

CDP



Research Update -- June 11, 2020

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<https://link.springer.com/article/10.1007%2Fs40501-020-00219-7>

Advances in PTSD Treatment Delivery: Evidence Base and Future Directions for Intensive Outpatient Programs.

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Current Treatment Options in Psychiatry

Published 05 June 2020

<https://doi.org/10.1007/s40501-020-00219-7>

Purpose of review

Traditionally, evidence-based treatment for PTSD is delivered in an outpatient format with dropout rates ranging from 30 to 62%. Modifications of existing protocols for delivery in intensive outpatient format offer promise for retention and excellent therapeutic outcomes. This article will review the existing literature on evidence-based psychotherapy for PTSD delivered within an intensive outpatient format.

Recent findings

Studies indicate that the intensive outpatient format substantially increases retention rates and demonstrates treatment outcomes at least equivalent to those demonstrated in traditional outpatient settings. Findings are limited by the dearth of randomized clinical trials to date.

Summary

Current research highlights the utility of implementing evidence-based PTSD treatment in massed intensive format, which evidences improved treatment retention and comparable outcomes with traditional outpatient formats.

<https://www.sciencedirect.com/science/article/abs/pii/S0272735820300611>

The efficacy of cognitive and behavior therapies for insomnia on daytime symptoms: A systematic review and network meta-analysis.

Fee Benz, Teresa Knoop, Andrea Ballesio, Valeria Bacaro, ... Chiara Baglioni

Highlights

- Ten subgroups of daytime symptoms were identified in the literature.
- Cognitive and behavior therapies for insomnia are effective on daytime symptoms.
- Effects are predominantly small to moderate compared to stronger effects on nocturnal symptoms.
- CBT-I might benefit from adding techniques targeting more directly daytime symptoms.

Abstract

Insomnia disorder, defined by nocturnal and daytime symptoms, is highly prevalent worldwide and is associated with the onset of mental illness. Although daytime symptoms are often the reason insomnia patients seek help, it is not clear whether recommended treatment is effective on daytime symptoms. We aimed to investigate the efficacy of cognitive and behavior therapies for insomnia (CBT-I) on all daytime symptoms explored in the literature using both direct and indirect data. 86 studies (15,578 participants) met inclusion criteria. Results showed significant effects of CBT-I administered face-to-face individually, in group and different self-help settings on depressive symptoms, anxiety, daytime sleepiness, fatigue, quality of life, daytime and social functioning and mental state, with Cohen's d's ranging from -0.52 and 0.81 . Our results suggest that CBT-I is effective in the treatment of daytime symptoms, albeit with predominantly small to moderate effects compared to far stronger effects on the core symptoms of insomnia. Effects may be biased for depressive and anxiety symptoms, since many included studies excluded patients with severe levels of these complaints. Further, small to moderate effects may reflect that CBT-I, by improving nighttime symptoms, has a positive effect on daytime symptoms, but it does not target the daytime symptoms directly. Future studies may benefit from adding therapeutic techniques that address daytime symptoms more directly.

<https://www.sciencedirect.com/science/article/abs/pii/S1389945720302331>

Napping and weekend catchup sleep do not fully compensate for high rates of sleep debt and short sleep at a population level (in a representative nationwide sample of 12,637 adults).

Damien Leger, Jean-Baptiste Richard, Olivier Collin, Fabien Sauvet, Brice Faraut

Highlights

- Population interviewed may assess self-reported sleep values and paradigms.
- We found 35.9% of subjects were short sleepers < 6 hours.
- Sleep debt was reported in 27.7% >60 minutes (18.8% severe >90 minutes).
- To balance severe sleep debt: 18.2% caught up during weekends, 7.4% napped.
- The remaining 75.8% did not balance their severe sleep debt throughout the week.

Abstract

Introduction

Short total sleep time (TST < 6 hours) is a strong major health determinant that correlates with numerous metabolic, cardiovascular and mental comorbidities, as well as accidents. Our aim was to better understand, at a population level, how adults adapt their TST during the week, and how short sleepers and those with sleep debt and sleep restriction use napping or catching up on sleep during weekends (ie, sleep debt compensation by sleeping longer), which may prevent these comorbidities.

Methods

A large representative sample of 12,367 subjects (18-75 years old) responded by phone to questions about sleep on a national recurrent health poll (Health Barometer, Santé Publique France 2017) assessing sleep schedules (TST) at night, when napping, and over the course of a 24-hour period while using a sleep log on workdays and weekends. Retained items were: (1) short sleep (TST \leq 6 h/24 h); (2) chronic insomnia (international classification of sleep disorders 3rd edition, ICSD-3 criteria); (3) sleep debt (self-reported ideal TST – TST > 60 min, severe > 90 min); and (4) sleep restriction (weekend TST – workday TST = 1 to 2 h, severe > 2 h).

Results

Average TST/24 hours was 6h42 (\pm 3 min) on weekdays and 7h26 (\pm 3 min) during weekends. In addition, 35.9% (\pm 1.0%) of the subjects were short sleepers, 27.7% (\pm 1.0%) had sleep debt (18.8% (\pm 0.9%) severe), and 17.4% (\pm 0.9%) showed sleep restriction (14.4% (\pm 0.8%) severe). Moreover, 27.4% (\pm 0.9%) napped at least once per week on weekdays (average: 8.3 min (\pm 0.5 min)) and 32.2% (\pm 1.0%) on weekend days (13.7 min (\pm 0.7 min)). Of the 24.2% (\pm 0.9%) of subjects with severe sleep debt (>90 minutes), only 18.2% (\pm 1.6%) balanced their sleep debt by catching up on sleep on weekends (14.9% (\pm 0.8%) of men and 21.5% (\pm 0.9%) of women), and 7.4% (\pm 1.2%) of these subjects balanced their sleep debt by napping (7.8% (\pm 0.5%) of men and 6.6%

($\pm 0.4\%$) of women). The remaining 75.8% ($\pm 5.4\%$) did not do anything to balance their severe sleep debt during the week.

Discussion and Conclusions

Short sleep, sleep debt, and sleep restriction during weekdays affected about one third of adults in our study group. Napping and weekend catch-up sleep only compensated for severe sleep debt in one in four subjects.

<https://www.tandfonline.com/doi/abs/10.1080/00098655.2020.1758014>

Removing the Camouflage: A Deeper Look at Military-Connected Adolescent Perception of Identity in Secondary Schools.

Jennie Le Hanna

The Clearing House: A Journal of Educational Strategies, Issues and Ideas

Published online: 01 Jun 2020

<https://doi.org/10.1080/00098655.2020.1758014>

Schools can play a key role in supporting and promoting inclusion and diversity, but one marginalized group often remains invisible in public schools: military-connected adolescents. To better support marginalized groups, we must learn more about them and their needs. Despite more than four million military-connected children in the U.S. and the understanding that they are a vital source of support for fighting forces, little is known about how military-connected adolescents define themselves or perceive their experiences as a member of the military culture. Using narrative inquiry, nine military-connected adolescents shared their insights, experiences, and thoughts on their identity development as it intersects growing up among the military culture. What emerged in the attempt to reveal the invisible lives of these military-connected adolescents is a perception of themselves as confident, empathetic, mature, and adaptable, which can help enlighten teachers and educational institutions to better inform teaching and learning among members of this invisible minority.

The Development of a Brief Version of the Insomnia Severity Index (ISI-3) in Older Adult Veterans with Posttraumatic Stress Disorder.

Stephanie Y. Wells, Jessica R. Dietch, Benjamin J. Edner, Lisa H. Glassman, Steven R. Thorp, Leslie A. Morland & Gregory A. Aarons

Behavioral Sleep Medicine

Published online: 01 Jun 2020

<https://doi.org/10.1080/15402002.2020.1760278>

Objective/Background

The Insomnia Severity Index (ISI) is an insomnia self-report measure used to identify individuals at risk for insomnia disorder. Although the full ISI is only seven questions, a briefer version would allow more efficient and pragmatic administration in routine practice settings. Reliable and valid brief measures can support measurement-based care. The present study was a proof-of-concept study that developed a brief version of the ISI, the ISI-3, in a sample of older adult veterans with posttraumatic stress disorder (PTSD), a group which is at increased risk for insomnia.

Patients/Methods

Participants included 86 older veterans with combat- or military-related PTSD. Veterans completed a clinician-administered PTSD diagnostic interview, self-report measures of insomnia and other psychosocial questionnaires, and two neuropsychological assessments. The factor structure of the ISI was examined to reduce the measure into a brief version. The reliability and validity of the ISI-3 were examined.

Results

Principal axis factoring yielded a one-factor solution, which reproduced 59% of the item variance. Item reduction procedures resulted in three items, which best represented this factor ("Insomnia Impact;" ISI-3). For the ISI-3, internal consistency was good ($\alpha = .89$). Convergent validity was demonstrated via moderate to high positive correlations between the ISI-3 and other measures of sleep disturbance. Divergent validity was demonstrated via non-significant correlations between the ISI-3 and unrelated measures and moderate correlations with self-reported depression.

Conclusions

The ISI-3 is a psychometrically valid brief version of the ISI. Clinicians can administer the ISI-3 to screen for insomnia and monitor changes in insomnia during treatment.

<https://journals.sagepub.com/doi/abs/10.1177/1044389420905753>

Partners of Veterans With PTSD: Parenting and Family Experiences.

Violette E. McGaw, Andrea E. Reupert, Darryl Maybery

Families in Society: The Journal of Contemporary Social Services

First Published May 28, 2020

<https://doi.org/10.1177/1044389420905753>

Partners raising children are significantly impacted by living with a veteran who has posttraumatic stress disorder (PTSD). This qualitative study explored the parenting and family experiences of partners to veterans with military-PTSD. In-depth interviews were conducted with eight female partners, caring for at least one child below the age of 18 years. Thematic analysis produced four primary themes around parenting, (dis)connection, family identity, and unpredictability. A number of contrasting concepts such as feeling unsupported, yet reluctance to access support, highlighted the complexity of partner experiences. Clear recommendations arose from the study including greater inclusion in health care, the need for upskilling of service providers and educators in area of family and parenting issues, and clearer pathways for spouses and families to access information.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1754122>

Finding meaning in times of family stress: A mixed methods study of benefits and challenges amongst home-front parents in military families.

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Nicholson, Fatima Mufti & Martha C. Tompson

Military Psychology

Published online: 04 Jun 2020

<https://doi.org/10.1080/08995605.2020.1754122>

Family stress theory explains how demands placed on the family system interact with capabilities to influence family adaptation. One capability that some military families may use naturalistically is that of benefit-finding, the recognition of value and benefit after a stressful or traumatic experience. In this mixed methods study, authors explore the perception of benefits associated with military service amongst 26 home-front mothers. Methods incorporate a self-report questionnaire adapted for this population and a qualitative interview aimed at understanding challenges and benefits associated with these women's experiences as members of a military family. Results revealed that more women than not endorsed meaningful changes that they have experienced as a result of their family's military service, despite a wide range of challenges and negative experiences. Four themes of benefits emerged from analyses: (a) financial, educational and career benefits; (b) cultivating strength; (c) friendships and community; and (d) pride. These findings illuminate the diverse ways in which women find meaning in their family's military service and upon replication and elaboration of these results, have clinical implications for the development of future prevention and intervention work with military families.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1754123>

PTSD relapse in Veterans of Iraq and Afghanistan: A systematic review.

Erik Eng Berge, Roger Hagen & Joar Øveraas Halvorsen

Military Psychology

Published online: 04 Jun 2020

<https://doi.org/10.1080/08995605.2020.1754123>

This systematic review examines studies published between 2003, the initial invasion of Iraq, and 2018 related to the long-term treatment outcomes for Veterans of Iraq and Afghanistan suffering from combat-related posttraumatic stress disorder (PTSD). More specifically this review attempts to estimate the rate at which Veterans experience the return of symptoms after completing treatment. The review was conducted by the authors in accordance with the Cochrane Handbook for Systematic Reviews of Interventions. The literature search identified eight eligible studies, which met the predefined inclusion criteria. Of the included studies a majority were deemed to be at a high risk of attrition bias. In addition, few studies comprehensively reported relevant relapse or recurrence related outcome statistics. The implications of the available evidence base on long-term treatment outcomes are discussed. Recommendations for

future studies on relapse and recurrence of PTSD symptoms among Veterans of Iraq and Afghanistan are also presented.

<https://www.tandfonline.com/doi/abs/10.1080/21635781.2020.1768972>

Integrating Mobile Technology and Social Support with Cognitive Behavioral Therapy for Anger in Veterans with PTSD: A Pilot Study.

Eric B. Elbogen, Hilary Aralis, Clair F. Cassiello-Robbins, Patricia Lester, William Saltzman & Greg Barish

Military Behavioral Health

Published online: 01 Jun 2020

<https://doi.org/10.1080/21635781.2020.1768972>

We conducted a pilot study incorporating mobile technology and social support into cognitive behavioral therapy (CBT) for anger in veterans with posttraumatic stress disorder (PTSD). N = 26 veterans with PTSD were administered standard 12-weekly session CBT for anger. Veterans randomized to an experimental group additionally received an app ("Connectd") enabling CBT skills use and anger self-assessment while their family/friends received a supporter's version of the same app providing PTSD resources/psychoeducation. Experimental participants readily used Connectd, found it valuable, and were more likely to practice CBT skills compared to control participants. Findings show feasibility and potential of a novel approach to treating anger in veterans with PTSD.

<https://www.tandfonline.com/doi/abs/10.1080/13811118.2020.1765927>

Antecedents of Suicide Among Active Military, Veteran, and Nonmilitary Residents of the Commonwealth of Virginia: The Role of Intimate Partner Problems.

Robert Lane, Patrick Robles, Elizabeth Brondolo, Alexandra Jansson & Ryan Marie Diduk-Smith

Archives of Suicide Research
Published online: 01 Jun 2020
<https://doi.org/10.1080/13811118.2020.1765927>

Objective:

Intimate partner problems increase suicide risk, particularly among active service members and veterans. Age, marital status and military service status may modify the role of intimate partner problems in suicide.

Methods:

Participants included 6255 men who died by suicide at 18 years of age and older and who actively, previously, or never served in the military. Reports of intimate partner problems prior to suicide were documented by the Virginia Department of Health.

Results:

Unmarried active service members, above middle age, were more likely than veterans and individuals without prior military service to have associated reports of intimate partner problems.

Conclusion:

Life stages and relationship context may influence the role of intimate partner problems as a risk factor for suicide.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22519>

The Sequential Relation Between Changes in Catastrophizing and Changes in Posttraumatic Stress Disorder Symptom Severity.

Pimentel, S.D., Adams, H., Ellis, T., Clark, R., Sully, C., Paré, C. and Sullivan, M.J.

Journal of Traumatic Stress
First published: 01 June 2020
<https://doi.org/10.1002/jts.22519>

Catastrophizing has been discussed as a cognitive precursor to the emergence of posttraumatic stress disorder (PTSD) symptoms following the experience of stressful events. Implicit in cognitive models of PTSD is that treatment-related reductions in catastrophizing should yield reductions in PTSD symptoms. The tenability of this

prediction has yet to be tested. The present study investigated the sequential relation between changes in a specific form of catastrophizing—symptom catastrophizing—and changes in PTSD symptom severity in a sample of 73 work-disabled individuals enrolled in a 10-week behavioral activation intervention. Measures of symptom catastrophizing and PTSD symptom severity were completed at pre-, mid-, and posttreatment assessment points. Cross-sectional analyses of pretreatment data revealed that symptom catastrophizing accounted for significant variance in PTSD symptom severity, $\beta = .40$, $p < .001$, $sr = .28$ (medium effect size), even when controlling for known correlates of symptom catastrophizing, such as pain and depression. Significant reductions in symptom catastrophizing and PTSD symptoms were observed during treatment, with large effect sizes, $ds = 1.42$ and 0.94 , respectively, p s $< .001$. Cross-lagged analyses revealed that early change in symptom catastrophizing predicted later change in PTSD symptoms; early changes in PTSD symptom severity did not predict later change in symptom catastrophizing. These findings are consistent with the conceptual models that posit a causal relation between catastrophizing and PTSD symptom severity. The clinical implications of the findings are discussed.

<https://www.liebertpub.com/doi/abs/10.1089/tmj.2019.0083>

A Review of Telemental Health as a Modality to Deliver Suicide-Specific Interventions for Rural Populations.

Sasha M. Rojas, Sarah P. Carter, Meghan M. McGinn, and Mark A. Reger

Telemedicine and e-Health

June 2020; 700-709

<http://doi.org/10.1089/tmj.2019.0083>

Introduction:

Despite recent advancements in the development of new suicide prevention interventions, suicide rates continue to rise in the United States. As such, suicide prevention efforts must continue to focus on expanding dissemination of suicide-specific interventions.

Methods:

This review explores telemental health through two-way synchronous clinical video telehealth (CVT) technologies as one approach to improving access to suicide-specific interventions.

Results:

Studies were reviewed if (1) the modality of interest was telemental health by CVT and (2) management, assessment, or intervention of suicidal thoughts or behaviors was discussed. A total of 22 studies were included.

Conclusions:

Findings from the limited existing studies are synthesized, and recommendations are provided for future research, clinical, and educational advancements.

<https://www.liebertpub.com/doi/abs/10.1089/tmj.2019.0124>

User Experience Affects Dropout from Internet-Delivered Dialectical Behavior Therapy.

Chelsey R. Wilks, Qingqing Yin, and Kelly L. Zuromski

Telemedicine and e-Health

June 2020; 794-797

<http://doi.org/10.1089/tmj.2019.0124>

Background:

The emergence of computerized treatment may help reduce the gap between mental health treatment needs and accessibility, but unfortunately, dropout from these interventions is often high.

Introduction:

To increase the effectiveness of computerized interventions and reduce dropout, particularly among high-risk and clinically complex populations, better understanding of how usable and acceptable (i.e., user experience) these interventions are, informed by human computer interaction research, is needed. This study examines user experience of internet-delivered dialectical behavior therapy (iDBT). The major aim is to explore whether treatment dropout was affected by the complexity of population and/or user experience.

Methods:

Secondary analyses were conducted using data from a randomized controlled trial that evaluated iDBT in a sample of 59 suicidal and heavy episodic drinkers. Multivariate

logistic regression and chi-square tests were performed to examine the roles of clinical characteristics and user experience in differentiating dropouts and nondropouts.

Results:

The only significant pretreatment predictor of dropout was the presence of a barrier, with technological and unknown barriers being most strongly associated with dropping. No clinical characteristics emerged as significant predictors of dropout.

Discussion:

The current results highlight technological problems as a possible barrier to adherence to computerized interventions. Future research would profit from increased integration of human–computer interaction to identify and solve user experience problems.

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0233560>

Mental health, physical health, and health-related behaviors of U.S. Army Special Forces.

Adam D. Cooper, Steven G. Warner, Anna C. Rivera, Rudolph P. Rull, Amy B. Adler, Dennis J. Faix, Rob Neff, Edwin A. Deagle, Ryan J. Caserta, Cynthia A. LeardMann, for the Millennium Cohort Study Team

PLoS ONE

15(6): e0233560

<https://doi.org/10.1371/journal.pone.0233560>

Objectives

To prospectively examine the health and health-related behaviors of Army Special Forces personnel in comparison with two distinct, but functionally similar Army groups.

Methods

Special Forces, Ranger Qualified, and General Purposes Forces enrolled in the Millennium Cohort Study were identified using data from the Defense Manpower Data Center. Using prospective survey data (2001–2014), we estimated the association of Army specialization with mental health, social support, physical health, and health-related behaviors with multivariable regression models.

Results

Among the 5,392 eligible participants (84.4% General Purposes Forces, 10.0% Special Forces, 5.6% Ranger Qualified), Special Forces personnel reported the lowest prevalence of mental disorders, physical health problems, and unhealthy behaviors. In the multivariable models, Special Forces personnel were less likely to report mental health problems, multiple somatic symptoms, and unhealthy behaviors compared with General Purpose Forces infantrymen (odds ratios [OR]: 0.20–0.54, p-values < .01). Overall, Special Forces personnel were similar in terms of mental and physical health compared with Ranger Qualified infantrymen, but were less likely to sleep < 5 hours/night (OR: 0.60, 95% confidence intervals: 0.40, 0.92) and have 5 or more multiple somatic symptoms (OR: 0.69, 95% CI: 0.49, 0.98). Both Special Forces personnel and Ranger Qualified infantrymen engaged in more healthy behaviors compared with General Purpose Forces infantrymen (OR: 2.57–6.22, p-values<0.05). Engagement in more healthy behaviors reduced the odds of subsequent adverse health outcomes, regardless of specialization.

Conclusions

Army Special Forces personnel were found to be mentally and physically healthier than General Purpose Forces infantrymen, which may in part be due to their tendency to engage in healthy behaviors. Findings indicate that engagement in a greater number of healthy behaviors may reduce odds for subsequent adverse outcomes.

<https://link.springer.com/article/10.1007/s12529-020-09889-2>

Nightmares and Insomnia in the US National Guard: Mental and Physical Health Correlates.

Kristi E. Pruiksma, Danica C. Slavish, Daniel J. Taylor, Jessica R. Dietch, Hannah Tyler, Megan Dolan, AnnaBelle O. Bryan & Craig J. Bryan

International Journal of Behavioral Medicine

Published: 03 June 2020

<https://doi.org/10.1007/s12529-020-09889-2>

Background

Nightmares and insomnia are significant concerns that commonly co-occur with each other and with other health disorders. Limited research has examined the unique and shared aspects of insomnia and nightmares, and little is known about sleep in US

National Guard personnel. This study sought to determine the prevalence and psychosocial correlates of nightmares with and without insomnia in US National Guard personnel.

Method

National Guard personnel (N = 841) completed an online survey and were classified as having nightmares only, insomnia only, both, or neither, using a minimum nightmare frequency of “less than once a week” and an Insomnia Severity Index cutoff of ≥ 15 . Analyses examined differences in demographics, physical health, and psychosocial variables and in the prevalence of nightmares and insomnia in personnel with physical and mental health problems.

Results

In this sample, 32% reported nightmares only, 4% reported insomnia only, and 12% reported both. Those in the youngest age group (18–21) were more likely to have no nightmares or insomnia. Those with both nightmares and insomnia had more deployments. Nightmares and insomnia were associated with poorer physical and mental health and greater prevalence of comorbid physical and mental health conditions. Personnel with both insomnia and nightmares reported the greatest severity of comorbid conditions.

Conclusion

US National Guard personnel with nightmares and/or insomnia reported worse mental and physical health impairment than those without these conditions. Personnel may benefit from screening for nightmares and insomnia and referrals for evidence-based treatment.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/fare.12447>

Communication Mediators of the Link Between Depressive Symptoms and Relationship Satisfaction Among Army Soldiers.

Leanne K. Knobloch, Erin D. Basinger

Family Relations

First published: 02 June 2020

<https://doi.org/10.1111/fare.12447>

Objective

We evaluated two fundamental communication processes, self-disclosure and destructive conflict management strategies, as mediators of the link between depressive symptoms and relationship satisfaction among married U.S. soldiers.

Background

Identifying the communication behaviors underlying why people with depressive symptoms are less satisfied with their romantic relationship is a high priority for research, and pinpointing relevant mediators is especially important among military personnel who face particular job stressors and relationship challenges.

Methods

We analyzed cross-sectional self-report data from a representative sample of 4,196 married U.S. soldiers who participated in the all-Army component of the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS).

Results

Mediation was apparent such that people's depressive symptoms had indirect associations with their relationship satisfaction through both their self-disclosure and their reports of their partner's destructive conflict management strategies. In contrast, mediation was not evident for their reports of their own destructive conflict management strategies.

Conclusion

Less self-disclosure and more destructive conflict management strategies by a partner may be reasons why soldiers experiencing depressive symptoms are less satisfied with their romantic relationship.

Implications

Communication skills training for self-disclosure and conflict management may help break the link between depressive symptoms and relationship dissatisfaction.

<https://journals.sagepub.com/doi/abs/10.1177/1542305020922825>

Male Chaplains and Female Soldiers: Are There Gender and Denominational Differences in Military Pastoral Care?

Roberts, D. L., & Kovacich, J.

Journal of Pastoral Care & Counseling
2020; 74(2), 133–140
<https://doi.org/10.1177/1542305020922825>

In this study, 15 United States Army chaplain men described the practices they engaged in when providing pastoral support to women soldiers. Many engaged in creating safe spaces for women and themselves, particularly in regard to avoiding perceptions of impropriety. Other clergy did not consider gender a factor in counseling. Some chaplains placed limitations on the amount of support they would give. This study did not determine the degree to which chaplain men were effective.

<https://link.springer.com/article/10.1007%2Fs11136-020-02529-y>

Resilience is associated with health-related quality of life in caregivers of service members and veterans following traumatic brain injury.

Tracey A. Brickell, Megan M. Wright, Sara. M. Lippa, Jamie K. Sullivan, Jason M. Bailie, Louis M. French & Rael T. Lange

Quality of Life Research
Published 04 June 2020
<https://doi.org/10.1007/s11136-020-02529-y>

Purpose

To examine factors related to resilience in military caregivers across caregiver health-related quality of life (HRQOL), caregiver sociodemographic variables, and service member/veteran (SMV) injury and health status.

Methods

Caregivers (N = 346, Female = 96.2%; Spouse = 91.0%; Age: M = 40.6 years, SD = 9.3) of SMVs following a mild, moderate, severe, or penetrating TBI were recruited from U.S. military treatment facilities and via community outreach. Caregivers completed select TBI-CareQOL and NIH Toolbox scales, the Caregiver Appraisal Scale, Caregiver Questionnaire, and Mayo-Portland Adaptability Inventory-4. Caregivers were divided into three groups using the TBI-QOL Resilience scale: (1) Low-Moderate Resilience (n = 125), (2) Moderate Resilience (n = 122), and (3) Moderate-High Resilience (n = 99).

Results

Factors related to low caregiver resilience were strain on employment, financial burden from out-of-pocket expenses, caring for children, less personal time, caring for both verbal and physical irritability, anger, and aggression, and lower SMV functional ability (all p 's < .05). The Low-Moderate Resilience group had consistently worse HRQOL scores compared to the Moderate and Moderate-High Resilience groups (ps < .001; $d = .50$ – 1.60), with the exception of Caregiving Ideology.

Conclusion

Lower resilience among caregivers of SMVs following TBI is associated with poorer caregiver HRQOL. Programs aimed at promoting and maintaining resilience in military caregivers long-term is important for their own health, the health of the SMV, and the health of their children.

<https://www.tandfonline.com/doi/abs/10.1080/02699052.2020.1771770>

Qualitative assessment of the use of a smart phone application to manage post-concussion symptoms in Veterans with traumatic brain injury.

Sarah E. Bradley, Jolie Haun, Gail Powell-Cope, Sharon Haire & Heather G. Belanger

Brain Injury

Published online: 04 Jun 2020

<https://doi.org/10.1080/02699052.2020.1771770>

Purpose

As part of a larger study to test the efficacy of the Concussion Coach cell phone application for patients with post-concussion symptoms, qualitative data were gathered to assess barriers and facilitators for app use and differences in use of the app among those who declined or improved in symptom severity, or were low-use users.

Materials and Methods

Using a prospective descriptive study design, 35 semi-structured qualitative interviews were conducted between 2016–2018. Participants had a history of mild traumatic brain injury and were symptomatic. Interview data were analyzed using qualitative content analysis.

Results

Primary facilitators were the app's ease of use, privacy, availability/portability, and increased self-efficacy of the user. Primary barriers were a lack of sufficient app training, stigma, overly "basic" content, and symptom severity. While there were not prominent differences among user groups, users whose symptom severity improved described using more modules of the app than users who declined. Low-users attributed not using the app to content that was too basic or to their forgetting.

Conclusion

Interview data suggest that Concussion Coach can benefit Veterans with post-concussive symptoms through increased agency, perceived benefits to emotional well-being, and the availability of non-stigmatized strategies for symptom management.

<https://journals.sagepub.com/doi/abs/10.1177/1078390320929410>

Cannabidiol or CBD Oil: Help, Hope, and Hype for Psychiatric and Neurologic Conditions.

Marian Newton, David W. Newton

Journal of the American Psychiatric Nurses Association

First Published June 6, 2020

<https://doi.org/10.1177/1078390320929410>

OBJECTIVE:

This article presents proven, promising, and potential therapeutic uses for cannabidiol (CBD) in the treatment of psychiatric and neurologic conditions and diseases. It presents popular, but scientifically unproven health and therapeutic claims of CBD supporting the beneficial homeostatic effects of the intrinsic or endogenous cannabinoid system. It includes a review of cannabinoid pharmacology; it compares properties and the legal status of CBD and THC (delta 9-tetrahydrocannabinol) as well as the hemp and marijuana varieties of Cannabis, and it reviews the historic 2018 U.S. Food and Drug Administration approval of Epidiolex, an oral solution of cannabidiol for two rare treatment-resistant childhood epilepsies, as the first Cannabis-derived drug.

METHOD:

We reviewed literature on cannabidiol, CBD, the endocannabinoid neuropharmacology system, and hemp and marijuana varieties of Cannabis sativa.

RESULTS:

The proven and promising medical uses and deficiencies of unproven health claims for CBD, legal implications for Cannabis-derived drugs, and comparisons of CBD and THC and hemp and marijuana are summarized objectively with pertinent references.

CONCLUSION:

CBD and CBD and THC combinations have potential to provide safe, effective therapy for several psychiatric and neurologic conditions and diseases. However, such achievement will require a uniform standard of CBD purity and strength, and corroboration from adequately large and rigorously controlled clinical research studies.

<https://journals.sagepub.com/doi/abs/10.1177/1542305020912263>

Walking Together in Exile: Medical Moral Injury and the Clinical Chaplain.

David William Alexander

Journal of Pastoral Care & Counseling

2020; 74(2), 82–90.

<https://doi.org/10.1177/1542305020912263>

This article examines various sides of the recent discussion about establishing a medical category within the “moral injury” discourse. Essential differences between the nature and development of moral injury among physicians and combat veterans are acknowledged. Essential similarities are also explored. Case notes from a 3-year encounter between a clinical chaplain and a disoriented physician are offered as an illustration of how moral injury interventions with veteran populations can inform care for physicians experiencing burnout.

https://journals.lww.com/jonmd/Abstract/9000/Mental_Health_Care_Utilization_and_Psychiatric.99216.aspx

Mental Health Care Utilization and Psychiatric Diagnoses in a Sample of Military Suicide Decedents and Living Matched Controls.

Ryan, Arthur T.; Ghahramanlou-Holloway, Marjan; Wilcox, Holly C.; Umhau, John C.; Deuster, Patricia A.

The Journal of Nervous and Mental Disease

June 3, 2020

<https://doi.org/10.1097/NMD.0000000000001192>

This article examines mental health care utilization and psychiatric diagnoses among US military personnel who died by suicide. We employed an existing electronic health record dataset including 800 US military suicide decedents and 800 matched controls. Suicide decedents were more likely to have received outpatient and inpatient mental health care and to have been diagnosed with depression, bipolar, and nonaffective psychotic disorders. Younger decedents and those in the US Marine Corps were less likely to receive MH care before suicide. Given that approximately half of the suicide decedents in our sample had no mental health care visits before their death, our study suggests the need for programs to increase treatment engagement by at-risk individuals. Such programs could address barriers to care such as stigma regarding mental illness and concerns that seeking mental health care would damage a service member's career.

<https://journals.sagepub.com/doi/abs/10.1177/1073191120922619>

Factors Influencing Family Environment Reporting Concordance Among U.S. War Zone Veterans and Their Partners.

LaMotte, A. D., Pless Kaiser, A., Lee, L. O., Supelana, C., Taft, C. T., & Vasterling, J. J.

Assessment

First Published June 2, 2020

<https://doi.org/10.1177/1073191120922619>

A key challenge in the assessment of family variables is the discrepancies that arise between reports. Although prior research has observed levels of interpartner agreement on the family environment, no studies have investigated factors that may influence agreement. In this study, war zone veterans (WZVs) and their partners (N = 207 couples) completed assessments of the family environment. We examined interpartner agreement in relation to WZV and partner posttraumatic stress disorder (PTSD) symptoms, WZV time away from home, and family size. More severe WZV PTSD

symptoms were associated with greater interpartner agreement on family environment, whereas more severe partner PTSD symptoms were associated with reporting more negative perceptions of the family environment relative to WZV reports. Family size was associated with greater interpartner agreement. Factors associated with concordance in this study should be considered by clinicians and researchers seeking to understand and address reporting discrepancies on the family.

Links of Interest

Military exchange, MWR operations hit hard by effects of pandemic

<https://www.militarytimes.com/pay-benefits/2020/06/05/military-exchange-mwr-operations-hit-hard-by-effects-of-pandemic/>

Serving in the Army as a Queer Black Man Opened My Eyes to Racism in America

<https://www.nytimes.com/2020/06/04/magazine/army-veteran-racism-protest.html>

The Language of Anger and Depression Among Patients with Concussions

<https://health.mil/News/Articles/2020/06/04/Medical-Providers-Need-to-be-Aware-of-the-Language-of-Anger-and-Depression>

Using mobile mental health apps to cope during social isolation

<https://health.mil/News/Articles/2020/05/22/Using-mobile-mental-health-apps-to-cope-during-social-isolation>

Senators take on some core issues for military families

<https://www.militarytimes.com/pay-benefits/2020/06/03/senators-take-on-some-core-issues-for-military-families/>

The Army Will Soon Have Female Grunts, Tankers in All Brigade Combat Teams

<https://www.military.com/daily-news/2020/06/03/army-will-soon-have-female-grunts-tankers-all-brigade-combat-teams.html>

Using a Navy Program to Navigate the Continued Stress and Uncertainty of COVID-19

<https://www.pdhealth.mil/news/blog/using-navy-program-navigate-continued-stress-and-uncertainty-covid-19>

The New Theatrics of Remote Therapy

<https://www.newyorker.com/magazine/2020/06/01/the-new-theatrics-of-remote-therapy>

Veterans group urges White House task force to release plan for suicide prevention after delays

<https://www.stripes.com/news/us/veterans-group-urges-white-house-task-force-to-release-plan-for-suicide-prevention-after-delays-1.632944>

Hope that there is healing

<https://www.militarytimes.com/opinion/commentary/2020/06/09/hope-that-there-is-healing/>

Resource of the Week: [U.S. Periods of War and Dates of Recent Conflicts](#)

From the Congressional Research Service (Updated June 5, 2020):

Many wars or conflicts in U.S. history have federally designated “periods of war,” dates marking their beginning and ending. These dates are important for qualification for certain veterans’ pension or disability benefits. Confusion can occur because beginning and ending dates for “periods of war” in many nonofficial sources are often different from those given in treaties and other official sources of information, and armistice dates can be confused with termination dates. This report lists the beginning and ending dates for “periods of war” found in Title 38 of the Code of Federal Regulations, dealing with the Department of Veterans Affairs (VA). It also lists and differentiates other beginning dates given in declarations of war, as well as termination of hostilities dates and armistice and ending dates given in proclamations, laws, or treaties. The dates for the recent conflicts in Afghanistan and Iraq are included along with the official end date for Operation New Dawn in Iraq on December 15, 2011, and Operation Enduring Freedom in Afghanistan on December 28, 2014. Operation Inherent Resolve continues along the Syrian-Iraqi border effective October 15, 2014.



U.S. Periods of War and Dates of Recent Conflicts

Updated June 5, 2020

Congressional Research Service
<https://crsreports.congress.gov>
RS21405

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