

# CDP



## Research Update -- September 24, 2020

### What's Here:

- Couples in arms: Marital distress, psychopathology, and suicidal ideation in active-duty Army personnel.
- Military Combat, Posttraumatic Stress Disorder, and the Course of Alcohol Use Disorders in a Cohort of Australian Vietnam War Veterans.
- Understanding the impact of attachment insecurity on PTSD symptoms among male Veterans and military personnel.
- Coping with recruiter stress: Hardiness, performance and well-being in US Army recruiters.
- Beyond stigma: Understanding the “inclined abstainers” in military behavioral health-care utilization.
- Sleep and PTSD: delving deeper to understand a complicated relationship.
- A randomized controlled trial of CBT-I and PAP for obstructive sleep apnea and comorbid insomnia: main outcomes from the MATRICS study.
- The effects of digital cognitive behavioral therapy for insomnia on cognitive function: a randomized controlled trial.
- Mild TBI/Concussion Clinical Tools for Providers Used Within the Department of Defense and Defense Health Agency.
- Efficacy of Psychoactive Drugs for the Treatment of Posttraumatic Stress Disorder: A Systematic Review of MDMA, Ketamine, LSD and Psilocybin.

- Counseling Military Populations: A Content Analysis of Counseling Journals From 1998 to 2018.
- Economic analyses of mental health and substance use interventions in the workplace: a systematic literature review and narrative synthesis.
- An examination of emerging adult military men: Masculinity and U.S. military climate.
- “Even If the Policy Changes, the Culture Remains the Same”: A Mixed Methods Analysis of LGBT Service Members’ Outness Patterns.
- The Loss of a Parent to Suicide in Military Families.
- Clinical Effectiveness of an Intensive Outpatient Program for Integrated Treatment of Posttraumatic Stress Disorder and Mild Traumatic Brain Injury.
- Student Veterans’ Strengths: Exploring Student Veterans’ Perceptions of Their Strengths and How to Harness Them in Higher Education.
- Vagal Suppression Buffers Against the Negative Effects of Psychological Inflexibility on Parenting Behaviors in Combat Deployed Fathers.
- Combination outreach and wellness intervention for distressed rural veterans: results of a multimethod pilot study.
- Dreams and nightmares in healthy adults and in patients with sleep and neurological disorders.
- Firearm suicide mortality among emergency department patients with physical health problems.
- Evaluation of an Implementation Intervention to Increase Reach of Evidence-Based Psychotherapies for PTSD in US Veterans Health Administration PTSD Clinics.
- The intersection of individual differences, personality variation, & military service: A twin comparison design.
- Military occupation as a moderator between combat exposure and posttraumatic stress disorder symptoms in US Army personnel.
- Links of Interest
- Resource of the Week: Unhealthy Alcohol Use Report (Report to the Committee on Armed Services of the House of Representatives)

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<https://pubmed.ncbi.nlm.nih.gov/31750678/>

**Couples in arms: Marital distress, psychopathology, and suicidal ideation in active-duty Army personnel.**

Whisman, M. A., Salinger, J. M., Labrecque, L. T., Gilmour, A. L., & Snyder, D. K.

Journal of Abnormal Psychology

2020; 129(3), 248–255

<https://doi.org/10.1037/abn0000492>

Although distress in intimate relationships such as marriage is positively associated with psychiatric symptoms and disorders and suicidal ideation in probability samples of the civilian population in the United States, relatively little is known regarding these associations in probability samples of active-duty military personnel. The present study evaluated the association between marital distress and past-30-day prevalence of psychiatric disorders (i.e., mood, anxiety, and substance use disorders) and suicidal ideation in a sample of 8,669 married active-duty soldiers in the U.S. Army who participated in the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS). Results indicated that marital distress was significantly and positively associated with past-30-day prevalence of major depressive disorder, generalized anxiety disorder, panic disorder, posttraumatic stress disorder, and substance use disorder, as well as past-30-day prevalence of suicidal ideation. These associations were incremental to shared associations with demographics and co-occurring psychiatric disorders. The findings support continued research on the association between relationship distress and psychopathology in active-duty service personnel, and suggest the potential utility of adapting existing, evidence-based couple interventions for the prevention and treatment of psychopathology or relationship distress, currently in use in veteran and civilian settings, for use with active-duty military personnel and their partners. (PsycInfo Database Record (c) 2020 APA, all rights reserved).

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<https://pubmed.ncbi.nlm.nih.gov/32939901/>

## **Military Combat, Posttraumatic Stress Disorder, and the Course of Alcohol Use Disorders in a Cohort of Australian Vietnam War Veterans.**

Brian I O'Toole, Patrick Gorman, Stanley V Catts

Journal of Traumatic Stress

2020 Sep 16

<https://www.doi.org/10.1002/jts.22588>

The present study examined the course of diagnosed alcohol use disorders (AUDs) in a cohort of Australian veterans of the Vietnam War (N = 388) who were assessed 22 and 36 years after returning home. Standardized interviews provided data on AUDs, posttraumatic stress disorder (PTSD), other psychiatric diagnoses, and combat exposure. Overall, 148 veterans (38.1%) had no history of alcohol-related diagnoses, 151 veterans (38.9%) had a past AUD diagnosis that was not current at the second assessment point, and 89 veterans (22.9%) had a current AUD diagnosis at the second assessment. Less education, lower intelligence test scores, and misconduct were individual risk factors for AUDs, as were first-interview diagnoses of PTSD, antisocial personality disorder, generalized anxiety, and dysthymia, but not depression; these variables were all nonsignificant after controlling for combat exposure and PTSD. Multinomial regression was used to assess the relative contributions of combat exposure and PTSD to the course of AUDs. Combat exposure and PTSD had different patterns of association with AUDs whereby combat exposure, but not PTSD, was associated with a history of AUDs, odds ratio (OR) = 1.02, but not with current AUDs, whereas PTSD, but not combat exposure, was associated with current AUDs, OR = 3.37. Current numbing and avoidance symptoms were associated with current AUDs, OR = 4.48. The results do not support a mutual maintenance model of PTSD and AUDs but are consistent with a self-medication model, which suggests treatment for PTSD may have beneficial effects on AUDs.

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<https://www.tandfonline.com/doi/full/10.1080/08995605.2020.1774322>

**Understanding the impact of attachment insecurity on PTSD symptoms among male Veterans and military personnel.**

Nicole A. Sciarrino, Jenna M. Moschetto, Emily M. Choquette, Brittany C. Davis & Jenny A. Bannister

Military Psychology

Published online: 17 Sep 2020

<https://doi.org/10.1080/08995605.2020.1774322>

Attachment insecurity (i.e., attachment anxiety and attachment avoidance) has been found to contribute to PTSD symptom severity in Veterans. However, little is known of the unique contribution of attachment insecurity on individual PTSD symptom clusters. In a community sample of 106 combat-deployed Veterans, active duty service members, and reservists, this study examined: (1) the relationships between childhood family experience, combat experience, attachment insecurity, and PTSD symptom clusters, and (2) the influence of attachment insecurity on PTSD symptom clusters. Results revealed significant correlations between attachment anxiety and all PTSD symptom clusters ( $r_s = .22 - .43$ ) and attachment avoidance and PTSD symptom clusters, except the avoidance cluster ( $r_s = .21 - .36$ ). Four multiple regression analyses were employed to address the second study aim. Childhood family experiences predicted negative alterations in cognitions and mood ( $\beta = -.30$ ) and alterations in arousal and reactivity ( $\beta = -.20$ ). Further, combat experience significantly predicted each symptom cluster of PTSD ( $\beta_s = .03 - .44$ ). In the second step, attachment anxiety and attachment avoidance were added to each model. Attachment anxiety and attachment avoidance predicted negative alterations in cognitions and mood ( $\beta_s = .22$  and  $.35$ ) and alterations in arousal and reactivity ( $\beta_s = .27$  and  $.17$ ). Inconsistent with previous research, attachment insecurity did not predict symptoms of avoidance. These results highlight the impact of attachment among a diverse sample of trauma exposed individuals and may provide insights for clinical implications and therapeutic approaches when working with Veterans and military personnel high in attachment insecurity.

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<https://www.tandfonline.com/doi/full/10.1080/08995605.2020.1780061>

**Coping with recruiter stress: Hardiness, performance and well-being in US Army recruiters.**

Paul T. Bartone & Stephen V. Bowles

Military Psychology

Published online: 17 Sep 2020

<https://doi.org/10.1080/08995605.2020.1780061>

Recruiting for military service can be a highly stressful job, but it is one that is essential for success in the all-volunteer force. Military recruiters face a number of job stressors, including pressure to meet monthly production quotas, long work hours and time away from family. They also work in relative isolation, with limited work social support networks. These factors make recruiters vulnerable to burnout and early attrition. The present study examines psychological hardiness and active, problem focused coping as potential stress resilience resources in US Army recruiters. In a stratified random sample of N = 817 recruiters, hardiness was found to predict supervisor-rated performance and psychological well-being. Hardiness also interacted with problem focused coping to predict psychological well-being, suggesting a mediating role for coping. These results can be applied to help improve policy for selecting and training military recruiters.

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<https://www.tandfonline.com/doi/full/10.1080/08995605.2020.1784822>

### **Beyond stigma: Understanding the “inclined abstainers” in military behavioral health-care utilization.**

Deane E. Aikins, Robert H. Pietrzak, Joseph C. Geraci, Todd Benham, Paul Morrissey & Steven M. Southwick

Military Psychology

Published online: 17 Sep 2020

<https://doi.org/10.1080/08995605.2020.1784822>

Low treatment utilization in Soldiers with combat-related Posttraumatic Stress Disorder (PTSD) is an ongoing issue. The critical concern is to better understand factors which prohibit a Soldier with PTSD who wants help from seeking treatment (an “inclined abstainer”). A total of 537 Active Duty Soldiers on a US Army post completed a brief survey comprising psychometrically validated measures of stigma, behavioral health treatment beliefs, resilience, PTSD symptoms, and treatment intentions. Health-care records were prospectively tracked for 12 months to determine the relation between survey answers and treatment utilization. Sixty-three percent of those who acknowledged having a mental health-related problem did not seek help within a one-

year period. Greater severity of PTSD symptoms was associated with an increased likelihood of behavioral health engagement. Soldiers that were classified as “inclined abstainers” were also more likely to endorse negative beliefs about psychotherapy and report higher levels of resilience as compared to “inclined actors.” These results suggest that a treatment model of PTSD emphasizing self-efficacy and self-reliance, while addressing negative beliefs about psychotherapy, may help promote engagement of behavioral health services among Active Duty Soldiers.

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<https://academic.oup.com/sleep/article/43/9/zsaa074/5820118>

### **Sleep and PTSD: delving deeper to understand a complicated relationship.**

Kevin M Swift

Sleep

Volume 43, Issue 9, 1 September 2020

<https://doi.org/10.1093/sleep/zsaa074>

The DSM-5 designates sleep disturbances as diagnostic criteria of the hyperarousal symptom cluster manifested in posttraumatic stress disorder (PTSD) [1]. Early polysomnography studies identified marked sleep abnormalities in combat veterans and Holocaust survivors with PTSD. These individuals displayed decreased amounts of rapid eye movement (REM) sleep, poorer sleep efficiency, reduced total sleep time, alongside nightmares and disruptive motor activity [2–4]. As a result, this well-defined phenotype elevated sleep disturbances from merely a symptom to a hallmark of PTSD [5].

Numerous studies later, the impact of PTSD on sleep is less defined. Studies have found that the amount of REM sleep is decreased, increased, or unaffected by PTSD [2, 3, 6–8]. Similar contrasting results have been reported for the amount of stage N3 non-REM (NREM) sleep, stage N2 NREM sleep, and sleep latency [2, 8–12]. Still, several other studies have reported that PTSD has little to no effect on sleep [13, 14]. PTSD also has a high comorbidity with other psychiatric conditions (e.g. anxiety disorders and major depressive disorder) and parasomnias (e.g. obstructive sleep apnea and REM sleep behavior disorder), which present confounding deleterious effects on sleep [15, 16]. Furthermore, as temporal proximity to trauma influences the effect of PTSD on sleep, the amount of time following trauma likely contributes to varying results between studies [17]. Despite the wide array of results, some overarching themes remain: those

with PTSD experience poorer sleep efficiency, a dysregulation of REM sleep, increased number of arousals from sleep [18–22], and nightmares linked to the initial traumatic event [23].

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<https://academic.oup.com/sleep/article-abstract/43/9/zsaa041/5805197>

## **A randomized controlled trial of CBT-I and PAP for obstructive sleep apnea and comorbid insomnia: main outcomes from the MATRICS study.**

Jason C Ong, Megan R Crawford, Spencer C Dawson, Louis F Fogg, Arlener D Turner, James K Wyatt, Maria I Crisostomo, Bantu S Chhangani, Clete A Kushida, Jack D Edinger, Sabra M Abbott, Roneil G Malkani, Hrayr P Attarian, Phyllis C Zee

Sleep

Volume 43, Issue 9, 1 September 2020

<https://doi.org/10.1093/sleep/zsaa041>

### Study Objectives

To investigate treatment models using cognitive behavioral therapy for insomnia (CBT-I) and positive airway pressure (PAP) for people with obstructive sleep apnea (OSA) and comorbid insomnia.

### Methods

121 adults with OSA and comorbid insomnia were randomized to receive CBT-I followed by PAP, CBT-I concurrent with PAP, or PAP only. PAP was delivered following standard clinical procedures for in-lab titration and home setup and CBT-I was delivered in four individual sessions. The primary outcome measure was PAP adherence across the first 90 days, with regular PAP use ( $\geq 4$  h on  $\geq 70\%$  of nights during a 30-day period) serving as the clinical endpoint. The secondary outcome measures were the Pittsburgh Sleep Quality Index (PSQI) and Insomnia Severity Index (ISI) with good sleeper (PSQI  $< 5$ ), remission (ISI  $< 8$ ), and response (ISI reduction from baseline  $> 7$ ) serving as the clinical endpoints.

### Results

No significant differences were found between the concomitant treatment arms and PAP only on PAP adherence measures, including the percentage of participants who met the clinical endpoint. Compared to PAP alone, the concomitant treatment arms reported a significantly greater reduction from baseline on the ISI ( $p = .0009$ ) and had a



greater percentage of participants who were good sleepers ( $p = .044$ ) and remitters ( $p = .008$ ). No significant differences were found between the sequential and concurrent treatment models on any outcome measure.

#### Conclusions

The findings from this study indicate that combining CBT-I with PAP is superior to PAP alone on insomnia outcomes but does not significantly improve adherence to PAP.

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<https://academic.oup.com/sleep/article/43/9/zsaa034/5777024>

#### **The effects of digital cognitive behavioral therapy for insomnia on cognitive function: a randomized controlled trial.**

Simon D Kyle, Madeleine E D Hurry, Richard Emsley, Antonia Marsden, Ximena Omlin, Amender Juss, Kai Spiegelhalder, Lampros Bisdounis, Annemarie I Luik, Colin A Espie, Claire E Sexton

#### Sleep

Volume 43, Issue 9, 1 September 2020

<https://doi.org/10.1093/sleep/zsaa034>

#### Study Objectives

We sought to examine the impact of digital cognitive behavioral therapy (dCBT) for insomnia on both self-reported cognitive impairment and objective cognitive performance.

#### Methods

The Defining the Impact of Sleep improvement on Cognitive Outcomes (DISCO) trial was an online, two-arm, single-blind, randomized clinical trial of dCBT versus wait-list control. Participants were aged 25 years and older, met DSM-5 diagnostic criteria for insomnia disorder, and reported difficulties with concentration or memory. Assessments were carried out online at baseline, and 10 and 24 weeks post-randomization. The primary outcome measure was self-reported cognitive impairment, assessed with the British Columbia Cognitive Complaints Inventory (BC-CCI). Secondary outcomes included tests of cognitive performance, insomnia symptoms, cognitive failures, fatigue, sleepiness, depression, and anxiety.

## Results

Four hundred and ten participants with insomnia were recruited and assigned to dCBT (N = 205) or wait-list control (N = 205). At 10 weeks post-randomization the estimated adjusted mean difference for the BC-CCI was  $-3.03$  (95% CI:  $-3.60, -2.47$ ;  $p < 0.0001$ ,  $d = -0.86$ ), indicating that participants in the dCBT group reported less cognitive impairment than the control group. These effects were maintained at 24 weeks ( $d = -0.96$ ) and were mediated, in part, via reductions in insomnia severity and increased sleep efficiency. Treatment effects in favor of dCBT, at both 10 and 24 weeks, were found for insomnia severity, sleep efficiency, cognitive failures, fatigue, sleepiness, depression, and anxiety. We found no between-group differences in objective tests of cognitive performance. Conclusions

Our study shows that dCBT robustly decreases self-reported cognitive impairment at post-treatment and these effects are maintained at 6 months.

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[https://cdn.mdedge.com/files/s3fs-public/issues/articles/fdp03709410\\_0.pdf](https://cdn.mdedge.com/files/s3fs-public/issues/articles/fdp03709410_0.pdf)

## **Mild TBI/Concussion Clinical Tools for Providers Used Within the Department of Defense and Defense Health Agency.**

Megan A. Lindberg; Seth A. Kiser, PhD; and Elisabeth M. Moy Martin, RNC, MA

Federal Practitioner

2020; 37(9) :410-419

<https://www.doi.org/10.12788/fp.0044>

### Background:

Military personnel are at greater risk for sustaining mild traumatic brain injury (mTBI), or concussion, whether they are in a combat or garrison setting. Consequently, mTBI is a major health concern for health practitioners to understand, in order to provide timely assessment and treatment to service members (SM) who are suspected to have mTBI.

### Observations:

Providing early diagnosis and effective management of symptoms can optimize recovery and promote healthy outcomes. Understanding what resources and guidelines are available is important for those evaluating active duty SMs within the Military Health System.

Conclusions:

This article showcases clinical tools for screening, evaluating, and diagnosing concussion used within the US Department of Defense, and provides resources for practitioners to find these clinical tools online.

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<https://www.tandfonline.com/doi/abs/10.1080/02791072.2020.1817639>

### **Efficacy of Psychoactive Drugs for the Treatment of Posttraumatic Stress Disorder: A Systematic Review of MDMA, Ketamine, LSD and Psilocybin.**

Tracey Varker, Loretta Watson, Kari Gibson, David Forbes & Meaghan L. O'Donnell

Journal of Psychoactive Drugs

Published online: 15 Sep 2020

<https://doi.org/10.1080/02791072.2020.1817639>

The aim of this systematic review was to examine the efficacy of MDMA, ketamine, LSD, and psilocybin for the treatment of posttraumatic stress disorder (PTSD). A search of four databases for English language, peer-reviewed literature published from inception to 18th October 2019 yielded 2,959 records, 34 of which were screened on full-text. Observational studies and RCTs which tested the efficacy of MDMA, ketamine, LSD, or psilocybin for reducing PTSD symptoms in adults, and reported changes to PTSD diagnosis or symptomatology, were included. Nine trials (five ketamine and four MDMA) met inclusion criteria. Trials were rated on a quality and bias checklist and GRADE was used to rank the evidence. The evidence for ketamine as a stand-alone treatment for comorbid PTSD and depression was ranked “very low”, and the evidence for ketamine in combination with psychotherapy as a PTSD treatment was ranked “low”. The evidence for MDMA in combination with psychotherapy as a PTSD treatment was ranked “moderate”.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jcad.12344>

### **Counseling Military Populations: A Content Analysis of Counseling Journals From 1998 to 2018.**

Elizabeth A. Prosek, Elizabeth E. Burgin

Journal of Counseling & Development  
First published: 13 September 2020  
<https://doi.org/10.1002/jcad.12344>

Mental health scholarship of military populations is largely guided by researchers in psychiatry and psychology. Recent advocacy efforts have created increased opportunities for professional counselors to serve military clients, but the research within the profession has yet to be explored. A content analysis of 23 professional counseling journals from June 1998 to June 2018 was conducted to determine military population research trends. Findings indicated that counselors are researching topics similar to those of other mental health fields, such as posttraumatic stress, but are contributing to those topics conceptually rather than empirically. Topical areas in which counselors do produce more empirical studies include career counseling, and these studies relied on college student veteran populations. Suggestions for incorporating the philosophical principles of counseling into future research are provided to inform the trajectory of military scholarship in the profession.

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<https://www.sciencedirect.com/science/article/abs/pii/S2215036620301450>

**Economic analyses of mental health and substance use interventions in the workplace: a systematic literature review and narrative synthesis.**

Claire de Oliveira, Edward Cho, RuthAnne Kavelaars, Margaret Jamieson, ... Jürgen Rehm

The Lancet Psychiatry  
Volume 7, Issue 10, October 2020, Pages 893-910  
[https://doi.org/10.1016/S2215-0366\(20\)30145-0](https://doi.org/10.1016/S2215-0366(20)30145-0)

Mental illness and substance use disorders in the workplace have been increasingly recognised as a problem in most countries; however, evidence is scarce on which solutions provide the highest return on investment. We searched academic and grey literature databases and additional sources for studies that included a workplace intervention for mental health or substance abuse, or both, and that did an economic analysis. We analysed the papers we found to identify the highest yielding and most cost-effective interventions by disorder. On the basis of 56 studies, we found moderate strength of evidence that cognitive behavioural therapy is cost-saving (and in some

cases cost-effective) to address depression. We observed strong evidence that regular and active involvement of occupational health professionals is cost-saving and cost-effective in reducing sick leave related to mental health and in encouraging return to work. We identified moderate evidence that coverage for pharmacotherapy and brief counselling for smoking cessation are both cost-saving and cost-effective. Addressing mental health and substance misuse in the workplace improves workers' wellbeing and productivity, and benefits employers' bottom line (ie, profit). Future economic analyses would benefit from the consideration of subgroup analyses, examination of longer follow-ups, inclusion of statistical and sensitivity analyses and discussion around uncertainty, and consideration of potential for bias.

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<https://psycnet.apa.org/record/2020-53948-001>

### **An examination of emerging adult military men: Masculinity and U.S. military climate.**

Richard, K., & Molloy, S.

Psychology of Men & Masculinities  
Advance online publication  
<https://doi.org/10.1037/men0000303>

The U.S. military includes more minority military members than ever before. Despite this, several issues stand in the way of the safe inclusion of minority military members. Researchers have noted health concerns for men who adhere to traditionally masculine ideals. In this study, 9 emergent adult U.S. military men were interviewed about their perceptions of masculinity, femininity, military culture, and sexual scripts to gain a deeper understanding of the current U.S. military climate for emergent adult military men. Using grounded theory methods, analysis of the interviews revealed themes of the role of gender and military scripts and the perceptions of policy and culture that contribute to a tumultuous U.S. military climate. These findings contributed to an emergent grounded theory model that can be used to understand current issues in the U.S. military and promote policy and training. Implications for future research, policymakers, and military leadership are discussed to address the safe inclusion of minority members and the health and well-being of military members. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

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<https://journals.sagepub.com/doi/abs/10.1177/0095327X20952136>

**“Even If the Policy Changes, the Culture Remains the Same”: A Mixed Methods Analysis of LGBT Service Members’ Outness Patterns.**

McNamara KA, Lucas CL, Goldbach JT, Castro CA, Holloway IW

Armed Forces & Society

First Published September 17, 2020

<https://doi.org/10.1177/0095327X20952136>

Despite repeal of the Don’t Ask, Don’t Tell policy in 2011 and the ban on open transgender service from 2016 to 2019, lesbian, gay, bisexual, and transgender (LGBT) service members may be reluctant to disclose their identities to fellow military personnel. This study used data collected through the Department of Defense–funded mixed methods research study conducted from 2016 to 2018. A sample of 248 active duty LGBT service members completed a survey, while a sample of 42 LGBT active duty service members participated in an in-depth interview. Regression analyses tested for differences in outness by demographic and military traits; a thematic analysis of qualitative data contextualizes these findings. Outness to fellow service members varied greatly by rank, military branch, education level, sexual orientation, gender identity, and marital status. The lowest outness was to chaplains (38%), while the highest outness was to LGBT unit friends (93%). Implications for military leadership and service providers are discussed.

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<https://journals.sagepub.com/doi/abs/10.1177/0894318420943142>

**The Loss of a Parent to Suicide in Military Families.**

Thomas JS, Baumann SL

Nursing Science Quarterly

2020; 33(4): 339-345

<https://doi.org/10.1177/0894318420943142>

In this paper the authors explore the impact of loss of a parent to suicide on adolescents in military families using Marcia’s identity status theory and the Roy adaptation model

(RAM). After describing a brief case study of a 13-year-old boy in a military family who lost his father in this manner, these two theories are applied to better understand his struggle to develop and maintain a healthy identity and adapt to numerous relocations, deployments, and then loss. The military family stressors are seen as weakening the resilience of children in such families, making them more vulnerable to the impact of parent loss. Implications for nurses and other healthcare professionals are discussed.

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<https://www.sciencedirect.com/science/article/abs/pii/S1077722920300845>

### **Clinical Effectiveness of an Intensive Outpatient Program for Integrated Treatment of Posttraumatic Stress Disorder and Mild Traumatic Brain Injury.**

Katie A. Ragsdale, Kelsey R. Sprang Jones, Anastacia Nichols, Laura E. Watkins, ...  
Barbara O. Rothbaum

Cognitive and Behavioral Practice  
Available online 19 September 2020  
<https://doi.org/10.1016/j.cbpra.2020.07.002>

#### Highlights

- PTSD complicated by history of mTBI was effectively treated within a 2-week intensive program
- Results indicated significant reductions in self-reported PTSD, depression, and neurobehavioral symptoms
- Prolonged exposure plus cognitive symptom management and rehabilitation therapy within 2 weeks was an effective and feasible treatment program

#### Abstract

Mild traumatic brain injury (mTBI) and posttraumatic stress disorder (PTSD) are pervasive consequences of the post-9/11 conflicts. Treatment of PTSD and mTBI has historically occurred separately and sequentially, which does not reflect the overlapping etiology of symptoms and may attenuate or delay recovery. This paper describes an integrated 2-week treatment program using prolonged exposure and cognitive symptom management and rehabilitation therapy to comprehensively treat PTSD and cognitive complaints attributed to mTBI, regardless of etiology. To minimize potential iatrogenic effects of treating presumed mTBI-related symptoms, a central focus of the program was to instill expectations of full recovery. Thirty patients with full or subclinical PTSD and self-reported TBI history completed the PTSD + TBI treatment program. Results

indicated that self-reported PTSD, depression, and neurobehavioral symptoms significantly decreased following treatment, while satisfaction with participation in social roles increased. These preliminary effectiveness data indicate that PTSD complicated by mTBI history can be effectively treated within a 2-week intensive outpatient program.

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<https://www.tandfonline.com/doi/abs/10.1080/07377363.2020.1806013>

### **Student Veterans' Strengths: Exploring Student Veterans' Perceptions of Their Strengths and How to Harness Them in Higher Education.**

Katie Sullivan & Kay Yoon

The Journal of Continuing Higher Education

Published online: 17 Sep 2020

<https://doi.org/10.1080/07377363.2020.1806013>

This project explores student veterans' perceptions of the strengths they bring to a university and how those strengths affect their academic performances. We employed mixed methods by conducting an online survey and interviews with 115 student veterans in a large southwestern public university. Findings reveal that student veterans perceive that they have strengths in communication, diversity management, leadership, and drive and that these strengths positively affect self-efficacy and motivation in their academic performances. Further, a key finding and contribution to the literature on student veteran strengths is that student veterans contextualize communication in order to translate strengths gleaned from the military into an academic setting in service of self, peers, and faculty. Based on these findings, we advocate for ways higher education institutions and faculty can support student veterans' strengths.

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<https://www.tandfonline.com/doi/abs/10.1080/15295192.2020.1804250>

### **Vagal Suppression Buffers Against the Negative Effects of Psychological Inflexibility on Parenting Behaviors in Combat Deployed Fathers.**

Na Zhang, John Hoch, Abigail Gewirtz, Andrew Barnes & James Snyder



## Parenting

Published online: 16 Sep 2020

<https://doi.org/10.1080/15295192.2020.1804250>

### Objective

Vagal suppression is a parasympathetic physiological indicator of emotion regulation and social engagement behaviors, often measured via heart rate variability. Experiential avoidance reflects psychological inflexibility or poor emotion regulation. We tested the interaction effects of parental vagal suppression and experiential avoidance on observed parenting behaviors among combat deployed fathers.

### Design

We analyzed data from 92 male National Guard/Reserve members who had returned from a deployment to Iraq and/or Afghanistan since 2001. They were mostly European American, in their 30s, middle-class, and married. All fathers participated in home-based assessments with their spouses (if married) and a target child aged 4–13 years. Fathers' vagal suppression was measured as the decrease in cardiac vagal tone (i.e., high frequency heart rate variability) from a neutral reading task to a father-child conflict resolution task. Experiential avoidance was self-reported. Parenting behaviors were observed during family interaction tasks and coded into positive engagement and withdrawal avoidance using a macro-level coding system.

### Results

Multiple regression analysis showed no main effects of vagal suppression on observed parenting, but interaction effects of experiential avoidance by vagal suppression on observed parenting. Specifically, among fathers with higher vagal suppression, we found no relations between experiential avoidance and observed parenting; among fathers with lower vagal suppression, we found an inverse association between experiential avoidance and positive engagement as well as a positive association between experiential avoidance and withdrawal avoidance.

### Conclusions

The effect of psychological inflexibility on military fathers' parenting behaviors was moderated by vagal suppression. The findings have implications for the linkage between emotion regulation and parenting in military fathers.

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<https://link.springer.com/article/10.1007/s10865-020-00177-8>

**Combination outreach and wellness intervention for distressed rural veterans: results of a multimethod pilot study.**

Lilian Dindo, McKenzie K. Roddy, Derrecka Boykin, Ken Woods, Merlyn Rodrigues, Tracey L. Smith, Raquel D. Gonzalez & Gala True

Journal of Behavioral Medicine

Published 17 September 2020

<https://doi.org/10.1007/s10865-020-00177-8>

We partnered with veteran-serving nonprofits in order to identify distressed rural veterans and provide them with a mental health workshop in community-based settings. Community organizations helped recruit veterans and provided space for 1-day (5-h) Acceptance and Commitment Therapy (ACT) group workshops conducted in rural locations. Qualitative interviews were conducted at 1- and 3-months post-intervention to assess acceptability. Quantitative measures were conducted at baseline, 1- and 3-months post-intervention to measure effectiveness. We successfully engaged community partners throughout every stage of the research and delivered workshops to thirty-one veterans in rural community-based locations. Veterans appreciated the structure, content, and environment of the workshops; most implemented ACT skills into their daily lives and some initiated new treatment following workshop participation. Quantitative measures showed improvements in functioning (Cohen's  $d$  ranging from .27 to .40), reintegration (Cohen's  $d = .45$ ), meaning and purpose (Cohen's  $d = .40$ ), and reductions in distress (Cohen's  $d$  ranging from .28 to .40) 3-months following workshop participation. Collaborating with rural veteran-serving nonprofit organizations holds promise for engaging hard-to-reach distressed veterans in mental health care.

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<https://www.sciencedirect.com/science/article/abs/pii/S1474442220302751>

**Dreams and nightmares in healthy adults and in patients with sleep and neurological disorders.**

Francesca Siclari, Katja Valli, Isabelle Arnulf

The Lancet Neurology  
Volume 19, Issue 10, October 2020, Pages 849-859  
[https://doi.org/10.1016/S1474-4422\(20\)30275-1](https://doi.org/10.1016/S1474-4422(20)30275-1)

Dreams are experiences that occur during sleep, while we are disconnected from the environment. Thanks to recent progress in neuroimaging techniques, it is now becoming possible to relate dream features to specific patterns of brain activity. Some conditions occurring in patients with neurological disorders, such as lucid dreams and parasomnias, not only have diagnostic value, but also offer a window into the dream process. They show that dreaming is reflected in physiological signals, behaviours, and brain activity patterns, and that the body can enact dream content. Yet, the dream body can also be distinct from the real body; in their dreams, patients with congenital paraplegia can walk, those with sleep apnoea rarely suffocate, and phantom limb pain can disappear. These conditions provide valuable models for future studies investigating the mechanisms that underlie oneiric experiences.

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<https://www.sciencedirect.com/science/article/pii/S1047279720303689>

### **Firearm suicide mortality among emergency department patients with physical health problems.**

Sidra Goldman-Mellor, Carlisha Hall, Magdalena Cerdá, Harish Bhat

Annals of Epidemiology  
Available online 18 September 2020  
<https://doi.org/10.1016/j.annepidem.2020.09.007>

#### **Purpose**

Individuals with poor physical and mental health may face elevated risk for suicide, particularly suicide by firearm.

#### **Methods**

This retrospective cohort study used statewide, longitudinally-linked ED patient record and mortality data to examine 12-month incidence of firearm suicide among emergency department (ED) patients presenting with a range of physical health problems. Participants included all residents presenting to a California ED in 2009-2013 with nonfatal visits for somatic diagnoses hypothesized to increase suicide risk, including myocardial infarction, congestive heart failure, cerebrovascular disease, chronic

obstructive pulmonary disease, diabetes, cancer, back pain, headache, joint disorder, and injuries. For each patient diagnostic group, we calculated rates of firearm suicide per 100,000 person-years and standardized mortality ratios (SMRs) relative to the demographically matched California population.

## Results

Firearm suicide rates per 100,000 person-years ranged from 9.6 (among patients presenting with unintentional injury) to 55.1 (patients with cancer diagnoses), with SMRs from 1.48 to 7.45 (all  $p < 0.05$ ). SMRs for patients with cardiovascular conditions ranged from 2.45 to 5.10. Males and older individuals had higher firearm suicide rates, and there was substantial between-group variability in the proportion of suicide decedents who used a firearm.

## Conclusions

ED patients presenting with deliberate self-harm injuries, substance use, and cancer were especially at risk for firearm suicide. To avoid missed suicide-prevention opportunities, EDs should implement evidence-based suicide interventions as a best practice for their patients.

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<https://link.springer.com/article/10.1007/s10488-020-01086-3>

## **Evaluation of an Implementation Intervention to Increase Reach of Evidence-Based Psychotherapies for PTSD in US Veterans Health Administration PTSD Clinics.**

Nina A. Sayer, Nancy C. Bernardy, Matthew Yoder, Jessica L. Hamblen, Craig S. Rosen, Princess E. Ackland, Shannon M. Kehle-Forbes, Barbara A. Clothier, Paula P. Schnurr, Robert J. Orazem & Siamak Noorbaloochi

Administration and Policy in Mental Health and Mental Health Services Research

Published 17 September 2020

<https://doi.org/10.1007/s10488-020-01086-3>

To evaluate an implementation intervention to increase the uptake, referred to as reach, of two evidence-based psychotherapies (EBP) for posttraumatic stress disorder (PTSD) in Veterans Health Administration (VHA) PTSD specialty clinics. The implementation intervention was external facilitation guided by a toolkit that bundled strategies associated with high EBP reach in prior research. We used a prospective quasi-

experimental design. The facilitator worked with local champions at two low-reach PTSD clinics. Each intervention PTSD clinic was matched to three control clinics. We compared the change in EBP reach from 6-months pre- to post-intervention using Difference-in-Difference (DID) effect estimation. To incorporate possible clustering effects and adjust for imbalanced covariates, we used mixed effects logistic regression to model the probability of EBP receipt. Analyses were conducted separately for PTSD and other mental health clinics. 29,446 veterans diagnosed with PTSD received psychotherapy in the two intervention and six control sites in the two 6-month evaluation periods. The proportion of therapy patients with PTSD receiving an EBP increased by 16.98 percentage points in the intervention PTSD clinics compared with .45 percentage points in the control PTSD clinics (DID = 16.53%; SE = 2.26%). The adjusted odd ratio of a patient receiving an EBP from pre to post intervention was almost three times larger in the intervention than in the control PTSD clinics (RoR 2.90; 95% CI 2.22–3.80). EBP reach was largely unchanged in other (not PTSD specialty) mental health clinics within the same medical centers. Toolkit-guided external facilitation is a promising intervention to improve uptake of EBPs in VHA. Toolkits that pre-specify targets for clinic change based on prior research may enhance the efficiency and effectiveness of external facilitation. Trial registration ISRCTN registry identifier: ISRCTN65119065. Available at <https://www.isrctn.com/search?q=ISRCTN65119065>.

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<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1786323>

### **The intersection of individual differences, personality variation, & military service: A twin comparison design.**

Joseph L. Nedelec, Brian B. Boutwell & Kalliopi Theocharidou

Military Psychology

Published online: 22 Sep 2020

<https://doi.org/10.1080/08995605.2020.1786323>

In societies where military service is voluntary multiple factors are likely to affect the decision to enlist. Past research has produced evidence that a handful of personality and social factors seem to predict service in the military. However, recent quantitative genetic research has illustrated that enlistment in the military appears to be partially heritable and thus past research is potentially subject to genetic confounding. To assess the extent to which genetic confounding exists, the current study examined a wide range of individual-level factors using a subsample of twins (n = 1,232) from the

restricted-use version of the National Longitudinal Study of Adolescent to Adult Health. The results of a series of longitudinal twin comparison models, which control for the latent sources of influence that cluster within families (i.e., shared genetic and family factors), illustrated generally null findings. However, individuals with higher scores on measures of extraversion and the general factor of personality were more likely to enlist in the military, after correction for familial confounding. Nonetheless, the overall results suggest that familial confounding should be a methodological concern in this area of research, and future work is encouraged to employ genetically informed methodologies in assessments of predictors of military enlistment.

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<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1782625>

### **Military occupation as a moderator between combat exposure and posttraumatic stress disorder symptoms in US Army personnel.**

Brian C. Kok, Joshua E. Wilk, Robert E. Wickham, Bruce Bongar, Lyndon A. Riviere & Lisa M. Brown

Military Psychology

Published online: 22 Sep 2020

<https://doi.org/10.1080/08995605.2020.1782625>

Military occupational designations are standardized classifications that help define and convey a service member's expected duties and responsibilities. The present study examined how occupational designation was related to adverse combat-reactions, specifically posttraumatic stress disorder (PTSD). It was hypothesized that at comparable levels of combat, non-combat units would display greater symptomology than combat units. The study sample consisted of 785 combat-deployed, active-duty enlisted US Army personnel. Participants were administered self-report questionnaires, including the Combat Experiences Scale and PTSD Checklist for DSM-5. Occupation was coded using the three-branch system (i.e., Operations, Support, & Force Sustainment). Hierarchical multiple linear regression (MLR) was run to examine the effect of occupation, combat, and unit cohesion on PTSD symptoms. Operations units reported the highest frequency of combat exposure; however, Force Sustainment units displayed the highest PTSD symptoms. In MLR analysis, there was a significant interaction between Force Sustainment units and combat exposure ( $\beta = 0.10$ ,  $p = .019$ ), that was not observed in Operations or Support units. These findings demonstrate that

PTSD symptom intensity is not solely a function of combat exposure, and that non-combat units may react differently when exposed to elevated levels of combat.

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## Links of Interest

Integrated care: When physical and behavioral health professionals team up  
<https://journalistsresource.org/studies/government/health-care/integrated-care-collaborative-mental-health/>

Navy 'gray-zone behavior' study part of military sexual assault prevention and response effort

<https://www.militarytimes.com/news/your-military/2020/09/16/navy-gray-zone-behavior-study-part-of-military-sexual-assault-prevention-and-response-effort/>

98 airmen have died by suicide so far in 2020, Air Force chief says

<https://taskandpurpose.com/news/air-force-suicides-2020>

Lessons from Suicide Attempts among U.S. Army Soldiers During Deployment

<https://www.pdhealth.mil/news/blog/lessons-suicide-attempts-among-us-army-soldiers-during-deployment>

Clinicians and Leaders: Principal Partners for Suicide Prevention in the Marine Corps

<https://www.pdhealth.mil/news/blog/clinicians-and-leaders-principal-partners-suicide-prevention-marine-corps>

COVID-19 and suicide prevention: Parallel public health strategies for veterans and service members

<https://www.militarytimes.com/opinion/commentary/2020/09/20/covid-19-and-suicide-prevention-parallel-public-health-strategies-for-veterans-and-service-members/>

Fort Campbell soldiers shine light on suicide prevention

<https://health.mil/News/Articles/2020/09/22/Fort-Campbell-soldiers-shine-light-on-suicide-prevention>

DVBIC study focuses on concussion-related headaches

<https://health.mil/News/Articles/2020/09/17/DVBIC-study-focuses-on-concussion-related-headaches>

Improving military spouse economic opportunity with better navigation  
<https://www.militarytimes.com/education-transition/2020/09/22/improving-military-spouse-economic-opportunity-with-better-navigation/>

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**Resource of the Week: Unhealthy Alcohol Use Report** (Report to the Committee on Armed Services of the House of Representatives)

This report is in response to the request in House Report 116-120, pages 167-168, accompanying H.R. 2500, the National Defense Authorization Act for Fiscal Year (FY) 2020, on Unhealthy Alcohol Use. Based on the 2015 Department of Defense Health Related Behaviors Survey (HRBS) results published in 2018, the House Armed Services Committee is concerned that harmful alcohol use persists among active duty personnel, and that trends have remained unchanged for years. The committee also underscored the association between alcohol abuse, alcohol-related misconduct, and family problems. Reporting requests include the: 1) current Department-wide and Service efforts to decrease the deleterious effects of alcohol on active duty personnel; 2) implementation of current, effective, evidence- and population-based interventions to curb harmful alcohol use; 3) incidence rate of sexual assaults and domestic violence involving alcohol-related events; 4) feasibility of efforts taken to streamline the effective evidence-based alcohol abuse prevention programs employed by the Services so that common elements are more standardized and jointly managed; and 5) feasibility of adapting a National Institute of Alcohol and Alcohol Abuse (NIAAA)-endorsed, effective web-based intervention developed by academia for the collegiate population to prevent and reduce harmful alcohol consumption, for a similarly aged military cohort pilot study. The House Armed Service Committee requested that the Secretary of Defense submit the report by January 1, 2020; the Department of Defense (DoD) submitted an interim report on November 8, 2019 which extended this date to September 30, 2020.



**Report to Committee on Armed Services of the  
House of Representatives**



**Unhealthy Alcohol Use Report**

**September 2020**

**In Response To:** House Report 116–120, pages 167–168, accompanying H.R. 2500, the National Defense Authorization Act for Fiscal Year 2020

The estimated cost of this report for the Department of Defense (DoD) is approximately \$32,100.00 for Fiscal Year 2020. This includes \$100.00 in expenses and \$32,000.00 in DoD labor.

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