDowell, Y., Sherman, S., & Saxon, A. J.

Lancet Psychiatry  
2023 Nov; 10(11): 877-886

### Background

Cannabis use disorder is associated with considerable comorbidity and impairment in functioning, and prevalence is increasing among adults with chronic pain. We aimed to assess the effect of introduction of medical cannabis laws (MCL) and recreational cannabis laws (RCL) on the increase in cannabis use disorder among patients in the US Veterans Health Administration (VHA).

### Methods

Data from patients with one or more primary care, emergency, or mental health visit to the VHA in 2005–19 were analysed using 15 repeated cross-sectional VHA electronic health record datasets (ie, one dataset per year). Patients in hospice or palliative care were excluded. Patients were stratified as having chronic pain or not using an American Pain Society taxonomy of painful medical conditions. We used staggered-adoption difference-in-difference analyses to estimate the role of MCL and RCL enactment in the increases in prevalence of diagnosed cannabis use disorder and associations with presence of chronic pain, accounting for the year that state laws were enacted. We did this by fitting a linear binomial regression model stratified by pain, with time-varying cannabis law status, fixed effects for state, categorical year, time-varying state-level sociodemographic covariates, and patient covariates (age group [18–34 years, 35–64 years, and 65–75 years], sex, and race and ethnicity).

### Findings

Between 2005 and 2019, 3 234 382–4 579 994 patients were included per year. Among patients without pain in 2005, 5·1% were female, mean age was 58·3 (SD 12·6) years, and 75·7%, 15·6%, and 3·6% were White, Black, and Hispanic or Latino, respectively. In 2019, 9·3% were female, mean age was 56·7 (SD 15·2) years, and 68·1%, 18·2%, and 6·5% were White, Black, and Hispanic or Latino, respectively. Among patients with

pain in 2005, 7·1% were female, mean age was 57·2 (SD 11·4) years, and 74·0%, 17·8%, and 3·9% were White, Black, and Hispanic or Latino, respectively. In 2019, 12·4% were female, mean age was 57·2 (SD 13·8) years, and 65·3%, 21·9%, and 7·0% were White, Black, and Hispanic or Latino, respectively. Among patients with chronic pain, enacting MCL led to a 0·135% (95% CI 0·118–0·153) absolute increase in cannabis use disorder prevalence, with 8·4% of the total increase in MCL-enacting states attributable to MCL. Enacting RCL led to a 0·188% (0·160–0·217) absolute increase in cannabis use disorder prevalence, with 11·5% of the total increase in RCL-enacting states attributable to RCL. In patients without chronic pain, enacting MCL and RCL led to smaller absolute increases in cannabis use disorder prevalence (MCL: 0·037% [0·027–0·048], 5·7% attributable to MCL; RCL: 0·042% [0·023–0·060], 6·0% attributable to RCL). Overall, associations of MCL and RCL with cannabis use disorder were greater in patients with chronic pain than in patients without chronic pain.

### Interpretation

Increasing cannabis use disorder prevalence among patients with chronic pain following state legalisation is a public health concern, especially among older age groups. Given cannabis commercialisation and widespread public beliefs about its efficacy, clinical monitoring of cannabis use and discussion of the risk of cannabis use disorder among patients with chronic pain is warranted.

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<https://doi.org/10.1080/21635781.2023.2267434>

## **The Association between Early Life Trauma and Veteran Reintegration to Civilian Life.**

Dr. Patrick M. Mendez, Dr. Laurie M. Slifka, Dr. Lori B. Daniels & Dr. Cheri Hansen

Military Behavioral Health

Published online: 12 Oct 2023

The rate of early life trauma (ELT) is higher among military service members than civilians. While ELT is associated with higher post-traumatic stress disorder following deployment, it is unknown whether other reintegration difficulties are associated with various types of ELT. The present study investigated the relationship between ELT and reintegration difficulties among veterans. Additionally, the influence of the desire to escape ELT as enlistment motivation on this relationship was examined. Data were obtained from 257 veterans between the ages of 20 and 76 years who served in the

U.S. Armed Forces during the Global War on Terrorism. Results revealed a significant positive relationship between emotional abuse, sexual abuse, physical abuse, and physical neglect with veterans' reintegration difficulties. Additionally, enlisting as motivation to escape ELT significantly influenced the relationship between emotional abuse and physical neglect with intimate relationship problems and career challenges, respectively. These findings help facilitate our understanding of factors contributing to reintegration difficulties. In particular, information about the individual history of veterans' ELT and their enlistment motivation can be used by social workers and other mental health care professionals to successfully assist veterans with the transition to civilian life.

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<https://doi.org/10.1111/sode.12713>

**Family separation from military service and children's externalizing symptoms: Exploring moderation by non-military spouse employment, family financial stress, marital quality, and the parenting alliance.**

Sabrina M. Richardson, Jacqueline C. Pflieger, Elizabeth Hisle-Gorman, Ernestine C. Briggs, John A. Fairbank, Valerie A. Stander

Social Development

First published: 11 October 2023

Military separation is a well-documented vulnerability point for service members, yet little is known regarding how children fare across this transition. The current study examined 909 military-connected children from the Millennium Cohort Family Study (Wave 1 Mage = 3.88 years, SD = .095) across a 3-year period to explore whether separation predicted child externalizing symptoms over and above Wave 1 externalizing levels, by comparing separated versus not separated military families over time. We also explored if non-military spouse employment, financial stress, marital quality, or parenting alliance moderated the relation of separation with child externalizing. Data were collected via a parent-reported online questionnaire and administrative military records. Results showed that separation was unrelated to externalizing. However, moderation analyses suggested that for those who separated, non-military spouses' employment prior to separation was related to less externalizing, whereas the parenting alliance was related to less externalizing only for families who remained in the military. Recommendations include assistance with spouse employment prior to military separation and parenting support throughout military service.



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<https://doi.org/10.1002/jts.22977>

## **Employment status among US military veterans with a history of posttraumatic stress disorder: Results from the National Health and Resilience in Veterans Study.**

Ian C. Fischer, Paula P. Schnurr, Robert H. Pietrzak

Journal of Traumatic Stress

First published: 11 October 2023

The current study examined the prevalence and correlates of employment status in a nationally representative sample of U.S. military veterans with a probable lifetime history of posttraumatic stress disorder. Participants were 4,609 veterans from National Health and Resilience in Veterans Study (NHRVS) Bivariate analyses compared the employment status of veterans with regard to sociodemographic, military, health, and psychiatric characteristics. A multinomial regression analysis was conducted to determine the effect of lifetime PTSD status on employment and identify variables that differentiated employment status among veterans with a history of PTSD. In the total sample, 450 (weighted 12.5%) screened positive for lifetime PTSD. Veterans with PTSD were more than twice as likely to be unemployed, OR = 2.41, and retired, OR = 2.26, and nearly 4 times as likely to be disabled, OR = 3.84, relative to those without PTSD. Among veterans with PTSD, 203 (54.0%) were employed, 178 were retired (28.2%), 31 (7.3%) were unemployed, and 38 (10.5%) were disabled. Relative to employed veterans, retired veterans were older and reported more medical conditions; unemployed veterans were almost 5 times as likely to be female; disabled veterans reported lower income, more medical conditions, and more severe symptoms of current major depressive disorder but less severe symptoms of alcohol use disorder, ORs = 0.88–4.88. This study provides an up-to-date characterization of employment status in a nationally representative sample of U.S. military veterans with a history of PTSD. Results may inform efforts to provide sustainable employment in this segment of the population.

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## Links of Interest

No more late-night alcohol sales at AAFES stores, starting Jan. 1

<https://www.militarytimes.com/news/your-military/2023/12/13/no-more-late-night-alcohol-sales-at-aafes-stores-starting-jan-1/>

(“The decision also follows the recommendations of a February report by the Department of Defense’s Suicide Prevention and Response Independent Review Committee.”)

Homelessness among veterans jumps more than 7%

<https://www.militarytimes.com/veterans/2023/12/15/homelessness-among-veterans-jumps-more-than-7/>

Disability payouts help some vets earn more than healthy peers

<https://www.militarytimes.com/veterans/2023/12/18/disability-payouts-help-some-vets-earn-more-than-healthy-peers/>

Military Mental Health and Building Resilience in 2023

<https://www.health.mil/News/Dvids-Articles/2023/12/13/news459748>

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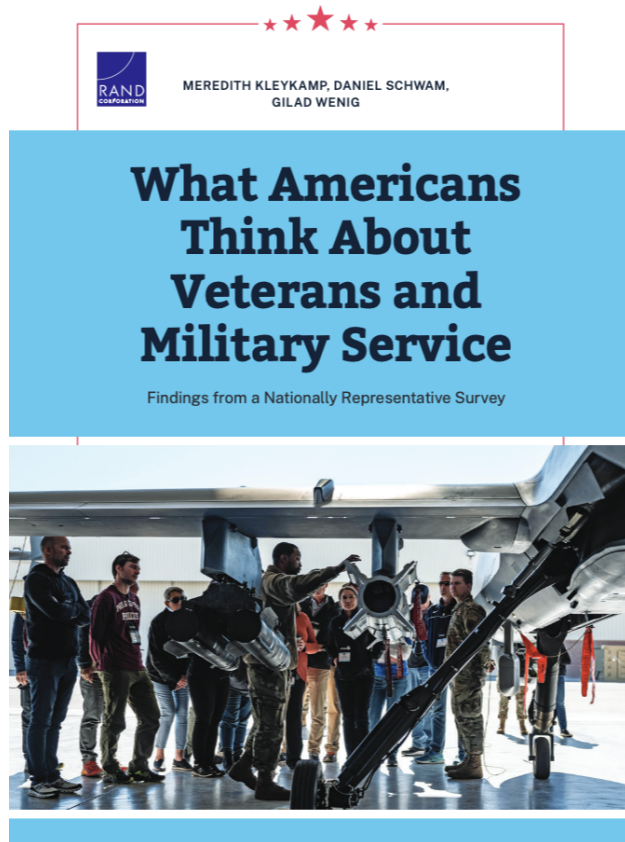
## Resource of the Week: [What Americans Think About Veterans and Military Service: Findings from a Nationally Representative Survey](#)

New, from the RAND Corporation:

Fiscal year 2022 was one of the worst U.S. military recruitment years on record, with all services apart from the Space Force failing to meet recruitment goals, and fiscal year 2023 saw similar shortfalls. The U.S. public’s overall confidence in the military is likewise declining. Although the public still holds the military generally in high esteem compared with other major institutions, that esteem is wavering, influenced by such factors as the end of the war in Afghanistan, the increased polarization of the public, and heightened politicization of the military.

How do these trends in recruitment and confidence reflect public perceptions of the U.S. military? Do public perceptions of veterans and the U.S. military influence young people’s decisions to join the military? RAND researchers examined a selection of findings from 2022 American Life Panel surveys to gather insights into how Americans think about these issues. The researchers

found that the public thinks very highly of U.S. veterans, endorsing positive stereotypes about veterans at a high rate and endorsing negative stereotypes at a very low rate. However, a majority of Americans would discourage a young person close to them from enlisting.



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Shirl Kennedy  
Research Editor  
HJF employee collaborating with Center for Deployment Psychology



Henry M. Jackson Foundation for the Advancement of Military Medicine  
Email: shirley.kennedy.ctr@usuhs.edu