

CDP



Research Update -- April 18, 2024

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- Resource of the Week – Substance Abuse and Mental Health Services Administration (SAMHSA): Evidence-Based Practices Resource Center

<https://doi.org/10.7249/RRA1751-1>

Racial Disparities in the Department of the Air Force Military Justice System.

Shamena Anwar, Jhacova Williams, Nelson Lim

RAND Corporation

Published Apr 10, 2024

There is long-standing evidence that large racial disparities exist within the military justice system. A task report commissioned by the Department of Defense in 1972 found that while Black service members composed 11.5 percent of the armed forces, they constituted 34.3 percent of those tried in a court-martial. About 50 years later, several studies have indicated that the size of these disparities has hardly changed.

Although the existence of racial disparities within the military justice system has been well documented, the causes of these disparities have not been determined. Identifying the factors that are causing disparities is crucial to developing tailored policy options to reduce these disparities.

In this report, the authors use a mixed methods approach to identify how disparities in the military justice system can arise, at what stages of the system the disparities occur, and what factors can explain the disparities.

Key Findings

- Among enlisted male airmen rank E1–E4 (where discipline is most concentrated), Black airmen were 86 percent more likely to be issued an Article 15 or referred to a court-martial than White airmen.
- The disparities between White airmen and other race/ethnicity groups were markedly smaller: Article 15 and court-martial referrals were 27 percent more likely for American Indian/Alaska Native airmen, 8 percent more likely for Hispanic airmen, equally likely for Hawaiian Native/Pacific Islander airmen, and less likely for Asian airmen than White airmen.

- Conditional on being issued an Article 15 or referred to a court-martial, there are no further racial disparities among Black airmen in the punishments received. Black airmen referred to a court-martial are actually less likely to be convicted than White airmen and face lower sentences. Among airmen issued an Article 15, there are no racial differences in punishments received.
- About one-fifth of the Article 15 and court-martial referral disparity between Black and White airmen is explained by racial differences in career field and variables that might proxy for offending rates, including ZIP code characteristics of the airman's home of record and their Armed Forces Qualification Test scores.
- The remaining four-fifths of the disparity in Article 15s and court-martial referrals is unexplained. Although definitive explanations are lacking, the results are consistent with a situation in which disparate treatment may be at least partly responsible for the disparity.

<https://doi.org/10.1016/j.amepre.2024.04.002>

Relationships of State Alcohol Policy Environments with Homicides and Suicides.

James P. Murphy, Rosanna Smart, Terry L. Schell, Nancy Nicosia, Timothy S. Naimi

American Journal of Preventive Medicine

Available online 10 April 2024

Introduction

Alcohol use is involved in a large proportion of homicides and suicides each year in the United States, but there is limited evidence on how policies targeting alcohol influence violence in the U.S. context. Extant studies generally focus on individual policies in isolation of each other. This study examines the effects of changes in states' alcohol policy restrictions on overall homicide and suicide rates and firearm-related homicide and suicide rates using a holistic measure of states' alcohol policy environments.

Methods

Using a composite measure of state-level alcohol policies (Alcohol Policy Scale) and data from the National Vital Statistics System from 2002 to 2018, this study applied a Bayesian time series model to estimate the effects of alcohol policy changes on overall and firearm-involved homicide and suicide rates. The analysis was performed in 2023 and 2024.

Results

A one standard deviation change in the Alcohol Policy Scale was associated with a 6 percent decline in homicide rates both overall (IRR=0.94; 95-percent credibility interval = [0.89, 1.00]) and for firearm homicides specifically (IRR=0.94, 95-percent CI=[0.88, 1.01]). There was no clear association of alcohol policy with suicides. The model predicts that a nationwide increase in alcohol restrictions equivalent to a shift from the 25th to 75th percentile of the scale's distribution would result in almost 1200 fewer homicides annually.

Conclusions

Increases in the restrictiveness of state-level alcohol policies are associated with reductions in homicides. More restrictive alcohol policy environments may offer an opportunity to reduce homicides.

<https://doi.org/10.1016/j.jad.2024.03.139>

Long-term trajectories of depressive symptoms in deployed military personnel: A 10-year prospective study.

Plas, X., Bruinsma, B., van Lissa, C. J., Vermetten, E., van Lutterveld, R., & Geuze, E.

Journal of Affective Disorders

Volume 354, 1 June 2024, Pages 702-711

Highlights

- Four depression trajectories were observed in deployed military personnel.
- Healthy trajectories included resilient (65%) and intermediate-stable (20%).
- Depression trajectories included symptomatic-chronic (9%) and late-onset-increasing.
- Trajectories were associated with deployment stressors, life events and PTSD symptoms.

Abstract

Background

Military missions, especially those involving combat exposure, are associated with an increased risk of depression. Understanding the long-term course of depressive symptoms post-deployment is important to improve decision-making regarding deployment and mental health policies in the military. This study investigates

trajectories of depressive symptoms in the Dutch army, exploring the influence of factors such as demographics, early-life trauma, posttraumatic stress disorder (PTSD) symptoms, and deployment stressors.

Methods

A cohort of 1032 military men and women deployed to Afghanistan (2005–2008) was studied from pre- to 10 years post-deployment. Depressive and PTSD symptoms were assessed using the Symptom CheckList-90 and the Self-Rating Inventory for PTSD. Demographics, early trauma, and deployment experiences were collected at baseline and after deployment, respectively. Latent Class Growth Analysis was used to explore heterogeneity in trajectories of depressive symptoms over time.

Results

Four trajectories were found: resilient (65%), intermediate-stable (20%), symptomatic-chronic (9%), and late-onset-increasing (6%). The resilient group experienced fewer deployment stressors, while the symptomatic-chronic group reported more early life traumas. Trajectories with elevated depressive symptoms consistently demonstrated higher PTSD symptoms.

Limitations

Potential nonresponse bias and missing information due to the longitudinal design and extensive follow-up times.

Conclusions

This study identified multiple trajectories of depressive symptoms in military personnel up to 10 years post-deployment, associated with early trauma, deployment stressors, adverse life events and PTSD symptoms. The prevalence of the resilient trajectory suggests a substantial level of resilience among deployed military personnel. These findings provide valuable insights and a foundation for further research.

<https://doi.org/10.1089/neu.2023.0381>

Phenotyping Depression After Mild Traumatic Brain Injury: Evaluating the Impact of Multiple Injury, Gender, and Injury Context.

Kennedy, E., Ozmen, M., Bouldin, E. D., Panahi, S., Mobasher, H., Troyanskaya, M., Martindale, S. L., Merritt, V. C., O'Neil, M., Sponheim, S. R., Remigio-Baker, R. A., Presson, A., Swan, A. A., Werner, J. K., Greene, T. H., Wilde, E. A., Tate, D. F., Walker, W. C., & Pugh, M. J.

Journal of Neurotrauma

Published Online: 4 April 2024

The chronic mental health consequences of mild traumatic brain injury (TBI) are a leading cause of disability. This is surprising given the expectation of significant recovery after mild TBI, which suggests that other injury-related factors may contribute to long-term adverse outcomes. The objective of this study was to determine how number of prior injuries, gender, and environment/context of injury may contribute to depressive symptoms after mild TBI among deployed United States service members and veterans (SMVs). Data from the Long-term Impact of Military-Relevant Brain Injury Consortium Prospective Longitudinal Study was used to assess TBI injury characteristics and depression scores previously measured on the Patient Health Questionnaire-9 (PHQ-9) among a sample of 1456 deployed SMVs. Clinical diagnosis of mild TBI was defined via a multi-step process centered on a structured face-to-face interview. Logistical and linear regressions stratified by gender and environment of injury were used to model depressive symptoms controlling for sociodemographic and combat deployment covariates. Relative to controls with no history of mild TBI ($n = 280$), the odds ratios (OR) for moderate/severe depression ($\text{PHQ-9} \geq 10$) were higher for SMVs with one mild TBI ($n = 358$) OR: 1.62 (95% confidence interval [CI] 1.09-2.40, $p = 0.016$) and two or more mild TBIs ($n = 818$) OR: 1.84 (95% CI 1.31-2.59, $p < 0.001$). Risk differences across groups were assessed in stratified linear models, which found that depression symptoms were elevated in those with a history of multiple mild TBIs compared with those who had a single mild TBI ($p < 0.001$). Combat deployment-related injuries were also associated with higher depression scores than injuries occurring in non-combat or civilian settings ($p < 0.001$). Increased rates of depression after mild TBI persisted in the absence of post-traumatic stress disorder. Both men and women SMVs separately exhibited significantly increased depressive symptom scores if they had had combat-related mild TBI. These results suggest that contextual information, gender, and prior injury history may influence long-term mental health outcomes among SMVs with mild TBI exposure.

<https://doi.org/10.1097/NMD.0000000000001761>

Social Support and Social Stress Among Suicidal Inpatients at Military Treatment Facilities: A Multidimensional Investigation.

Darmour, C. A., Luk, J. W., LaCroix, J. M., Perera, K. U., Goldston, D. B., Soumoff, A. A., Weaver, J. J., & Ghahramanlou-Holloway, M.

The Journal of Nervous and Mental Disease
212(5): p 261-269, May 2024

The associations between social support and stress with internalizing symptoms (depressive symptoms and hopelessness) and hazardous drinking were tested in an inpatient sample of suicidal military personnel. Baseline data from a randomized clinical trial were analyzed. Different sources of support and stressors in the social context of military personnel were differentially linked to internalizing symptoms and hazardous drinking. In the full sample (n = 192), family and nonfamily support were both inversely associated with internalizing symptoms but not hazardous drinking. Family stress was positively associated with internalizing symptoms. In a subsample of service members who had a history of deployment (n = 98), postdeployment social support was protective against internalizing symptoms, whereas deployment harassment was associated with increased odds of hazardous drinking. Results underscore the need for assessment of various dimensions of social support and stress to guide case formulation and optimize strategies to support patients' mental well-being and adaptive coping.

<https://doi.org/10.1016/j.jpsychores.2024.111617>

Health and psychiatric impairment associated with moral injury, military sexual trauma, and their co-occurrence in U.S. combat veterans.

Nichter, B., Hill, M. L., Maguen, S., Norman, S. B., Fischer, I. C., & Pietrzak, R. H.

Journal of Psychosomatic Research
Volume 179, April 2024, 111617

Highlights

- The prevalence of exposure to MST only, PMIEs only, and MST/PMIEs were 2.7%, 32.3%, and 4.5%.

- Veterans with MST/PMIEs showed a greater psychiatric and health burden.
- Co-occurring MST/PMIE status was associated with lower physical and mental functioning
- Veterans with co-occurring MST/PMIEs were more likely to report suicidal ideation.

Abstract

Background

Military sexual trauma (MST) and moral injury (MI) are associated with adverse psychiatric and health outcomes among military veterans. However, no known population-based studies have examined the incremental burden associated with the co-occurrence of these experiences relative to either alone.

Method

Cross-sectional data were analyzed from the National Health and Resilience in Veterans Study, a nationally representative sample of 1330 U.S. combat veterans. Veterans reported on history of exposure to MST and potentially morally injurious events (PMIEs). Analyses estimated the lifetime prevalence of MST only, PMIEs only, and co-occurring MST and PMIEs; and examined associations between MST/PMIEs status and psychiatric and physical health comorbidities, functioning, and suicidality.

Results

The lifetime weighted prevalence of exposure to MST only, PMIEs only, and co-occurring MST and PMIEs were 2.7%, 32.3%, and 4.5%, respectively. Compared with all other groups, the co-occurring MST + PMIEs group reported greater severity of posttraumatic stress, depression, generalized anxiety, and insomnia symptoms. They also scored lower on measures of physical, mental, and psychosocial functioning, and reported a greater number of chronic medical conditions and somatic complaints. Veterans with co-occurring MST + PMIEs were more than twice as likely as those with MST only to report past-year suicidal ideation.

Conclusions

The co-occurrence of MST and MI is associated with a greater psychiatric and health burden among combat veterans than either experience alone. Results underscore the importance of assessing and treating MST and MI in this population. Findings underscore the importance for future work to parse overlap between morally salient aspects of MST and the concept of moral injury.

<https://doi.org/10.1016/j.cct.2024.107536>

STEP-home transdiagnostic group reintegration workshop to improve mental health outcomes for post-9/11 veterans: Design, methods, and rationale for a randomized controlled behavioral trial.

Fortier, C. B., Kenna, A., Katz, D., Kim, S., Hursh, C., Beck, B., Sablone, C. A., Currao, A., Lebas, A., Jorge, R. E., & Fonda, J. R.

Contemporary Clinical Trials

Available online 16 April 2024, 107536

Background

Many post-9/11 U.S. combat Veterans experience difficulty readjusting to civilian life after military service, including relationship problems, reduced work productivity, substance misuse, and increased anger control problems. Mental health problems are frequently cited as causing these difficulties, driven by unparalleled rates of mild traumatic brain injury, posttraumatic stress, and other co-occurring emotional and physical conditions. Given the high prevalence of multimorbidity in this cohort, acceptable, non-stigmatizing, transdiagnostic interventions targeting reintegration are needed. The STEP-Home reintegration workshop has the potential to significantly improve skills to foster civilian reintegration, increase engagement in VA services, and improve mental health outcomes in Veterans with and without diagnosed clinical conditions.

Methods/design

Ongoing from 2019, a prospective, two-site, randomized trial of 206 post-9/11 U.S. military Veterans randomized to receive either 12 sessions of the STEP-Home transdiagnostic reintegration workshop (SH; Active Intervention) or Present Centered Reintegration Group Therapy (PCRG; Active Control Intervention). Primary outcomes are reintegration, anger, and emotional regulation post-intervention and at 3-months post-intervention. Secondary outcomes include measures of mental health, functional and vocational status, and cognition.

Conclusion

This study addresses an important gap in transdiagnostic interventions to improve civilian reintegration in post-9/11 Veterans. STEP-Home is designed to promote treatment engagement and retention, opening the door to critically needed VA care, and ultimately reducing long-term healthcare burden of untreated mental health illness in U.S. Veterans.

Trial Registration: Clinicaltrials.gov: [D2907-R](https://clinicaltrials.gov/ct2/show/study/D2907-R).

<https://doi.org/10.1080/20008066.2024.2330305>

Cognitive-behavioural conjoint therapy versus prolonged exposure for PTSD in military service members and veterans: results and lessons from a randomized controlled trial.

Monson, C. M., Pukay-Martin, N. D., Wagner, A. C., Crenshaw, A. O., Blount, T. H., Schobitz, R. P., Dondanville, K. A., Young-McCaughan, S., Mintz, J., Riggs, D. S., Brundige, A., Hembree, E. A., Litz, B. T., Roache, J. D., Yarvis, J. S., Peterson, A. L., & STRONG STAR Consortium

European Journal of Psychotraumatology

Published online: 08 Apr 2024

Background:

Military personnel and veterans are at heightened risk for exposure to traumatic events and posttraumatic stress disorder (PTSD), as well as intimate relationship problems associated with PTSD.

Objective:

The purpose of this study was to evaluate the relative efficacy of CBCT and PE in improving intimate relationship functioning in active duty military personnel or veterans and their intimate partners; both conditions were hypothesized to significantly improve PTSD.

Method:

In this study, 32 military service members or veterans with PTSD and their intimate partners were randomized to receive either Cognitive–Behavioral Conjoint Therapy for PTSD (n = 15; CBCT; [Monson, C. M., & Fredman, S. J. (2012). Cognitive-behavioral conjoint therapy for posttraumatic stress disorder: Harnessing the healing power of relationships. Guilford]), a trauma-focused couple therapy, or Prolonged Exposure (n = 17; PE; [Foa, E. B., Hembree, E. A., Dancu, C. V., Peterson, A. L., Cigrang, J. A., & Riggs, D. S. (2008). Prolonged exposure treatment for combat-related stress disorders – provider’s treatment manual [unpublished]. Department of Psychiatry, University of Pennsylvania]), a front-line evidence-based individual treatment for PTSD.

Results:

There were significant challenges with recruitment and a significant difference in dropout from treatment for the two therapies (65% for PE; 27% for CBCT). Treatment dropout was differentially related to pre-treatment relationship functioning; those with below average relationship functioning had higher dropout in PE compared with CBCT, whereas those with above average relationship functioning did not show differential dropout. In general, CBCT led to relational improvements, but this was not consistently found in PE. Clinician- and self-reported PTSD symptoms improved with both treatments.

Conclusions:

This study is the first to test a couple or family therapy against a well-established, front-line recommended treatment for PTSD, with expected superiority of CBCT over PE on relationship outcomes. Lessons learned in trial design, including considerations of equipoise, and the effects of differential dropout on trial analyses are discussed. This trial provides further support for the efficacy of CBCT in the treatment of PTSD and enhancement of intimate relationships.

HIGHLIGHTS

- Differential dropout from trial of couple versus individual therapy for PTSD.
- General pattern of improvements in relationship outcomes in couple therapy for PTSD.
- PTSD symptoms improved in the individual and couple therapy for PTSD.
- Lessons learned in trial design, including considerations of equipoise, and the effects of differential dropout by condition on trial analyses are discussed.

<https://doi.org/10.1089/neu.2023.0379>

Convergent and Discriminant Validity of the Blast Exposure Threshold Survey in United States Military Service Members and Veterans.

Lange, R. T., French, L. M., Lippa, S. M., Gillow, K. C., Bailie, J. M., Turner, S. M., Hungerford, L. D., & Brickell, T. A.

Journal of Neurotrauma

Published Online: 4 April 2024

The Blast Exposure Threshold Survey (BETS) is a recently developed and promising new self-report measure of lifetime blast exposure (LBE). However, there are no studies that have examined the psychometric properties of the BETS, which currently limits its clinical utility. The purpose of this study was to examine the convergent and discriminant validity of the BETS by comparing the BETS Generalized Blast Exposure Value (GBEV) to six variables hypothesized to be associated with LBE (i.e., single-item LBE, combat exposure, years in the military, number of combat deployments, and military occupation specialty [MOS]) and three variables hypothesized not to be associated with LBE (i.e., age at the time of injury, estimated pre-morbid Full-Scale Intelligence Quotient [FSIQ], and resilience). Participants were 202 United States service members and veterans prospectively enrolled from three military medical treatment facilities (68.7%) and via community recruitment initiatives (31.3%). Participants completed the BETS, Combat Exposure Scale (CES), Deployment Risk and Resiliency Inventory-2 Combat Experiences (DRRI-2 CE), Traumatic Brain Injury-Quality of Life Resilience scale, and a brief structured interview. For some analyses, participants were classified into two blast risk MOS groups: high ($n = 89$) and low ($n = 94$). The BETS GBEV was not significantly correlated with all three non-blast related variables ($r_s = 0.01$ to $r_s = -0.12$). In contrast, GBEV was significantly ($p < 0.001$) associated with all blast-related variables; single-item LBE ($r_s = 0.76$), CES ($r_s = 0.58$), number of combat deployments ($r_s = 0.53$), DRRI-2 CE ($r_s = 0.48$), and high blast risk MOS ($r = 0.36$, medium effect size). However, a stronger relationship was found between the blast-related variables and three modified GBEV scores when excluding some small weapons categories; single-item LBE ($r_s = 0.80$ – 0.82), CES ($r_s = 0.64$ – 0.67), number of combat deployments ($r_s = 0.56$), DRRI-2 CE ($r_s = 0.51$ – 0.53), and high blast risk MOS ($r = 0.42$ – 0.49 , medium-large effect size). This is the first study to examine the psychometric properties of the BETS. Overall, these results offer support for the convergent and discriminant validity of the BETS. In order to ensure that the BETS can be confidently used as a valid and reliable measure of LBE, more research is needed to further examine the psychometric properties of the test, particularly with regard to the establishment of test-retest reliability.

<https://doi.org/10.1089/can.2023.0276>

VA Providers' Perceptions of Cannabis Use Policies in a Legalized and Nonlegalized State.

Julie Bobitt, Kelsey Berryman, and Frances M. Weaver

Cannabis and Cannabinoid Research

Published Online: 8 April 2024

Background:

Providers in the Department of Veterans Affairs (VA) system are caught between two opposing sets of laws regarding cannabis and cannabidiol (CBD) use by their patients. As VA is a federal agency, it must abide by federal regulations, including that the Food and Drug Administration classifies cannabis as a Schedule 1 drug and therefore cannot recommend or help Veterans obtain it. Meanwhile, 38 states have passed legislation, legalizing medical use of cannabis.

Objective:

The goal of this project is to examine how VA providers understand state and federal laws, and VA policies about cannabis and CBD use, and to learn more about providers' experiences with patients who use cannabis and CBD within a legalized and nonlegalized state.

Materials and Methods:

We identified 432 health care providers from two VA facilities in northern Illinois (IL) where medical and recreational cannabis is legal, and two VA facilities in southern Wisconsin (WI) where medical and recreational cannabis is illegal. Participants were invited via e-mail to complete an anonymous online survey, including 31 closed- and open-ended questions about knowledge of state and federal laws and VA policies regarding cannabis and CBD oil, thoughts about the value of cannabis or CBD for treating medical conditions, and behaviors regarding cannabis use by their patients.

Results:

We received 50 responses (IL N=20, WI N=30). Providers in both states were knowledgeable about cannabis laws in their state but unsure whether they could recommend cannabis. There were more providers who were unclear if they could have a conversation about cannabis with their VA patients in WI compared with IL. Providers were more likely to agree than disagree that cannabis can be beneficial, $\chi^2(1, 49)=4.74, p=0.030$. Providers in both states (81.6%) believe cannabis use is acceptable for end-of-life care, but responses varied for other conditions and symptoms.

Discussion:

Findings suggest that VA providers could use more guidance on what is allowable within their VA facilities and how state laws affect their practice. Education about safety related to cannabis and other drug interactions would be helpful. There is limited information about possible interactions, warranting future research.

<https://doi.org/10.1089/can.2023.0264>

Investigating the Relationship Between Cannabis Expectancies and Anxiety, Depression, and Pain Responses After Acute Flower and Edible Cannabis Use.

Margy Y. Chen, Emily B. Kramer, Laurel P. Gibson, L. Cinnamon Bidwell, Kent E. Hutchison, and Angela D. Bryan

Cannabis and Cannabinoid Research

Published Online: 12 April 2024

Objective:

Cannabis has been touted for a host of pharmacological and therapeutic effects and users commonly report reduced symptoms of physical and mental health conditions, including anxiety, depression, and chronic pain. While there is existing empirical evidence supporting these effects of cannabis use, little is known about the extent to which these effects result from pharmacological versus expectancy factors. We evaluated the associations between participants' cannabis expectancies and their acute self-reported reactions after using legal market forms of cannabis with varying levels of cannabidiol (CBD) and Δ 9-tetrahydrocannabinol (THC) in three domains: anxiety, depression, and pain.

Methods:

Fifty-five flower and 101 edible cannabis users were randomly assigned and asked to purchase at a local dispensary one of three products containing varying levels of CBD and THC. Participants completed a baseline assessment where they reported expectancies about general health effects of cannabis use and an experimental mobile laboratory assessment where they administered their assigned products. Edible users also reported their domain-specific expectancies about cannabis use in improving anxiety, depression, and pain. Following administration, participants completed acute indicators of anxiety, depression, and pain operationalized through subjective acute tension, elation, and a single-item measure of pain.

Results:

Among flower users, more positive expectancies for cannabis to improve general health were correlated with greater reductions in tension at acute post-use. This finding was replicated among edible users. Unlike flower users, more positive expectancies for

cannabis to improve general health were also correlated with greater increases in elation and greater reductions in pain among edible users. More positive expectancies for cannabis to improve depression and pain were also correlated with greater increases in elation and greater reductions in pain, respectively, among edible users.

Conclusions:

Cannabis users' expectancies significantly impacted some of the acute subjective effects of legal market cannabis products. Among both flower and edible users, consistent, significant expectancy effects were found. Results were consistent with prior findings and demonstrate the need to measure and control pre-existing expectancies in future research that involves cannabis administration.

Clinical trial registration number: [NCT03522103](https://clinicaltrials.gov/ct2/show/study/NCT03522103)

<https://doi.org/10.1001/jamapsychiatry.2024.0426>

Prevalence of Mental Health Disorders Among Individuals Experiencing Homelessness: A Systematic Review and Meta-Analysis.

Barry, R., Anderson, J., Tran, L., Bahji, A., Dimitropoulos, G., Ghosh, S. M., Kirkham, J., Messier, G., Patten, S. B., Rittenbach, K., & Seitz, D.

JAMA Psychiatry

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Key Points

Question

What is the prevalence of mental health disorders among people experiencing homelessness?

Findings

In this systematic review and meta-analysis, the prevalence of current and lifetime mental health disorders among people experiencing homelessness was high, with male individuals exhibiting a significantly higher lifetime prevalence of any mental health disorder compared to female individuals.

Meaning

These findings demonstrate that most people experiencing homelessness have mental

health disorders, with current and lifetime prevalence generally much greater than that observed in general community samples.

Abstract

Importance

Several factors may place people with mental health disorders, including substance use disorders, at increased risk of experiencing homelessness and experiencing homelessness may also increase the risk of developing mental health disorders. Meta-analyses examining the prevalence of mental health disorders among people experiencing homelessness globally are lacking.

Objective

To determine the current and lifetime prevalence of mental health disorders among people experiencing homelessness and identify associated factors.

Data Sources

A systematic search of electronic databases (PubMed, MEDLINE, PsycInfo, Embase, Cochrane, CINAHL, and AMED) was conducted from inception to May 1, 2021.

Study Selection

Studies investigating the prevalence of mental health disorders among people experiencing homelessness aged 18 years and older were included.

Data Extraction and Synthesis

Data extraction was completed using standardized forms in Covidence. All extracted data were reviewed for accuracy by consensus between 2 independent reviewers. Random-effects meta-analysis was used to estimate the prevalence (with 95% CIs) of mental health disorders in people experiencing homelessness. Subgroup analyses were performed by sex, study year, age group, region, risk of bias, and measurement method. Meta-regression was conducted to examine the association between mental health disorders and age, risk of bias, and study year.

Main Outcomes and Measures

Current and lifetime prevalence of mental health disorders among people experiencing homelessness.

Results

A total of 7729 citations were retrieved, with 291 undergoing full-text review and 85 included in the final review (N = 48 414 participants, 11 154 [23%] female and 37 260 [77%] male). The current prevalence of mental health disorders among people

experiencing homelessness was 67% (95% CI, 55-77), and the lifetime prevalence was 77% (95% CI, 61-88). Male individuals exhibited a significantly higher lifetime prevalence of mental health disorders (86%; 95% CI, 74-92) compared to female individuals (69%; 95% CI, 48-84). The prevalence of several specific disorders were estimated, including any substance use disorder (44%), antisocial personality disorder (26%), major depression (19%), schizophrenia (7%), and bipolar disorder (8%).

Conclusions and Relevance

The findings demonstrate that most people experiencing homelessness have mental health disorders, with higher prevalences than those observed in general community samples. Specific interventions are needed to support the mental health needs of this population, including close coordination of mental health, social, and housing services and policies to support people experiencing homelessness with mental disorders.

<https://doi.org/10.1007/s12310-024-09631-3>

Inventory of School Supports-Youth Report (ISS-YR): Development and Validation with Military-Connected Students.

Jake C. Steggerda, Timothy A. Cavell, Alison L. Drew, Juliann H. Nicholson, Carla Herrera, Debby Gaffney, Amy M. Smith Slep & Renée Spencer

School Mental Health

Published: 10 February 2024

This study describes the development of a 12-item inventory of school supports for military-connected (MC) children. Participants were 444 students (grades 3 or 5) with an active-duty military parent (48% female; 57.3% White, 10.7% Black, 6.2% Native American, 5% Asian, 3.3% Pacific Islander, 17.5% bi/multiracial; 19% Latinx). Youth completed the Inventory of School Supports-Youth Report (ISS-YR) and measures of academic efficacy, parental involvement in school, school connectedness, and whether they had a non-parental supportive adult in their life. Parents reported on parent-teacher relationship quality. Confirmatory factor analyses supported a two-factor model (functional and relational support). Results psychometrically supported the ISS-YR. Scores demonstrated adequate internal consistency reliability. Results also supported the measure's convergent and criterion validity as evidenced by positive associations with school connectedness, academic efficacy, parental school involvement, and parent-teacher relationship quality. Youth with a supportive adult in their life at and

outside of school had the highest ISS-YR scores. Implications of these findings for schools' efforts to support MC students are discussed.

<https://doi.org/10.1037/fam0001185>

Pretreatment relationship characteristics predict outcomes from an uncontrolled trial of intensive, multicouple group PTSD treatment.

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Journal of Family Psychology
2024; 38(3), 502–509

Cognitive behavioral conjoint therapy for posttraumatic stress disorder (CBCT for PTSD; Monson & Fredman, 2012) is associated with improvements in patients' and partners' mental health and relationship satisfaction. Some pretreatment relationship characteristics have predicted CBCT for PTSD outcomes for patients, but findings were limited to a single community sample consisting primarily of female patients with male partners. A better understanding of whether pretreatment relationship characteristics predict outcomes in other patient populations and whether there are partners who may be particularly responsive to couple therapy for PTSD could optimize treatment matching. This study investigated whether pretreatment partner accommodation and relationship satisfaction predicted patient and partner treatment outcomes from an uncontrolled trial of an abbreviated, intensive, multicouple group version of CBCT for PTSD conducted with 24 active-duty military or veteran couples (96% male patients/female partners). In general, changes in patients' PTSD and comorbid symptoms and relationship satisfaction did not vary by pretreatment partner accommodation or patients' own pretreatment relationship satisfaction. In contrast, pretreatment relationship characteristics predicted partner outcomes. Partners who engaged in higher levels of accommodation pretreatment and partners who reported lower levels of pretreatment relationship satisfaction experienced greater declines in psychological distress following treatment. Also, partners who began the study relationally distressed exhibited significant increases in relationship satisfaction following treatment, whereas those who were not relationally distressed did not. Findings suggest that improvements generally do not vary by pretreatment relationship characteristics for patients, whereas partners who begin treatment with elevated

relationship risk factors may be especially likely to experience improvement across outcomes. (PsyInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.1037/trm0000494>

The effect of companion dog adoption on loneliness in veterans with posttraumatic stress disorder: An exploratory study.

Adler, R. H., Straud, C. L., Peterson, A. L., Jeffreys, M. D., Finley, E. P., Beaver, B. V., Copeland, L. A., Young-McCaughan, S., Seawell, M. D., Bridgeman, C. H., Hamilton, A., Mata-Galan, E. L., Allegretti, A. L. C., Lara-Ruiz, J. M., Allison, S., Donahue, D. A., Martinez, A., & Stern, S. L.

Traumatology

Advance online publication

This exploratory study is a secondary analysis of a pilot randomized trial (N = 19) that examined the impact of companion dog adoption on loneliness in military veterans in treatment for posttraumatic stress disorder (PTSD). We randomized participants to immediate dog adoption from the Humane Society (n = 9) or a 3-month waitlist followed by dog adoption (n = 10) as an adjunct to PTSD care. We assessed loneliness using the UCLA-Loneliness Scale and semistructured interviews. Generalized linear mixed-effects regression models with repeated measures demonstrated greater reductions in loneliness following treatment in the dog adoption group compared to the waitlist (Mdiff = -11.18, p = .026; d = -1.20). Qualitative interviews found that participants who adopted a dog reported close bonds of companionship with their pets, increased social interactions, and improved emotional well-being. The findings of this study suggest that companion dog adoption used as an adjunctive treatment may help alleviate loneliness for veterans with PTSD. (PsyInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.1111/sltb.13055>

Psychological risk factors predictive of suicidal distress in men receiving a community-based brief psychological intervention.

Hanlon, C. A., Saini, P., Boland, J., McIlroy, D., Poole, H., & Chopra, J.

Suicide and Life-Threatening Behavior

First published: 09 February 2024

Introduction

Adaptable community-based approaches for assessment and delivery of suicide prevention interventions for men experiencing suicidal crisis are needed. The lay your cards on the table (LYCT) component of the James' Place Model is a novel therapeutic approach comprised of four sets of card variables that correspond with suicidal risk factors. This study investigated the LYCT in predicting suicidal distress among men.

Methods

Cross-sectional data of 511 men aged 18–69 years ($M = 34.59$ years; $SD = 12.30$) collected between 1st August 2018 and 29th July 2021 were assessed to predict suicidal distress measured using the CORE Clinical Outcome Measures (CORE-OM).

Results

From four categories comprising the LYCT, correlational analyses demonstrated that 20 associations emerged as statistically significant (r 's = 0.12–0.19). When these were included in regression analyses, effect sizes explained 2%–5% variance in CORE-OM outcomes (R^2).

Conclusion

Use of LYCT is supported for engaging men in the assessment of suicide risk factors and to inform tailoring of intervention delivery to suit the individual needs of men experiencing suicidal crisis.

<https://doi.org/10.1016/j.jad.2024.02.029>

The effects of childhood trauma on stress-related vulnerability factors and indicators of suicide risk: An ecological momentary assessment study.

Olivia Rogerson, Rory C. O'Connor, Daryl B. O'Connor

Journal of Affective Disorders

Volume 352, 1 May 2024, Pages 479-489

Highlights

- Childhood trauma was associated with higher daily stress and impulsivity.
- Childhood trauma was related to poorer sleep quality and executive functioning.
- Childhood trauma was associated with suicide risk factors.
- Childhood trauma had indirect effects on suicide risk through stress-related variables.

Abstract

Background

Childhood trauma is experienced by approximately one third of young people in the United Kingdom and has been shown to confer an increased risk for mental health difficulties in adulthood. Understanding the associations between these factors before negative health outcomes manifest in adulthood is imperative to help inform the development of interventions. The aims of this study were two-fold; first, to investigate the effects of childhood trauma on daily stress-related vulnerability factors over a period of 7 days and to test whether any observed relationships were moderated by protective or risk factors. Second, to explore the indirect effects of childhood trauma on reasons for living, optimism, daily suicide ideation, defeat and entrapment through the daily stress-related vulnerability factors.

Methods

212 participants were recruited to an ecological momentary assessment study to complete three diaries per day for a 7-day period. Participants completed daily measures of stress, hassles, executive functioning, impulsivity, sleep quality (stress-related vulnerability factors) as well as measures of reasons for living, optimism, daily thoughts of suicide, defeat and entrapment. The Childhood Trauma Questionnaire was also completed at baseline.

Results

Analyses found that childhood trauma was significantly associated with higher scores on the daily stress-related vulnerability factors and positively related to each of the daily indicators of suicide risk. The study also uncovered key pathways whereby trauma had indirect effects on reasons for living, optimism, daily thoughts of suicide, defeat and entrapment through executive functioning, impulsivity, sleep quality and stress.

Limitations

The measures of executive function and sleep were self-reported and future research ought to replicate the current findings using more objective methods.

Discussion

The findings from this study highlight the complexity of childhood trauma and its damaging effects on stress-related vulnerability factors and poorer mental health outcomes. Greater understanding of pathways by which trauma may impact later health outcomes is essential for development of interventions.

<https://doi.org/10.3389/fpubh.2024.1357836>

Incidence of mental disorders in soldiers deployed to Afghanistan who have or have not experienced a life-threatening military incident—a quasi-experimental cohort study.

Wesemann, U., Renner, K. H., Rowlands, K., Köhler, K., Hüttermann, N., & Himmerich, H.

Frontiers in Public Health

21 February 2024

Introduction:

There is very good international research on deployment-related mental disorders in military personnel. The incidence rates show a very wide range. A new strategy is therefore proposed in order to achieve better standardization and thus better comparability of the studies. In addition to a non-deployed comparison group, we propose to compare deployed soldiers with and without critical military incidents during the deployment. This additional distinction makes it possible to differentiate between the influencing variables of actual threat and general deployment stress.

Methods:

N = 358 male combat soldiers deployed to Afghanistan were included in the study. Clinical interviews were conducted several days before deployment and after deployment. Of them, n = 80 soldiers suffered a life-threatening military incident during deployment, whereas 278 soldiers did not. Odds ratios (OR) were calculated for the groups with and without critical military incidents and the new onset for PTSD, anxiety disorders and depressive disorders.

Results:

When comparing both groups, we found significantly higher 1-year incidence rates in the group with critical military incidents: 6.4% vs. 1.1% (OR 6.2) for post-traumatic

stress disorder (PTSD); 7.0% vs. 1.1% (OR 6.5) for depression; and 15.9% vs. 2.8% (OR 6.6) for anxiety disorders. The 1-year incidence rate of mental multimorbidity (PTSD with anxiety or depression) was 4.8% vs. 0.4% (OR 12.0).

Discussion:

These results indicate that life-threatening military incidents during military deployment are important to mental health. As the different threat levels of the various missions are taken into account, additional predictors could be determined more precisely in further research.

<https://doi.org/10.1037/fam0001185>

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engaged in higher levels of accommodation pretreatment and partners who reported lower levels of pretreatment relationship satisfaction experienced greater declines in psychological distress following treatment. Also, partners who began the study relationally distressed exhibited significant increases in relationship satisfaction following treatment, whereas those who were not relationally distressed did not. Findings suggest that improvements generally do not vary by pretreatment relationship characteristics for patients, whereas partners who begin treatment with elevated relationship risk factors may be especially likely to experience improvement across outcomes. (PsychoInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.1111/sltb.13053>

Effect of enhanced informed consent on veteran hesitancy to disclose suicidal ideation and related risk factors.

Brock C. Tucker PhD, Vivian M. Gonzalez PhD

Suicide and Life-Threatening Behavior

First published: 12 February 2024

Introduction

The concealment of suicidal ideation (SI) constitutes a significant barrier to reducing veteran deaths by suicide and is associated with fear of negative consequences (e.g., involuntary hospitalization). This study examined whether augmenting informed consent with psychoeducation aimed to help patients achieve a more realistic risk appraisal of consequences associated with disclosure of SI, decreased hesitancy to disclose SI, and related risk behaviors among U.S. veterans.

Method

Participants (N = 133) were recruited from combat veteran social media groups and were randomly assigned to a video simulated treatment-as-usual informed consent (control) or to one of two psychoeducation-enhanced informed consent conditions (psychoed, psychoed + trust).

Results

Compared with the control group, participants in both psychoeducation and enhanced informed consent conditions reported lower hesitancy to disclose SI, firearm access,

and problems with drugs/thoughts of harming others, as well as greater trust and respect for the simulated clinician.

Conclusions

These findings suggest that brief psychoeducation regarding common factors that affect hesitancy to disclose SI may be beneficial for increasing trust in providers during the informed consent process and decreasing concealment of SI and firearm access among veterans.

<https://doi.org/10.1002/jclp.23659>

Changes in guilt cognitions mediate the effect of trauma-informed guilt reduction therapy on PTSD and depression outcomes.

Alexander C. Kline, Katia M. Harlé, Kaitlyn E. Panza, Brandon Nichter, Robert Lyons, Michelle Pitts, Moira Haller, Carolyn B. Allard, Christy Capone, Sonya B. Norman

Journal of Clinical Psychology

First published: 10 February 2024

Objective

Trauma-informed guilt reduction therapy (TrIGR), a six-session cognitive behavioral therapy targeting trauma-related guilt and distress, reduces guilt and symptoms of posttraumatic stress disorder (PTSD) and depression, yet little is known regarding how and why TrIGR may be effective.

Method

This study examined treatment-related changes in avoidant coping and trauma-related guilt cognitions as possible mediators of treatment effects on PTSD and depression outcomes at 3- and 6-month follow-up. Data were from a randomized controlled trial for treatment of trauma-related guilt comparing TrIGR and supportive care therapy among 145 post-9/11 US veterans ($M_{age} = 39.2 [8.1]$, 93.8% male).

Results

At pretreatment, most (86%) met PTSD criteria. Intent to treat analyses using parallel mediation models indicated changes in guilt cognitions, but not avoidant coping, mediated the effect of TrIGR on reducing PTSD severity at 3-month ($a \times b = -0.15$, $p < 0.01$, 95% CI: $[-0.24 \text{ to } -0.06]$, $p = 0.001$) and 6-month ($a \times b = -0.17$, 95% CI:

[-0.26 to -0.07], $p = 0.001$) follow-up. Similarly, changes in guilt cognitions, but not avoidant coping, mediated the effect of TrIGR on reducing depression severity at 3-month ($a \times b = -0.10$, 95% CI: [-0.18 to -0.02], $p = 0.02$) and 6-month ($a \times b = -0.11$, 95% CI: [-0.20 to -0.03], $p = 0.01$) follow-up.

Conclusions

Compared to guilt cognitions, changes in avoidant coping were less integral to downstream PTSD and depression symptom reduction. Guilt cognition change may be a salient active ingredient of PTSD and depression treatment for those with trauma-related guilt and a key therapy element to which providers should be attuned.

<https://doi.org/10.1177/10731911241229568>

A Bifactor Evaluation of Self-Report and Clinician-Administered Measures of PTSD in Veterans.

Raines, A. M., Clauss, K. E., Seidler, D., Allan, N. P., Elhai, J. D., Vasterling, J. J., Constans, J. I., Maieritsch, K. P., & Franklin, C. L.

Assessment

First published online February 12, 2024

The PTSD Checklist for DSM-5 (PCL-5) and the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) are two of the most widely used and well-validated PTSD measures providing total and subscale scores that correspond with DSM-5 PTSD symptoms. However, there is little information about the utility of subscale scores above and beyond the total score for either measure. The current study compared the proposed DSM-5 four-factor model to a bifactor model across both measures using a sample of veterans ($N = 1,240$) presenting to a Veterans Affairs (VA) PTSD specialty clinic. The correlated factors and bifactor models for both measures evidenced marginal-to-acceptable fit and were retained for further evaluation. Bifactor specific indices suggested that both measures exhibited a strong general factor but weak lower-order factors. Structural regressions revealed that most of the lower-order factors provided little utility in predicting relevant outcomes. Although additional research is needed to make definitive statements about the utility of PCL-5 and CAPS-5 subscales, study findings point to numerous weaknesses. As such, caution should be exercised when using or interpreting subscale scores in future research.

<https://doi.org/10.1016/j.psychres.2024.115787>

Repetitive negative thinking as a unique transdiagnostic risk factor for suicidal ideation.

M.M. Caudle, N.N. Dugas, K. Patel, R.C. Moore, ... J. Bomyea

Psychiatry Research
Volume 334, April 2024, 115787

Highlights

- Transdiagnostic repetitive negative thinking associated with active suicidal ideation.
- Repetitive negative thinking predicted suicide risk, controlling for other symptoms.
- Including treatment repetitive negative thinking may be helpful in managing suicide risk.

Abstract

Repetitive negative thinking (RNT) is a transdiagnostic symptom observed across mood and anxiety disorders and is characterized by frequent, distressing thoughts that are perceived as uncontrollable. Specific forms of RNT have been linked to increased suicide risk. However, most work examining links between RNT and suicide has been conducted within specific disorders and subtypes of RNT (e.g., rumination in individuals with depression). The present study aimed to investigate associations between transdiagnostic RNT and suicidal ideation. We hypothesized RNT would be associated with suicide risk beyond disorder-specific clinical symptoms. Fifty-four participants with mood, anxiety, and/or traumatic stress disorders completed an interview assessing suicidal risk (Columbia-Suicide Severity Rating Scale (C-SSRS)) and self-report questionnaires assessing transdiagnostic RNT, depression, and anxiety. Based on C-SSRS, we divided participants into high or low suicide risk groups. We analyzed the relationship between suicidal risk group and RNT and found that RNT was uniquely associated with suicidal risk group, controlling for depression and anxiety severity. Our results suggest including assessments of RNT may have clinical utility for understanding the degree of suicide risk in individuals and point to the potential utility of including clinical interventions to target this symptom for those at high risk of suicide.

<https://doi.org/10.1007/s40615-024-01934-0>

Association of Client and Provider Race with Approaches Pursued by Social Workers for Reducing Firearm Access.

Kelsey M. Conrick, Olivia McCollum, Sarah F. Porter, Christopher St. Vil, Kalei Kanuha, Ali Rowhani-Rahbar & Megan Moore

Journal of Racial and Ethnic Health Disparities

Published: 12 February 2024

Social workers assess and intervene to prevent harm among clients at risk of harm to self (HTS) and harm to others (HTO) with a firearm. This study sought to assess the impact of client race on social workers' approaches to reduce firearm access when they weighed voluntary (e.g., store out-of-home) and involuntary (e.g., extreme risk protection order) removal methods. We considered the role of social workers' self-identified race as a moderator of this relationship, comparing white (single race) and Black, Indigenous, and People of Color (BIPOC) social workers. A survey was distributed to Washington state social workers (n = 9073) who were presented with two case vignettes, each randomized to view the client's race as Black or white. Logistic regression was used to assess the association between the client's race and the pursuit of voluntary or involuntary methods, stratified by social workers' race. Among the participants (n = 1306), 26% pursued at least one involuntary care plan option for the HTS client, and 59% for the HTO client. The Black client at risk of HTS had lower odds of an involuntary care plan option compared to the white client (OR = 0.69, 95% CI 0.54–0.88), while the Black client at risk of HTO had higher odds of an involuntary care plan options (OR = 1.13, 95% CI 1.07–1.66). These associations were not statistically significantly different between white (single race selected) and BIPOC social workers. This study contributes to the growing understanding of potential racial disparities in social workers' decision-making regarding firearm access reduction strategies.

Links of Interest

How Working Conditions in Civilian Jobs Can Affect Veterans' Health and Well-Being

<https://www.rand.org/pubs/perspectives/PEA1363-12.html>

Finding Empowerment in Choice, Asking for Help, and the Journey to Build a Family

<https://thewarhorse.org/va-evolves-past-penalizing-some-veterans-who-choose-ivf/>

Maine shooter's commanding Army officer acknowledges his inaction over missed counseling sessions

<https://apnews.com/article/maine-shooting-army-reserves-commander-independent-commission-a8d24c3a3081b8f7232647bc0c412513>

Feds to make moving government jobs abroad easier for military spouses

<https://www.militarytimes.com/pay-benefits/mil-money/2024/04/12/feds-to-make-moving-government-jobs-abroad-easier-for-military-spouses/>

Where did the term 'military brat' come from?

<https://taskandpurpose.com/culture/month-of-the-military-child/>

Planning College Tours as a MilFam

<https://blog-brigade.militaryonesource.mil/2024/04/09/planning-college-tours-as-a-milfam/>

Partnerships Make for Progress: Spotlight on Interpersonal Violence Resources

<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/Partnerships-Make-for-Progress-Spotlight-on-Interpersonal-Violence-Resources>

'Give them a verbal hug': Emails show how the Navy scrambled to manage a spate of suicides

<https://www.nbcnews.com/news/us-news/give-verbal-hug-emails-show-navy-scrambled-manage-spate-suicides-rcna147206>

Digital Mental Health's Unstable Dichotomy—Wellness and Health (Viewpoint)

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2817600>

Resource of the Week – [Substance Abuse and Mental Health Services Administration \(SAMHSA\): Evidence-Based Practices Resource Center](#)

From [introduction](#):

This new Evidence-Based Practices Resource Center aims to provide communities, clinicians, policy-makers and others in the field with the information and tools they need to incorporate evidence-based practices into their

communities or clinical settings. The Resource Center contains a collection of scientifically-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources. The retooled EBPRC neither accepts open submissions from outside program developers nor rates individual programs.

The Resource Center website was designed with an easy to use point-and-click system to enable users to quickly identify the most relevant resources for their particular needs. Users can search by topic area, substance or condition as well as resource type (e.g., Toolkit, Treatment Improvement Protocol, Guideline), target population (e.g., Youth, Adult), and target audience (e.g., resource for Clinicians, Prevention Professionals, Patients, Policymakers).

We also recognize that the science and evidence base continues to expand and change. Our vision for the Resource Center is to be dynamic and response to changing science and evidence. Thus, SAMHSA plans to develop and disseminate additional resources such as new or updated Treatment Improvement Protocols, guidance documents, clinical practice policies, toolkits, and other actionable materials that incorporate the latest scientific evidence on mental health and substance use and address priority areas where more information or guidance are needed to help the field move forward.

The screenshot shows the SAMHSA Evidence-Based Practices Resource Center website. At the top left is the SAMHSA logo (Substance Abuse and Mental Health Services Administration). To the right is a search bar for SAMHSA.gov and a "Search" button. A navigation menu includes links for Find Help, Practitioner Training, Public Messages, Grants, Data, Programs (highlighted), Newsroom, About Us, and Publications. A secondary navigation bar shows the breadcrumb: Home > Programs > Evidence-Based Practices Resource Center. Social media icons for Facebook, Twitter, and Email are present. The main heading is "Evidence-Based Practices Resource Center". Below it, a paragraph states: "SAMHSA is committed to improving prevention, treatment, and recovery support services for mental and substance use disorders. The Evidence-Based Practices Resource Center provides communities, clinicians, policy-makers and others with the information and tools to incorporate evidence-based practices into their communities or clinical settings." Two links are provided: "Learn more about EBP Resource Center >>" and "View additional innovative practices >>". A "Resources" section features a search bar labeled "Search Our Resources", a "Search" button, and options to "Sort by Most Recent" and "View 25". A filter section on the left lists "Resource Topic" and "Health Condition". A featured resource card is titled "Opioid-Overdose Reduction Continuum of Care Approach (ORCCA) Practice Guide 2023", with a publication date of September 2023. The card includes a thumbnail image and a description: "This guide was drawn from HEALing Communities Study (HCS) learnings to-date and expert insights to provide guidance regarding implementation of ORCCA menu strategies." A "View Resource" link is at the bottom of the card.

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Henry M. Jackson Foundation for the Advancement of Military Medicine