

CDP



Research Update -- February 11, 2021

What's Here:

- Association of Combat Experiences With Suicide Attempts Among Active-Duty US Service Members.
- Incidence of Insomnia and Obstructive Sleep Apnea in Active Duty United States Military Service Members.
- Attributions of Responsibility for Military Misconduct: Constraint, Identification, and Severity.
- Results of the Behavioral Health Readiness Evaluation and Decision-Making Instrument Study.
- Strategies for Discussing Firearms Storage Safety in Primary Care: Veteran Perspectives.
- Best practices in serving college student Veterans: a scoping review.
- Processes and outcomes of a communalization of trauma approach: Vets & Friends community-based support groups.
- Overcoming Adversity and Stress Injury Support (OASIS): Evaluation of Residential Treatment Outcomes for U.S. Service Members with Posttraumatic Stress Disorder.
- Getting down to business: an examination of occupational outcomes in cognitive behavioral therapy for depression.
- Posttraumatic Stress Disorder in a Cohort of Pregnant Active Duty U.S. Military Servicewomen.

- Association between diet and sleep quality: A systematic review.
- Daily associations between sleep and physical activity: A systematic review and meta-analysis.
- The association of childhood trauma with sleep disturbances and risk of suicide in US veterans.
- Bright Light Treatment of Combat-related PTSD: A Randomized Controlled Trial.
- Development and Preliminary Evaluation of a Brief Behavioral Sleep Intervention for Veterans to Reduce Nocturnal Vigilance.
- Cognitive Behavioral Therapy for Insomnia in Patients with Chronic Pain - A Systematic Review and Meta-Analysis of Randomized Controlled Trials.
- Military acculturation and readjustment to the civilian context.
- Family members of Veterans with mental health problems: seeking, finding, and accessing informal and formal supports during the military-to-civilian transition.
- Positive emotional intensity and substance use: the underlying role of positive emotional avoidance in a community sample of military veterans.
- Resilience to Hazardous Drinking among Never-Deployed Male United States Army Reserve and National Guard Soldiers.
- Differential alcohol treatment response by gender following use of VetChange.
- Social Networking, Social Support, and Well-being for the Military Spouse.
- Demographic and Mental Health Predictors of Arrests Up to 10 Years Post-Traumatic Brain Injury: A Veterans Affairs TBI Model Systems Study.
- Resilience Training Efficacy by Instructor Specialization: A Program Evaluation with Army Recruits.
- Intrusive Traumatic Reexperiencing: Pathognomonic of the Psychological Response to Traumatic Stress. (commentary)
- Military Service and Offending Behaviors of Emerging Adults: A Conceptual Review.
- Links of Interest
- Resource of the Week: VA Mobile App - COVID COACH

<https://doi.org/10.1001/jamanetworkopen.2020>

Association of Combat Experiences With Suicide Attempts Among Active-Duty US Service Members.

LeardMann, C. A., Matsuno, R. K., Boyko, E. J., Powell, T. M., Reger, M. A., Hoge, C. W., & Millennium Cohort Study

JAMA Network Open
2021 Feb 1

Importance:

There is uncertainty about the role that military deployment experiences play in suicide-related outcomes. Most previous research has defined combat experiences broadly, and a limited number of cross-sectional studies have examined the association between specific combat exposure (eg, killing) and suicide-related outcomes.

Objective:

To prospectively examine combat exposures associated with suicide attempts among active-duty US service members while accounting for demographic, military-specific, and mental health factors.

Design, setting, and participants:

This cohort study analyzed data from the Millennium Cohort Study, an ongoing prospective longitudinal study of US service members from all military branches. Participants were enrolled in 4 phases from July 1, 2001, to April 4, 2013, and completed a self-administered survey at enrollment and every 3 to 5 years thereafter. The population for the present study was restricted to active-duty service members from the first 4 enrollment phases who deployed in support of the wars in Iraq and Afghanistan. Questionnaire data were linked with medical encounter data through September 30, 2015. Data analyses were conducted from January 10, 2017, to December 14, 2020.

Exposures:

Combat exposure was examined in 3 ways (any combat experience, overall combat severity, and 13 individual combat experiences) using a 13-item self-reported combat measure.

Main outcomes and measures:

Suicide attempts were identified from military electronic hospitalization and ambulatory

medical encounter data using the International Classification of Diseases, Ninth Revision codes.

Results:

Among 57 841 participants, 44 062 were men (76.2%) and 42 095 were non-Hispanic White individuals (72.8%), and the mean (SD) age was 26.9 (5.3) years. During a mean (SD) follow-up period of 5.6 (4.0) years, 235 participants had a suicide attempt (0.4%). Combat exposure, defined broadly, was not associated with suicide attempts in Cox proportional hazards time-to-event regression models after adjustments for demographic and military-specific factors; high combat severity and certain individual combat experiences were associated with an increased risk for suicide attempts. However, these associations were mostly accounted for by mental disorders, especially posttraumatic stress disorder. After adjustment for mental disorders, combat experiences with significant association with suicide attempts included being attacked or ambushed (hazard ratio [HR], 1.55; 95% CI, 1.16-2.06), seeing dead bodies or human remains (HR, 1.34; 95% CI, 1.01-1.78), and being directly responsible for the death of a noncombatant (HR, 1.81; 95% CI, 1.04-3.16).

Conclusions and relevance:

This study suggests that deployed service members who experience high levels of combat or are exposed to certain types of combat experiences (involving unexpected events or those that challenge moral or ethical norms) may be at an increased risk of a suicide attempt, either directly or mediated through a mental disorder.

<https://doi.org/10.1093/sleep/zsab024>

Incidence of Insomnia and Obstructive Sleep Apnea in Active Duty United States Military Service Members.

Moore, B. A., Tison, L. M., Palacios, J. G., Peterson, A. L., & Mysliwiec, V.

Sleep

2021 Feb 3

Study objectives:

Epidemiologic studies of obstructive sleep apnea (OSA) and insomnia in the U.S. military are limited. The primary aim of this study was to report and compare OSA and insomnia diagnoses in active duty United States military service members.

Method:

Data and service branch densities used to derive the expected rates of diagnoses on insomnia and OSA were drawn from the Defense Medical Epidemiology Database. Single sample Chi-Square goodness of fit tests and independent samples t-tests were conducted to address the aims of the study.

Results:

Between 2005 and 2019, incidence rates of OSA and insomnia increased from 11 to 333 and 6 to 272 (per 10,000) respectively. Service members in the Air Force, Navy, and Marines were diagnosed with insomnia and OSA below expected rates, while those in the Army had higher than expected rates ($p < .001$). Female service members were underdiagnosed in both disorders ($p < .001$). Comparison of diagnoses following the transition from ICD 9 to 10 codes revealed significant differences in the amounts of OSA diagnoses only ($p < .05$).

Conclusion:

Since 2005, incidence rates of OSA and insomnia have markedly increased across all branches of the U.S. military. Despite similar requirements for overall physical and mental health and resilience, service members in the Army had higher rates of insomnia and OSA. This unexpected finding may relate to inherent differences in the branches of the military or the role of the Army in combat operations. Future studies utilizing military-specific data and directed interventions are required to reverse this negative trend.

<https://doi.org/10.1080/08995605.2020.1838876>

Attributions of Responsibility for Military Misconduct: Constraint, Identification, and Severity.

Robert L. Woolfolk, Sean T. Hannah , Rachel Wasserman & John M. Doris

Military Psychology

Volume 33, 2021 - Issue 1

Published online: 05 Jan 2021

Although a great deal of research and theory in social psychology has addressed issues surrounding the attribution of moral responsibility, a paucity of research has examined a topic of continuing importance, the ascription of moral responsibility for acts of violence

and brutality committed in the context of military engagement. The present study attempts to extend earlier research into the mechanisms of lay moral cognition to investigate the attribution of moral responsibility for acts committed in the extreme circumstances of armed conflict. Two experiments, conducted on two different populations of participants (civilian undergraduates or military academy cadets) examined a scenario depicting military misconduct. In both experiments, participants assigned responsibility to a soldier whose conduct expressed his evaluative orientation toward the behavior, even when he was highly coerced.

<https://doi.org/10.1093/milmed/usaa401>

Results of the Behavioral Health Readiness Evaluation and Decision-Making Instrument Study.

Justin M Curley, MC USA, Katie L Nugent, PhD, Kristina M Clarke-Walper, MPH, Elizabeth A Penix, BA, James B Macdonald, MS USA, Jennifer L McDonald, PhD, Joshua E Wilk, PhD

Military Medicine

Volume 186, Issue Supplement_1, January-February 2021, Pages 142–152

Introduction

Recent reports have demonstrated behavioral health (BH) system and individual provider challenges to BH readiness success. These pose a risk to winning on the battlefield and present a significant safety issue for the Army. One of the most promising areas for achieving better BH readiness results lies in improving readiness decision-making support for BH providers. The Walter Reed Army Institute of Research (WRAIR) has taken the lead in addressing this challenge by developing and empirically testing such tools. The results of the Behavioral Health Readiness Evaluation and Decision-Making Instrument (B-REDI) field study are herein described.

Methods

The B-REDI study received WRAIR Institutional Review Board approval, and BH providers across five U.S. Army Forces Command installations completed surveys from September 2018 to March 2019. The B-REDI tools/training were disseminated to 307 providers through random clinic assignments. Of these, 250 (81%) providers consented to participate and 149 (60%) completed both initial and 3-month follow-up surveys. Survey items included a wide range of satisfaction, utilization, and proficiency-level

outcome measures. Analyses included examinations of descriptive statistics, McNemar's tests pre-/post-B-REDI exposure, Z-tests with subgroup populations, and chi-square tests with demographic comparisons.

Results

The B-REDI resulted in broad, statistically significant improvements across the measured range of provider proficiency-level outcomes. Net gains in each domain ranged from 16.5% to 22.9% for knowledge/awareness ($P = .000$), from 11.1% to 15.8% for personal confidence ($P = .001-.000$), and from 6.2% to 15.1% for decision-making/documentation ($P = .035-.002$) 3 months following B-REDI initiation, and only one (knowledge) failed to maintain a statistically significant improvement in all of its subcategories. The B-REDI also received high favorability ratings (79%-97% positive) across a wide array of end-user satisfaction measures.

Conclusions

The B-REDI directly addresses several critical Army BH readiness challenges by providing tangible decision-making support solutions for BH providers. Providers reported high degrees of end-user B-REDI satisfaction and significant improvements in all measured provider proficiency-level domains. By effectively addressing the readiness decision-making challenges Army BH providers encounter, B-REDI provides the Army BH health care system with a successful blueprint to set the conditions necessary for providers to make more accurate and timely readiness determinations. This may ultimately reduce safety and mission failure risks enterprise-wide, and policymakers should consider formalizing and integrating the B-REDI model into current Army BH practice.

<https://doi.org/10.1007/s11606-020-06412-x>

Strategies for Discussing Firearms Storage Safety in Primary Care: Veteran Perspectives.

Steven K. Dobscha MD, Khaya D. Clark PhD, Summer Newell PhD, MPH, Emily A. Kenyon BA, Elizabeth Karras PhD, Joseph A. Simonetti MD, MPH & Martha Gerrity MD, MPH

Journal of General Internal Medicine
Published 26 January 2021

Background

Two-thirds of veteran suicides are attributable to firearm injury. Although half of veterans who die by suicide are seen in primary care settings in the month prior to death, little is known about how to promote firearm safety within primary care.

Objective

Describe veterans' perspectives on discussing firearms storage safety (FSS) during primary care visits, and identify key strategies for primary care teams to use in discussing FSS with veterans at elevated risk for suicide.

Design

Qualitative analysis of transcripts and notes from four veteran focus groups and from individual semi-structured interviews with six veterans.

Participants

Altogether, 68 veterans participated. Three of the groups were associated with one Veterans Health Administration facility. Groups were diverse in age, service era, and gender.

Approach

The goals of the focus groups and interviews were to assess acceptance of FSS discussions during primary care visits, identify facilitators and barriers to conducting FSS discussions, and identify strategies for primary care teams to use to effectively conduct FSS discussions. Transcripts and meeting notes were analyzed using a grounded theory approach.

Key Results

There was general acceptance of having FSS discussions in primary care. Yet, most veterans did not support direct questioning about firearm ownership, which may trigger fears of having firearms taken away or limit access to firearms. Participants recommended primary care teams provide rationale for FSS discussions and be prepared to provide information on legal consequences of disclosing firearm ownership. Strategies suggested for primary care staff also included using a personalized, caring, and conversational approach rather than highly scripted or checklist approach, engaging veterans in a non-judgmental manner, and conveying respect for veterans' knowledge of firearms.

Conclusions

Discussing FSS with veterans in primary care settings is a promising upstream

approach that can complement other suicide prevention efforts, but must be conducted in a veteran-centric manner.

<https://doi.org/10.3138/jmvfh-2020-0024>

Best practices in serving college student Veterans: a scoping review.

Elena Klaw, Brianna Young, KaChun Lia and Patrick O'Rourke

Journal of Military, Veteran and Family Health
2021

Introduction:

Student Veterans are enrolling in college at increasingly rapid rates after separating from the military. Institutions of higher education are urged to evaluate and redesign programs targeted to support Veterans' unique attributes, because they differ from civilian students in many aspects. The aim of the current scoping review is to provide a comprehensive examination of the existing literature regarding best practices in serving U.S. student Veterans in higher education and to provide suggestions for the implementation, assessment, and institutionalization of best practices.

Methods:

The methodology for the current scoping review, based on the framework by Arksey and O'Malley, included a structured and iterative design to allow accuracy and replication of the review process. The authors conducted a scoping review of existing scholarly and grey literature on programs provided by U.S. colleges and universities to support student Veterans and enhance their retention, persistence, and success in higher education.

Results:

The current study addresses three specific areas: the extent to which U.S. colleges and universities are providing targeted support for their student Veteran population, the types of programs and services that colleges and universities are providing to students who have served in the U.S. military, and the current data that exist regarding the effectiveness of the programs and services offered by colleges and universities.

Discussion:

Current findings of existing programs and services are examined and categorized under

the 8 Keys to Veterans' Success. Suggested implications and future directions, as they relate to best practices for student Veteran programming in higher education, are discussed.

<https://doi.org/10.1002/jcop.22516>

Processes and outcomes of a communalization of trauma approach: Vets & Friends community-based support groups.

B R. Balmer John Sippola Sarah Beehler

Journal of Community Psychology
First published: 28 January 2021

Veterans often experience challenges related to processing traumatic experiences and community reintegration, yet there is a dearth of research on promising community-driven approaches. This paper describes core processes and outcomes of Vets & Friends (V&F), a community-based support program that promotes veteran reintegration by healing trauma and moral injury using a communalization of trauma (CoT) approach. We conducted focus groups with 23 V&F group members. A mix of inductive and deductive codes were generated during thematic analysis. Critical themes identified included processes such as sharing narratives, connecting emotionally with experiences, feeling heard and accepted by group members, and listening as others shared their experiences. Outcomes included restoration of trust, connection with group members, building skills to manage trauma, and community acceptance and engagement. V&F shows promise in meeting veteran-specific needs by employing CoT approaches that offer opportunities to restore community trust and acceptance.

<https://doi.org/10.1002/jts.22652>

Overcoming Adversity and Stress Injury Support (OASIS): Evaluation of Residential Treatment Outcomes for U.S. Service Members with Posttraumatic Stress Disorder.

Kristen H. Walter Casey B. Kohen Cameron T. McCabe Jessica R. Watrous Justin S. Campbell

Research on residential posttraumatic stress disorder (PTSD) treatment has predominantly focused on the U.S. veteran population, whereas limited research exists regarding active duty service members. The present study evaluated outcomes among service members who received treatment in the Department of Defense's only residential PTSD program, Overcoming Adversity and Stress Injury Support (OASIS). Over a 5-year period, 289 male service members with combat-related PTSD received treatment in the program. Service members completed an initial assessment and weekly PTSD and depression self-report measures during the 10-week program. Multilevel modeling results demonstrated statistically significant reductions in PTSD. On average, participants reported a 0.76-point reduction on the PTSD Checklist, $B = -0.76$, $p < .001$, for each additional week of treatment. Pretreatment symptom scores and fitness-for-duty status predicted PTSD symptoms across time. Weekly changes in depression symptoms were not statistically significant; however, a significant Time \times Pretreatment Depression Severity interaction emerged. Service members with higher baseline levels of depression severity showed larger reductions in depression symptom severity than those with lower levels, $B = -0.02$, $p = .020$, although a sizeable minority continued to retain symptoms at diagnostic levels. Depression symptom change was not related to any other treatment- or service-related variables. Differing trajectories were found between service members whose symptoms improved over the course of residential treatment and those who did not. The results indicate that there were larger improvements in PTSD than depression symptoms and highlight the need to optimize care provision for service members with severe PTSD or comorbid symptoms.

<https://doi.org/10.1080/16506073.2021.1875039>

Getting down to business: an examination of occupational outcomes in cognitive behavioral therapy for depression.

Iony D. Ezawa, Graham C. Bartels & Daniel R. Strunk

Cognitive Behaviour Therapy

Published online: 05 Feb 2021

Depression is associated with unemployment and poor occupational functioning. Although cognitive behavioral therapy (CBT) has been shown to reduce depressive symptoms, the degree to which it improves occupational outcomes has received little attention. We investigated change in job status and presenteeism (i.e., the inability to focus on and accomplish work) over the course of CBT. We assessed employment status, presenteeism, depressive symptoms, cognitive style, and CBT skills at intake and posttreatment in a sample of 126 participants enrolled in a 16-week course of CBT for depression. Employment status significantly improved from pre to posttreatment, with 11 of the 27 patients (41%) seeking to improve their employment status achieving this goal. Among the 59 consistently employed patients, presenteeism decreased significantly over the course of treatment ($d_z = 1.13$). We also found, even after controlling for changes in symptoms, reductions in negative cognitive style (but not changes in CBT skills) were associated with reductions in presenteeism. Our findings suggest CBT patients experience positive changes in occupational outcomes, both in finding work and being more focused and productive at work. Changes in negative cognitive styles appeared to partly explain this latter change. We encourage future work examining CBT's impact on occupational outcomes.

<https://doi.org/10.1002/jts.22656>

Posttraumatic Stress Disorder in a Cohort of Pregnant Active Duty U.S. Military Servicewomen.

Abramovitz, L.M., Lutgendorf, M.A., Bukowinski, A.T., Gumbs, G.R., Conlin, A.M.S. and Hall, C.

Journal of Traumatic Stress

First published: 05 February 2021

The present study aimed to describe the demographic and occupational characteristics, comorbidities, and psychotropic medication receipt associated with posttraumatic stress disorder (PTSD) diagnosis during pregnancy among a sample of active duty U.S. military servicewomen. Data from the U.S. Department of Defense Birth and Infant Health Research program were used to identify pregnancies in active duty servicewomen from 2007 through 2014. Demographic and occupational data were linked with electronic medical and pharmacy records to capture mental health diagnoses and medication receipt dates. Cases of PTSD were identified by the presence of ICD-9-CM Diagnostic Code 309.81 on maternal records from 1 year before

the date of the last menstrual period through the end of pregnancy. Of 134,244 identified pregnancies among active duty servicewomen, 2,240 (1.7%) met the case criteria for PTSD. Women with a PTSD diagnosis compared to those without a PTSD diagnosis were more likely to be White non-Hispanic (51.3% vs. 47.4%), unmarried (33.3% vs. 28.2%), in the Army (49.6% vs. 35.8%) or Marine Corps (10.9% vs. 8.0%), in a service and supply occupation (18.2% vs. 13.6%), and to have a junior enlisted rank (56.3% vs. 50.1%) and have been previously deployed (51.2% vs. 39.6%), RRs = 1.15–1.75. Among PTSD cases, the most common mental health comorbidities were depressive disorder (60.9%), adjustment disorder (43.4%), and anxiety disorder (39.3%). During pregnancy, 44.2% of PTSD cases and 7.2% of noncases received psychotropic medications. Demographic and occupational characteristics, comorbidities, and psychotropic medication use differed substantially among PTSD cases and noncases in this large records-based study.

<https://doi.org/10.1016/j.smr.2021.101430>

Association between diet and sleep quality: A systematic review.

Justyna Godos, Giuseppe Grosso, Sabrina Castellano, Fabio Galvano, ... Raffaele Ferri

Sleep Medicine Reviews

Volume 57, June 2021

Dietary habits are considered a leading behavioral risk factor for human health. There is growing scientific evidence suggesting that diet and sleep may be related. The aim of this study was to review the evidence of association between diet and sleep quality. A systematic search in electronic databases PubMed, Embase, Scopus, and the Cochrane Central Register of Controlled Trials was conducted from their inception to November 2019. Studies investigating parameters of diet quality (including dietary patterns or individual healthy/unhealthy foods) and sleep quality (assessed through self-reported or objective methods) were included. The NIH Quality Assessment Tools were used to evaluate the study quality. Twenty-nine studies were reviewed: in summary, consumption of healthy foods was associated with better sleep quality, while higher intake of processed and free-sugar rich foods was associated with worse sleep features. Despite a certain consistency between studies have been observed, the overall poor-to-fair quality of study design (mostly represented by cross-sectional investigations) does not allow to conclude a causal relation. However, diet-related

variables are associated with sleep quality, but further studies are needed to corroborate this finding.

<https://doi.org/10.1016/j.smr.2021.101426>

Daily associations between sleep and physical activity: A systematic review and meta-analysis.

Sarah Atoui, Guillaume Chevance, Ahmed-Jérôme Romain, Célia Kingsbury, ... Paquito Bernard

Sleep Medicine Reviews
Volume 57

The day-to-day variations of sleep and physical activity are associated with various health outcomes in adults, and previous studies suggested a bidirectional association between these behaviors. The daily associations between sleep and physical activity have been examined in observational or interventional contexts. The primary goal of the current systematic review and meta-analysis was to summarize existing evidence about daily associations between sleep and physical activity outcomes at inter- and intra-individual level in adults. A systematic search of records in eight databases from inception to July 2019 identified 33 peer-reviewed empirical publications that examined daily sleep–physical activity association in adults. The qualitative and quantitative analyses of included studies did not support a bidirectional daily association between sleep outcomes and physical activity. Multilevel meta-analyses showed that three sleep parameters were associated with physical activity the following day: sleep quality, sleep efficiency, and wake after sleep onset. However, the associations were small, and varied in terms of direction and level of variability (e.g., inter- or intra-individual). Daytime physical activity was associated with lower total sleep time the following night at an inter-person level with a small effect size. From a clinical perspective, care providers should monitor the effects of better sleep promotion on physical activity behaviors in their patients. Future studies should examine sleep and physical activity during a longer period and perform additional sophisticated statistical analyses.

Systematic review registration
<https://osf.io/w6uy5/>

<https://doi.org/10.1016/j.jpsychires.2021.01.030>

The association of childhood trauma with sleep disturbances and risk of suicide in US veterans.

Sharon Alter, Caroline Wilson, Shengnan Sun, Rachel E. Harris, ... Fatemeh Haghighi

Journal of Psychiatric Research
Volume 136, April 2021, Pages 54-62

Highlights

- Childhood trauma contributes to increased risk of sleep disturbance exacerbated by military service
- The effect of childhood trauma on sleep disturbance is mediated by depression psychopathology, impulsivity, and hostility
- Evaluation of childhood trauma as a pre-deployment risk factor for suicide needs to be incorporated in suicide prevention

Abstract

Background

Sleep dysregulation is prevalent among veterans and is associated with increased risk of suicidal ideation and behaviors. A confluence of risk factors have been identified to date that contribute to increase risk for suicidal behavior. How these risk factors including childhood trauma, comorbid psychopathology, impulsivity, and hostility together with sleep disturbance contribute to suicide risk remains an open question. These factors have never been examined simultaneously in a unified mediation model, as investigated in the present study, to determine their relative contribution to suicide risk.

Methods

Veterans (N = 105) were recruited across 3-groups, including Major Depressive Disorder (MDD) with/without a history of a suicide attempt (n = 35 and n = 37, respectively), and non-psychiatric controls, who had no history of mental illness or suicidal behavior (n = 33). The participants were assessed using validated self-report assessments with in-depth phenotyping for relevant risk factors associated with suicidal behavior including childhood adversity, depression severity, impulsivity, hostility, and sleep quality. These factors were included in mediation models using path analysis.

Results

Across all subjects including those with MDD and non-psychiatric controls, mediation analysis showed that higher levels of childhood trauma had an indirect effect on poor sleep quality ($p = 0.001$). This effect was orthogonal, being independently mediated by both MDD psychopathology ($p = 0.003$), and higher traits of impulsivity ($p = 0.001$) and hostility ($p = 0.015$). Amongst MDD veterans, childhood trauma was directly associated with increased suicide risk ($p = 0.034$), irrespective of their severity of depression, or their degree of hostility and impulsivity.

Limitations

include use of self-report data, and the inability to establish causal inferences with cross-sectional design.

Conclusion

Childhood adversity as a significant pre-deployment risk factor for disturbed sleep and elevated suicide risk, potentially important for incorporation in clinical practice for suicide.

<https://doi.org/10.1093/milmed/usab014>

Bright Light Treatment of Combat-related PTSD: A Randomized Controlled Trial.

Shawn D Youngstedt, PhD, Christopher E Kline, PhD, Alexandria M Reynolds, PhD, Shannon K Crowley, PhD, James B Burch, PhD, Nidha Khan, MPH, SeungYong Han, PhD

Military Medicine

Published: 29 January 2021

Introduction

Post-traumatic stress disorder (PTSD) is a prevalent consequence of combat with significant associated morbidity. Available treatments for PTSD have had limitations, suggesting a need to explore alternative or adjuvant treatments. Numerous rationales for bright light treatment of PTSD include its benefits for common PTSD comorbidities of depression, anxiety, and circadian misalignment and its relative ease of use with few side effects. The primary aims of this research were to examine the effects of bright light treatment for combat-related PTSD and associated morbidity.

Materials and Methods

A randomized controlled trial was performed in N = 69 veterans with PTSD attributable to combat in Afghanistan and/or Iraq. Following a 1-week baseline, participants were randomized to 4 weeks of daily morning bright light treatment (10,000 lux for 30 min/day) or a control treatment (inactivated negative ion generator). At baseline and at the end of treatment, participants were rated blindly on the Clinician Assessed PTSD Scale (CAPS), the Clinical Global Impressions Scale (CGI), and the Hamilton Depression Scale and rated themselves on the PTSD Checklist-Military (PCL-M). Following baseline and each treatment week, participants completed self-reported scales of state anxiety, depression, and sleep, and sleep and the circadian rhythm of wrist activity were also assessed with wrist actigraphy.

Results

Compared with the control treatment, bright light elicited significantly greater improvements in the CAPS and CGI-Improvement. The bright light also elicited a significantly greater rate of treatment response (reduction $\geq 33\%$) for the CAPS (44.1% vs. 8.6%) and PCL-M (33% vs. 6%), but no participant had remission from PTSD. Changes in depression, anxiety, and sleep did not differ between treatments. Improvement in CAPS was significantly correlated with a phase advance of the circadian rhythm of wrist activity.

Conclusions

The most comprehensive study on the topic to date indicated significant short-term efficacy of bright light treatment on the primary variables (CAPS and CGI) with clinical relevance (i.e., treatment response) in veterans with chronic PTSD who did not report extremely high habitual light exposure. No significant effects were found for anxiety, depression, or sleep disturbance. Further research is warranted, particularly exploration of circadian phase-shifting mechanisms of bright light for PTSD.

<https://doi.org/10.1080/21635781.2021.1876798>

Development and Preliminary Evaluation of a Brief Behavioral Sleep Intervention for Veterans to Reduce Nocturnal Vigilance.

Thomas Alan Mellman, Mary Katherine Howell, Joseph Lavela, Matthew Reinhard & Tyish Sonteeem Hall Brown

Sleep disturbances are common among previously deployed Veterans. Cognitive behavioral therapy for insomnia (CBT-I) has shown promise for Veterans but may not optimally target nocturnal vigilance. The objective of our study was to develop and conducted a pilot evaluation of a brief behavioral intervention that included cognitive exercises intended to reduce the impact of vigilant thoughts and behaviors on sleep. Participants were 40 Veterans who had been deployed to combat zones or hazardous duty areas with mean age 40, and the majority were male, African American, and screened positively for PTSD. Participants were assigned to the study intervention or an educational control at a 2:1 ratio. Participants were assessed at baseline and 1-week after the intervention and those who received the study intervention were re-assessed 3-months later. Improved sleep efficiency, ratings of “feeling rested,” and reduced insomnia severity were seen in the post-treatment week but did not differ between groups. At 3-months, improvements were sustained in the 14 retained participants of the study-intervention, They continued to engage in vigilance reducing exercises. There was further improvement in “feeling rested.” Brief interventions and cognitive exercises to reduce vigilance warrant further evaluation for deployment-related insomnia.

<https://doi.org/10.1016/j.smr.2021.101460>

Cognitive Behavioral Therapy for Insomnia in Patients with Chronic Pain - A Systematic Review and Meta-Analysis of Randomized Controlled Trials.

Jananii Selvanathan, Chi Pham, Mahesh Nagappa, Philip W.H. Peng, ... Frances Chung

Sleep Medicine Reviews

Available online 2 February 2021

Several randomized controlled trials have implemented cognitive behavioral therapy for insomnia (CBT-I) for patients with comorbid insomnia and chronic pain. This systematic review and meta-analysis investigated the effectiveness of CBT-I on patient-reported sleep, pain, and other health outcomes (depressive symptoms, anxiety symptoms, and fatigue) in patients with comorbid insomnia and chronic non-cancer pain. A systematic literature search was conducted using eight electronic databases. Upon duplicate removal, 6,374 records were screened against the inclusion criteria. Fourteen

randomized controlled trials were selected for the review, with twelve (N=762 participants) included in the meta-analysis. At post-treatment, significant treatment effects were found on global measures of sleep (standardized mean difference=0.89), pain (0.20), and depressive symptoms (0.44). At follow-up (up to 12 months), CBT-I significantly improved sleep (0.56). Using global measures of sleep, we found a probability of 81% and 71% for having better sleep after CBT-I at post-treatment and final follow-up, respectively. The probability of having less pain after CBT-I at post-treatment and final follow-up was 58% and 57%, respectively. There were no statistically significant effects on anxiety symptoms and fatigue at either assessment point. Future trials with sufficient power, longer follow-up periods, and inclusion of CBT for pain components are warranted.

<https://doi.org/10.1037/tra0000999>

Military acculturation and readjustment to the civilian context.

McCaslin, S. E., Becket-Davenport, C., Dinh, J. V., Lasher, B., Kim, M., Choucroun, G., & Herbst, E.

Psychological Trauma: Theory, Research, Practice and Policy
2021 Jan 28

Objective:

Attitudes and beliefs related to immersion in military culture can affect postseparation transition to the civilian setting. The etiology and complexity of these reactions are often overlooked by mental health providers, which can result in negative consequences for treatment. This qualitative study examined veterans' perceptions of military culture and the impact of military service on veterans' values, beliefs, and behaviors. The goal of this research was to identify aspects of military culture that are important for health care providers to consider as they care for veterans and to inform culturally sensitive mental health care for veterans.

Method:

Fifty-two military veterans completed a self-report survey and participated in semistructured focus groups.

Results:

Participants reported diverse military experiences, and many endorsed a high level of

continuing identification with aspects of military culture. Seven broad themes related to military culture emerged from qualitative analyses: (a) military values, beliefs, and behaviors; (b) relationships; (c) occupational habits and practices; (d) acquired skills; (e) communication; (f) affiliation; and (g) psychological health and well-being.

Conclusion:

This thematic analysis elucidated strategies to improve mental health services for veterans, using a nuanced model that encourages providers to better distinguish aspects of cultural transition from psychopathology. Results underscored the importance of training mental health providers to ensure sensitivity to military culture. (Psychnfo Database Record (c) 2021 APA, all rights reserved).

<https://doi.org/10.3138/jmvfh-2019-0023>

Family members of Veterans with mental health problems: seeking, finding, and accessing informal and formal supports during the military-to-civilian transition.

Kelly Dean Schwartz, Deborah Norris, Heidi Cramm, Linna Tam-Seto, Alyson Mahar

Journal of Military, Veteran and Family Health

Published Online: January 25, 2021

Veterans and their families in the military-to-civilian transition (MCT) face a multitude of changes and challenges. Family members of those Veterans experiencing a significant mental health problem (e.g., post-traumatic stress disorder, depression, anxiety) may find that navigating the MCT is made more complex, especially as they seek to find social support during this transition. The present study set out to hear from family members and learn about their obstacles and successes in accessing formal and informal support during the MCT and how this was affected by the Veteran's mental health problems. Interviews and focus groups were completed with 36 English- and French-speaking Veteran family members across Canada. Family members shared how significant issues (e.g., mental health stigma, caregiver burden and burnout) were barriers to seeking and finding both informal (i.e., extended family, friends, online support) and formal (i.e., operational stress injury clinics, Military Family Resource Centres) support systems helpful in navigating the MCT. Despite setbacks and frustrations in accessing these supports, Veteran military families demonstrated resiliency and resolve as they pursued comfort, financial aid, respite, and counsel for themselves and for the Veteran with mental health problems during the MCT.

<https://doi.org/10.1080/00952990.2020.1868488>

Positive emotional intensity and substance use: the underlying role of positive emotional avoidance in a community sample of military veterans.

Melissa R. Schick, Nicole H. Weiss, Ateka C. Contractor, Emmanuel D. Thomas & Nichea S. Spillane

The American Journal of Drug and Alcohol Abuse
Published online: 01 Feb 2021

Background:

Military veterans are at greater risk for substance misuse. Positive emotional intensity is one well-established antecedent of substance misuse in this population. Positive emotional avoidance, or attempts to alter the form, frequency, or context of positive emotions, may help to explain this association. While clinical practice typically aims to increase positive emotions, such approaches may have iatrogenic effects, as high-intensity positive emotions may be experienced as distressing and prompt avoidance for some populations. This suggests a need to better understand responses to positive emotions to inform clinical practice.

Objectives:

The goal of the current study was to advance theory, research, and clinical practice by exploring the role of positive emotional avoidance in the associations between positive emotional intensity and both alcohol and drug misuse. We hypothesized that positive emotional intensity would indirectly influence alcohol and drug misuse through positive emotional avoidance.

Methods:

Participants were a community sample of United States military veterans recruited through Amazon's Mechanical Turk (n = 535, Mage = 37.45, 71.8% male, 69.5% White).

Results:

Correlations among positive emotional intensity, positive emotional avoidance, and alcohol and drug misuse were significant and positive (rs range from .13 to .41). Further, positive emotional avoidance was found to account for the relations of positive

emotional intensity to alcohol (indirect effect: $b = .04$, 95%CI [.01,.08]) and drug misuse (indirect effect: $b = .01$, 95%CI [.01,.02]).

Conclusions:

Results provide preliminary support for the potential clinical utility of targeting avoidance responses to positive emotions in interventions targeting alcohol and drug misuse among military veterans.

<https://doi.org/10.1111/acer.14561>

Resilience to Hazardous Drinking among Never-Deployed Male United States Army Reserve and National Guard Soldiers.

Hoopsick, R.A., Homish, D.L., Vest, B.M., Bartone, P.T. and Homish, G.G.

Alcoholism: Clinical and Experimental Research

First published: 27 January 2021

Background

Negative emotions related to never having been deployed are associated with an increased risk of hazardous drinking among United States Army Reserve/National Guard (USAR/NG) soldiers. Resiliency factors are known to buffer the effects of combat on hazardous drinking among service members who have been deployed, but it is not known if these factors are protective for never-deployed service members, or which domains of hazardous drinking might be affected. Therefore, we examined the effects of a range of resiliency factors (i.e., marital satisfaction, psychological hardiness, intrinsic religiosity) on the relation between non-deployment emotions (NDE) and domains of hazardous drinking.

Methods

We drew a subset of data from Operation: SAFETY (N = 112 never-deployed male soldiers), an ongoing study of USAR/NG soldiers. Regression models examined the main effects of NDE on each of the domains of hazardous drinking (i.e., total AUDIT score, consumption subscale, dependence subscale, alcohol-related problems subscale) and effect modification of each of the resiliency factors on the relations between NDE and the domains of hazardous drinking, separately. Final models controlled for years of military service, rank (enlisted vs. officer), number of military friends in the social network, and depression.

Results

Greater NDE were associated with a higher total AUDIT score, alcohol consumption, and alcohol dependence ($p < 0.05$), but not alcohol-related problems ($p > 0.05$). Marital satisfaction and psychological hardiness buffered the effects of NDE on total AUDIT score and alcohol dependence ($p < 0.05$). Intrinsic religiosity only modified the effect of NDE on total AUDIT score. None of the resiliency factors modified the effects of NDE on alcohol consumption or alcohol-related problems.

Conclusions

Soldiers with greater NDE had a greater risk of hazardous drinking in the presence of low resilience. Interventions to promote resiliency are an important consideration for protecting USAR/NG soldiers from hazardous drinking, regardless of deployment history.

<https://doi.org/10.1016/j.drugaldep.2021.108552>

Differential alcohol treatment response by gender following use of VetChange.

Nicholas A. Livingston, Tracy Simpson, Keren Lehavot, Victoria Ameral, ... Terence M. Keane

Drug and Alcohol Dependence

Volume 221, 1 April 2021

Highlights

- Proportionally more veteran women than men registered to use VetChange.
- Veteran men and women evidenced similar rates of intervention use over six months.
- Veteran men and women reported similar reductions in posttraumatic stress over time.
- Veteran women did not decrease their drinking as much as veteran men.

Abstract

Objective

Proportionally more women use online alcohol interventions but also report less robust treatment outcomes compared to men. Less is known about outcome disparities among veteran women, who are a growing demographic nationally. The current study

examined gender differences among returning veteran men and women who used VetChange, a web-based intervention for hazardous drinking and posttraumatic stress symptoms (PTSS).

Method

Using data from a nationwide implementation study of returning combat veterans (n = 222), we performed hierarchical linear modeling to examine gender differences in alcohol and PTSS outcomes over six months following VetChange registration. Additional analyses examined gender differences in proportional changes in hazardous drinking and at each assessment point.

Results

Returning veterans reported significant decreases in alcohol use and PTSS over time, yet men evidenced significantly greater reduction in average weekly drinks and drinks per drinking day compared to women. Follow up analyses indicated that women were significantly less likely than men to achieve low-risk drinking by one month post-registration. Proportional change in alcohol use yielded marginal and non-significant trends that were, nonetheless, consistent with the overall pattern of gender differences.

Conclusion

These results contribute to emerging literature suggesting that women use online alcohol use interventions at proportionately higher rates than do men, but do not reduce their drinking as much as men. There are a number of potential content changes that could improve outcomes for returning veteran women using online interventions, and data-driven adaptations based on stakeholder input are recommended.

<https://doi.org/10.1016/j.nurpra.2020.12.013>

Social Networking, Social Support, and Well-being for the Military Spouse.

Erika S. Seagle, Jiayun Xu, Nancy Edwards, Sara A. McComb

The Journal for Nurse Practitioners

Available online 30 January 2021

Highlights

- The use of Facebook both helps and hinders the perception of social support.
- Overuse of Facebook may have negative effects on well-being.

- Facebook groups may be helpful for military spouses facing deployment stressors.

Abstract

Military spouses experience unique stressors due to service member deployments and frequent relocations. Our purpose is to examine how military spouses use social networking groups, such as Facebook, and determine how this use was related to perceived social support and well-being. We found more frequent Facebook use was associated with decreased well-being compared with those who reported using Facebook less frequently. Practitioners may enhance the care provided to military spouses by inquiring about their circumstances, social media use, and helping them to identify social support services that may mitigate stress and improve well-being.

<https://doi.org/10.1097/HTR.0000000000000640>

Demographic and Mental Health Predictors of Arrests Up to 10 Years Post-Traumatic Brain Injury: A Veterans Affairs TBI Model Systems Study.

Miles, Shannon R. PhD; Silva, Marc A. PhD; Neumann, Dawn PhD; Dillahunt-Aspillaga, Christina PhD; Corrigan, John D. PhD; Tang, Xinyu PhD; Eapen, Blessen C. MD; Nakase-Richardson, Risa PhD, FACRM

Journal of Head Trauma Rehabilitation:
January 27, 2021

Objective:

Examine rates and predictors of arrests in Veterans and Service Members (V/SM) who received inpatient rehabilitation for traumatic brain injury (TBI).

Setting:

Veterans Administration (VA) Polytrauma Rehabilitation Centers.

Participants:

A total of 948 V/SM drawn from the VA TBI Model Systems cohort with arrest data up to 10 years post-TBI.

Design:

Longitudinal cohort study; secondary analysis of pre-TBI characteristics predicting post-TBI arrests.

Main Measures:

Disclosure of arrests pre-TBI and up to 10 years post-TBI.

Results:

Thirty-six percent of the sample had been arrested prior to their TBI; 7% were arrested post-TBI. When considering all variables simultaneously in a multivariate model, pre-TBI mental health treatment (adjusted odds ratio [aOR] = 4.30; 95% confidence interval [CI]: 2.03-9.14), pre-TBI heavy alcohol use (aOR = 3.04; CI: 1.08-8.55), and number of follow-up interviews (aOR = 2.05; CI: 1.39-4.50) were significant predictors of post-TBI arrest.

Conclusion:

Arrest rates of V/SM prior to TBI were consistent with rates of arrest for people of similar ages in the United States. Post-TBI rates were lower for V/SM than published rates of post-TBI arrests in civilians with TBI. As part of rehabilitation planning for V/SM with TBI, providers should assess for preinjury mental health services and alcohol misuse to (1) identify those who may be at risk for postinjury arrests and (2) provide relevant resources and/or supports.

<https://doi.org/10.1080/21635781.2021.1876799>

Resilience Training Efficacy by Instructor Specialization: A Program Evaluation with Army Recruits.

Ian A. Gutierrez, Melissa Kincaid, Antonio Best & Amy B. Adler

Military Behavioral Health

Published online: 02 Feb 2021

A growing recognition of the importance of resilience skills for psychological health and optimal performance has led to the development of a wide array of resilience trainings. Across the military, resilience training has been implemented by military personnel and training experts. To date, no direct assessment of the comparative efficacy of instructor type on training outcomes has been conducted. To that end, we conducted a program

evaluation that examined differences in the efficacy of a two-hour resilience training course for new recruits in Basic Combat Training on resilience-focused knowledge and skills as a function of instructor specialization. Soldiers (n = 401) received training from either a training specialist or a drill sergeant. Findings revealed that soldiers' knowledge and perceived resilience skills improved regardless of instructor type. Soldiers preferred training specialists to drill sergeants; however, soldiers who received training from drill sergeants had greater improvements in knowledge as compared to soldiers instructed by training specialists. Soldiers with high levels of pre-training resilience who received training from drill sergeants showed the greatest improvements in knowledge. We conclude that drill sergeants, when provided with train-the-trainer preparation by subject matter experts, can efficaciously provide resilience training to new Army recruits during Basic Combat Training.

<https://doi.org/10.1176/appi.ajp.2020.19121231>

Intrusive Traumatic Reexperiencing: Pathognomonic of the Psychological Response to Traumatic Stress. (commentary)

Yair Bar-Haim, Ph.D., Murray B. Stein, M.D., M.P.H., Richard A. Bryant, Ph.D., Paul D. Bliese, Ph.D., Ariel Ben Yehuda, M.D., Morten L. Kringelbach, Ph.D., Sonia Jain, Ph.D., Orrie Dan, Ph.D., Amit Lazarov, Ph.D., Ilan Wald, Ph.D., Ofir Levi, Ph.D., Yuval Neria, Ph.D., Daniel S. Pine, M.D.

The American Journal of Psychiatry
Published Online: 1 Feb 2021

Recent advances in neuroscience research on stress have had only minimal impact on the diagnosis and treatment (1, 2) of posttraumatic stress disorder (PTSD). Clinical disagreement may impede successful basic-to-clinical translation and contribute to stalled therapeutic advances. Nearly four decades after the introduction of PTSD in DSM-III, disputes persist regarding its definition (3, 4), as reflected in DSM-5 and in ICD-11. In other psychopathological arenas, a focus on core symptom dimensions provides a nidus around which basic and clinical research can coalesce. By focusing on core dimensions, research can proceed despite lingering disagreement about categorical syndrome definitions. In this commentary, we outline one such domain-focused approach for PTSD research.

<https://doi.org/10.3390/socsci10020049>

Military Service and Offending Behaviors of Emerging Adults: A Conceptual Review.

Salvatore C, Taniguchi T

Social Sciences

Published: 1 February 2021

Focusing on the United States, this paper examines the impact of military service for the cohort of individuals that have experienced the social factors that characterize emerging adulthood as a unique stage in the life course. We argue that military service, as a turning point, may act differently in contemporary times compared to findings from past research. This difference is driven by changes in military service, the draft versus volunteer military service, and the prevalence of emerging adulthood. As a background, we describe emerging adulthood, examine how emerging adulthood relates to crime and deviance, explore the impact of military life on young adults, provide an overview of the demographics of military service, discuss the influence and outcomes of military life on young adults, and explore existing research linking military service and deviant and criminal behavior. We develop a theoretical model of the relationship between military service and emerging adulthood and explore the impact on criminological theory and policy.

Links of Interest

Earn CEs and Learn about Effectiveness of Mental Health Interventions in New Home Studies

<https://www.pdhealth.mil/news/blog/earn-ces-and-learn-about-effectiveness-mental-health-interventions-new-home-studies>

Nearly 90% of Military Hazing Complaints Come from the Marine Corps, Data Shows

<https://www.military.com/daily-news/2021/02/07/nearly-90-of-military-hazing-complaints-come-marine-corps-data-shows.html>

Veterans unemployment rate worsened slightly to start the new year

<https://www.militarytimes.com/education-transition/2021/02/05/veterans-unemployment-rate-worsened-slightly-to-start-the-new-year/>

How COVID changed military homecomings — one spouse's perspective

<https://www.militarytimes.com/newsletters/daily-news-roundup/2021/02/07/how-covid-changed-military-homecomings-one-spouses-perspective/>

What drug-addicted soldiers can teach us about addiction and recovery

19% of American soldiers returned from Vietnam addicted to heroin. 95% of them recovered without relapse. How?

<https://bigthink.com/21st-century-spirituality/how-can-we-end-americas-obesity-and-addiction-crisis-change-the-environment>

'Coronaphobia': Covid anxiety has a name. Here's how to cope

<https://www.washingtonpost.com/lifestyle/2021/02/09/anxiety-covid-how-health-coronaphobia/>

Sexual assault survivors are twice as likely to leave the military voluntarily, report finds

<https://www.militarytimes.com/news/your-military/2021/02/09/sexual-assault-survivors-are-twice-as-likely-to-leave-the-military-voluntarily-report-finds/>

[\(Effects of Sexual Assault and Sexual Harassment on Separation from the U.S. Military: Findings from the 2014 RAND Military Workplace Study\)](#)

DoD has a blind spot for civilian employee sexual assaults

<https://www.federaltimes.com/management/hr/2021/02/09/dod-has-a-blind-spot-for-civilian-employee-sexual-assaults/>

New VA Secretary Vows to 'Redouble' Efforts to Help Military Sexual Trauma Survivors

<https://www.military.com/daily-news/2021/02/09/new-va-secretary-vows-redouble-efforts-help-military-sexual-trauma-survivors.html>

Service members in several minority groups more likely to attempt suicide, report finds

<https://www.stripes.com/news/us/service-members-in-several-minority-groups-more-likely-to-attempt-suicide-report-finds-1.661563>

The COVID-19 Bed-Spread

<https://www.rand.org/blog/2021/02/the-covid-19-bed-spread.html>

Resource of the Week: [VA Mobile App - COVID COACH](#)

The COVID Coach app was created for everyone, including Veterans and Service members, to support self-care and overall mental health during the coronavirus (COVID-19) pandemic.

Features include:

- Education about coping during the pandemic
- Tools for self-care and to improve emotional well-being
- Trackers to check your mood and measure your growth toward personal goals
- Graphs to visualize progress over time



For [iOS](#) and [Android](#)

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