

CDP



Research Update -- December 10, 2020

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- Psychological and emotional experiences during a military mission: A longitudinal study with soldiers and spouses.
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<https://pubmed.ncbi.nlm.nih.gov/33243764/>

Exploring the impact of COVID-19 and restrictions to daily living as a result of social distancing within veterans with pre-existing mental health difficulties.

Murphy, D., Williamson, C., Baumann, J., Busuttill, W., & Fear, N. T.

BMJ Military Health

Advance Online Publication

<https://doi.org/10.1136/bmjmilitary-2020-001622>

Introduction:

Data are emerging showing the adverse consequences on mental health of the general public due to the COVID-19 pandemic. Little is known about the needs of veterans with pre-existing mental health difficulties during the COVID-19 pandemic.

Methods:

Data were collected through a cross-sectional online survey from a randomly selected sample (n=1092) of military veterans who have sought help for mental health difficulties from a veteran-specific UK-based charity. The response rate was 25.2% (n=275). Participants were asked to complete a range of standardised mental health outcomes (post-traumatic stress disorder (PTSD): Post-traumatic Stress Disorder Checklist, common mental health difficulties (CMDs): 12-Item General Health Questionnaire, difficulties with anger: 5-Item Dimensions of Anger Reactions-Revised and alcohol misuse: Alcohol Use Disorders Identification Test) and endorse a list of potential stressors related to changes to daily life resulting from COVID-19. Regression analyses were fitted to explore predictors of mental health severity.

Results:

It was observed that symptoms of common mental disorder and PTSD (69.3% and

65.0%, respectively) were the most commonly reported to have been exacerbated by the pandemic. Lack of social support and reporting increasing numbers of stressors related to COVID-19 were consistently associated with increasing severity of a range of mental health difficulties.

Conclusions:

Our findings suggest veterans who had pre-existing mental health difficulties prior to the outbreak of COVID-19 may be at increased risk of experiencing CMDs as a result of the pandemic. Intervening to improve levels of social support and offering practical guidance to better manage any additional stressors relating to the pandemic may provide strategies to help reduce the burden of mental health symptoms.

<https://www.tandfonline.com/doi/abs/10.1080/13811118.2020.1848671>

Rates and Predictors of Deterioration in a Trial of Internet-Delivered Cognitive Behavioral Therapy for Reducing Suicidal Thoughts.

Philip J. Batterham, Helen Christensen, Alison L. Caley, Aliza Werner-Seidler & Dominique Kazan

Archives of Suicide Research

Published online: 20 Nov 2020

<https://doi.org/10.1080/13811118.2020.1848671>

Objective

It is necessary for suicide prevention interventions to demonstrate safety. One important aspect of safety is evidence that deterioration rates are low. No studies have examined deterioration of suicidal ideation in the context of an internet-based cognitive behavioral therapy (CBT) intervention to reduce suicidal ideation. A secondary analysis of the outcomes of an online trial was conducted to determine rates of deterioration in a CBT intervention called Living with Deadly Thoughts, relative to an attention control condition, and to identify factors associated with deterioration.

Method

The randomized controlled trial included 418 adults with suicidal ideation at baseline (77% females, mean age 40.6 years). Deterioration was defined in two ways: a reliable increase in Suicidal Ideation Attributes Scale (SIDAS score) of ≥ 6.0 units; or triggering the safety protocol during the trial as determined by high levels of suicidality. Analyses

were repeated with multiply imputed data. Predictors of deterioration were identified using logistic regression analysis.

Results

30 (14%) participants in the control group and 15 (7%) in the intervention group met criteria for reliable deterioration (Fisher's exact $p = 0.027$). In a fully adjusted logistic regression model, greater initial severity of suicidal thinking was associated with lower odds of deterioration, while intervention condition, demographics, psychological factors and mental health factors had no significant association with deterioration.

Conclusions

Participation in an online suicide prevention intervention was associated with lower prevalence of reliable deterioration than participation in an attention-control intervention, providing further evidence that internet-based CBT interventions do not cause harm.

Highlights

- First study to assess deterioration in an internet suicide prevention intervention
- Rates of reliable deterioration were higher in control (14%) than intervention (7%)
- No psychological or demographic factors were robustly associated with deterioration
- Findings provide further evidence that internet based CBT programs are not harmful

<https://pubmed.ncbi.nlm.nih.gov/32718306/>

Magnitude of problematic anger and its predictors in the Millennium Cohort.

Adler, A. B., LeardMann, C. A., Roenfeldt, K. A., Jacobson, I. G., Forbes, D., & Millennium Cohort Study Team

BMC Public Health

2020 Jul 27;20(1):1168

<https://doi.org/10.1186/s12889-020-09206-2>

Background:

Problematic anger is intense anger associated with elevated generalized distress and that interferes with functioning. It also confers a heightened risk for the development of

mental health problems. In military personnel and veterans, previous studies examining problematic anger have been constrained by sample size, cross-sectional data, and measurement limitations.

Methods:

The current study used Millennium Cohort survey data (N = 90,266) from two time points (2013 and 2016 surveys) to assess the association of baseline demographics, military factors, mental health, positive perspective, and self-mastery, with subsequent problematic anger.

Results:

Overall, 17.3% of respondents reported problematic anger. In the fully adjusted logistic regression model, greater risk of problematic anger was predicted by certain demographic characteristics as well as childhood trauma and financial problems. Service members who were in the Army or Marines, active duty (vs. reserves/national guard), and previously deployed with high levels of combat had increased risk for problematic anger. Veterans were also more likely to report problematic anger than currently serving personnel. Mental health predictors included posttraumatic stress disorder (PTSD), major depressive disorder (MDD), and comorbid PTSD/MDD. Higher levels of positive perspective and self-mastery were associated with decreased risk of problematic anger.

Conclusion:

Not only did 1 in 6 respondents report problematic anger, but risk factors were significant even after adjusting for PTSD and MDD, suggesting that problematic anger is more than an expression of these mental health problems. Results identify potential targets of early intervention and clinical treatment for addressing problematic anger in the military and veteran context.

<https://pubmed.ncbi.nlm.nih.gov/31944790/>

Stress-buffering versus support erosion: Comparison of causal models of the relationship between social support and psychological distress in military spouses.

Ross, A. M., Steketee, G., Emmert-Aronson, B. O., Brown, T. A., Muroff, J., & DeVoe, E. R.

The American Journal of Orthopsychiatry
2020;90(3):361-373
<https://doi.org/10.1037/ort0000438>

Spouses of National Guard/Reserve (NG/R) military service members cope with deployment-related stressors (DRS) that may contribute to increased psychological distress. Research indicates that higher levels of social support are associated with reduced depression and anxiety in military spouses, but longitudinal relationships have not yet been examined bidirectionally. This study examines temporal relationships between 3 dimensions of social support (social connectedness, dyadic satisfaction, and perceived support), and psychological distress in a sample of NG/R spouses during the first year after a service member returns from deployment. Data from 103 military spouses were drawn from a larger intervention development study. Autoregressive cross-lagged panel analyses examined the stress-buffering and support erosion hypotheses over a 3-month period. DRS were measured by the cumulative number of deployments and duration of most recent deployment. Distress was assessed using latent variables of depression and anxiety. Statistically significant relationships emerged between initial levels of psychological distress and social connectedness at 3 months. Social support dimensions of dyadic satisfaction and perceived support did not predict subsequent levels of psychological distress. No significant relationships emerged between any dimension of social support at baseline and either form of psychological distress at 3 months. The support erosion hypothesis may more accurately describe the relationship between social support and psychological distress in this sample than the stress-buffering mechanism. During the first year of reintegration, social connectedness may be of particular relevance for NG/R spouses, as they may not have access to supports typically available to their active duty counterparts. (PsycInfo Database Record (c) 2020 APA, all rights reserved).

<https://pubmed.ncbi.nlm.nih.gov/31969671/>

Intrinsic sensory disinhibition contributes to intrusive re-experiencing in combat veterans.

Clancy, K. J., Albizu, A., Schmidt, N. B., & Li, W.

Scientific Reports
2020 Jan 22;10(1):936
<https://doi.org/10.1038/s41598-020-57963-2>

Intrusive re-experiencing of traumatic events is a hallmark symptom of posttraumatic stress disorder, characterized by rich and vivid sensory details as reported in "flashbacks". While prevailing models of trauma intrusions focus on dysregulated emotional processes, we hypothesize that a deficiency in intrinsic sensory inhibition could drive overactivation of sensory representations of trauma memories, precipitating sensory-rich intrusions. In a sample of combat veterans, we examined resting-state alpha (8-12 Hz) oscillatory activity (in both power and posterior→frontal connectivity), given its role in sensory cortical inhibition, in association with intrusive re-experiencing symptoms. Veterans further participated in an odor task (including both combat and non-combat odors) to assess olfactory trauma memory and emotional response. We observed an association between intrusive re-experiencing symptoms and attenuated resting-state posterior→frontal alpha connectivity, which were both correlated with olfactory trauma memory. Importantly, olfactory trauma memory was identified as a mediator of the relationship between alpha connectivity and intrusive re-experiencing, suggesting that deficits in intrinsic sensory inhibition contributed to intrusive re-experiencing of trauma via heightened trauma memory. Therefore, by permitting unfiltered sensory cues to enter information processing and activate sensory representations of trauma, sensory disinhibition can constitute a sensory mechanism of intrusive re-experiencing in trauma-exposed individuals.

<https://www.tandfonline.com/doi/abs/10.1080/23794925.2020.1796547>

Suicide, Self-Harm, & Traumatic Stress Exposure: A Trauma-Informed Approach to the Evaluation and Management of Suicide Risk.

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Evidence-Based Practice in Child and Adolescent Mental Health

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Suicide and self-harm are major public health problems. Individuals who die by or attempt suicide and those who self-harm have elevated rates of traumatic stress exposure, underscoring the importance of a trauma-informed approach to suicide prevention. Rooted in the evidence on care for traumatic stress and suicide prevention, and our collective experience as clinicians and clinical researchers, this manuscript

bridges these two literatures to offer clinical guidance on an evidence-based trauma-informed approach to suicide prevention. We describe our evidence-based approach to trauma-informed suicide prevention care: SAFETY-Acute (A) also known as the Family Intervention for Suicide Prevention (FISP). This approach offers a therapeutic assessment and intervention following a suicidal episode that aims to further assess safety and engage in a developmentally-informed safety planning process with the youth and parents/caregivers. In randomized controlled trials, SAFETY-A has demonstrated efficacy for improving continuity of care after an Emergency Department visit for suicidality (Objective 8.4 of the National Strategy for Suicide Prevention) and for reducing suicide attempt risk when combined with evidence-based follow-up treatment. We illustrate the approach with a case example, and offer comments based on our experience across diverse clinical settings including emergency and crisis services, outpatient clinics, and schools.

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usaa495/5999919>

Firearm Suicide Among Veterans of the U.S. Military: A Systematic Review.

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Military Medicine

Published: 26 November 2020

<https://doi.org/10.1093/milmed/usaa495>

Introduction

In the United States, firearm suicide represents a major cause of preventable, premature death among veterans. The purpose of this systematic review was to characterize the body of literature on veteran firearm suicide and identify areas for future research, which may facilitate the development of firearm suicide interventions in Veterans Health Administration (VHA) and non-Veterans Health Administration clinical settings.

Materials and Methods

All randomized controlled trials, quasi-experimental, naturalistic, observational, and case study designs published between January 1, 1990 and February 21, 2019 were included in our review. Following title and abstract review, 65 papers were included in

our full-text review and 37 studies were included in our analysis. We based our approach on a modification of the Preferred Reporting Items for Systematic Reviews and Meta-Analysis guidelines. Studies were grouped into broad, nonmutually exclusive categories: (1) heterogeneity of datasets and veteran status determination for inclusion, (2) service histories, (3) firearm ownership, storage, behaviors, and risk perceptions, (4) patient and clinician attitudes toward firearm restriction interventions, (5) firearm suicide risk factors by study population, and (6) assessments of clinical firearm interventions.

Results

This body of literature consists predominately of cross-sectional studies with mixed definitions and validation of veteran status, which revealed high concordance of increased risk of firearm suicide compared with nonveterans. Veterans have higher rates of firearm ownership than the general population, primarily citing personal protection as the reason for gun ownership. Veterans often exhibit risky firearm usage and storage behaviors but tend to favor measures that limit access to firearms by at-risk individuals. Despite this, there remains persistent hesitation among clinicians to screen and counsel veterans on firearm safety.

Conclusions

This systematic review highlights an urgent need to produce higher quality evidence and new data with standard definitions that are critical to inform clinical practice and enhance public health measures to reduce firearm suicide among veterans.

<https://www.sciencedirect.com/science/article/pii/S174438812031149X>

Mindfulness-based interventions for military veterans: A systematic review and analysis of the literature.

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Complementary Therapies in Clinical Practice

Volume 42, February 2021

<https://doi.org/10.1016/j.ctcp.2020.101274>

Highlights

- Mindfulness-based interventions have experienced exponential growth in terms of development, application, and research.

- Currently there are significant gaps in the literature regarding the use of these interventions for military Veterans.
- The main deficiency is, with a few exceptions, the lack of rigorous randomized controlled trials.
- Another major concern is the lack of generalizability of the existing literature to female and non-white Veterans.

Abstract

Background

In recent years, mindfulness-based interventions (MBIs) have experienced exponential growth in terms of development, application, and research. However, few studies have examined implementation and efficacy of these interventions in particular populations, such as military Veterans. Such studies are needed as one cannot assume that the literature on MBIs implemented with the general population or other specific populations apply equally well to Veterans. This population is unique regarding professional competencies, military ethos, high degrees of medical comorbidities and barriers to treatment. The aim of this work was to review and summarize the literature over the previous five years (2014–2020) assessing the use of MBIs among military Veterans to guide clinical care and future research.

Methods

Systematic literature review.

Results

A total of 88 articles were found. Screening titles and abstracts resulted in 49 articles being excluded. The remaining 39 articles were read in full, and of these, 12 were excluded due to not fully meeting the inclusion criteria. Thus, the present review included a total of 27 articles, 3 of which used qualitative methods and 24 of which used quantitative methods.

Conclusions

MBIs hold promise as complementary adjunctive interventions for Veterans with PTSD and possibly other psychiatric disorders. Currently there are significant gaps in the literature that must be addressed to move the field forward. The main deficiency is, with a few exceptions, the lack of rigorous RCTs. Another major concern is the lack of generalizability to female and non-white Veterans given that the subject samples across all studies reviewed were 85% male and 76% white. At this time, MBSR, PCBMT and MBCT can be recommended as adjunctive complementary interventions for the reduction of PTSD symptoms. Research recommendations to move the field forward are provided.

<https://www.cambridge.org/core/journals/psychological-medicine/article/abs/trajectories-of-functioning-in-a-populationbased-sample-of-veterans-contributions-of-moral-injury-ptsd-and-depression/E41C088967EAFEE0632CB37F96705F08>

Trajectories of functioning in a population-based sample of veterans: contributions of moral injury, PTSD, and depression.

Maguen, S., Griffin, B., Copeland, L., Perkins, D., Richardson, C., Finley, E., & Vogt, D.

Psychological Medicine

Published online 25 November 2020

<https://doi.org/10.1017/S0033291720004249>

Background

Although research has shown that exposure to potentially traumatic and morally injurious events is associated with psychological symptoms among veterans, knowledge regarding functioning impacts remains limited.

Methods

A population-based sample of post-9/11 veterans completed measures of intimate relationship, health, and work functioning at approximately 9, 15, 21, and 27 months after leaving service. Moral injury, posttraumatic stress, and depression were assessed at ~9 months post-separation. We used Latent Growth Mixture Models to identify discrete classes characterized by unique trajectories of change in functioning over time and to examine predictors of class membership.

Results

Veterans were assigned to one of four functioning trajectories: high and stable, high and decreasing, moderate and increasing, and moderate and stable. Whereas posttraumatic stress, depression, and moral injury associated with perpetration and betrayal predicted worse outcomes at baseline across multiple functioning domains, moral injury associated with perpetration and depression most reliably predicted assignment to trajectories characterized by relatively poor or declining functioning.

Conclusions

Moral injury contributes to functional problems beyond what is explained by posttraumatic stress and depression, and moral injury due to perpetration and

depression most reliably predicted assignment to trajectories characterized by functional impairment over time.

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usaa246/6006701>

The Efficacy of the Stellate Ganglion Block as a Treatment Modality for Posttraumatic Stress Disorder Among Active Duty Combat Veterans: A Pilot Program Evaluation.

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Military Medicine

Published: 26 November 2020

<https://doi.org/10.1093/milmed/usaa246>

Introduction

The lifetime prevalence for development of Posttraumatic Stress Disorder (PTSD) among military combat veterans has been estimated to be as high as 17%, or more than double the national average. The stellate ganglion block (SGB) has been proposed as a PTSD treatment modality that may potentially affect positive change in the attitude of a service member (SM) toward mental health treatment, lead to improved clinical outcomes, promote the likelihood of a return to a productive job performance, and decrease the economic burden of PTSD treatment on the Department of Defense.

Materials and Methods

A pilot program to determine the efficacy of the SGB was conducted in a single, closed-unit of active duty combat veterans with a statistically high prevalence of PTSD-related symptoms associated with combat deployments. A retrospective project-level program evaluation was completed to assess the effectiveness of the treatment in reducing symptoms, the level of SM acceptance of the procedure, and the SM perceived response to the SGB treatment. The project-level program evaluation methodology was based on the suggestions of the W.K. Kellogg Foundation Evaluation Handbook. The primary design and context of the evaluation was viewed from an outcome evaluation perspective and format, with focus on both individual and system-level outcomes. The outcome evaluation addressed: 1) the measured outcomes and critical findings of the procedure during the pilot, 2) feasibility of and recommendation for replication of the

pilot, and 3) the quality improvement potential of the SGB as part of a clinical pathway for the care and treatment of PTSD in SMs.

Results

Program evaluation analysis demonstrated that the SGB exhibited success in both rate and level of response, reduced stigma relative to acceptance of the treatment, and SMs verbalized a high perceived value of the treatment. However, the effect of the procedure was shown to peak and plateau with a regression to baseline at roughly the 3-month timeframe, with a reciprocal decrease in perceived value.

Conclusion

The most significant benefit of the SGB appears to be its ability to act as a gateway to treatment and to facilitate active participation and compliance by the SM during its “window” of efficacy. Additional research, including RCTs are required to continue to evaluate its efficacy relative to symptom-specific effectiveness, effectiveness of sequential procedures, and effectiveness when combined with other nonpharmaceutical treatment modalities. Moreover, the application of an accepted medical procedure as a mental health (MH) therapy with marked reduction in stigma, encourages pursuit of additional such treatment methods that reduce stigma and promote active SM participation in PTSD management.

<https://mhealth.jmir.org/2020/11/e19391>

Scientific Publication Patterns of Mobile Technologies and Apps for Posttraumatic Stress Disorder Treatment: Bibliometric Co-Word Analysis.

Kulakli A, Shubina I

Journal of Medical Internet Research

2020;8(11):e19391

<https://doi.org/10.2196/19391>

Background:

Mobile apps are viewed as a promising opportunity to provide support for patients who have posttraumatic stress disorder (PTSD). The development of mobile technologies and apps shows similar trends in PTSD treatment. Therefore, this emerging research field has received substantial attention. Consequently, various research settings are planned for current and further studies.

Objective:

The aim of this study was to explore the scientific patterns of research domains related to mobile apps and other technologies for PTSD treatment in scholarly publications, and to suggest further studies for this emerging research field.

Methods:

We conducted a bibliometric analysis to identify publication patterns, most important keywords, trends for topicality, and text analysis, along with construction of a word cloud for papers published in the last decade (2010 to 2019). Research questions were formulated based on the relevant literature. In particular, we concentrated on highly ranked sources. Based on the proven bibliometric approach, the data were ultimately retrieved from the Web of Science Core Collection (Clarivate Analytics).

Results:

A total of 64 studies were found concerning the research domains. The vast majority of the papers were written in the English language (63/64, 98%) with the remaining article (1/64, 2%) written in French. The articles were written by 323 authors/coauthors from 11 different countries, with the United States predominating, followed by England, Canada, Italy, the Netherlands, Australia, France, Germany, Mexico, Sweden, and Vietnam. The most common publication type was peer-reviewed journal articles (48/64, 75%), followed by reviews (8/64, 13%), meeting abstracts (5/64, 8%), news items (2/64, 3%), and a proceeding (1/64, 2%). There was a mean of 6.4 papers published per year over the study period. There was a 100% increase in the number of publications published from 2016 to 2019 with a mean of 13.33 papers published per year during this latter period.

Conclusions:

Although the number of papers on mobile technologies for PTSD was quite low in the early period, there has been an overall increase in this research domain in recent years (2016-2019). Overall, these findings indicate that mobile health tools in combination with traditional treatment for mental disorders among veterans increase the efficiency of health interventions, including reducing PTSD symptoms, improving quality of life, conducting intervention evaluation, and monitoring of improvements. Mobile apps and technologies can be used as supportive tools in managing pain, anger, stress, and sleep disturbance. These findings therefore provide a useful overview of the publication trends on research domains that can inform further studies and highlight potential gaps in this field.

<https://academic.oup.com/sleep/advance-article-abstract/doi/10.1093/sleep/zsaa254/6007673>

The Nightmare Disorder Index: Development and Initial Validation in a Sample of Nurses.

Jessica R Dietch, Daniel J Taylor, Kristi Pruiksma, Sophie Wardle-Pinkston, Danica C Slavish, Brett Messman, Rosemary Estevez, Camilo J Ruggero, Kimberly Kelly

Sleep

Published: 27 November 2020

<https://doi.org/10.1093/sleep/zsaa254>

Study Objectives

Nurses are a group at high risk for nightmares, yet little is known about the rate of nightmare disorder and associated psychosocial factors in this group in part attributable to the lack of a self-report questionnaire to assess DSM-5 criteria for nightmare disorder. Aims of the current study were to 1) report on development and initial validity of a self-report measure of DSM-5 nightmare disorder, and 2) examine the rate and associated factors of nightmare disorder among nurses.

Methods

Nurses (N = 460) completed baseline measures online including Nightmare Disorder Index (NDI), psychosocial and demographic questionnaires. A subset (n = 400) completed 14 days of sleep diaries and actigraphy.

Results

NDI demonstrated satisfactory psychometric characteristics as indicated by good internal consistency ($\alpha = .80$), medium inter-item correlations ($r = 0.50$), medium to large item-total ($r = 0.55 - 0.85$) and convergent correlations ($0.32 - 0.45$), and small to medium discriminant correlations ($-0.12 - 0.33$). Per NDI, 48.7% of nurses reported no nightmares in the past month, 43.9% met partial/subthreshold criteria and 7.4% met full criteria for probable nightmare disorder. Nurses with nightmare disorder demonstrated significantly poorer psychosocial functioning (i.e., posttraumatic stress, depression, anxiety, stress) than those with subthreshold nightmare symptoms, who had poorer functioning than those with no nightmares.

Conclusions

NDI is an efficient and valid self-report assessment of nightmare disorder. Nurses have

high rates of nightmares and nightmare disorder which are associated with poorer psychosocial functioning. We recommend increased nightmare screening particularly for high-risk populations such as healthcare workers.

<https://www.sciencedirect.com/science/article/pii/S1389945720305104>

The relationship between nightmares, depression and suicide.

Anna Karin Hedström, Rino Bellocco, Ola Hössjer, Weimin Ye, ... Torbjörn Åkerstedt

Sleep Medicine

Volume 77, January 2021

<https://doi.org/10.1016/j.sleep.2020.11.018>

Highlights

- No association observed between nightmares and suicide among non-depressed subjects.
- Suicide incidence was similar among depressed subjects with and without nightmares.
- Mediation analysis revealed no significant effects of nightmares on suicide incidence.
- The incidence of depression was higher among nightmare sufferers.
- Nightmares may reflect pre-existing depression.

Abstract

Objective

Previous studies investigating the association between nightmares and suicide have yielded different results. We aimed to investigate whether nightmares, directly or indirectly, influence the incidence of suicide.

Methods

We used a prospective cohort study, based on 40,902 participants with a mean follow-up duration of 19.0 years. Cox proportional hazards models with attained age as time-scale were fitted to estimate hazard ratios (HR) of suicide with 95% confidence intervals (CI) as a function of the presence or absence of depression and nightmares. Mediation analysis was used to assess to what extent the relationship between nightmares and the incidence rate of suicide could be mediated by depression.

Results

No association was observed between nightmares and the incidence of suicide among participants without depression. Compared with non-depressed participants without nightmares, the incidence of suicide among participants with a diagnosis of depression was similar among those with and without nightmares (HR 12.3, 95% CI 5.55–27.2 versus HR 13.2, 95% CI 7.25–24.1). The mediation analysis revealed no significant effects of nightmares on suicide incidence. However, the incidence of depression during follow-up was higher among those who suffered from nightmares than among those who did not ($p < 0.001$).

Conclusions

Our findings indicate that nightmares have no influence on the incidence rate of suicide, but may reflect pre-existing depression. This is supported by a recent discovery of a strong genetic correlation of nightmares with depressive disorders, with no evidence that nightmares would predispose to psychiatric illness or psychological problems. Interventions targeting both depression and nightmares, when these conditions co-occur, may provide additional therapeutic benefit.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usaa514/6006387>

A Pilot Feasibility Study of Interpersonal Psychotherapy for the Prevention of Excess Weight Gain Among Adolescent Military-dependent Girls.

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Military Medicine

Published: 26 November 2020

<https://doi.org/10.1093/milmed/usaa514>

Introduction

Adolescent military-dependents face unique psychosocial stressors due to their parents' careers, suggesting they may be particularly vulnerable to excess weight gain and symptoms of depression and anxiety. Despite these risk factors, there is a lack of tested

preventative interventions for these youths. Given the transient nature of military family deployments, research may be hindered due to difficulty in collecting long-term prospective outcome data, particularly measured height and weight. The primary aim of this study was to examine the feasibility and acceptability of collecting body mass index (BMI, kg/m²) outcome data up to 2 years following a randomized controlled pilot trial of an adapted interpersonal psychotherapy (IPT) program aimed at preventing excess weight gain and improving psychological functioning for adolescent military-dependents. In exploratory analyses, patterns in body composition over time were examined.

Materials and Methods

Twenty-seven adolescent military-dependent girls (baseline: Mage: 14.4 ± 1.6 years; MBMI: 30.7 ± 4.9 kg/m²; MBMI-z: 1.9 ± 0.4) participated in this study. After a baseline assessment, utilizing a computerized program to create a randomization string, girls were assigned to either an IPT or a health education (HE) program. Participants completed three follow-up visits (posttreatment, 1-year follow-up, and 2-year follow-up). Girls completed a Treatment Acceptability Questionnaire at posttreatment; at all time points, height and fasting weight were collected. For the primary aim, Fisher's exact tests examined the rate of obtained follow-up data and lost to follow-up status between the two groups, Mann-Whitney U tests examined the session attendance between groups, and treatment acceptability ratings were compared between the two groups at posttreatment using an independent samples t-test. For the exploratory aim, one-way analyses of covariance (ANCOVAs) examined the group differences in BMI at each time point, adjusting for baseline values, and paired samples t-tests examined the within-group differences at each time point relative to baseline. Using imputed data in the full intent-to-treat sample, mixed model ANCOVAs were conducted to examine the group differences over time.

Results

Across both groups, girls attended an average of 72.0% of sessions. At least partial data were collected at posttreatment, 1-year follow-up, and 2-year follow-up for 96.3%, 85.2%, and 74.1% of the participants, respectively. There were no significant group differences in follow-up data collection rates, follow-up status, number of sessions attended, or treatment acceptability. BMI-z stabilized across groups, and there were no group differences in BMI-z. In adjusted ANCOVA models with imputed data, no significant group-by-time effects emerged.

Conclusions

For this randomized controlled prevention trial, long-term outcome data collection of measured BMI was possible in adolescent military-dependents and IPT was an acceptable and feasible intervention. An adequately powered trial is required to assess

the efficacy of this intervention among military-dependents for obesity prevention and improvements in BMI.

<https://pubmed.ncbi.nlm.nih.gov/30475040/>

Treatment choice among veterans with PTSD symptoms and substance-related problems: Examining the role of preparatory treatments in trauma-focused therapy.

Wiedeman, L. D., Hannan, S. M., Maieritsch, K. P., Robinson, C., & Bartoszek, G.

Psychological Services

2020 Nov;17(4):405-413

<https://doi.org/10.1037/ser0000313>

Although common practice in Veterans Affairs (VA) PTSD clinics, it is unclear whether preparatory treatment improves trauma-focused treatment (TFT) completion and outcomes. Furthermore, little is known about whether treatment-seeking veterans in naturalistic settings would choose to prioritize preparatory treatment if given the option of a phase-based approach or direct access to TFT, and how substance-related problems (SRPs) influence this treatment choice. The first aim of this study was to explore how co-occurring SRPs (ranging from none to moderate/severe) influence PTSD treatment choices in a naturalistic setting where veterans were offered a choice between a phase-based approach (i.e., preparatory treatment) or direct access to TFT. The study also examined whether initial treatment choice and severity of co-occurring SRPs influenced TFT completion and outcomes. The second aim was to investigate whether preparatory treatment led to superior TFT completion or outcomes, irrespective of co-occurring SRPs. Analyses were conducted using archival data from 737 United States veterans referred for outpatient VA PTSD treatment. SRPs did not predict initial treatment choice or the length of preparatory group participation. Neither SRPs nor preparatory group participation predicted TFT completion or outcomes (measured as change in PTSD and depression symptoms from pre- to post-TFT). Preparatory group participation did not predict improved TFT completion or outcomes, irrespective of co-occurring SRPs. These findings suggest that veterans with PTSD symptoms and co-occurring SRPs may make similar treatment choices and benefit from either a phase-based approach or direct TFT initiation, and preparatory treatments may not increase patient readiness for veterans seeking TFT. (PsycInfo Database Record (c) 2020 APA, all rights reserved).

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usaa250/6006458>

Hardiness Predicts Post-Traumatic Growth and Well-Being in Severely Wounded Servicemen and Their Spouses.

Paul T Bartone, MSC, USA (Ret.), Stephen V Bowles, MSC, USA (Ret.)

Military Medicine

Published: 26 November 2020

<https://doi.org/10.1093/milmed/usaa250>

Introduction

Thousands of military personnel have suffered severe wounds and traumatic amputations in recent overseas conflicts. They face multiple surgeries and long, painful rehabilitation. Despite the tremendous stress for these servicemen and families, many appear to cope quite well and even thrive despite their devastating wounds. Hardiness is a world view or mindset marked by high levels of commitment and engagement in the world, a strong sense of control, and the tendency to see change as a challenge and opportunity to learn and improve. Previous research has shown that military personnel high in hardiness are at lower risk for post-traumatic stress disorder, depression, and other psychiatric symptoms following combat exposure. This study evaluated the impact of personality hardiness on post-traumatic growth (PTG) and psychological well-being in severely wounded service members and their spouses.

Materials and Methods

Male volunteers were surveyed while in hospital for severe battle wounds including loss of limbs. All were married, and all spouses also agreed to participate. Participants (N = 44) completed measures of hardiness, PTG, well-being, and neuroticism, and answered a question regarding potential benefits of their experience.

Results

Hierarchical multiple regression showed that hardiness significantly predicted both PTG and well-being, while controlling for age, education, family income, and neuroticism. Both service members and spouses indicated they experienced benefits in the following areas: strengthened family ties and connections; greater appreciation for and

perspective on life; new career and educational opportunities; stronger, more resilient as a person; and formed new relationships, friends, and connections.

Conclusion

These results suggest that seriously wounded military members and their spouses who are high in hardiness are more likely to experience PTG and psychological well-being following extremely stressful experiences. Hardiness entails positive reframing of negative experiences as opportunities and challenges to overcome, and taking action to solve problems. Training programs to increase hardiness attitudes and related coping skills may thus be beneficial in facilitating healthy adaptation for severely injured patients.

<https://onlinelibrary.wiley.com/doi/full/10.1111/jsr.13235>

Maladaptive coping with the infodemic and sleep disturbance in the COVID-19 pandemic.

Cecilia Cheng, Omid V. Ebrahimi, Yan-ching Lau

Journal of Sleep Research

First published: 27 November 2020

<https://doi.org/10.1111/jsr.13235>

COVID-19 is caused by a novel virus with an unknown aetiology. People across the globe are dealing with not only a health crisis but also an 'infodemic', a term coined by the World Health Organization to refer to the avalanche of contradictory information that is arousing widespread confusion and anxiety. This study aimed to examine the prevalence of anxiety and sleep disturbance at the early stage of the pandemic, and unveil the information coping process underlying differential susceptibility to COVID-19 infection anxiety and sleep disturbance. The participants were 1,270 adults (47% men, Mage = 42.82) from the UK and US who completed initial (Time 1) and follow-up (Time 2) surveys from 16 to 22 March and 18 to 24 May 2020, respectively. The prevalence of probable clinically relevant anxiety was 61% and 45% at the first and second time points, and more than half of the participants in this anxiety group also reported mild to severe sleep disturbance. Moreover, 41% of the participants perceived themselves as not having enough COVID-19-related information and reported higher levels of COVID-19 infection anxiety and sleep disturbance over time than those who perceived themselves as having enough of such information. Moderated mediation analysis

identified two groups who were more vulnerable to both psychological problems: high blunterners who sought COVID-19-related information online more frequently and high monitors who sought such information offline less frequently. These findings highlight the importance of a good match between information coping style and strategy deployment in dealing with an infodemic surrounding a novel disease.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/famp.12622>

“This is not your Life...and it becomes your Life”: A Qualitative Exploration of Deployment-related Stress and Support needs in National Guard and Reserve spouses who are Mothers of Young Children.

Ross, A.M., DeVoe, E.R., Steketee, G., Spencer, R. and Richter, M.

Family Process

First published: 28 November 2020

<https://doi.org/10.1111/famp.12622>

The adverse effects of deployment-related stress (DRS) on military service members, spouses, and children are well documented. Findings from a recent Consensus Report on Military Families by the National Academies of Science, Engineering, and Medicine (2019) underscore the priority of gaining a more comprehensive understanding of the diversity of today’s military families and their needs and well-being. While social support is generally regarded as helpful during times of stress, it has not been studied extensively in National Guard/Reserve spouses who are parents of young children. This qualitative study of 30 women examines the unique ways in which DRS affects women who are National Guard/Reserve spouses and mothers of young children, as well as the processes through which they encountered support to manage these stressors. Salient themes spanned experiences involving deployment cycle phases of separation and reintegration and included both anticipated and unanticipated changes in family-related division of labor, dynamics, and communication patterns. These were complicated by geographic, social, and cultural isolation and misguided efforts to support spouses initiated by civilians. Women managed these stressors primarily through seeking, acquiring, and repurposing existing sources of informal social support for themselves and formal supports for their children, with varying degrees of success.

<https://psycnet.apa.org/record/2020-85004-001>

Serious suicide attempts and risk of suicide death: A case–control study in the US healthcare systems.

Prabhakar, D., Peterson, E. L., Hu, Y., Chawa, S., Rossom, R. C., Lynch, F. L., Lu, C. Y., Waitzfelder, B. E., Owen-Smith, A. A., Williams, L. K., Beck, A., Simon, G. E., & Ahmedani, B. K.

Crisis: The Journal of Crisis Intervention and Suicide Prevention

Advance online publication

<https://doi.org/10.1027/0227-5910/a000729>

Background:

In the US, more than one million people attempt suicide each year. History of suicide attempt is a significant risk factor for death by suicide; however, there is a paucity of data from the US general population on this relationship.

Aim:

The objective of this study was to examine suicide attempts needing medical attention as a risk for suicide death.

Method:

We conducted a case–control study involving eight US healthcare systems. A total of 2,674 individuals who died by suicide from 2000 to 2013 were matched to 267,400 individuals by year and location.

Results:

Prior suicide attempt associated with a medical visit increases risk for suicide death by 39.1 times, particularly for women (OR = 79.2). However, only 11.3% of suicide deaths were associated with an attempt that required medical attention. The association was the strongest for children 10–14 years old (OR = 98.0). Most suicide attempts were recorded during the 20-week period prior to death.

Limitations:

Our study is limited to suicide attempts for which individuals sought medical care.

Conclusion:

In the US, prior suicide attempt is associated with an increased risk of suicide death; the

risk is high especially during the period immediately following a nonlethal attempt.
(PsycInfo Database Record (c) 2020 APA, all rights reserved)

<https://www.sciencedirect.com/science/article/abs/pii/S1087079220301544>

The Influence of Sleep Disturbances and Sleep Disorders on Pain Outcomes Among Veterans: A Systematic Scoping Review.

Bruno Saconi, Rosemary C. Polomano, Peggy C. Compton, Miranda V. McPhillips, ...
Amy M. Sawyer

Sleep Medicine Reviews

Available online 30 November 2020

<https://doi.org/10.1016/j.smr.2020.101411>

Chronic nonmalignant pain, sleep disturbances and sleep disorders are highly prevalent conditions among U.S. military veterans. Evidence summaries highlight the influence of sleep on pain outcomes in the general adult population but not for the military veteran population. This is a significant gap as U.S. military veterans are an exceedingly high-risk population for both chronic pain and sleep disturbances and/or disorders. We aimed to review the influence of sleep disturbances and sleep disorders on pain outcomes among veterans with chronic nonmalignant pain. A systematic scoping review was conducted using PubMed/Medline, EMBASE, Scopus, CINAHL, and PsycINFO. Twenty-six out of 1,450 studies from initial search were included in this review resulting in a combined sample size of N=923,434 participants. Sleep disturbances and sleep disorders were associated with worse pain outcomes among veterans with chronic pain. Treatment-induced sleep improvements ameliorated pain outcomes in veterans with sleep disorders and sleep disturbances. Research is indicated to address an overlooked pain treatment opportunity – that of sleep disturbance and sleep disorder management.

<https://journals.sagepub.com/doi/full/10.1177/1557988320976304>

Experiences With Machismo and Pain: Latino Veterans.

Roberto Cancio

American Journal of Men's Health
First Published December 1, 2020
<https://doi.org/10.1177/1557988320976304>

Physical and emotional pain from combat-related injuries and experiences are serious problems among Latino veterans. This study fleshes out existing cultural constructs and concepts (e.g., machismo and familism) from the participants' point of view and may serve as an important step in unraveling the influence of Latino culture on pain, providing a deeper and more critical theorization between masculinity, race/ethnicity, and the military. Using 26 interviews from U.S.-born Latino veterans, this study analyzes the meanings and experiences of pain from combat, masculinity, and how culture affects expressions of pain. The following themes emerged: (a) Latino culture and ethnicity, (b) machismo and pain, (c) the transforming self, and (d) feeling disconnected and dealing with pain. Overall, respondents were governed by strict gender standards influenced by their ethnic identity and exacerbated by military masculinity. Findings suggest that the study of race/ethnicity acts as a fundamental framework from which to understand the experiences and behaviors of pain.

<https://academic.oup.com/socrel/advance-article-abstract/doi/10.1093/socrel/sraa044/6012326>

Finding Resonance Amid Trauma: Moral Injury and the Role of Religion Among Christian Post-9/11 U.S. Veterans.

Thomas Howard Suitt, III

Sociology of Religion
Published: 30 November 2020
<https://doi.org/10.1093/socrel/sraa044>

Recent scholarship examines the relationship between moral injury and religion but rarely analyzes social processes at work therein. This article uses data from interviews with 47 post-9/11 veterans who once or currently identified as Christian to explore how religious beliefs and practices preempt, mitigate, or exacerbate moral injury. While many veterans experienced potentially morally injurious events, the differences between those with moral injury and those without depended on whether they could find resonance with meaning-making toolkits amid trauma. Dissonance stirred by incoherence in one's moral narrative and betrayal of significant relationships spurred

manifestations of moral injury. Those who achieved resonance relied on religious moral frames they brought with them or those supplied by military culture, or they engaged in explicit moral deliberation. This study reveals a complex process of belief maintenance during moral crises that extends and challenges previous examinations of culture in action, resonance, and moral injury.

<https://psycnet.apa.org/record/2020-88222-006>

Perceived partner responsiveness, pain, and sleep: A dyadic study of military-connected couples.

O'Neill, A. S., Mohr, C. D., Bodner, T. E., & Hammer, L. B.

Health Psychology
2020; 39(12), 1089–1099
<https://doi.org/10.1037/hea0001035>

Objective:

The health-promoting influence of supportive close relationships has been extensively documented, yet the mechanisms of this effect are still being clarified. Leading researchers have theorized that examining particular interpersonal interactions and the mediating intrapersonal processes they facilitate is the key to understanding how close relationships benefit health. The purpose of this study was to investigate the influence of perceived partner responsiveness (PPR) on pain and sleep quality via affect in a sample of veterans and spouses (collectively called military-connected couples).

Method:

Military-connected couples (N = 162) completed 32 days of daily diaries. Mediated actor-partner interdependence models were conducted using multilevel structural equation modeling to assess the effects of PPR at baseline on the daily levels of positive affect, negative affect, pain, and sleep across the following 32 days.

Results:

Indirect effects emerged such that affect mediated the association between PPR and pain for veterans only whereas affect mediated the association between PPR and sleep quality for both partners. Daily direct effects emerged as well; for example, positive affect was positively associated with higher sleep quality for both partners and lower pain for veterans. Partner effects were revealed such as veteran PPR was positively

associated with spouse positive affect. Overall, greater PPR was associated with positive health outcomes for military-connected couples.

Conclusion:

The implications of this study include providing insights for couple-oriented interventions for preventing and treating pain and sleep problems in couples who are at high risk of these health problems such as military-connected couples. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

<https://www.tandfonline.com/doi/abs/10.1080/15402002.2020.1846537>

Insomnia Precipitating Events among Women Veterans: The Impact of Traumatic and Nontraumatic Events on Sleep and Mental Health Symptoms.

Gwendolyn C. Carlson, Monica R. Kelly, Austin M. Grinberg, Michael Mitchell, Sarah Kate McGowan, Najwa C. Culver, Morgan Kay, Cathy A. Alessi, Donna L. Washington, Elizabeth M. Yano & Jennifer L. Martin

Behavioral Sleep Medicine

Published online: 30 Nov 2020

<https://doi.org/10.1080/15402002.2020.1846537>

Objective/Background:

The current study describes insomnia precipitating events reported by women Veterans and examines differences in sleep and psychological distress variables in those who endorsed traumatic, nontraumatic, or no insomnia precipitating events.

Participants:

Baseline data were collected from 347 women Veterans enrolled in a behavioral sleep intervention study (NCT02076165). Methods: Participants completed self-report measures of insomnia symptoms, sleep quality, sleep efficiency (SE), nightmare frequency, and depression and posttraumatic stress disorder (PTSD) symptoms; SE was also assessed by wrist actigraphy. Participants responded to 2 open-ended questions assessing stressful life events and health changes that coincided with insomnia symptom onset. Responses were coded as traumatic, nontraumatic, and no events. Analyses of covariance examined the effect of insomnia precipitating event type on sleep and psychological symptom variables after controlling for sociodemographic factors.

Results:

Overall, 25.80% of participants endorsed traumatic events, 65.80% endorsed only nontraumatic events, and 8.41% endorsed no events. Participants who endorsed traumatic events reported more severe insomnia ($p = .003$), PTSD ($p = .001$), and depression symptoms ($p = .012$), and poorer quality of sleep ($p = .042$) than participants who endorsed no events. Participants who endorsed traumatic events reported more severe PTSD symptoms ($p = .004$), a longer duration of sleep problems ($p = .001$), and poorer quality of sleep ($p = .039$) than participants who endorsed nontraumatic events. Participants who endorsed nontraumatic events reported more severe insomnia ($p = .029$) and PTSD ($p = .049$) symptoms than participants who endorsed no events.

Conclusions:

Trauma as a precipitant for insomnia may be related to higher symptom severity in women Veterans. Implications for treatment engagement and effectiveness remain unstudied.

<https://link.springer.com/article/10.1186/s43058-020-00096-4>

Provider perspectives of implementation of an evidence-based insomnia treatment in Veterans Affairs (VA) primary care: barriers, existing strategies, and future directions.

Koffel, E., Hagedorn, H.

Implementation Science Communications

Volume 1, Article number: 107 (2020)

<https://doi.org/10.1186/s43058-020-00096-4>

Background

Cognitive behavioral therapy for insomnia (CBT-I) is a highly effective nonpharmacological intervention that is widely considered the gold standard for insomnia treatment. Insomnia is a prevalent and debilitating public health concern. Up to one third of the general population struggles with chronic insomnia, greatly increasing the risk for chronic pain and inflammation, depression and suicide, and cognitive decline. Over the last 10 years, the Veterans Health Administration (VHA) evidence-based psychotherapy training program has trained nearly 1000 providers to deliver CBT-I in hospitals and clinics nationwide. Despite increased access, most patients with

insomnia receive sleeping medications instead of CBT-I. This is particularly concerning for vulnerable populations, like older adults, who may be at increased risk of harms from medications. The goal of this study was to obtain a broad range of perspectives on CBT-I implementation from providers who commonly utilize and deliver CBT-I. This work identifies barriers and successful strategies used to overcome these barriers to guide future implementation efforts promoting evidence-based sleep care.

Methods

Semi-structured interviews, using the Consolidated Framework for Implementation Research (CFIR) as a guide, were conducted with 17 providers from five Veterans Affairs (VA) facilities (8 primary care physicians, 4 primary care psychologists, and 5 CBT-I coordinators). We used a thematic analysis approach in which common ideas were identified across interviews and then grouped into larger conceptual themes. Data were concurrently collected and analyzed with rapid assessment process (RAP) techniques.

Results

Findings suggested implementation barriers and facilitators related to the CFIR constructs of intervention characteristic (e.g., providers unfamiliar with primary evidence of CBT-I effectiveness), inner setting (e.g., sleep as a low relative priority in primary care), and outer setting (e.g., lack of external incentives for increasing CBT-I use), as well as several successful strategies, including use of local champions and supportive opinion leaders.

Conclusions

These findings suggest promising opportunities to improve implementation of CBT-I, especially at facilities with less well-established CBT-I programs. Formal implementation trials are needed to systematically determine the real-world impact of strategies such as enlisting CBT-I champions, informing opinion leaders about CBT-I services, and promoting network weaving among primary care, mental health, and sleep clinics.

<https://www.tandfonline.com/doi/abs/10.1080/07448481.2020.1845181>

Trauma exposure, alcohol consumption, and sleep quality: a latent growth curve model.

S. E. Cusack, K. E. Bountress, M. J. Lind, S. E. Hawn, The Spit for Science Working Group, D. M. Dick & A. B. Amstadter

Journal of American College Health
Published online: 01 Dec 2020
<https://doi.org/10.1080/07448481.2020.1845181>

This study examined the relations among precollege trauma exposure, alcohol use upon entering college, growth in alcohol use, and sleep quality in a sample of undergraduate students. Participants were 932 students from a large, urban, public university. Participants completed a survey upon entering college and then subsequent follow-up surveys each Spring semester. Precollege trauma exposure was associated with both baseline and growth in alcohol use, whereby higher levels of trauma were associated with higher baseline alcohol use, but with less steep increases in growth rate, as compared to those with lower levels of trauma. Baseline alcohol use was associated with sleep quality whereby those with higher levels of consumption demonstrated worsened sleep quality. This study provides longitudinal evidence for the relations among trauma, alcohol use, and sleep quality. Although the relationship between trauma and alcohol is well-established, further work is needed to identify how this relationship impacts additional health outcomes.

<https://psycnet.apa.org/record/2020-89379-001>

Psychological and emotional experiences during a military mission: A longitudinal study with soldiers and spouses.

Pessoa dos Santos, R., Francisco, R., Ribeiro, M. T., & Roberto, M. S.

Couple and Family Psychology: Research and Practice

Advance online publication

<https://doi.org/10.1037/cfp0000157>

The long absence of a family member changes the entire family environment. The deployment of a service member has a strong impact on family relationships. This longitudinal study aims to analyze motivations, emotions, and changes experienced by soldiers and their spouses during a mission: anxiety, positive and negative emotions, social support, family and life satisfaction. Soldiers and spouses answered questionnaires during the three main phases of the mission (Wave [W] 1: predeployment, W2: deployment, W3: postdeployment). Soldiers also completed a questionnaire 6 months after they returned home (W4: follow-up). The sample (N = 313)

comprised 255 male soldiers of the Portuguese Army (27–51 years old) and 58 female spouses (19–52 years old). A total of 123 participants had children at the time of the mission. The main reported reasons to go on a mission were personal fulfillment, career goals, and earning extra money. Higher levels of predeployment and postdeployment anxiety were observed among soldiers and their spouses. Service members exhibited more difficulties when deployed, whereas for their spouses, predeployment and deployment were more stressful periods. Soldiers who responded to the 6-month follow-up reported a lower capacity for adaptation and reintegration than they had at postdeployment. This study contributes to the construction of programs and/or actions that promote the achievement of “competences for a positive adaptation” and higher personal/family resilience, and it helps understand the reintegration of the soldier into the family environment to recover the family dynamics that existed before the mission. (PsyInfo Database Record (c) 2020 APA, all rights reserved)

Links of Interest

Spouses report more stress, less satisfaction with military lifestyle. And that was before COVID

<https://www.militarytimes.com/pay-benefits/2020/12/03/spouses-report-more-stress-less-satisfaction-with-military-lifestyle-and-that-was-before-covid/>

Provider Self-Care during a Global Pandemic

<https://www.pdhealth.mil/news/blog/provider-self-care-during-global-pandemic>

Here's Why Veterans Groups Are Happy About the New Airline Restrictions on Service Animals

<https://www.military.com/daily-news/2020/12/03/new-rules-animals-airlines-set-help-veterans-service-dogs.html>

Commentary -- A call to action: Sexual assault and harassment in the military

<https://www.militarytimes.com/opinion/commentary/2020/12/02/a-call-to-action-sexual-assault-and-harassment-in-the-military/>

New Study Shows Similarities in Brain's Craving Responses to Social Isolation and Hunger

<https://www.nccih.nih.gov/research/research-results/new-study-shows-similarities-in-brains-craving-responses-to-social-isolation-and-hunger>

To Prevent Suicide Among Veterans, Their Physicians Should Discuss Gun Safety
<https://jamanetwork.com/channels/health-forum/fullarticle/2773507>

Commentary -- Recognize the signs of anxiety in yourself and others
<https://www.militarytimes.com/opinion/commentary/2020/12/09/recognize-the-signs-of-anxiety-in-yourself-and-others/>

Resource of the Week: [2019 Survey of Active Duty Spouses \(2019 ADSS\)](#)

From [DOD press release](#):

Many key indicators of well-being among active-duty military spouses have improved or held steady since 2017, according to the newly released Survey of Active Duty Spouses. The survey measured spouse satisfaction from 2017-2019.

The 2019 survey looked at spouse attitudes and experiences in the areas of military support and benefits, deployment and reintegration, education and employment, and spouse and child well-being.

Areas that improved or held steady from the 2017 survey include general health and well-being, financial stability, marital satisfaction, and positive child behaviors.

The survey also identified key opportunities for the Department of Defense to improve spouse satisfaction in the areas of personal stress support, as well as support for employment and deployment-related challenges.



MILITARY FAMILIES

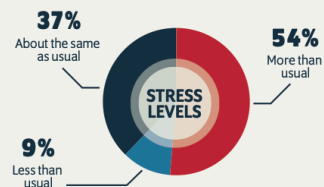
ACTIVE DUTY SPOUSE WELL-BEING
2019 SURVEY OF ACTIVE DUTY SPOUSES

www.militaryonesource.mil/data-research-and-statistics/survey-findings/2019-spouses-survey

Today's 605,716* active duty spouses have an important role in the total health of our military community. Addressing their well-being as they navigate military life is vital to the well-being and resilience of the Service member and the whole military family.

WELL-BEING OF ACTIVE DUTY SPOUSES

Current Level of Personal Stress



Mental Well-being

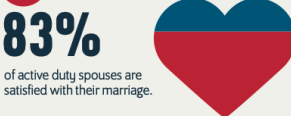
Within the last two weeks, active duty spouses reported feeling...



Financial Comfort



Marital Satisfaction



SUPPORT FOR ACTIVE DUTY SPOUSES

Community Support



Family Support



Sponsored by Military Community and Family Policy, conducted by the OPA

Source: 2019 Survey of Active Duty Spouses

*Source: 2019 Demographics Profile of the Military Community



Use of Counseling

65% of active duty spouses are comfortable using military counseling.

17% of active duty spouses have seen a counselor in the last 6 months.

75% of active duty spouses who have seen a counselor felt it was beneficial.

Top Cited Issues Discussed in Counseling

Marital Issues

18%

Mental Health Concerns

27%

Couple's Communication Issues

13%

RESOURCES FOR FAMILIES

The Department of Defense is dedicated to helping military spouses manage stress. Military spouses can receive support at no cost, including non-medical counseling at:

MILITARY
ONESOURCE
800-342-9647
www.militaryonesource.mil

Note: Released earlier this month, the 2019 iteration of this survey does not address the impact of COVID.

Shirl Kennedy
Research Editor (HJF)
Center for Deployment Psychology
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240-535-3901