

# CDP

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## **Research Update -- January 7, 2021**

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- Increased sleep predicts annual decreases in psychological distress: Results from a 6-year longitudinal panel sample.
- Links of Interest
- Resource of the Week: Obesity in the United States and Effects on Military Recruiting (Congressional Research Service)

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<https://www.tandfonline.com/doi/abs/10.1080/21635781.2020.1864526>

## **Veterans' Treatment Engagement and Dropout from Couple and Family Therapy in a Veterans Affairs Health Care System.**

Jerika C. Norona, Brian Borsari, Keith Armstrong & Sarah Shonkwiler

Military Behavioral Health

Published online: 26 Dec 2020

<https://doi.org/10.1080/21635781.2020.1864526>

The present study utilizes data from a Couple and Family Therapy Program in the Veterans Affairs Health Care System (VAHCS) seeks to understand veterans' and their family members' treatment engagement and dropout from initial referral for therapy to the active phase of treatment. Veterans (N = 177) referred to couple or family therapy were included in the study, and data about session attendance was collected through chart reviews. About 60% of couples and families dropped out at some point between referral to entering the active phase of treatment. Results showed that the majority of dropout occurred between the phone screen and the first session, with significant attrition also occurring between the first session and the assessment phase of treatment. In examining individual, relational, and logistical factors, a chronic pain diagnosis and serving during the Post-9/11 era were related to completion of various phases of therapy. Findings have implications for enhancing efforts to engage and retain veterans and their family members in treatment. Specific strategies for clinicians are discussed, with a focus on the shift to telehealth in the VAHCS and other health care settings in response to the COVID-19 pandemic.

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<https://www.tandfonline.com/doi/abs/10.1080/21635781.2020.1860169>

## **Time to Suicide and Suicide Attempt among Army Enlisted Soldiers' First Year of Service.**

Jacob D. Smith, Katherine C. L. Schaugency, Phyon Christopher, Eren Youmans Watkins & Kirsten M. Anke

Military Behavioral Health

Published online: 23 Dec 2020

<https://doi.org/10.1080/21635781.2020.1860169>

A soldier's first year of military service is a critical period of transition where the risk of suicidal behavior may be increased. This study described time to initial suicide attempts and death by suicide among U.S. Army soldiers in their first year of service. Between Fiscal Year (FY) 2013 and FY 2016, a retrospective cohort (n = 407,401) included 376 soldiers who attempted suicide and 29 soldiers who died by suicide in their first service year. Suicide attempt and suicide cases were identified through the Department of Defense Suicide Event Report (DoDSER). The median time to event was 6.4 months for soldiers who attempted suicide and 9 months for soldiers who died by suicide. Approximately 10% of the suicide attempts occurred during the first month, and most suicides (97%) occurred after the first three months of the study period. These results highlight an opportunity for early behavioral healthcare intervention among new soldiers. The implementation of a tailored means reduction strategy for new soldiers after the initial training period may be beneficial. Future research, including a longer follow-up period, is needed to elucidate further the characteristics and unique stressors among new soldiers and how these stressors impact suicidal behavior within this population.

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<https://connect.springerpub.com/content/sgrvv/35/6/841.abstract>

### **Deployment Experiences and Suicidal Behaviors Related to Interpersonal Violence Perpetration Among Army National Guard Soldiers.**

Griffith, James, PhD; J. Bryan, Craig, PsyD, ABPP

Violence and Victims

2020; Vol 35, Issue 6

<https://www.doi.org/10.1891/VV-D-18-00174>

An issue of major policy interest in the U.S. military has been interpersonal violence (IPV), especially relative to the frequent and lengthy deployments of U.S. service members to Iraq and Afghanistan. Lacking, however, are estimates of perpetrators of IPV, in particular, for reservists who have been 30% of the ground combat force. In the present study, Army National Guard soldiers (N = 4,567 in 50 company-sized units) responded to questions about deployment and combat, IPV, and suicidal behaviors. Over a tenth (12.2%) of the soldiers reported having done any aggressive behaviors toward significant others or children during postdeployment. More lengthy and repeated deployments were associated with perpetration of IPV. Having killed or wounded someone and having experienced some form of combat trauma were much more

strongly associated with IPV perpetration. Suicidal behaviors were associated with having committed IPV, with the greatest risk associated with suicide attempts. Findings are discussed in terms of underlying mechanisms of both IPV perpetration and suicidal behaviors.

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<https://psycnet.apa.org/record/2020-99410-001>

### **Moral injury as a unique predictor of suicidal ideation in a veteran sample with a substance use disorder.**

Cameron, A. Y., Eaton, E., Brake, C. A., & Capone, C.

Psychological Trauma: Theory, Research, Practice, and Policy

Advance online publication

<https://doi.org/10.1037/tra0000988>

#### Objective:

Suicide among military veterans accounts for 22.2% of all suicide deaths in the United States per year, and veterans with a substance use disorder (SUD) are at an even higher risk for death by suicide. This prevalence has led to increased efforts to identify and investigate both potential risks and protective factors for veterans. This study examines relationships between depression symptomology, exposure to potentially morally injurious events, posttraumatic stress disorder (PTSD) diagnosis, and suicidal ideation, with the primary aim of examining exposure to moral injurious events as a risk factor for suicide in veterans with SUD.

#### Method:

An inpatient sample of 40 veterans with an active SUD admitted for suicidal ideation was evaluated to examine differences in suicidal ideation, depression symptomology, and exposure to morally injurious events in participants with and without a PTSD diagnosis. Further, exposure to morally injurious events and depression symptomology were examined as predictors of suicidal ideation.

#### Results:

Analyses revealed that exposure to morally injurious events ( $d = 1.72$ ) and depression symptomology ( $d = 0.72$ ) were higher in participants with a PTSD diagnosis compared to those without a diagnosis, though no significant differences emerged between the two groups on suicidality. A hierarchical regression analysis indicated that only

exposure to morally injurious events significantly accounted for variance in suicidality ( $\beta = .31, p = .04, 95\%$  confidence interval [.01, .37]).

#### Conclusions:

These results suggest that although PTSD may be associated with exposure to morally injurious events and depression symptoms, exposure to morally injurious events may potentially lead to higher suicide risk among veterans above and beyond PTSD and depressive symptoms. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

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<https://pubmed.ncbi.nlm.nih.gov/33369799/>

### **Shame on the brain: Neural correlates of moral injury event recall in posttraumatic stress disorder.**

Lloyd, C. S., Nicholson, A. A., Densmore, M., Théberge, J., Neufeld, R., Jetly, R., McKinnon, M. C., & Lanius, R. A.

Depression and Anxiety

Advance online publication

<https://doi.org/10.1002/da.23128>

#### Background:

Moral injury (MI) is consistently associated with adverse mental health outcomes, including the development of posttraumatic stress disorder (PTSD) and suicidality.

#### Methods:

We investigated neural activation patterns associated with MI event recall using functional magnetic resonance imaging in participants with military and public safety-related PTSD, relative to civilian MI-exposed controls.

#### Results:

MI recall in the PTSD as compared to control group was associated with increased neural activation among salience network nodes involved in viscerosensory processing and hyperarousal (right posterior insula, dorsal anterior cingulate cortex; dACC), regions involved in defensive responding (left postcentral gyrus), and areas responsible for top-down cognitive control of emotions (left dorsolateral prefrontal cortex; dlPFC). Within the PTSD group, measures of state and trait shame correlated negatively with activity among default mode network regions associated with self-related processing and moral

cognition (dorsomedial prefrontal cortex; dmPFC) and salience network regions associated with viscerosensory processing (left posterior insula), respectively.

#### Conclusions:

These findings suggest that MI event processing is altered in military and public safety-related PTSD, relative to MI-exposed controls. Here, it appears probable that as individuals with PTSD recall their MI event, they experience a surge of blame-related processing of bodily sensations within salience network regions, including the right posterior insula and the dACC, which in turn, prompt regulatory strategies at the level of the left dlPFC aimed at increasing cognitive control and inhibiting emotional affect. These results are consistent with previous findings showing enhanced sensory processing and altered top-down control in PTSD samples during autobiographical memory recall.

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<https://www.sciencedirect.com/science/article/abs/pii/S0165178120333333>

### **Diagnostic Correlates of Nonsuicidal Self-Injury Disorder among Veterans with Psychiatric Disorders.**

Tapan A. Patel, Adam J. D. Mann, Shannon M. Blakey, Frances M. Aunon, ... Nathan A. Kimbrel

Psychiatry Research

Volume 296, February 2021

<https://doi.org/10.1016/j.psychres.2020.113672>

#### Highlights

- Diagnostic predictors of NSSID need to be determined in veterans
- BPD and OCD most strongly predicted NSSID
- Future research should seek discover why OCD is strongly associated with NSSID
- Clinicians and researchers should apply findings in future practice

#### Abstract

With its recent inclusion in the Diagnostic and Statistical Manual, nonsuicidal self-injury disorder (NSSID) has received limited research attention, especially in samples of military veterans. The present study sought to identify diagnostic predictors of NSSID within a veteran sample. Study participants included 124 veterans with at least one

psychiatric diagnosis. Chi-square tests and t-tests evaluated bivariate associations between NSSID and twenty diagnostic correlates. Logistic regression models identified psychiatric disorders that were unique correlates of NSSID among veterans. Veterans with lifetime NSSID (n = 59) met criteria for a greater number of lifetime disorders than veterans with other psychiatric disorders. Bivariate associations were noted between NSSID and borderline personality disorder, depression, obsessive-compulsive disorder, generalized anxiety disorder, and cannabis use disorder. In the logistic regression model, only borderline personality disorder (AOR = 7.67) and obsessive-compulsive disorder (AOR = 3.23) continued to be associated with NSSID. The present study represents the first examination of the association between NSSID and psychiatric disorders among veterans. The findings shed light on psychiatric disorders associated with lifetime NSSID in veterans, with special consideration toward obsessive-compulsive disorder as a risk factor for NSSID.

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<https://www.sciencedirect.com/science/article/abs/pii/S0165032720331979>

### **Self-harm on roads: Register-based study of methods and characteristics of individuals involved.**

Keith Hawton, Elizabeth Bale, Deborah Casey

Journal of Affective Disorders

Volume 282, 1 March 2021, Pages 46-50

<https://doi.org/10.1016/j.jad.2020.12.107>

#### Highlights

- Self-harm involving the road network more often involves males than females.
- The self-harm acts are often of relatively high suicide intent.
- The nature of the problems facing those who self-harm on roads indicate that a range of therapeutic responses are required.
- Jumping from a moving vehicle should be added to the usual classification of road-related suicidal behaviour.

#### Abstract

##### Background

Suicide on roads is receiving increased attention. However, there has been little research on non-fatal road-related self-harm. This study was conducted in order to investigate the characteristics of such acts.



## Method

Information on non-fatal road self-harm was extracted from a self-harm monitoring system database of self-harm presentations to a major general hospital in England during 2005-2017. Patients were identified through being referred for psychosocial assessment by a clinical service and through scrutiny of medical records.

## Results

During the 13-year study period 110 individuals (67 males, 43 females) presented to the hospital with road-related self-harm: 38 (34.5%) jumped from bridges, 34 (30.9%) jumped or lay in front of vehicles, 27 (24.5%) crashed vehicles and 11 (10.0%) jumped from moving vehicles. Crashing vehicles was more common in males and jumping from vehicles more common in females. In patients who received a psychosocial assessment, their most frequent problems were with a partner, employment and family members. Over half had been in psychiatric care and nearly two-thirds had a history of previous self-harm. Suicide intent was often high, especially in those who crashed a vehicle or jumped from a bridge.

## Limitation

The study was based on presentations to a single hospital. Some data were not available for non-assessed patients.

## Conclusions

Road-related self-harm, while not common, more frequently involves males and the acts are often of high suicidal intent. The range of problems preceding this method of self-harm indicates that there needs to be a variety of aftercare interventions, adapted to each individual's situation.

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<https://www.sciencedirect.com/science/article/abs/pii/S0165032720332225>

**Risk factors for completed suicide in the general population: a prospective cohort study of 242, 952 people.**

Jing Nie, Adrienne O'Neil, Bing Liao, Chuntian Lu, ... Yafeng Wang

Journal of Affective Disorders

Available online 28 December 2020

<https://doi.org/10.1016/j.jad.2020.12.132>

## Highlights

- Marital status, smoking, drinking, serious psychological distress, emphysema, liver disease, kidney disease, and cancer were significant independent risk factors for completed suicide.

## Abstract

### Background

The estimated global burden of suicide is almost 1 million deaths per year, representing 57% of all violent deaths worldwide. In order to better identify at risk individuals and develop effective prevention strategies at the population level, a comprehensive understanding of the biological, psychological and social risk factors is required.

### Method

Data from the National Health Interview Survey (1997- 2004) were analyzed. Multivariable Cox proportional hazards regression models were used to compute hazard ratios (HRs) and accompanying 95% confidence intervals (CI).

### Results

During a mean 6.3 years of follow-up of 242, 952 people (1.56 million person-years), 180 deaths due to suicide occurred. Of 18 risk factors, eight revealed associations with suicide. Participants who had never been married (HR, 2.58; 95% CI, 1.44-4.62), current smokers (HR, 2.26; 1.49-3.43), current drinkers (HR, 1.93; 1.14-3.27]), participants with serious psychological distress (HR, 3.34; 1.81-6.18), and a history of emphysema (HR, 2.79; 1.18-6.59), liver disease (HR, 4.63; 2.10-10.20), kidney disease (HR, 2.26; 1.00-5.06) and cancer (HR, 2.18; 1.32-3.59) were at increased risk of completed suicide.

### Limitations

Due to the observational nature of this study, we can not exclude the possibility of reverse or bi-directional causality.

### Conclusions

This large, prospective cohort study identified a series of biopsychosocial risk factors that may have utility in suicide prevention.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22642>

## **A Pilot Study of a Moral Injury Group Intervention Co-Facilitated by a Chaplain and Psychologist.**

David P. Cenkner, Peter D. Yeomans, Chris J. Antal, J. Cobb Scott

Journal of Traumatic Stress

First published: 29 December 2020

<https://doi.org/10.1002/jts.22642>

Moral injury, an experience of betrayal or transgression of moral values, continues to receive attention because of its associations with psychiatric disorders, including posttraumatic stress disorder and suicidality. There is growing recognition that moral injury may require novel interventions that involve religious or spiritual paradigms. This pilot study presents feasibility data and exploratory outcomes for 40 veteran participants across seven cohorts who participated in a novel 12-week moral injury group (MIG) over 35 months. The MIG was cofacilitated by a Veterans Affairs chaplain and psychologist and designed to reduce distress and improve functioning in individuals with histories of morally injurious experiences from military service. The intervention included a ceremony in which participants shared testimonies of their moral injury with the general public. Recruitment feasibility and retention were high, with participants completing an average of 9.45 (SD = 2.82) sessions of the 12-week group, and 32 participants (80.0%) attending nine or more sessions and the community healing ceremony. Exploratory analyses revealed medium effect sizes,  $\omega^2 = 0.05\text{--}0.08$ , for reductions in depressive symptoms, improvements in psychological functioning, and self-compassion after the intervention, with small effect sizes,  $\omega^2 = 0.03$ , in anticipated directions for personal growth and spiritual struggles. The results were not impacted by participant engagement in concurrent psychological treatments. Taken together, these findings support the feasibility of the MIG, the potential merit of an interdisciplinary approach to addressing moral injury, and justification for further research into the efficacy of this approach.

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<https://www.tandfonline.com/doi/abs/10.1080/21635781.2020.1864527>

## **Bullying in the Military: A Review of the Research on Predictors and Outcomes of Bullying Victimization and Perpetration.**

Jaimee Stuart & Nicholas Szeszeran

Military Behavioral Health

Published online: 29 Dec 2020

<https://doi.org/10.1080/21635781.2020.1864527>

Bullying is defined as repeated, intentionally harmful acts against an individual in which the victim feels coerced, degraded, humiliated, threatened, intimidated, or frightened and where there is power imbalance between the victim and perpetrator. Extensive research in workplace context indicates that bullying has wide-ranging impacts for those who are victimized, for the culture of the working environment, and for the organization itself. However, the literature on workplace bullying within the military has yet to be thoroughly reviewed due to several complexities in assessing the prevalence of these behaviors and making comparisons across national contexts. Bullying in the military is a particularly important issue given the unique working environment in which this occurs. This article presents a review of the international literature available in English on bullying in the military and describes two major themes which were identified from this review; the nature of bullying in the military its impacts (who is most likely to be a victim or perpetrator) and the cultural and workplace factors in the military context that contribute to the experience of bullying (values of hierarchy, power and dominance, conformity, and leadership). The implications for bullying interventions within military settings are discussed in relation to these findings.

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<https://www.sciencedirect.com/science/article/abs/pii/S0165032720332511>

### **Sleep Moderates Symptom Experience in Combat Veterans.**

Sarah L. Martindale, Sagar S. Lad, Anna S. Ord, Kristina A. Nagy, ... Jared A. Rowland

Journal of Affective Disorders

Available online 30 December 2020

<https://doi.org/10.1016/j.jad.2020.12.161>

#### Highlights

- Sleep quality is an independent contributing factor to symptom outcomes
- The effect of poor sleep quality on neurobehavioral symptoms is equivalent to PTSD
- Sleep quality is highly important to consider in symptom etiology

- Sleep quality may be an ideal treatment target to reduce symptom burden in PTSD

## Abstract

### Background

Though sleep disturbance has shown to negatively affect outcomes related to post-deployment conditions, it is unclear whether and how sleep disturbance affects mental health symptoms beyond these conditions. We evaluated the independent and moderating effects of sleep quality on posttraumatic stress disorder (PTSD), depressive, and neurobehavioral symptoms beyond mild traumatic brain injury (TBI) and PTSD diagnosis.

### Methods

Participants were 274 US combat veterans who deployed after 9/11. All completed diagnostic TBI and PTSD interviews and self-report measures of sleep quality, as well as PTSD, depressive, and neurobehavioral symptoms. Only those who passed symptom validity were included in analyses. Hierarchical regression evaluated the contribution of sleep quality to outcomes beyond PTSD and mild TBI. Moderation analyses evaluated interactions between mild TBI, PTSD, and sleep quality on symptom outcomes.

### Results

Mild TBI was only significantly associated with PTSD ( $p = .006$ ) and neurobehavioral ( $p = .003$ ) symptoms. PTSD diagnosis was associated with PTSD ( $p < .001$ ), depressive ( $p < .001$ ), and neurobehavioral symptoms ( $p < .001$ ) beyond mild TBI. Sleep quality explained additional significant variance in all three outcome measures ( $p < .001$ ), and also significantly moderated the effects of PTSD diagnosis on neurobehavioral symptoms ( $\Delta R^2 = .01$ ,  $p = .023$ ).

### Limitations

Sleep was evaluated subjectively and therefore must be interpreted in this context.

### Conclusions

These results provide support that sleep quality is an independent contributing factor to health outcomes in post-deployment veterans and should be considered in etiology of complaints.

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<https://psycnet.apa.org/record/2021-00512-004>

**Nightmares as a unique predictor of suicide risk in a transgender and gender diverse sample.**

Andrew, S. J., Cogan, C. M., Scholl, J. A., & Davis, J. L.

Dreaming

2020; 30(4), 329–337

<https://doi.org/10.1037/drm0000151>

Transgender and gender diverse individuals are at an increased risk for suicidality. Previous research in the general population has shown that trauma exposure is linked to suicide risk and nightmares, which commonly occur following exposure to a traumatic event, have also been linked to suicidal thoughts, attempts, and death by suicide. The current study examined the relationship among trauma exposure, sleep disturbance, and suicide risk in a sample of 155 transgender individuals. Data were gathered through an online Qualtrics survey regarding participants' trauma exposure, endorsement of posttraumatic stress disorder (PTSD) symptoms, frequency and severity of trauma-related nightmares, and suicide risk. Nightmare frequency was found to significantly predict suicide risk, whereas nightmare severity on its own did not. Multiple exploratory analyses were conducted to examine the effects of trauma exposure and PTSD symptom severity on the relationship. In the first analysis, nightmare frequency remained the only variable significantly contributing to suicide risk, above and beyond PTSD and trauma exposure. In the second analysis, PTSD symptom severity significantly contributed to suicide risk above and beyond nightmare severity and trauma exposure. Results of the study suggest that nightmare frequency may play a unique role in suicide risk beyond that of trauma exposure and PTSD within transgender and gender diverse individuals. This provides evidence of an additional risk factor within this specialized population that can be targeted and treated to reduce suicide risk. (PsyInfo Database Record (c) 2020 APA, all rights reserved)

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<https://www.sciencedirect.com/science/article/abs/pii/S0165032720332407>

**Specific aspects of sleep disturbance associated with suicidal thoughts and attempts.**

Philip J. Batterham, Aliza Werner-Seidler, Alison L. Calear, Sonia McCallum, Amelia Gulliver

Journal of Affective Disorders

Available online 30 December 2020

<https://doi.org/10.1016/j.jad.2020.12.150>

### Highlights

- We examined the role of sleep disturbance in suicidal ideation and attempt
- Few previous studies have adjusted for the effects of multiple mental disorders
- Sleep disturbance had an independent association with both ideation and attempt
- The effects were primarily explained by problems with sleep onset
- Improving sleep disturbance in the general population may reduce suicide risk

### Abstract

#### Objective

Previous research suggests that sleep disturbance is associated with suicidal ideation and suicide attempt. However, few studies have accounted for the presence of multiple mental disorders and interpersonal factors associated with suicide risk. Furthermore, limited research has examined which aspects of sleep disturbance are most strongly associated with suicidal thoughts and attempts.

#### Method

A large community-based sample of Australian adults ( $n=3,618$ ; 81% female; 37% reporting ideation) completed a comprehensive survey assessing suicidal thoughts and behaviours, sleep disturbance, common mental disorders and interpersonal risk factors. Sleep disturbance was assessed using the 6-item PROMIS sleep disturbance scale and suicidality was measured using the Psychiatric Symptom Frequency Scale. Analyses were adjusted for age, sex, perceived burdensomeness, thwarted belongingness, and clinical caseness for six mental disorders, including major depression.

#### Results

After accounting for mental health, demographic and interpersonal characteristics, increasing sleep disturbance was significantly associated with higher odds of both suicidal ideation ( $OR=1.17$  for one-SD increase in PROMIS-SD), and suicide attempt ( $OR=1.33$  for one-SD increase in PROMIS-SD). Of the specific indicators of sleep disturbance, only sleep onset (difficulties falling asleep) had a significant independent association with both suicidal ideation ( $p<0.001$ ) and suicide attempt ( $p=0.047$ ).

## Conclusions

Sleep disturbance is independently associated with greater risk of suicidal thoughts and behaviours. Sleep disturbance is highly modifiable, so sleep interventions for people with suicide risk and sleep problems may provide an effective and efficient approach to suicide prevention in the community.

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<https://anthrosource.onlinelibrary.wiley.com/doi/abs/10.1111/etho.12281>

## **Buddy Watch: Care and Constraint Under the Watchful Eye of Military Suicide Risk Management in War.**

Jocelyn Lim Chua

### Ethos

First published: 29 December 2020

<https://doi.org/10.1111/etho.12281>

Officially referred to as “unit watch” and more colloquially as “buddy watch,” the use of continuous direct observation and restrictive measures enforced by peers is a widely used, though controversial, tool in the US Army’s suicide prevention efforts. Borrowing from the Army concept and system of the battle buddy, the partnering of soldiers who assist each other in and out of combat, the unit watch is simultaneously conceived as a means of “family” concern, treatment, surveillance, restraint, and even mentorship. Drawing on fieldwork among soldiers and veterans of the Iraq and Afghanistan wars, I explore what the practice of unit watch reveals about institutional and psychiatric interventions as a form of constraint-as-care in settings of global US military power. I emphasize the bodily and affective dimensions of the unit watch and the forms of sociality, including coerced obligation and forced intimacy, that the unit watch can produce. Soldiers’ accounts of being watched and watching others under the sign of unauthorized violence also highlight the tense and ambivalent nature of managing suicide in material, institutional, and geopolitical settings organized for the production of violence.

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<https://psycnet.apa.org/record/2020-99936-001>

## **Differential effects of deployment and nondeployment mild TBI on neuropsychological outcomes.**

Martindale, S. L., Ord, A. S., Lad, S. S., Miskey, H. M., Taber, K. H., & Rowland, J. A.

Rehabilitation Psychology

Advance online publication

<https://doi.org/10.1037/rep0000374>

### Objective:

Mild traumatic brain injury (TBI) that occurs in a deployment environment is characteristically different from mild TBI that occurs outside of deployment. This study evaluated differential and interaction effects of deployment and nondeployment mild TBI on cognitive and behavioral health outcomes.

### Research Method:

Combat veterans (N = 293) who passed performance-validity measures completed the Mid-Atlantic MIRECC Assessment of TBI (MMA-TBI), Clinician-Administered Posttraumatic Stress Disorder (PTSD) Scale (CAPS-5), a neuropsychological assessment battery, and self-report questionnaires. A  $2 \times 2 \times 2$  analysis of variance (ANOVA) was conducted to evaluate the main and interaction effects across mild TBI groups and PTSD diagnosis.

### Results:

Deployment TBI was associated with poorer outcomes on several cognitive tests: Wechsler Adult Intelligence Scale, 4th edition (WAIS-IV); Working Memory Index (WMI;  $p = .018$ ); Trail Making Test A (TMT-A;  $p < .001$ ); and Trail Making Test B (TMT-B;  $p = .002$ ). Deployment TBI and PTSD were also associated with increased PTSD, depressive, and neurobehavioral symptoms; pain interference; and poorer sleep quality. Nondeployment TBI had no effect on cognitive performance and was associated only with poorer sleep quality. PTSD had the strongest associations with symptom measures and deployment TBI with cognitive outcomes. There were no significant interaction effects after adjusting for multiple comparisons.

### Conclusions:

Remote outcomes associated with mild deployment TBI are different from those associated with nondeployment mild TBI and are robust beyond PTSD. This suggests that the environment surrounding a TBI event influences cognitive and symptom

sequelae. Veterans who experience mild TBI during deployment may report changes in cognition, but most will continue to function within the expected range. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

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<https://link.springer.com/article/10.1007/s10865-020-00194-7>

### **Taking the message to the rural patient: evidence-based PTSD care.**

Nancy C. Bernardy, Macgregor Montano, Lisa-Ann Cuccurullo, Kristen Breen & Bernard F. Cole

Journal of Behavioral Medicine

Published: 02 January 2021

<https://doi.org/10.1007/s10865-020-00194-7>

The Department of Veterans Affairs and Department of Defense (VA/DoD) Clinical Practice Guideline for PTSD recommends against the use of benzodiazepines. Despite the recommendation, clinicians continue potentially inappropriate benzodiazepine prescribing practices for veterans with PTSD. We designed an educational product aimed at decreasing benzodiazepine use in PTSD care. Using VA data, the booklet was mailed to over 1300 New England veterans. Veterans were advised to discuss the booklet's information with their medical provider on their next appointment. The intervention resulted in a significant decrease in benzodiazepine use in veterans with PTSD, with 66% of the sample showing a dose reduction from pre- to post-booklet time points. Longitudinal analyses noted that rural veterans were significantly more likely to reduce benzodiazepine use than those in urban settings. Direct to consumer education appears to be an effective strategy to empower rural veterans to improve benzodiazepine prescribing safety and quality.

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<https://www.sciencedirect.com/science/article/abs/pii/S0165178120333618>

### **Feasibility and Acceptability of VA CONNECT: Caring for Our Nation's Needs Electronically during the COVID-19 Transition.**

Molly Gromatsky, Sarah R. Sullivan, Emily L. Mitchell, Angela Page Spears, ...  
Marianne Goodman

Psychiatry Research

Available online 31 December 2020

<https://doi.org/10.1016/j.psychres.2020.113700>

### Highlights

- The COVID-19 pandemic has led to many mental health concerns (e.g., acute stress).
- VA CONNECT is a telehealth skills group addressing these concerns in Veterans.
- Quantitative and qualitative measures of feasibility/acceptability are described.
- VA CONNECT is feasible and acceptable to Veterans acutely stressed by COVID-19.
- Future research will examine impact of VA CONNECT on mental health symptoms.

### Abstract

COVID-19 has transformed day-to-day functioning and exacerbated mental health concerns. The current study examines preliminary feasibility and acceptability of a VA CONNECT – a novel 10-session, manualized telehealth group intervention integrating skills training and social support to develop a Safety & Resilience Plan for Veterans experiencing COVID-related stress. Data from the first 20 participants support the intervention's feasibility and acceptability. Strengths, limitations, and suggestions for improvement of the intervention are noted. Collaboration with other VA researchers would aid in protocol dissemination and evaluation of VA CONNECT's utility for reducing COVID-19-related stress, loneliness, and mental health symptoms.

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<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usaa568/6056519>

### **Considerations for Acute and Emergent Deployed Mental Health Patient Management and Theater Transports: A Scoping Review.**

Laurie Migliore, USAF, NC, Lisa Braun, NC, USN, Christopher H Stucky, AN, USA, Cubby Gardner, USAF, NC, Sarah Huffman, USAF, NC, Savannah Jumpp, USAF, NC, Emily Bell, RN, MSN

Military Medicine

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## Background

Although combat stress and psychiatric casualties of war have consistently contributed to the need for deployed patient transport to higher echelons of care, little is known regarding specific evidence-based strategies for providing psychological support and optimal transport interventions for warriors.

## Study Objective

The purpose of this scoping review is to map existing literature related to considerations for deployed mental health patient transport. The review's primary aims are to identify the existing scientific research evidence, determine research and training gaps, and recommend critical areas for future military research.

## Methods

We used Arksey and O'Malley's six-stage scoping review methodological framework (identify the research question, identify relevant studies, select studies, chart data, report results, and consultation). Using a systematic search strategy, we evaluated peer-reviewed literature from five databases (PubMed, CINAHL, PsycINFO, Web of Science, and Embase) and gray literature from the Defense Technical Information Center. All publications were independently screened for eligibility by two researchers during three review rounds (title, abstract, and full text).

## Results

We identified 1,384 publications, 61 of which met our inclusion criteria. Most publications and technical reports were level IV evidence and below, primarily retrospective cohort studies and epidemiologic surveillance reports. Few rigorously designed studies were identified. Eight research themes and a variety of research and critical training gaps were derived from the reviewed literature. Themes included (1) characterizing mental health patients aeromedically evacuated from theater; (2) in-flight sedation medications; (3) need for aeromedical evacuation (AE) in-theater education, training, and guidelines for staff; (4) epidemiological surveillance of AE from theater; (5) mental health management in deployed settings; (6) suicide-related event management; (7) transport issues for mental health patients; and (8) psychological stressors of AE. Research is needed to establish clinical practice guidelines for mental health condition management in theater and throughout the continuum of en route care.

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<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1842640>

**The moderating role of emotion dysregulation in the relation between potentially morally injurious experiences and alcohol misuse among military Veterans.**

Shannon R. Forkus, Melissa R. Schick, Svetlana Goncharenko, Emmanuel D. Thomas, Ateka A. Contractor, & Nicole H. Weiss

Military Psychology

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<https://doi.org/10.1080/08995605.2020.1842640>

Alcohol misuse is a serious and pervasive problem among US military Veterans. The commission or omission of acts that transgress important moral standards, known as potentially morally injurious events (PMIEs), has been theoretically and empirically linked to alcohol misuse in this population. Emotion dysregulation has been implicated in the pathogenesis of alcohol misuse and may be relevant in the context of PMIEs. The goal of this study was to examine the roles of negative and positive emotion dysregulation in the relation between PMIEs and alcohol misuse. Participants were a community sample of US military Veterans who were predominantly white (69.5%) and male (71.6%), with a mean age of 38.00. The interaction between PMIEs and both negative and positive emotion dysregulation (separately) significantly predicted alcohol misuse. Simple slopes tests revealed that the relation between PMIEs and alcohol misuse was only significant at high levels of negative and positive emotion dysregulation. Findings underscore the potential utility of targeting both negative and positive emotion dysregulation in alcohol misuse interventions for military Veterans experiencing PMIEs.

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<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1842036>

**Is there more public support for US Veterans who experience homelessness and posttraumatic stress disorder than other US adults?**

Jack Tsai, Jianxun Shen, Steven M. Southwick & Robert H. Pietrzak

Military Psychology

Published online: 05 Jan 2021

<https://doi.org/10.1080/08995605.2020.1842036>

This study examined differences in public knowledge and attitudes about homelessness and posttraumatic stress disorder (PTSD) among US Veterans and other adults. A national online survey of 541 US adults from the general population was conducted in November 2016 about knowledge and attitudes about homelessness and PTSD both in reference to the general population and the Veteran population. Results found that participants reported more positive attitudes and endorsed more federal funding for homelessness and PTSD for Veterans than other adults. Participants also reported greater safety concerns about PTSD among Veterans than other adults. Among various background characteristics, only political identification with the Republican party was consistently associated with attitudes in favor of Veterans. The US public reports greater support for addressing homelessness and PTSD among Veterans than other adults, supporting various government and private programs dedicated to Veterans. It is important that publicly supported programs and policies must be evaluated.

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<https://link.springer.com/article/10.1007/s11126-020-09878-4>

### **Personality and Body Mass Index in U.S. Military Veterans: Results from the National Health and Resilience in Veterans Study.**

Elina A. Stefanovics, Laurie M. Edwards & Robert H. Pietrzak

Psychiatric Quarterly

Published 03 January 2021

<https://doi.org/10.1007/s11126-020-09878-4>

The relationship between the “Big 5” personality dimensions and body mass index (BMI) were examined in a nationally representative sample (National Health and Resilience in Veterans Study) of male and female U.S. military veterans. Multivariable analyses were conducted to evaluate gender-specific associations between personality factors and BMI. Among male veterans, greater extraversion was associated with higher BMI, ( $\beta = 0.18$ ), while lower conscientiousness ( $\beta = -0.18$ ), agreeableness ( $\beta = -0.18$ ), and emotional stability ( $\beta = -0.17$ ) were associated with lower BMI. Among female veterans, only greater conscientiousness was associated with lower BMI. These associations were robust to effects of age, physical activity, depression, and posttraumatic stress disorder.

The “Big 5” personality dimensions are differentially associated with BMI in male and female veterans. While conscientiousness was associated with lower BMI in both male and female veterans, three additional personality dimensions were linked to BMI in male veterans. Implications of these findings for obesity management are discussed.

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<https://link.springer.com/article/10.1007/s10608-020-10181-6>

## **The Effects of Interpersonal Support on Treatment Outcomes Using Cognitive Processing Therapy.**

Erica E. Nason, Elisa V. Borah, Willie J. Hale, Jennifer Schuster Wachen, Katherine A. Dondanville, Jim Mintz, Brett T. Litz, Jeffrey S. Yarvis, Stacey Young-McCaughan, Alan L. Peterson, Patricia A. Resick & for the STRONG STAR Consortium

Cognitive Therapy and Research

Published 02 January 2021

<https://doi.org/10.1007/s10608-020-10181-6>

### Background

Although there has been research connecting PTSD and social support, there has been little research on effects of treatment, especially in military samples. The current study examined the relationship between these variables over the course of PTSD treatment and assessed differences based on treatment modality (i.e. group versus individual).

### Methods

Participants were 322 active duty service members in a randomized controlled trial comparing the effectiveness of group and individual Cognitive Processing Therapy (CPT) treatment modalities and were assessed for PTSD symptoms and social support both prior to and upon completion treatment. Cross-lagged regression models were used to examine stability and lagged effects between PTSD severity and dimensions of social support from pre- to post-treatment.

### Results

Lower levels of pre-treatment PTSD severity were associated with higher levels of post-treatment social support across all three subscales (all  $b$ 's at least  $-.15$ ,  $p < .02$ ). The only significant difference based on treatment modality was a stronger relationship between pre- and post-treatment PTSD severity for those who received group CPT

compared to participants who received individual CPT, consistent with previous findings.

#### Conclusions

Recommendations for improving social support during PTSD treatment through modalities, such as family-centered models or social skills training, are discussed.

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<https://www.sciencedirect.com/science/article/abs/pii/S2352721820303259>

### **Increased sleep predicts annual decreases in psychological distress: Results from a 6-year longitudinal panel sample.**

MD Marques, BJ Wright, CHJ Lee, CG Sibley

#### Sleep Health

Available online 2 January 2021

<https://doi.org/10.1016/j.sleh.2020.12.005>

#### Objective

To investigate the annual temporal ordering of sleep quantity and psychological distress, separating between-person stability from within-person change.

#### Design

Random-intercepts cross-lagged panel model using 6 annual waves of longitudinal data from the New Zealand Attitudes Values Study postal questionnaire.

#### Participants

New Zealand Attitudes Values Study respondents in 2013, 2014, 2015, 2016, 2017, and 2018 (Ns = 17,890; 15,757; 13,904; 21,849; 17,031; and 47,462).

#### Measurements

Participants were asked, "During the past month, on average, how many hours of actual sleep did you get per night?" and responded to the K6 psychological distress scale each year. They also reported their demographic characteristics.

#### Results

Identified longitudinal associations between sleep duration and psychological distress in a traditional cross-lagged panel model were mostly attributable to the stability of the



between-person differences in sleep duration and psychological distress. We provide evidence to suggest that increased sleep duration as indicated over a short period of time (ie, 1 month) predicted lower within-person levels of psychological distress the following year. Psychological distress did not predict sleep duration, in contrast.

### Conclusions

Our analyses suggest that sleep duration in this sample of New Zealanders precedes psychological distress. This is significant given the propensity for short sleep in this sample and issues of poor mental health and short sleep among low SES indigenous members of this community. The promotion of adequate sleep duration may yield positive gains in psychological well-being.

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### Links of Interest

Study suggests legislation to tamp down on obesity, improve military recruiting  
<https://www.militarytimes.com/news/your-military/2020/12/31/study-suggests-legislation-to-tamp-down-on-obesity-improve-military-recruiting/>

New in 2021: Looking for new perspectives on combating suicide  
<https://www.airforcetimes.com/news/your-air-force/2021/01/03/new-in-2021-looking-for-new-perspectives-on-combating-suicide/>

New in 2021: More companies commit to hiring military spouses  
<https://www.militarytimes.com/pay-benefits/2021/01/03/new-in-2021-more-companies-commit-to-hiring-military-spouses/>

Wounds Of War Must Be Considered For Veterans Discharged For Misconduct  
<https://www.npr.org/transcripts/951363618>

Countering seasonal depression during the COVID-19 pandemic  
<https://health.mil/News/Articles/2021/01/05/Countering-seasonal-depression-during-the-COVID-19-pandemic>

What is the Best Treatment for Insomnia?  
<https://www.pdhealth.mil/news/blog/what-best-treatment-insomnia>

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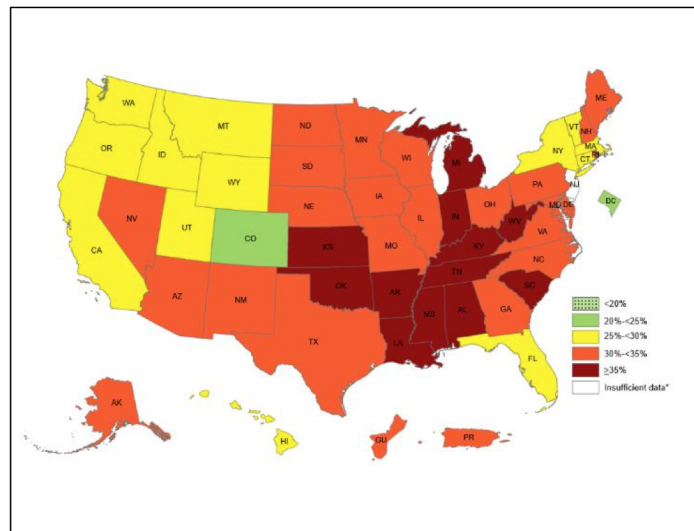
## Resource of the Week: [Obesity in the United States and Effects on Military Recruiting](#)

New, from the Congressional Research Service:

Congress has a sustained interest in maintaining capable military forces. To this end, a population of healthy and eligible recruits is important to sustain the military services and meet the annual requirements established by Congress. Though many aspects of health are important, a 2016 Department of Defense (DOD) report found that obesity was one of the main disqualifiers from joining U.S. military service.

Obesity in the United States is not a new issue. A report published in Health Economics in 2012 estimated that the percentage of military-age adults ineligible for enlistment because of excessive body fat more than doubled for men and tripled for women during 1959-2008. Since 2008, the percentage of obese youth has continued to increase. The increasing proportion of obese American youth reduces the pool of eligible military recruits. This trend may pose particular challenges with recruiting highly-qualified individuals to service in the U.S. Armed Forces.

**Figure 1. Prevalence of Self-Reported Obesity among U.S. Adults by State and Territory, 2019**



**Source:** CDC, “Adult Obesity Prevalence Maps,” found at <https://www.cdc.gov/obesity/data/prevalence-maps.html>.

**Note:** Data based on the Behavioral Risk Factor Surveillance System (BRFSS), the world’s largest, on-going telephone health survey system.

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