

CDP



Research Update -- October 8, 2020

What's Here:

- A Latent Class Analysis of Mental Health Beliefs Related to Military Sexual Trauma.
- Understanding the impact of attachment insecurity on PTSD symptoms among male Veterans and military personnel.
- Military occupation as a moderator between combat exposure and posttraumatic stress disorder symptoms in US Army personnel.
- Beyond stigma: Understanding the “inclined abstainers” in military behavioral health-care utilization.
- The intersection of individual differences, personality variation, & military service: A twin comparison design.
- Gender Differences in Mental Health Screening Outcomes Among U.S. Marines in Combat Support Occupations.
- Clinicians’ mental representations of psychopathology are more positive and complex than the lay public but also stigmatize suicide.
- Interpersonal Trauma and Sexual Function and Satisfaction: The Mediating Role of Negative Affect Among Survivors of Military Sexual Trauma.
- Burden of cannabis use and disorder in the U.S. veteran population: Psychiatric comorbidity, suicidality, and service utilization.

- Mental Health Outcomes Associated with Risk and Resilience among Military-Connected Youth.
- Peritraumatic reactions during the COVID-19 pandemic – The contribution of posttraumatic growth attributed to prior trauma.
- Imaginal exposure exacerbation revisited: Deconstructing patient characteristics associated with worse reactions to the initiation of imaginal exposure in PTSD.
- Changes in Adult Alcohol Use and Consequences During the COVID-19 Pandemic in the US.
- Transitioning from the Military to Higher Education: A Case Study of the Transition Assistance Program.
- Post-mTBI Pain Interference in a U.S. Military Population: A Chronic Effects of Neurotrauma Consortium Study.
- Health Behaviors Among Service Members Injured on Deployment: A Study From the Wounded Warrior Recovery Project.
- Mental and physical health factors related to dual use of veterans affairs and non-veterans affairs healthcare among U.S. reserve soldiers.
- Mindful Self-Compassion (MSC) with Veterans: a Program Evaluation.
- A Survey of Energy Drink Consumption and Associated Adverse Effects in Air Force Personnel.
- Leader provided purpose: Military leadership behavior and its association with suicidal ideation.
- Gender Difference in Substance Use and Psychiatric Outcomes Among Dually Diagnosed Veterans Treated in Specialized Intensive PTSD Programs.
- Psychological Adjustment of Aging Vietnam Veterans: The Role of Social Network Ties in Reengaging with Wartime Memories.
- Links of Interest
- Resource of the Week: Couples Coach Mobile App (National Center for PTSD)

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22585>

A Latent Class Analysis of Mental Health Beliefs Related to Military Sexual Trauma.

Christine K. Hahn Jessica Turchik Rachel Kimerling

Journal of Traumatic Stress

First published: 23 September 2020

<https://doi.org/10.1002/jts.22585>

Military veterans with histories of military sexual trauma (MST) are at risk for several negative mental health outcomes and report perceived barriers to treatment engagement. To inform interventions to promote gender-sensitive access to MST-related care, we conducted an exploratory, multiple-group latent class analysis of negative beliefs about MST-related care. Participants were U.S. veterans (N = 1,185) who screened positive for MST within the last 2 months and reported a perceived need for MST-related treatment. Associations between class membership, mental health screenings, logistical barriers, difficulty accessing care, and unmet need for MST-related care were also examined. Results indicated a four-class solution, with classes categorized as (a) low barrier, with few negative beliefs; (b) high barrier, with pervasive negative beliefs; (c) stigma-related beliefs; and (d) negative perceptions of care (NPC). Men were significantly less likely than women to fall into the low barrier class (27.9% vs. 34.5%). Relative to participants in the low barrier class, individuals in all other classes reported more scheduling, $p < .001$; transportation, $p < .001$ to $p = .014$; and work-related barriers, $p < .001$ to $p = .031$. Participants in the NPC class reported the most difficulty with access, $p < .001$, and those in the NPC and high barrier classes were more likely to report unmet needs compared to other classes, $p < .001$. Brief cognitive and behavioral interventions, delivered in primary care settings and via telehealth, tailored to address veterans' negative mental health beliefs may increase the utilization of mental health treatment related to MST.

<https://www.tandfonline.com/doi/abs/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. -----

<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.

<https://www.tandfonline.com/doi/abs/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.

<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.

[https://www.whijournal.com/article/S1049-3867\(20\)30076-1/abstract](https://www.whijournal.com/article/S1049-3867(20)30076-1/abstract)

Gender Differences in Mental Health Screening Outcomes Among U.S. Marines in Combat Support Occupations.

Andrew J. MacGregor, PhD, MPH; Judy L. Dye, PhD, APRN; Amber L. Dougherty, MPH

Women's Health Issues

Published: September 26, 2020

<https://doi.org/10.1016/j.whi.2020.08.004>

Background

The role of women in the U.S. Military has expanded over the years. Recent policy changes allow for women to serve in all military occupations, including direct combat. Multiple studies have identified a higher risk of mental health problems with increasing levels of combat, but little is known regarding gender differences among specific combat support occupations.

Methods

A total of 15,900 U.S. Marines (1,065 women and 14,835 men) with a deployment between 2007 and 2009 were identified from electronic military records. A standard health questionnaire was completed at the end of deployment, which queried the service member on combat exposure and mental health. Mental health problems were defined as screening positive for post-traumatic stress disorder or depression, or receiving a mental health referral. Military occupation was categorized as electrical/mechanical repair, communications/intelligence, functional support/administration, and service/supply.

Results

Overall, men reported more combat exposure than women. The communications/intelligence and service/supply occupations had the highest rates of combat exposure. After adjusting for combat exposure, previous diagnosis of anxiety or depression, deployment time, age, and military rank, women had higher odds than men for mental health problems in service/supply (odds ratio, 1.76; 95% confidence interval, 1.21–2.56) and communications/intelligence occupations (odds ratio, 1.60; 95% confidence interval, 1.01–2.52).

Conclusions

As women become fully integrated into the military, the study of health disparities becomes essential for medical planning purposes. Occupation-specific exposures should be considered, along with combat exposures, when determining a risk profile for adverse mental health outcomes among women and men after wartime deployment.

<https://psycnet.apa.org/doiLanding?doi=10.1037%2Fpro0000358>

Clinicians' mental representations of psychopathology are more positive and complex than the lay public but also stigmatize suicide.

Deska, J. C., Kunstman, J. W., Smith, A. R., Witte, T. K., & Rancourt, D.

Professional Psychology: Research and Practice

Advance online publication

<https://doi.org/10.1037/pro0000358>

Bias toward those with mental disorders is pervasive and consequential. We examined bias at the level of mental representation. Clinicians (comprised of graduate students in training and their supervisors; $N = 34$) and laypeople (comprised of undergraduate students; $N = 64$; $M_{age} = 18.58$; 75.0% female-identified) completed a reverse correlation procedure to generate images of their mental representations of people with stigmatized mental health conditions (i.e., schizophrenia, suicide, attention-deficit/hyperactivity disorder [ADHD]). Compared to laypeople, graduate student clinicians and supervisors generated more positive representations of all mental health conditions. However, relative to their representation of ADHD, graduate student clinicians' and supervisors' representations of suicide and schizophrenia were dehumanizing, cold, and threatening. These representations were as negative as those of laypeople, which were undifferentiated and uniformly negative. Graduate student clinicians' and supervisors' representations of suicide were especially negative and occasionally more negative than representations of schizophrenia. Although graduate student clinicians' and supervisors' mental representations of psychopathology were both more positive and complex than those of laypeople, their relatively negative mental representations of severe psychopathology suggest they may harbor subtle biases against some stigmatized mental health conditions. The negative evaluations of graduate student clinicians' and supervisors' mental representations of suicide attempters suggest that suicide is still stigmatized among potential care providers. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

<https://journals.sagepub.com/doi/abs/10.1177/0886260520957693>

Interpersonal Trauma and Sexual Function and Satisfaction: The Mediating Role of Negative Affect Among Survivors of Military Sexual Trauma.

Rebecca K. Blais, Alyson K. Zalta, Whitney S. Livingston

Journal of Interpersonal Violence

First Published September 29, 2020

<https://doi.org/10.1177/0886260520957693>

Healthy sexual function among women service members/veterans (SM/Vs) is associated with higher quality of life, lower incidence and severity of mental health diagnoses, higher relationship satisfaction, and less frequent suicidal ideation. Although trauma exposure has been established as a predictor of poor sexual function and satisfaction in women SM/Vs, no study to date has examined whether specific trauma types, such as military sexual trauma (MST), increase risk for sexual issues. Moreover, the possible mechanisms of this association have not been explored. The current study examined whether posttraumatic stress disorder (PTSD) and depression symptom clusters mediated the association of trauma type and sexual function and satisfaction in 426 trauma-exposed women SM/Vs. Two hundred seventy participants (63.4%) identified MST as their index trauma. Path analyses demonstrated that MST was related to poorer sexual function and lower satisfaction relative to the other traumas ($\chi^2[28, N = 426] = 43.3, p = 0.03, CFI = 1.00, TLI = 0.99, \text{ and } RMSEA = 0.04$), and this association was mediated by higher non-somatic depressive symptoms and PTSD symptom clusters of anhedonia and negative alterations in cognition and mood (NACM). Causality cannot be inferred due to the cross-sectional nature of the data. However, our findings suggest that interventions aimed at decreasing sexual issues among female SM/Vs with MST should target depressogenic symptoms, whether the origin is depression or PTSD. Longitudinal research exploring the etiological processes that contribute to sexual dysfunction among those with MST is needed.

<https://www.sciencedirect.com/science/article/abs/pii/S0165032720327956>

Burden of cannabis use and disorder in the U.S. veteran population: Psychiatric comorbidity, suicidality, and service utilization.

ML Hill, BM Nichter, SB Norman, M Loflin, RH Pietrzak

Journal of Affective Disorders

Available online 29 September 2020

<https://doi.org/10.1016/j.jad.2020.09.099>

Highlights

- Veterans with cannabis use and disorder had higher odds of psychiatric morbidities
- These veterans were also more likely to report suicidal ideation and attempt
- In line with these findings, they endorsed greater mental health service utilization
- Even so, <40% of veterans with cannabis use disorder reported mental health care
- Outreach and education about treatment are needed to mitigate cannabis-related harm

Abstract

Background:

Cannabis use is associated with psychiatric illness and suicidality, which are prevalent among U.S. military veterans. However, the psychiatric burden of cannabis use and cannabis use disorder (CUD) among veterans is unclear. Using data from a nationally representative sample of veterans, we evaluated associations of lifetime cannabis use and CUD with psychiatric problems, suicidality, and treatment utilization.

Methods:

Participants were 3,157 veterans aged 21 to 96 years from the National Health and Resilience in Veterans Study (NHRVS). Cannabis use and CUD were assessed using the Mini International Neuropsychiatric Interview. Psychiatric morbidities, suicidal ideation and attempts, and treatment utilization were assessed and compared between three cannabis groups: [1] no lifetime cannabis use (never-use); [2] lifetime cannabis use but never met criteria for CUD (non-CUD cannabis use); [3] lifetime CUD (CUD).

Results:

Relative to the never-use group, veterans who used cannabis had elevated odds of current and lifetime posttraumatic stress disorder (PTSD), mood, anxiety, and

substance use disorders, current suicidal ideation, lifetime suicide attempts, and current and lifetime mental health treatment utilization [odds ratios (ORs)=1.5-8.3]. Veterans with CUD had higher odds of current and lifetime PTSD, mood, and anxiety disorders, lifetime nicotine and alcohol dependence, and current suicidal ideation, relative to veterans who used cannabis but never met criteria for CUD (ORs=1.6-2.7).

Limitations:

The cross-sectional design of this study precludes causal inference.

Conclusions:

Cannabis use and CUD are associated with substantial psychiatric and suicide-related burden among veterans, highlighting the need for screening, education, and treatment to mitigate potential cannabis-related harm.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/famp.12596>

Mental Health Outcomes Associated with Risk and Resilience among Military-Connected Youth.

Kathrine S. Sullivan Stacy Ann Hawkins Tamika D. Gilreath Carl A. Castro

Family Process

First published: 27 September 2020

<https://doi.org/10.1111/famp.12596>

The present study aimed to describe patterns of risk and protective factors affecting U.S. Army families and their association with mental health diagnoses among military-connected children. Wartime military service is associated with increased adverse outcomes for military-connected youth, but few studies have explored the impact of concurrent risk and access to protective factors. Using big data methods to link existing datasets, protective factors (e.g., marital and family functioning) were drawn from a voluntary survey completed by 1,630 US Army spouses. Risk factors (e.g., parent mental health, family moves, deployment) were drawn from Department of Defense (DoD) archival data. Rates of mental health diagnoses among youth were derived from DoD healthcare records. Using the three-step method of latent profile analysis, five profiles emerged with variability across risk and protective factors. The largest group (40% of the sample) had considerable protective factors and limited risk exposure. Statistically significant differences in the prevalence of mental health diagnoses among

military-connected youth were observed across profiles ($\chi^2 = 30.067$, $df = 4$, $p < .001$), with the highest rates (31.1% and 30.5%) observed in the two profiles with the lowest protective factors. Findings suggest most military families are faring well and highlight the importance of a thorough assessment that evaluates both the stressors military families face and the strengths they possess.

<https://www.sciencedirect.com/science/article/pii/S002239562030995X>

Peritraumatic reactions during the COVID-19 pandemic – The contribution of posttraumatic growth attributed to prior trauma.

AA Hamam, S Milo, I Mor, E Shaked, AS Eliav, Y Lahav

Journal of Psychiatric Research

Available online 30 September 2020

<https://doi.org/10.1016/j.jpsychires.2020.09.029>

Trauma survivors who suffer from posttraumatic stress disorder (PTSD) symptoms may be particularly vulnerable when facing the COVID-19 pandemic. Yet trauma exposure may also lead to salutogenic outcomes, known as posttraumatic growth (PTG). Nevertheless, the implications of PTG attributed to prior trauma, for trauma survivors' adjustment when facing additional stressors, are unclear. Addressing this gap, 528 Israeli trauma survivors were assessed for PTG and PTSD symptoms attributed to prior trauma, as well as peritraumatic stress symptoms related to the pandemic, as part of an online survey. Analyses revealed that being younger, female, quarantined, negatively self-rating one's health status, and suffering from PTSD symptoms were associated with elevated peritraumatic stress symptoms. Furthermore, PTG attributed to prior trauma made a significant contribution in explaining elevated intrusion, avoidance, and hyperarousal symptoms. The present results point to the need for clinicians to take into account reports of PTG attributed to prior trauma when treating trauma survivors during the current pandemic.

<https://www.sciencedirect.com/science/article/abs/pii/S0005796720302011>

Imaginal exposure exacerbation revisited: Deconstructing patient characteristics associated with worse reactions to the initiation of imaginal exposure in PTSD.

RSW Walker, EH Marks, J Jaeger, JM Duax, NC Feeny, LA Zoellner

Behaviour Research and Therapy

Available online 28 September 2020

<https://doi.org/10.1016/j.brat.2020.103747>

Highlights

- Examines whether imaginal exposure leads to symptom exacerbation, systematically comparing individuals who received prolonged exposure (PE) to those who received pharmacotherapy.
- Examined relationship between symptom exacerbation and co-occurring MDD, multiple co-occurring disorders, childhood sexual abuse as target trauma, and a history of childhood physical or sexual abuse.
- Symptom exacerbation was not more common in PE compared to sertraline, not associated with higher dropout, or predictive of worse outcome.
- Patients with and without symptom worsening showed comparable treatment gains.
- Common clinical characteristics were not reliably associated with symptom exacerbation or homework adherence after onset of imaginal exposure.

Abstract

Objective

This study examines whether imaginal exposure leads to symptom exacerbation, systematically comparing individuals who received prolonged exposure (PE) to those who received pharmacotherapy. The study also examined whether common clinical features increase the likelihood of symptom exacerbation.

Method

In 151 men and women with PTSD, we examined rates of reliable exacerbation of PTSD and depression symptoms after initiation of imaginal exposure and compared it to those receiving sertraline. We also examined relationships between exacerbation, treatment outcome, dropout, imaginal distress, and specific clinical features, including co-occurring MDD, multiple co-occurring disorders, childhood sexual abuse as target trauma, and a history of childhood physical or sexual abuse.

Results

Symptom exacerbation was not more common in PE compared to sertraline, not associated with higher dropout, or predictive of worse outcome. Those with co-occurring depression or multiple disorders, a target trauma of child sexual abuse, or a history of

child abuse reported functionally equivalent peak distress at onset of imaginal as those without these characteristics. These factors did not lead to more exacerbation or worse adherence.

Conclusion

Exacerbation was not specific to PE and patients with and without symptom worsening showed comparable treatment gains, suggesting symptom exacerbation may reflect a common clinical process.

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2770975>

Changes in Adult Alcohol Use and Consequences During the COVID-19 Pandemic in the US.

Michael S. Pollard, PhD; Joan S. Tucker, PhD; Harold D. Green Jr, PhD

JAMA Network Open

2020; 3(9): e2022942

<https://www.doi.org/10.1001/jamanetworkopen.2020.22942>

Introduction

As stay-at-home orders began in some US states as a mitigation strategy for coronavirus disease 2019 (COVID-19) transmission, Nielsen reported a 54% increase in national sales of alcohol for the week ending March 21, 2020, compared with 1 year before; online sales increased 262% from 2019.¹ Three weeks later, the World Health Organization warned that alcohol use during the pandemic may potentially exacerbate health concerns and risk-taking behaviors.² This study examines individual-level changes in alcohol use and consequences associated with alcohol use in US adults, as well as demographic disparities, from before to during the COVID-19 pandemic.

Methods

In this survey study, data were collected using the RAND Corporation American Life Panel (ALP), a nationally representative, probability-sampled panel of 6000 participants age 18 years or more who speak English or Spanish; data are weighted to match a range of national demographic characteristics.³ Panel members provide informed consent annually online. All procedures were approved by the RAND Corporation Human Subjects Protection Committee. A sample of 2615 ALP members ages 30 to 80 years was invited to participate in the baseline survey (wave 1), which was closed after

6 weeks (April 29-June 9, 2019) with 1771 completions. Wave 2 data were collected from May 28 to June 16, 2020, several months after widespread implementation of COVID-19–associated social distancing. This study followed the American Association for Public Opinion Research (AAPOR) reporting guideline for survey studies.

The completion rate for the wave 2 survey was 58.9% of all wave 1 invitations. The ALP is composed of individuals recruited from multiple sources over more than 10 years, and a precise standardized response rate is difficult to compute. Based on survey completion rates of 56.6%, a prior estimate of the average ALP cumulative response rate is 9%.⁴

Comparisons before and during the COVID-19 pandemic were made on number of days of any alcohol use and heavy drinking (defined as 5 or more drinks for men and 4 or more drinks for women within a couple of hours), and average number of drinks consumed over the past 30 days. The 15-item Short Inventory of Problems⁵ assessed adverse consequences associated with alcohol use in the past 3 months (eg, “I have taken foolish risks when I have been drinking”). Comparisons were made overall, and across self-reported sex, age, and race/ethnicity. Significant changes were assessed based on whether the 95% CI around change from wave 1 to wave 2 included 0. Analyses include weights.

Results

The current analytic sample includes 1540 adults (87.0%; mean [SD] age, 56.6 [13.5] years; 825 [53.6%] were in the age range of 30-59 years; and 883 [57.3%] were female) from the baseline survey who, approximately 1 year later, completed the wave 2 survey (Table 1). Frequency of alcohol consumption increased (1) overall, 0.74 days (95% CI, 0.33-1.15 days), representing an increase of 14% over the baseline of 5.48 days in 2019; (2) for women, 0.78 days (95% CI, 0.41-1.15 days), representing an increase of 17% over the 2019 baseline of 4.58 days; (3) for adults age 30 to 59 years, 0.93 days (95% CI, 0.36-1.51 days), an increase of 19%; and (4) for non-Hispanic White individuals, 0.66 days (95% CI, 0.14 to 1.17 days), an increase of 10% over the 2019 baseline of 6.46 days (Table 2). On average, alcohol was consumed 1 day more per month by 3 of 4 adults. For women, there was also a significant increase of 0.18 days of heavy drinking (95% CI, 0.04-0.32 days), from a 2019 baseline of 0.44 days, which represents an increase of 41% over baseline. This equates to an increase of 1 day for 1 in 5 women. For women there was an average increase in the Short Inventory of Problems scale of 0.09 (95% CI, 0.01-0.17 items), over the 2019 average baseline of 0.23, representing a 39% increase, which is indicative of increased alcohol-related problems independent of consumption level for nearly 1 in 10 women.

Discussion

These data provide evidence of changes in alcohol use and associated consequences during the COVID-19 pandemic. In addition to a range of negative physical health associations, excessive alcohol use may lead to or worsen existing mental health problems, such as anxiety or depression,⁶ which may themselves be increasing during COVID-19. The population level changes for women, younger, and non-Hispanic White individuals highlight that health systems may need to educate consumers through print or online media about increased alcohol use during the pandemic and identify factors associated with susceptibility and resilience to the impacts of COVID-19.

Study limitations include that measures are self-reports, which may be subject to social desirability bias. Additionally, not all baseline respondents completed wave 2, although nonrespondents did not significantly differ from completers on any of the outcome measures at baseline. Nonetheless, these results suggest that examination of whether increases in alcohol use persist as the pandemic continues and whether psychological and physical well-being are subsequently affected may be warranted.

<https://journal-veterans-studies.org/articles/10.21061/jvs.v6i2.178/>

Transitioning from the Military to Higher Education: A Case Study of the Transition Assistance Program.

Ziencik, C.

Journal of Veterans Studies

Published on 01 Oct 2020

<http://doi.org/10.21061/jvs.v6i2.178>

Joining the military can be an exciting and hopeful time for individuals looking to serve their country, embark on a new journey, and take advantage of professional and personal benefits the military offers. The military is an institution in which service members are trained in very specific skills, behaviors, and values. The training provides service members with the necessary operational, technical, and personal tools to operate within the military's institutional hierarchy. While transitioning in the military can be as much of a shock as transitioning out of the military, transitioning out of the military has not historically received as much attention. Zogas (2017) noted that "Young veterans regularly observe that the military does an extremely effective job of training them to operate within the military, and an extremely poor job of reversing that training

or preparing them before sending them back into civilian life” (p. 1). For this reason, many veterans struggle as they transition out of the military. This study examines the Department of Defense’s Transition Assistance Program (TAP) model utilized between 2014 to 2018, and in particular the training and processes designed to help service members pursue higher education, through a qualitative case study of one military Air Force Base. Four service members, three TAP Instructors, and one TAP Financial Counselor volunteered to participate in this study. Findings from interview questions, TAP and higher education track observations, and document reviews suggested that service members experience challenges during their transition but are better equipped to make informed decisions for their transition upon completing TAP.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usaa249/5917410>

Post-mTBI Pain Interference in a U.S. Military Population: A Chronic Effects of Neurotrauma Consortium Study.

Bilal R Khokhar, PhD, Megan A Lindberg, BS, William C Walker, MD

Military Medicine

Published: 03 October 2020

<https://doi.org/10.1093/milmed/usaa249>

Introduction

Chronic pain is a significant problem for service members and veterans with mild traumatic brain injury (mTBI). While the root cause of pain is not clearly understood, comorbidities may contribute to how their pain disrupts their functional status, a construct termed “pain interference.” The purpose of this study is to examine the associations between mTBI, other comorbidities, and pain interference.

Materials and Methods

The sample comprised participants with mTBI(s) from The Chronic Effects of Neurotrauma Consortium multicenter observational study. Potential concussive events were identified using a modified Ohio State University traumatic brain injury (TBI) Identification interview and then further with a structured interview. Pain interference was measured with the TBI quality-of-life pain interference score, which was categorized into insignificant, moderate, and high pain interference. Comorbidities of interest included anxiety, depression, post-traumatic stress disorder, insomnia, and

arthritis. Multivariable relationships were analyzed using logistic regression.

Results

The analysis sample included 346 participants with mTBI(s). In adjusted analysis, those with high pain interference were more likely to have history of ≥ 3 TBIs (odds ratio (OR) 3.1, 95% confidence interval [CI] 1.4, 6.9) and to have clinical levels of post-traumatic stress disorder (OR 5.4, 95% CI 1.9, 15.7), depression (OR 2.5, 95% CI, 1.0, 6.1), anxiety (OR 4.9, 95% CI, 2.0, 11.7), and sleep disturbances (OR 6.1, 95% CI 2.0, 19.0) versus those with insignificant pain interference.

Conclusion

These results identify clinical features of veterans and service members with mTBI(s) who are at highest risk for pain-related disability. These findings also demonstrate the need to consider mental health and sleep problems in their pain evaluation and treatment approach.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usaa242/5909711>

Health Behaviors Among Service Members Injured on Deployment: A Study From the Wounded Warrior Recovery Project.

Cameron T McCabe, PhD, Jessica R Watrous, PhD, Michael R Galarnau, MS, NREMT

Military Medicine

Published: 02 October 2020

<https://doi.org/10.1093/milmed/usaa242>

Introduction

Service members (SMs) who are injured on deployment are at risk for myriad long-term health problems that may be ancillary to their physical injury, including high rates of depression and posttraumatic stress disorder, and poor health behaviors (e.g., problem drinking, cigarette and tobacco use, poor sleep quality, and sedentary lifestyle). As the specific health behaviors injured SMs engage in have been largely ignored, the primary aim of this study was to compare health behavior patterns among those with and without mental health problems in a large, representative sample of SMs injured on combat deployment.

Materials and Methods

Participants (N = 3,303) completed behavioral health assessments between September 2018 and April 2019 as part of the Wounded Warrior Recovery Project. Multivariate linear regressions and binary logistic regressions were used to evaluate differences between mental health screening status and health behavior outcomes, adjusting for injury severity, age, and years since injury.

Results

Overall, about half of participants screened positive for posttraumatic stress disorder and/or depression (49%). Participants reported high rates of alcohol use and problems, cigarette and tobacco use, inadequate sleep and poor sleep quality, and low levels of physical activity. With the exception of number of drinking days and likelihood of current tobacco use, participants who screened positive for a mental health disorder evidenced significantly worse health behavior outcomes.

Conclusions

The results provide a preliminary glance into the mental health and health behaviors of SMs roughly a decade after injury, and underscore the importance of examining the interplay between mental, physical, and behavioral health outcomes among wounded warriors to promote health and wellness.

<https://www.tandfonline.com/doi/abs/10.1080/13548506.2020.1828945>

Mental and physical health factors related to dual use of veterans affairs and non-veterans affairs healthcare among U.S. reserve soldiers.

Bonnie M. Vest, Jessica A. Kulak, D. Lynn Homish, Rachel A. Hoopsick & Gregory G. Homish

Psychology, Health & Medicine

Published online: 30 Sep 2020

<https://doi.org/10.1080/13548506.2020.1828945>

This study examined the association between mental and physical health factors and dual use of Veterans' Affairs (VA) and non-VA healthcare among previously deployed male Reserve/National Guard (R/NG) soldiers (N = 214). Participants completed online annual surveys on a range of topics, including validated measures of mental and

physical health, as well as questions about past-year healthcare utilization. Multinomial logistic regression models separately examined the association between mental health symptoms (PTSD, anxiety, depression, emotional role limitations), physical health symptoms (bodily pain, physical role limitations), and healthcare use (single use and dual use compared to no use), controlling for geography, trust in the VA, age, and race. Anxiety (aRR: 1.13; 95% Confidence Interval (CI): 1.02, 1.26; $p < .05$), depression (aRR: 1.23; 95% CI: 1.06, 1.43; $p < .01$), and PTSD (aRR: 1.05; 95% CI: 1.01, 1.10; $p < .05$) symptoms were all related to past year dual use of VA and non-VA healthcare, even after controlling for known demographic factors. Bodily pain and emotional and physical role limitations were not related to healthcare outcomes. This suggests that mental health symptoms themselves may be a primary factor driving healthcare use. Further study is needed to examine whether dual use of VA and non-VA healthcare is duplicative or complementary.

<https://link.springer.com/article/10.1007/s12671-020-01508-1>

Mindful Self-Compassion (MSC) with Veterans: a Program Evaluation.

John Greg Serpa, Christine P. Bourey, Ghislene N. Adjaoute & Jessica M. Pieczynski

Mindfulness

Published 01 October 2020

<https://doi.org/10.1007/s12671-020-01508-1>

Objectives

This pilot study explores the impact of Mindful Self-Compassion (MSC) in veterans. Self-compassion, the capacity to hold one's suffering with kindness and a wish to alleviate it, is associated with improvements in well-being. Veterans have more medical conditions than non-veterans and higher prevalence rates of severe pain. Acceptability of the intervention with veterans is assessed along with the impact of MSC on the physical, mental, and social health of the participants.

Methods

A racially diverse, predominantly male group of veterans ($n = 80$) were assessed pre- and post-MSC group with the Patient-Reported Outcomes Measurement Information System (PROMIS) to evaluate physical, mental, and social health. Measures of self-compassion, happiness, self-report medication usage, and a global assessment of improvement measure were also included. Qualitative responses to the MSC program

were also solicited and reviewed.

Results

Engagement with MSC was high (74% completion rate) and 96% of treatment completers rated their participation in the intervention as positive. Completers demonstrated small to medium effect size increases in self-compassion, happiness, and social role satisfaction, 95% CIs (– 6.13, – 2.65), (– 2.62, – 1.06), and (– 4.28, – 1.05), and decreases in depression, anxiety, fatigue, and pain interference, 95% CIs (0.44, 4.13), (0.57, 4.84), (0.43, 3.71), and (0.13, 2.70). In exploratory analyses related to pain, veterans taking pain medication reported a significant decrease in use ($\chi^2(2, N = 47) = 24.30, p < .001$).

Conclusions

These results are suggestive of the positive effects of the MSC intervention to veterans, but await a randomized controlled trial to establish its effectiveness in this population.

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usaa362/5917416>

A Survey of Energy Drink Consumption and Associated Adverse Effects in Air Force Personnel.

Nicholas A Milazzo, USAF, BSC(ret), Diana X Cao, Gunjeeta Diwaker, Jennifer A Thornton, Sachin A Shah

Military Medicine

Published: 03 October 2020

<https://doi.org/10.1093/milmed/usaa362>

Introduction

Energy drinks are an increasingly utilized beverage and are gaining popularity in recent years. The U.S. Air Force (USAF) represents a unique population where energy drink consumption may be higher than the general population. To better understand the safety and health impact of energy drinks, this large-scale comprehensive survey was conducted to study energy drink consumption patterns and its associated adverse effects.

Materials and Methods

A survey was conducted across 12 USAF installations to assess self-reported energy drink consumption and adverse effects in the military population. This study was approved by the David Grant USAF Medical Center Institutional Review Board.

Results

A total of 9,655 participants participated in the survey. Energy drink consumption was reported in 76.7% of the participants, with 12.0% consuming ≥ 1 energy drink per day. Male gender, younger age, and enlisted military members are more likely to be high consumers; 58.6% of participants reported having at least once tried a premixed beverage that combines alcohol, caffeine, and other stimulants. Among energy drink users, 60.0% reported experiencing ≥ 1 adverse effect, and 0.92% reported needing to see a physician or going to the emergency department because of adverse effects from energy drinks. Higher energy drink or premixed combination beverage consumption frequency was associated with increased likelihood of physician or emergency department visits ($P \leq 0.002$ for both).

Conclusion

Approximately three in four USAF members reported ever consuming an energy drink. Caution should be exercised on the amount of energy drink consumed to limit the risk of serious adverse effects. Future studies should identify populations at greatest risk for adverse effects and alternative sources of energy maintenance to attain optimal mission readiness.

<https://pubmed.ncbi.nlm.nih.gov/31822356/>

Leader provided purpose: Military leadership behavior and its association with suicidal ideation.

Psychiatry Research

2020 March

<https://doi.org/10.1016/j.psychres.2019.112722>

Suicide in U.S. Army Soldiers is of major concern as it is estimated that over 100 Soldiers die by suicide each year. Examining risk and protective factors is essential to develop both an understanding of Soldier suicide as well as inform systemic interventions to reduce suicide. One potential systemic approach is to embed preventive mechanisms within the structure of the military rather than the typical administration of

primary intervention through mandatory training. To examine potential mechanisms of leader-based interventions, several leadership behaviors were assessed in a cross-sectional sample of $n = 1,096$ active duty Soldiers. Soldiers completed self-report measures of interpersonal predictors of suicide, suicidal ideation (SI), leadership behaviors, and unit cohesion. Logistic regression was used to identify leadership behaviors related to SI. Only the leader behavior attempting to foster a sense of purpose predicted SI. Leader provided purpose (LPP) was then entered into indirect effect analyses to evaluate the mechanisms of this relationship. Analyses revealed that LPP predicted SI through unit cohesion, thwarted belongingness, and perceived burdensomeness. Results demonstrate that specific aspects of military leadership such as fostering Soldier purpose may enhance resilience and reduce risk for SI.

<https://pubmed.ncbi.nlm.nih.gov/33002376/>

Gender Difference in Substance Use and Psychiatric Outcomes Among Dually Diagnosed Veterans Treated in Specialized Intensive PTSD Programs.

Journal of Dual Diagnosis

Advance online publication

<https://doi.org/10.1080/15504263.2020.1822569>

Objectives:

Posttraumatic stress disorder (PTSD) is a problem of growing importance among female veterans, which is especially challenging when accompanied by comorbid substance use disorder (SUD). Since women are still a small minority of Veterans Health Administration (VHA) patients, there is concern that outcomes among dually diagnosed women may be worse than among men.

Method:

National program evaluation data were collected at admission and 4 months after discharge from 7,074 dually diagnosed veterans including 203 women (2.9%) treated at 57 specialized intensive VHA PTSD treatment programs between 1993 and 2011. Multiple regression was used to compare clinical change in women and men adjusting for baseline differences.

Results:

Women showed no significant differences from men in measures of substance use or total PTSD symptoms at admission although they were more likely to have experienced

sexual trauma and less likely to report combat exposure. With adjustment for these differences, there were no significant gender differences in length of stay, satisfaction with treatment, or measures of change in substance use or total PTSD symptoms 4 months after discharge. Reductions in an index of days of substance use was associated with reduction in total PTSD symptoms among both women ($R = 0.33$; $p = .01$) and men ($R = 0.44$, $p < .0001$) with no significant gender difference.

Conclusion:

No significant gender differences were observed in substance use or PTSD outcomes, despite the extreme minority status of women in VHA programs. Highly vulnerable women can benefit as much as men, even

<https://pubmed.ncbi.nlm.nih.gov/32079014/>

Psychological Adjustment of Aging Vietnam Veterans: The Role of Social Network Ties in Reengaging with Wartime Memories.

Marini, C. M., Fiori, K. L., Wilmoth, J. M., Pless Kaiser, A., & Martire, L. M.

Gerontology

2020; 66(2), 138–148

<https://doi.org/10.1159/000502340>

It is projected that by 2020 there will be 8.7 million veterans over the age of 65 years, more than half (64%) of whom served during the Vietnam War. The effects of military service on mental health and well-being may be more pronounced later in life among those who served in Vietnam than prior cohorts of veterans. Many veterans confront and rework their wartime memories later in life in an attempt to find meaning and coherence, engaging in a process referred to as Later-Adulthood Trauma Reengagement (LATR). LATR often occurs in the context of other stressors that are a normative part of aging, such as role transitions (e.g., retirement), declines in physical health, and the death of close others (e.g., spouses), perhaps because these events trigger reminiscence. Importantly, LATR may result in either positive (e.g., acceptance) or negative (e.g., distress) psychological outcomes. It has been suggested that the presence of social/environmental resources, including socioemotional support, may aid veterans in successfully navigating LATR. We, therefore, review relevant areas of research to delineate the role that various layers of social context may play in -helping - or hindering - aging Vietnam veterans as they navigate LATR in the context of

normative late-life stressors. We conclude by offering fruitful directions for future research and applied implications for intervention efforts.

Links of Interest

Addressing Race in Therapy

<https://www.pdhealth.mil/news/blog/addressing-race-therapy>

The Pandemic's Pressure on Military Spouses

<https://www.nytimes.com/2020/10/01/parenting/military-family-coronavirus.html>

The Military's Transition Program for Separating Troops Will Soon Have Offerings for Spouses

<https://www.military.com/daily-news/2020/10/01/militarys-transition-program-separating-troops-will-soon-have-offerings-spouses.html>

Easy steps to understanding & thwarting depression during COVID-19

<https://health.mil/News/Articles/2020/09/30/Easy-steps-to-understanding-thwarting-depression-during-COVID19>

Military suicides went down in the last year, but 2020 may end up reversing that trend

<https://www.militarytimes.com/news/your-military/2020/10/01/military-suicides-went-down-in-the-last-year-but-2020-may-end-up-reversing-that-trend/>

National Guard suicides went down in 2019. Now comes the trauma of 2020

<https://www.militarytimes.com/news/your-military/2020/10/01/national-guard-suicides-went-down-in-2019-now-comes-the-trauma-of-2020/>

As soldier suicides rise amid COVID isolation, Army looks to faith and connection

<https://www.charlotteobserver.com/article246154530.html>

Study: Veterans with acupuncture before surgery have less pain

https://www.upi.com/Health_News/2020/10/05/Study-Veterans-with-acupuncture-before-surgery-have-less-pain/1751601923534/

Walter Reed annual symposium focuses on substance use disorder

<https://health.mil/News/Articles/2020/10/06/Walter-Reed-annual-symposium-focuses-on-substance-use-disorder>

Resource of the Week: [Couples Coach Mobile App](#)

New, for iOS and Android, from the VA's National Center for PTSD:

The Couples Coach app was created for partners who want to improve their relationship and explore new ways to connect. It also includes relationship information specific to couples living with PTSD.

With Couples Coach you can:

- Send notes and questions to your partner
- Work through relationship-building missions
- Use tools to help you address relationship challenges
- Track progress toward becoming a stronger, healthier couple

How to Use Couples Coach

Couples Coach works best when partners use the app together, although you can use it alone. You choose missions—small commitments to improve your relationship—to work through yourself or with your partner. There are five levels of couples training with dozens of missions to choose from. Available skills to practice include:

- Observing feelings and behaviors
- Increasing positive interactions
- Increasing positive communication
- Working through conflict
- Connecting to your community

There are quizzes you can take, and you can share results with your partner if you'd like. You can also set reminders to check in regularly and mark favorite challenges and tools to return to quickly.

NOTE: Couples Coach is not intended to replace needed professional care related to marriage and family counseling, or mental health conditions, such as PTSD. The app features a locator for finding professional help.



Shirl Kennedy
Research Editor (HJF)
Center for Deployment Psychology
www.deploymentpsych.org
shirley.kennedy.ctr@usuhs.edu
240-535-3901