

# CDP

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## **Research Update -- December 31, 2020**

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- Can military trauma promote psychological growth in combat veterans? Results from the National Health and Resilience in Veterans Study.
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- Perceived Burdensomeness, but not Thwarted Belongingness, Mediates the Impact of PTSD Symptom Clusters on Suicidal Ideation Modeled Longitudinally.
- A Qualitative Interpretive Meta-Synthesis of Military-Connected Spousal Abuse Survivor Narratives.
- Permanent change of station moves and disordered-eating attitudes and behaviors in prevention-seeking adolescent military-dependents.
- Links of Interest

- Resource of the Week -- Department of Defense Board on Diversity and Inclusion Report: Recommendations to Improve Racial and Ethnic Diversity and Inclusion in the U.S. Military

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<https://www.liebertpub.com/doi/full/10.1089/tmj.2020.0305>

## **Experiences of Mental Health Clinicians and Staff in Rapidly Converting to Full-Time Telemental Health and Work from Home During the COVID-19 Pandemic.**

Telemedicine and e-Health

Online Ahead of Print: December 9, 2020

<http://doi.org/10.1089/tmj.2020.0305>

### Background:

The mitigation strategies for the COVID-19 pandemic pushed much of the mental health workforce to rapidly convert to full-time telemental health (TMH). For many people, this occurred in the context of working from makeshift home offices with novel distractions. We describe the results of an online survey of mental health clinicians and staff regarding their experiences in rapidly converting to full-time TMH and work from home (WFH) during COVID-19.

### Methods:

Fourteen clinicians and 11 administrative staff from two outpatient mental health clinics in a large academic medical center completed the survey in May 2020.

### Results:

More than 85% of participants rated the experience of providing or supporting full-time TMH care as “somewhat better” or “much better than expected.” Clinicians and administrative staff reported perceptions that most clients were satisfied with TMH services. Identified TMH challenges included difficulty providing clinical forms and difficulties with technology. Identified benefits of WFH included lack of commute, time with loved ones, opportunities for self-care, and increased flexibility. Maintaining team cohesion and communication while working remotely, and setting boundaries between work and nonwork hours were identified as challenges. Nearly all respondents indicated a preference to continue some TMH from home in the future.

### Conclusions:

Findings suggest that rapidly adopting TMH and WFH during a pandemic were well

accepted. Should the progression of the pandemic require agile movement in and out of TMH and WFH, overcommunication and extra attention to supporting employee connection and morale are especially important.

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<https://www.liebertpub.com/doi/full/10.1089/tmj.2020.0303>

### **Telemental Health Response to the COVID-19 Pandemic: Virtualization of Outpatient Care Now as a Pathway to the Future.**

Matthew C. Mishkind, Jay H. Shore, and Christopher D. Schneck

Telemedicine and e-Health

Online Ahead of Print: December 8, 2020

<http://doi.org/10.1089/tmj.2020.0303>

The use of telemental health (TMH) has fostered the continued provision of mental health care during the COVID-19 pandemic, and ultimately prevented the significant drop in clinical visits as experienced by other health care disciplines. Many health care providers and systems rapidly virtualized care to include visits occurring in what previously were defined as nontraditional locations such as provider and patient homes. Emerging data and reports suggest that this rapid virtualization of mental health services occurred safely and effectively. Although it is uncertain how long the full virtualization will remain, we envision a future wherein mental health services are delivered using a hybrid in-person/TMH approach. This opinion provides an overview of current lessons learned from rapid virtualization due to COVID-19 mitigation strategies and recommends that mental health providers and systems use these lessons to define and promote hybrid care delivery.

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<https://www.ncbi.nlm.nih.gov/books/NBK564738/>

### **Pharmacologic and Nonpharmacologic Treatments for Posttraumatic Stress Disorder: An Update of the PTSD-Repository Evidence Base**

Comparative Effectiveness Review, No. 235

Investigators: Maya E. O’Neil, Ph.D., M.C.R., Tamara P. Cheney, M.D., Frances C. Hsu, M.S., Kathleen F. Carlson, Ph.D., M.S., Erica L. Hart, M.S.T., Rebecca S. Holmes, M.D., M.S., Katrina M. Murphy, B.S., Elaine Graham, M.L.S., David C. Cameron, M.P.H., Julie Kahler, Ph.D., Meaghan Lewis, Ph.D., Josh Kaplan, Ph.D., and Marian S. McDonagh, Pharm.D.

Agency for Healthcare Research and Quality (US)  
November 2020

#### Objectives:

Identify and abstract data from posttraumatic stress disorder (PTSD) treatment randomized controlled trials (RCTs) to update the PTSD Trials Standardized Data Repository (PTSD-Repository) with data on PTSD and mental health, including suicide-related outcomes and substance use.

#### Data sources:

We searched PTSDpubs, Ovid® MEDLINE®, Cochrane CENTRAL, PsycINFO®, Embase®, CINAHL®, and Scopus® for eligible RCTs published from 1980 to May 22, 2020.

#### Review methods:

In consultation with the National Center for PTSD (NCPTSD), we updated the PTSD-Repository by expanding inclusion criteria to RCTs targeting comorbid PTSD/substance use disorder (SUD) and adding data elements. The primary publication for each RCT was abstracted; data and citations from secondary publications (i.e., companion papers) appear in the same record. We assessed risk of bias (ROB) for all studies in the PTSD-Repository. We undertook an exploratory assessment of an expanded ROB system developed with guidance from a Technical Expert Panel and NCPTSD, which was pilot tested on a small subset of studies.

#### Results:

We identified 47 new RCTs of interventions for PTSD and 21 RCTs for comorbid PTSD/SUD, resulting in 389 included studies published from 1988 to 2020.

Psychotherapy interventions were the most common (63%), followed by pharmacologic interventions (25%). Most studies were conducted in the United States (62%) and had sample sizes ranging from 25 to 99 participants (60%). Approximately half of studies enrolled community participants (55%), and most were conducted in the outpatient setting (72%). Studies typically enrolled participants with a mix of trauma types (53%). Most RCTs (60%) were rated as having a medium ROB, and only 6 percent were rated as having a low ROB. Our pilot testing of an expanded ROB assessment tool

emphasized more detailed assessment of elements, including: (1) methods for managing missing data, including both dropout from treatment and missing measurements (i.e., loss to followup); (2) differential assessment of subjective and objective outcomes; and (3) consideration of a five-category overall rating system.

#### Conclusions:

The PTSD-Repository is a comprehensive database of data from PTSD trials. The PTSD-Repository allows clinical, research, education, and policy stakeholders to understand current research on treatment effectiveness and harms, and enable informed decisions about future research, mental health policy, and clinical care priorities. This report updates the studies and variables included in the PTSD-Repository to include recently published trials, interventions targeting comorbid PTSD/SUD, variables related to comorbidities such as suicide and SUDs, and ROB assessment.

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<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1842037>

### **The effect of mTBI and PTSD symptoms on computerized cognitive performance: Results from a sample of treatment-seeking active duty US service members.**

Larissa L. Tate, Maegan M. Paxton Willing, Louis M. French, Wendy A. Law, Layne D. Bennion, Katherine W. Sullivan & David S. Riggs

Military Psychology

Published online: 17 Dec 2020

<https://doi.org/10.1080/08995605.2020.1842037>

TBI and PTSD occur in a significant number of service members and can each result in considerable distress and cognitive challenges. Past research has established the individual impact of mild TBI (mTBI) and PTSD on cognitive performance; however, findings regarding the combined effects of mTBI and PTSD on cognitive performance are inconsistent. The present study examined the potentially synergistic effects of mTBI and PTSD symptoms on cognitive performance in a sample of 180 treatment-seeking active duty service members. As part of a larger clinical study, participants completed several self-report measures and an objective cognitive assessment via computer-based testing. Compared to norms, service members with mTBI-only, PTSD-symptoms-only, and comorbid TBI and PTSD performed significantly worse on cognitive tests, and there was a significant effect of group on cognitive performance, even when controlling

for performance validity. Notably, individuals experiencing both mTBI and PTSD performed worse than those with either condition alone; service members with mTBI-only and those with PTSD symptoms-only did not differ. Findings further illustrate the complexity of the relationship between these two conditions, indicating comorbid mTBI and PTSD may represent a unique challenge to cognitive performance. Additional research is needed to clarify their combined impact on post-injury functioning.

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<https://www.sciencedirect.com/science/article/abs/pii/S0306460320309060>

**Alcohol to down-regulate negative and positive emotions: Extending our understanding of the functional role of alcohol in relation to posttraumatic stress disorder.**

NH Weiss, S Goncharenko, AM Raudales, MR Schick, AA Contractor

Addictive Behaviors

Volume 115, April 2021

<https://doi.org/10.1016/j.addbeh.2020.106777>

Highlights

- PTSD was linked to alcohol misuse via down-regulation of negative/positive emotions.
- Extends current models by supporting a down-regulation function for positive emotions.
- PTSD-AUD interventions may target down-regulation of positive emotions.

Abstract

Introduction

Functional models of posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD) underscore the role of internally-driven negative reinforcement. However, with the focus of these models being on negative emotions broadly, there is limited understanding of the effect of alcohol use to down-regulate specific forms of negative emotions or positive emotions generally. Among populations characterized by PTSD, there is growing evidence that positive emotions may elicit aversive reactions and thus be intentionally reduced, including via alcohol use.

Objective:

The current study examined the associations among PTSD symptom severity, alcohol

use to down-regulate both negative (i.e., despondency and anger) and positive emotions, and alcohol misuse.

Method:

Data were collected from 320 trauma-exposed, substance-using individuals in the community (M age = 35.78, 46.9% women). Results: Individuals with greater PTSD symptom severity reported significantly higher alcohol use to down-regulate despondency, anger, and positive emotions, which, in turn, were linked to greater alcohol misuse.

Conclusions:

Alcohol use may serve to down-regulate both negative (i.e., despondency and anger) and positive emotions, and these functions may help to explain the association of PTSD symptom severity to alcohol misuse. PTSD-AUD models may benefit from specifying a negatively reinforcing function of alcohol use in the context of positive emotions.

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<https://journals.sagepub.com/doi/abs/10.1177/1745691620953096>

**The Challenges of Military Veterans in Their Transition to the Workplace: A Call for Integrating Basic and Applied Psychological Science.**

Shepherd S, Sherman DK, MacLean A, Kay AC

Perspectives on Psychological Science

First Published December 14, 2020

<https://doi.org/10.1177/1745691620953096>

Long-standing structural features of the military have created a culture and society that is dramatically different and disconnected from civilian society. Thus, veterans transitioning to civilian society face a number of challenges related to fulfilling basic psychological needs (e.g., need for structure and order, belonging) and civilians' reliance on stereotypes to understand military veterans. In an attempt to enrich the understanding of these challenges, we integrate social psychological theories and insights with research from sociology, clinical psychology, military psychology, and organizational behavior. Theories of compensatory control, stereotype threat, and stereotyping are drawn on to help explain the psychological challenges that veterans may encounter during their transition to civilian society. We present recent research that leverages these theories to understand issues veterans face. This theoretical integration



illustrates the opportunity and potential for psychological researchers to conduct basic and applied research in the context of veterans and for clinicians and managers to draw on basic theory to inform programs and interventions.

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<https://pubmed.ncbi.nlm.nih.gov/33113596/>

### **Randomized Controlled Trial of Riluzole Augmentation for Posttraumatic Stress Disorder: Efficacy of a Glutamatergic Modulator for Antidepressant-Resistant Symptoms.**

Spangler, P. T., West, J. C., Dempsey, C. L., Possemato, K., Bartolanzo, D., Aliaga, P., Zarate, C., Vythilingam, M., & Benedek, D. M.

Journal of Clinical Psychiatry  
2020 Oct 27;81(6):20m13233  
<https://doi.org/10.4088/JCP.20m13233>

#### Objective:

Current pharmacologic treatments for posttraumatic stress disorder (PTSD) have shown limited efficacy, prompting a call to investigate new classes of medications. The current study investigated the efficacy of glutamate modulation with riluzole augmentation for combat-related PTSD symptoms resistant to treatment with selective serotonin reuptake inhibitors (SSRIs) or serotonin-norepinephrine reuptake inhibitors (SNRIs).

#### Methods:

A randomized, double-blind, placebo-controlled, parallel trial was conducted at Walter Reed National Military Medical Center and Syracuse VA Medical Center between December 2013 and November 2017. Veterans and active duty service members with combat-related PTSD (per the Clinician Administered PTSD Scale [CAPS]) who were not responsive to SSRI or SNRI pharmacotherapy were randomized to 8-week augmentation with a starting dose of 100 mg/d of riluzole (n = 36) or placebo (n = 38) and assessed weekly for PTSD symptoms, anxiety, depression, disability, and side effects.

#### Results:

Intent-to-treat analyses (N = 74) of the primary outcome (CAPS for DSM-IV) showed no significant between-group difference in change in overall PTSD symptoms (F = 0.64, P = .422), with a small effect size (d = 0.25). There was clinically significant within-group

improvement in overall PTSD symptoms in both groups, with a greater mean (SD) decrease in CAPS score in the riluzole group (-21.1 [18.9]) than in the placebo group (-16.7 [17.2]). Exploratory analyses of PTSD symptom clusters showed significantly greater improvement on hyperarousal symptoms in the riluzole group as measured by the PTSD Checklist-Specific-Subscale D ( $d = 0.48$ ) and near-significant findings on the CAPS Subscale D. Riluzole augmentation was not superior to placebo on change in depression, anxiety, or disability severity.

#### Conclusions:

Although preliminary, the exploratory findings of this study offer some evidence that riluzole augmentation of an SSRI or SNRI may selectively improve PTSD hyperarousal symptoms without changes in overall PTSD symptoms, depression, anxiety, or disability. Additional investigation of the mechanism of the efficacy of riluzole for hyperarousal symptoms is warranted.

#### Trial registration:

ClinicalTrials.gov identifier: NCT02155829.

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<https://pubmed.ncbi.nlm.nih.gov/33360537/>

### **Predictors of moral injury in UK treatment seeking veterans.**

Williamson, V., Greenberg, N., & Murphy, D.

Child Abuse & Neglect

2020; 112, 104889. Advance online publication

<https://doi.org/10.1016/j.chiabu.2020.104889>

#### Background:

Moral injury is known to be associated with mental health difficulties in US military populations, however its impact on wellbeing in a UK Armed Forces (AF) context is less well understood. Additionally, it is not clear whether other factors known to affect service personnel's mental health, such as adverse childhood experiences (ACEs) or military trauma, may influence whether personnel experience moral injury.

#### Aim:

To examine the relationship between moral injury and ACEs, adverse military events as well as the impact of moral injury on the mental health of UK AF veterans.

Method:

A nationally representative sample of UK AF veterans seeking psychological treatment (n = 177) were recruited. Participants completed self-report psychometric measures and expressions of moral injury, ACEs and traumatic in-service events.

Results:

Analyses yielded a significant association between ACEs and veteran expressions of moral injury ( $p < .001$ ). A significant although weak relationship was found between veteran expressions of moral injury and experiencing adverse events during military service, including physical abuse (AOR 1.04; 95 % CI 1.02-1.06) and emotional abuse (AOR 1.03; 1.01-1.05). Those meeting criteria for mental health disorders, including probable posttraumatic stress disorder (AOR 1.09; 95 % CI 1.05-1.12), were significantly more likely to report expressions of moral injury.

Conclusions:

These results illustrate the relationship between traumatic life events, including childhood adversity, and experiencing moral injury in UK AF veterans. The findings underscore the need for a validated measurement tool appropriate for the UK AF to better understand the impact of moral injury on wellbeing and to ensure that appropriate treatment can be given to those identified as suffering post-trauma.

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<https://pubmed.ncbi.nlm.nih.gov/33355027/>

**The relationship between self-reported physical functioning, mental health, and quality of life in Service members after combat-related lower extremity amputation.**

Eskridge, S. L., Watrous, J. R., McCabe, C. T., Clouser, M. C., & Galarneau, M. R.

Disability and rehabilitation

2020 Dec 23; Advance online publication

<https://doi.org/10.1080/09638288.2020.1863481>

Purpose:

Service members with amputations experience numerous challenges, yet few studies have examined patient-reported outcomes, including physical functional status, mental-

health screening status, and quality of life (QOL) or the relationship between these outcomes.

#### Materials and methods:

Service members with combat-related lower extremity amputations (N = 82) and participants in the Wounded Warrior Recovery Project were included. Patient-reported outcomes of physical functional status, posttraumatic stress disorder (PTSD), depression screening status, and QOL were compared, while accounting for amputation level. Linear regression assessed relationships between physical functional status and QOL, as well as mental-health screening status.

#### Results:

Higher physical functioning scores were associated with better QOL, and lower physical functioning scores were associated with screening positive for PTSD or depression. When stratified by mental-health screening, a significant relationship was observed between mean physical functioning scores and amputation level with a negative PTSD or depression screen only. Additionally, those with bilateral amputation reported lower physical functioning.

#### Conclusions:

Physical functioning was associated with patient-reported outcomes, including QOL and mental-health screening. Screening positive for PTSD or depression was associated with worsened self-reported physical function and may outweigh the impact of amputation severity on physical functioning. Successful rehabilitation requires the integration of physical and mental health domains in order to achieve optimal functioning. Implications for rehabilitation The current study shows that physical functioning in participants with combat-related amputation is related to the amputation level, quality of life, and mental-health symptom screening. Good mental health is crucial to optimal functioning, as presence of adverse mental-health symptoms may exacerbate physical functional limitations among those with combat-related amputations. Assessing variables related to adverse mental-health symptoms and ultimate physical functioning outcomes is critical for clinicians to optimize rehabilitative strategies and outcomes.

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<https://journals.sagepub.com/doi/abs/10.1177/0095327X20974391>

**Social Media as an (Un)Supportive Resource for Military Partners Coping With Military Lifestyle Challenges.**

Kelly Rossetto, Jennifer S. Owlett

Armed Forces & Society

First Published December 14, 2020

<https://doi.org/10.1177/0095327X20974391>

The current study explored how romantic partners of active-duty service members perceived social media as (un)supportive when dealing with military lifestyle challenges. This study also explored coping and support paradoxes as they play out when military partners are using social media to help them cope. Twenty-four partners (female, n = 22; male, n = 2) participated in interviews. Participants reported mostly using Facebook (e.g., spouse groups) for dealing with military lifestyle challenges. Supportive functions included seeking and providing support and relational maintenance and development. Unsupportive functions included reinforced boundaries and support breakdowns. Findings are discussed with a focus on communal coping and coping and support paradoxes.

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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7003209/>

### **The Effects of PTSD Symptoms on Educational Functioning in Student Veterans.**

Morissette, S. B., Ryan-Gonzalez, C., Yufik, T., DeBeer, B. B., Kimbrel, N. A., Sorrells, A. M., Holleran-Steiker, L., Penk, W. E., Gulliver, S. B., & Meyer, E. C.

Psychological Services

Published online 2019 Jun 13

<https://doi.org/10.1037/ser0000356>

#### **Background**

Posttraumatic stress disorder (PTSD) occurs at high rates among student veterans and is known to negatively impact educational functioning; however, the unique effects of PTSD are less clear, as PTSD is highly comorbid with many other conditions that could potentially affect educational functioning.

#### **Objectives**

The present study had two objectives: (1) Determine the impact of PTSD symptom severity on educational functioning after accounting for demographic variables,

traumatic brain injury, and commonly co-occurring mental health conditions; and (2) Identify which symptom clusters of PTSD have the greatest impact on educational functioning.

#### Methods

Educational functioning and other commonly occurring mental health conditions were assessed cross-sectionally among 90 student veterans.

#### Results

TBI and major depressive disorder (MDD) were initially associated with impaired educational functioning; however, after adding PTSD into the final model, only PTSD ( $\beta = .44$ ;  $p < .001$ ) and MDD ( $\beta = .31$ ;  $p = .001$ ) remained associated with educational impairment. Follow-up analyses indicated that the re-experiencing symptom cluster was most strongly associated with impaired educational functioning ( $\beta = .28$ ,  $p = .031$ ).

#### Conclusions

Overall, these results suggest that PTSD symptoms—especially re-experiencing symptoms—may be a driving force behind impaired educational impairment, even after accounting for other commonly co-occurring mental health conditions.

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<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2774107>

### **Racial Differences in Statewide Suicide Mortality Trends in Maryland During the Coronavirus Disease 2019 (COVID-19) Pandemic.**

Bray MJC, Daneshvari NO, Radhakrishnan I, et al.

JAMA Psychiatry

Published online December 16, 2020

<https://doi.org/10.1001/jamapsychiatry.2020.3938>

Mental health experts have predicted changing patterns of suicidality during the coronavirus disease 2019 (COVID-19) pandemic, but national mortality data remain unavailable. African American individuals are disproportionately impacted by the virologic and socioeconomic consequences of COVID-19, with probable implications for mental health. We hypothesized rising suicide mortality among Black residents of Maryland during COVID-19 crisis periods. Characterizing these trends may inform policy with implications for population health.

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<https://journals.sagepub.com/doi/abs/10.1177/0030222820981235>

**The Serious Suicide Attempts Approach for Understanding Suicide: Review of the Psychological Evidence.**

Levi-Belz Y, Gvion Y, Apter A.

OMEGA - Journal of Death and Dying  
First Published December 16, 2020  
<https://doi.org/10.1177/0030222820981235>

The study of survivors of a serious suicide attempt (SSA)—an attempt that would have been fatal had it not been for the provision of rapid and effective emergency treatment—can help researchers understand the suicidal mind. Serious suicide attempters are epidemiologically very similar to those who died by suicide, and thus can serve as valid proxies for studying suicides. In this paper, our objective was to briefly review the main risk factors that may facilitate more dangerous suicide behavior with high levels of intent. Our review highlights several dimensions of risk factors for SSAs, including psychopathology, mental pain, communication difficulties, decision-making impulsivity, and aggression. Several studies have indicated that the interaction between some of these dimensions, especially between mental pain and interpersonal difficulties, may serve as major catalysts for SSAs. Suicidal risk assessment should incorporate a designated evaluation of these risk factors as part of suicide prevention models.

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<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1842037>

**The effect of mTBI and PTSD symptoms on computerized cognitive performance: Results from a sample of treatment-seeking active duty US service members.**

Larissa L. Tate, Maegan M. Paxton Willing, Louis M. French, Wendy A. Law, Layne D. Bennion, Katherine W. Sullivan & David S. Riggs

Military Psychology  
Published online: 17 Dec 2020  
<https://doi.org/10.1080/08995605.2020.1842037>

TBI and PTSD occur in a significant number of service members and can each result in considerable distress and cognitive challenges. Past research has established the individual impact of mild TBI (mTBI) and PTSD on cognitive performance; however, findings regarding the combined effects of mTBI and PTSD on cognitive performance are inconsistent. The present study examined the potentially synergistic effects of mTBI and PTSD symptoms on cognitive performance in a sample of 180 treatment-seeking active duty service members. As part of a larger clinical study, participants completed several self-report measures and an objective cognitive assessment via computer-based testing. Compared to norms, service members with mTBI-only, PTSD-symptoms-only, and comorbid TBI and PTSD performed significantly worse on cognitive tests, and there was a significant effect of group on cognitive performance, even when controlling for performance validity. Notably, individuals experiencing both mTBI and PTSD performed worse than those with either condition alone; service members with mTBI-only and those with PTSD symptoms-only did not differ. Findings further illustrate the complexity of the relationship between these two conditions, indicating comorbid mTBI and PTSD may represent a unique challenge to cognitive performance. Additional research is needed to clarify their combined impact on post-injury functioning.

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<https://www.tandfonline.com/doi/abs/10.1080/1478601X.2020.1860035>

### **Military combat, mental health, and crime: A preliminary test of a general strain theory model.**

Stephen J. Watts & Lauren E. Wright

Criminal Justice Studies

Published online: 16 Dec 2020

<https://doi.org/10.1080/1478601X.2020.1860035>

Research has shown that military combat experience can shape later mental health in a negative fashion and increase subsequent antisocial behaviors. Limited research to date has attempted to explore if military combat experience is related to antisocial behaviors because it increases the likelihood of negative mental health states. Using general strain theory (GST) as a guide, the current study offers a preliminary test of how military combat experience, negative mental health, with a focus on depressive symptoms and posttraumatic stress disorder (PTSD), and antisocial behavior, with a focus on criminal behavior, might relate together in a single theoretically informed



model. Results from the Add Health sample suggest that military combat experience correlates with depressive symptoms, PTSD, and crime. Further, results suggest that PTSD, but not depressive symptoms, could potentially act as a mediator between military combat experience and subsequent criminal behavior. Implications for theory and policy are discussed.

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<https://journals.sagepub.com/doi/abs/10.1177/0898264320975231>

## **The Impact of Military Service Exposures and Psychological Resilience on the Mental Health Trajectories of Older Male Veterans.**

Ureña S, Taylor MG, Carr DC

Journal of Aging and Health

First Published December 19, 2020

<https://doi.org/10.1177/0898264320975231>

### Objectives:

We examine the impact of exposure to the dead, dying, and wounded (DDW) during military service on the later-life depressive symptom trajectories of male United States veterans, using psychological resilience as an internal resource that potentially moderates negative consequences.

### Methods:

The Health and Retirement Study (2006–2014) and linked Veteran Mail Survey were used to estimate latent growth curve models of depressive symptom trajectories, beginning at respondents' first report of resilience.

### Results:

Veterans with higher levels of resilience do not have increased depressive symptoms in later life, despite previous exposure to DDW. Those with lower levels of resilience and previous exposure to DDW experience poorer mental health in later life.

### Discussion:

Psychological resilience is important for later-life mental health, particularly for veterans who endured potentially traumatic experiences. We discuss the importance acknowledging the role individual resources play in shaping adaptation to adverse life events and implications for mental health service needs.

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<https://journals.sagepub.com/doi/abs/10.1177/1524838020979667>

## **Reducing Shame, Promoting Dignity: A Model for the Primary Prevention of Complex Post-Traumatic Stress Disorder.**

Salter M, Hall H.

Trauma, Violence, & Abuse

First Published December 20, 2020

<https://doi.org/10.1177/1524838020979667>

Complex post-traumatic stress disorder (CPTSD) refers to the complex psychological and psychosocial sequelae caused by prolonged interpersonal abuse. Contemporary approaches to CPTSD are dominated by individualized psychological interventions that are long term and costly. However, accumulating evidence indicates that CPTSD is a high prevalence mental illness implicated in significant social problems, with a pattern of lateral and intergenerational transmission that impacts on already disadvantaged communities. Consequently, there have been calls for a public health model for the prevention of CPSTD; however, there has been a lack of clarity as to what this should entail. This article argues that empirical and conceptual shifts framing CPTSD as a shame disorder offers new preventative opportunities. The article presents a series of interconnected literature reviews including a review of available prevalence data on CPTSD, the public health implications of CPTSD, the role of shame and humiliation in CPTSD, and current scholarship on dignity in public policy and professional practice. Drawing on these reviews, this article develops a social ecological model of primary prevention to CPTSD with a focus on the reduction of shame and the promotion of dignity at the relational, community, institutional, and macrolevel. A broad overview of this model is provided with examples of preventative programs and interventions. While the epidemiology of CPTSD is still emerging, this article argues that this model provides the conceptual foundations necessary for the coordination of preventative interventions necessary to reduce to the risk and prevalence of CPSTD.

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<https://www.sciencedirect.com/science/article/abs/pii/S0165032720331670>

## **Can military trauma promote psychological growth in combat veterans? Results from the National Health and Resilience in Veterans Study.**

J Greenberg, J Tsai, SM Southwick, RH Pietrzak

Journal of Affective Disorders

Available online 24 December 2020

<https://doi.org/10.1016/j.jad.2020.12.077>

### Highlights

- Number of deployments and PTSD symptoms are associated with posttraumatic growth following combat
- Re-experiencing symptoms were most strongly associated with posttraumatic growth
- Posttraumatic growth following combat is greatest for those with moderate levels of PTSD symptoms
- Posttraumatic growth after combat is associated with better mental functioning and quality of life

### Abstract

#### Background

Military combat trauma is often associated with negative outcomes, including high rates of posttraumatic stress disorder (PTSD). Less is known, however, about whether military combat trauma may foster posttraumatic growth (PTG), which has been observed in relation to other trauma types, in representative samples of veterans.

#### Methods

We analyzed data from veterans who participated in the National Health and Resilience in Veterans Study who reported a military-related trauma (n=210). Participants completed measures of trauma history, combat exposure, PTSD symptoms, PTG, functioning, and quality of life (QOL). Bivariate correlations, regression analyses, analyses of covariance, and fit of linear and quadratic functions were used to examine relationships between PTSD symptom clusters, PTG and its subdomains, and functioning.

#### Results

Number of deployments ( $\beta=0.23$ ) and lifetime PTSD symptom severity ( $\beta=0.19$ ), particularly re-experiencing symptoms ( $\beta=0.37$ ), were independently associated with

greater PTG. An inverted-U-shaped quadratic function provided the best fit for the relationship between PTSD symptoms and PTG ( $R^2 = 0.22$ ). Greater PTG was associated with greater mental functioning ( $\beta = 0.15$ ) and QOL ( $\beta = 0.24$ ).

#### Limitations

The inability to make casual inferences in this cross-sectional study; possible bias related to self-report measures; and the lengthy time period between index trauma and assessment of PTSD and PTG.

#### Conclusions

PTG is relatively common among combat veterans, particularly among those with PTSD, and is associated with better mental functioning and QOL. Positive psychology interventions to bolster PTG may help promote functional outcomes in this population.

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<https://www.sciencedirect.com/science/article/abs/pii/S0306453020305084>

### **The Role of Oxytocin Signaling in Depression and Suicidality in Returning War Veterans.**

Corinne D. Warrener, Edward M. Valentin, Camilla Gallin, Lynnet Richey, ... James K. Rilling

Psychoneuroendocrinology

Available online 24 December 2020

<https://doi.org/10.1016/j.psyneuen.2020.105085>

#### Highlights

- War veterans report feeling very close to their comrades during war
- Methylation of the oxytocin receptor gene is related to depression in war veterans
- Social connectedness is negatively correlated with depression and suicidality
- PTSD symptomology is positively correlated with depression in war veterans
- Sleep quality is negatively correlated with depression in war veterans

#### Abstract

Many war veterans struggle with depression and suicidality, and separation from the military is a time of particularly high risk. Based on research in non-human animals, we hypothesized that reduced oxytocin signaling would mediate symptoms of depression and suicidality in war veterans recently separated from their close comrades. We also

hypothesized that veterans with more frequent contact with comrades would have fewer symptoms of depression and suicidality. In this cross-sectional study, male veterans from the Iraq and Afghanistan wars (n=86) provided blood and urine samples for measurement of peripheral oxytocin (OT) levels, as well as saliva samples for DNA extraction followed by genotyping of oxytocin receptor gene (OXTR) Single Nucleotide Polymorphisms, and CpG-methylation assessment. Participants also completed a series of mental health questionnaires and interviews. Veterans reported feeling very close to their comrades during war, and missing them greatly upon returning home. Neither peripheral OT levels nor OXTR genotypes were related to symptoms of depression or suicidality. On the other hand, methylation at OXTR CpG -924 was negatively correlated with depressive symptomology, after controlling for possible confounds. Veterans who socialized with comrades more frequently had higher levels of urinary, but not plasma OT, as well as less depressive symptomology. Social connectedness was a strong negative predictor of symptoms of both depression and suicidality, eclipsing the predictive power of other variables such as post-deployment social support, the degree to which participants reported missing their comrades, and the frequency with which they socialized with comrades. Our results suggest that veteran mental health is more impacted by lack of social connectedness than by separation from close comrades per se. While there is some evidence that OXTR methylation relates to depressive symptomology, decreased OT signaling does not appear to mediate the relationship between social disconnectedness and depression or suicidality. Sleep quality and anxiety disorders were also significantly associated with mental health symptoms, independent of social connectedness. Our findings suggest that efforts aimed at alleviating the burden of depression and suicidality in returning war veterans should focus on re-integrating veterans into society and establishing a feeling of social connectedness, as well as on treating anxiety disorders and sleep problems.

#### Data availability statement

The data that support the findings of this study are available in Open Science Framework at [https://osf.io/nw3kz/?view\\_only=a9f39cd41ac54731a270c11734411666](https://osf.io/nw3kz/?view_only=a9f39cd41ac54731a270c11734411666)

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<https://www.sciencedirect.com/science/article/abs/pii/S0165032720331694>

**Perceived Burdensomeness, but not Thwarted Belongingness, Mediates the Impact of PTSD Symptom Clusters on Suicidal Ideation Modeled Longitudinally.**

Kateryna Kolnogorova, Nicholas P. Allan, Shahrzad Moradi, Tracy Stecker

### Highlights

- Burdensomeness mediates the relation between most PTSD clusters and suicidal ideation.
- This was true for reexperiencing, avoidance, and hyperarousal clusters.
- Burdensomeness predicts suicidal ideation in all PTSD clusters.
- Belongingness does not mediate relations between PTSD clusters and suicidal ideation.

### Abstract

#### Background:

Studies examining Posttraumatic Stress Disorder symptom clusters, suicidal ideation, and variables described in the Joiner's interpersonal theory of suicidal behavior were cross-sectional.

#### Methods:

We tested whether the relation between the Posttraumatic Stress Disorder symptom clusters and suicidal ideation is mediated by perceived burdensomeness and thwarted belongingness (variables of the interpersonal theory of suicidal behavior) in military personnel with current suicidal ideation using longitudinal design. DSM-IV model with reexperiencing, avoidance, numbing, and hyperarousal clusters was used. Structural equation modelling was used to test separate models for each symptom cluster with a symptom cluster at baseline, month 1 perceived burdensomeness and thwarted belongingness, and month 3 suicidal ideation, controlling for baseline values of the month 1 and month 3 variables.

#### Results:

Analysis of direct non-mediation models showed that baseline reexperiencing ( $p = .08$ ) and avoidance ( $p = .07$ ) symptom clusters marginally predicted month 3 suicidal ideation. The mediation analyses showed indirect effects from baseline reexperiencing, avoidance, and hyperarousal to suicidal ideation at month 3 through perceived burdensomeness at month 1. Thwarted belongingness did not mediate the relations between symptom clusters and suicidal ideation.

#### Limitations:

The mechanism driving development of suicidal ideation in military personnel with

PTSD may be different from the mechanism in other samples. Doing a phone interview limited us to use questionnaires instead of a clinical interview.

Conclusions:

Our findings suggest that interventions targeting perceived burdensomeness in military personnel with reexperiencing, avoidance, and hyperarousal symptoms may be beneficial to reduce suicidal ideation.

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<https://academic.oup.com/bjsw/advance-article-abstract/doi/10.1093/bjsw/bcaa226/6047250>

### **A Qualitative Interpretive Meta-Synthesis of Military-Connected Spousal Abuse Survivor Narratives.**

M Christine Highfill, Zhirui Chen

The British Journal of Social Work

Published: 24 December 2020

<https://doi.org/10.1093/bjsw/bcaa226>

Domestic abuse in the military context is studied worldwide; however, few studies explore the experience from the perspective of civilian survivor spouses. This qualitative interpretive meta-synthesis (QIMS) investigates how the survivors of military-connected spousal abuse (MCSA) conceptualise their identity. We conducted a QIMS of eight studies from the UK and USA. Developed by a social worker to expand understanding of a topic without exposing vulnerable populations to further risk, the QIMS method synthesises results from several qualitative studies into a new synergistic whole. Utilising Bronfenbrenner and Morris's ecological model as an organizing framework, we identified one overarching theme with three supporting themes, best described by Meghan, an American Soldier's wife: 'Do the good little robot wife – keep your mouth shut, do what you're told, or there's consequences'. Our findings provide a compass for future social work research to include examining MCSA survivors' distal identities and the impact of macrospheric narratives on identity formation. Understanding military-related domestic abuse from a survivor's perspective also informs social work practice and military policy.

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## **Permanent change of station moves and disordered-eating attitudes and behaviors in prevention-seeking adolescent military-dependents.**

M.K. Higgins Neyland, Lisa M. Shank, Jason M. Lavender, Alexander Rice, ... Marian Tanofsky-Kraff

Eating Behaviors

Volume 40, January 2021

<https://doi.org/10.1016/j.eatbeh.2020.101470>

### Highlights

- The average number of permanent change of station moves (PCS-moves) was 3.6.
- PCS-move frequency was positively associated with disordered-eating attitudes.
- PCS-move frequency was not significantly related to disordered-eating behaviors.
  
- Prospective work should explore the impact of PCS-moves on eating-related outcomes.

### Abstract

#### Objective

Military-dependent youth appear to be at greater risk for disordered-eating than their civilian counterparts. Permanent change of station moves (PCS-moves), typically occurring every 2–3 years, are commonly experienced by adolescent military-dependents. However, the links between PCS-moves and disordered-eating in this population have not been explored. We hypothesized that stress arising from PCS-moves may contribute to the development and/or exacerbation of disordered-eating.

#### Methods

One-hundred-forty-nine adolescent military-dependents with overweight or obesity (59.7% female; 46.3% non-Hispanic White; 14.4±1.5 years; BMI-z: 1.9±0.4) completed measures before commencing an adulthood obesity and binge-eating disorder prevention trial for adolescents at-risk for both conditions due to BMI percentile ≥85th and loss-of-control (LOC)-eating and/or elevated anxiety symptoms. Disordered-eating attitudes and LOC-eating were assessed by semi-structured interview, and emotional eating was self-reported. Adjusting for relevant covariates, multiple linear regressions examined the unique association of PCS-move frequency with disordered-eating



attitudes and disinhibited-eating behaviors.

## Results

PCS-move frequency was not significantly associated with either LOC-eating frequency ( $\beta = 0.09$ ,  $p = .27$ ) or emotional eating ( $\beta = -0.04$ ,  $p = .62$ ). However, PCS-move frequency was positively associated with disordered-eating attitudes ( $\beta = 0.17$ ,  $p = .04$ ), which appeared to be primarily driven by shape concerns ( $\beta = 0.21$ ,  $p = .01$ ).

## Discussion

Findings indicate that frequency of PCS-moves is related to disordered-eating attitudes, but not behaviors. Longitudinal research is needed to understand if PCS-moves prospectively relate to the onset and/or exacerbation of disordered-eating, and the relevance of disordered-eating attitudes as opposed to disinhibited-eating behaviors.

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## Links of Interest

\$1 million initiative aims to address racial inequities to improve lives of military families

<https://www.militarytimes.com/pay-benefits/2020/12/16/1-million-initiative-aims-to-address-racial-inequities-to-improve-lives-of-military-families/>

Consistent, widespread racial disparities hurt Black airmen, IG study finds

<https://www.airforcetimes.com/news/your-air-force/2020/12/21/consistent-widespread-racial-disparities-hurt-black-airmen-ig-study-finds/>

The military needs to crack down on extremists within the ranks, Pentagon report finds

<https://taskandpurpose.com/news/military-counter-extremists-service-members/>

Veterans of the 'Forever Wars' Need Jobs as Much as Health Care

<https://www.bloomberg.com/opinion/articles/2020-12-16/iraq-and-afghanistan-veterans-need-help-with-jobs-health-care>

Veterans: Don't just "deal with" your anger

Tools can help you control reactions to irritating events

<https://www.blogs.va.gov/VAntage/82137/veterans-dont-just-deal-anger/>

PTSD Treatment During COVID - PTSD Monthly Update, December, 2020

<https://content.govdelivery.com/accounts/USVHA/bulletins/2b1d11a>

It's Time for a New, 'Heart to Heart' Approach to Help End Veteran Suicide (opinion)  
<https://www.military.com/daily-news/opinions/2020/12/21/its-time-new-heart-heart-approach-help-end-veteran-suicide.html>

Study Provides Insights Into People's Certainty Levels When Rating Their Pain  
<https://www.nccih.nih.gov/research/research-results/study-provides-insights-into-peoples-certainty-levels-when-rating-their-pain>

inTransition: Open to All Service Members and Veterans, All the Time  
<https://www.pdhealth.mil/news/blog/intransition-open-all-service-members-and-veterans-all-time>

Obesity and Other Problems Barring Teens from Military Service Need National Attention, Leaders Say  
<https://www.military.com/daily-news/2020/12/27/obesity-and-other-problems-barring-teens-military-service-need-national-attention-leaders-say.html>

'Hidden heroes' of deployment: Girls go a year without mom  
<https://www.stripes.com/news/us/hidden-heroes-of-deployment-girls-go-a-year-without-mom-1.656487>

We need veterans treatment courts now more than ever (commentary)  
<https://www.militarytimes.com/opinion/commentary/2020/12/28/we-need-veterans-treatment-courts-now-more-than-ever/>

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**Resource of the Week -- [Department of Defense Board on Diversity and Inclusion Report: Recommendations to Improve Racial and Ethnic Diversity and Inclusion in the U.S. Military](#)**

On July 15, 2020, the DoD Board on Diversity and Inclusion embarked on the important task of identifying recommendations to improve the Department's diversity and inclusion and broaden equal opportunity for all members of the Armed Forces. Chaired by the Secretary of the Air Force, with the support of the Senior Enlisted Advisor to the Chairman of the Joint Chiefs of Staff and the Under Secretary of Defense for Personnel and Readiness, and Service members from each branch of the Military Services and the National Guard Bureau, the Board evaluated military diversity and inclusion policies, programs, and

processes; reviewed industry best practices; and assessed pertinent data and reports.

This effort culminated in the Department of Defense Board on Diversity and Inclusion Report: Recommendations to Improve Racial and Ethnic Diversity and Inclusion in the US Military.

The 15 recommendations are as follows:

- Recommendation 1: Update Recruiting Content to Represent All Service Members.
- Recommendation 2: Develop and Publish a Data-Driven Accessions and Retention Strategy.
- Recommendation 3: Increase the Pool of Qualified Reserve Officer Training Corps (ROTC) Enrollment, Scholarship, and Commission Applicants from Minority Serving Institutions.
- Recommendation 4: Remove Aptitude Test Barriers That Adversely Impact Diversity.
- Recommendation 5: Evaluate Demographic Trends in Performance Evaluations.
- Recommendation 6: Develop Diverse Pools of Qualified Candidates for Nominative Positions.
- Recommendation 7: Establish a Diversity and Inclusion Center of Excellence.
- Recommendation 8: Standardize a DoD Human Resources Data System for Diversity and Inclusion Analysis.
- Recommendation 9: Offer Internships in Science, Technology, Engineering, and Mathematics (STEM) Fields in Conjunction with Junior ROTC Programs.
- Recommendation 10: Develop a Diversity and Inclusion Organizational Structure.
- Recommendation 11: Develop a DoD Diversity and Inclusion Mobile Application and Website.
- Recommendation 12: Incorporate the Value of Cultivating Diversity and Inclusion into Leadership and Professionalism Curricula.
- Recommendation 13: Increase Transparency of Promotion Selections and Career Opportunities.
- Recommendation 14: Prohibit Extremist or Hate Group Activity.
- Recommendation 15: Update the Uniform Code of Military Justice to Address Extremist Activity.

Following the review of the 15 recommendations from the Board, the Acting Secretary directed specific actions towards the complete implementation of each of the recommendations.



## **Department of Defense Board on Diversity and Inclusion Report**

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### **Recommendations to Improve Racial and Ethnic Diversity and Inclusion in the U.S. Military**

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