

CDP



Research Update -- April 1, 2021

What's Here:

- The Relationship Between Suicidal Behaviors and Zero Suicide Organizational Best Practices in Outpatient Mental Health Clinics.
- The association between type of trauma, level of exposure and addiction.
- Acute Mild Traumatic Brain Injury Assessment and Management in the Austere Setting—A Review.
- Correspondence Between Retrospective and Momentary Self-Reported Posttraumatic Stress Disorder Symptoms: Evidence for Peak and End Effects in Veterans.
- Racial Discrimination is Associated with Acute Posttraumatic Stress Symptoms and Predicts Future Posttraumatic Stress Disorder Symptom Severity in Trauma-Exposed Black Adults in the United States.
- Understanding Post-Traumatic Stress Responses among Military Chaplains: Implications for Military Behavioral Health.
- Behavioral health and sleep problems among US Army veterinarians and veterinary technicians participating in the Millennium Cohort Study.
- Does complex PTSD predict or moderate treatment outcomes of three variants of exposure therapy?
- Moderators of PTSD Symptom Change in Group Cognitive Behavioral Therapy and Group Present Centered Therapy.

- Distinct patterns of resting-state connectivity in U.S. service members with mild traumatic brain injury versus posttraumatic stress disorder.
- Disclosure of lived experience of mental illness in training: Reasons for disclosure.
- “What Little We Know:” Peer-Reviewed Articles on the Impact of United States Military Culture on Male Victims of Military Sexual Trauma.
- Influences of Religiousness/Spirituality on Mental and Physical Health in OEF/OIF/OND Military Veterans Varies by Sex and Race/Ethnicity.
- Institutional betrayal and help-seeking among women survivors of military sexual trauma.
- Risk for depression and suicidal ideation among food insecure US veterans: data from the National Health and Nutrition Examination Study.
- The Relationship between Suicide-Specific Rumination and Suicidal Intent Above and Beyond Suicidal Ideation and Other Suicide Risk Factors: A Multilevel Modeling Approach.
- Repetitive Blast Mild Traumatic Brain Injury Increases Ethanol Sensitivity in Male Mice and Risky Drinking Behavior in Male Combat Veterans.
- Effects of Emotion Dysregulation on Post-treatment Post-traumatic Stress Disorder and Depressive Symptoms Among Women Veterans With Military Sexual Trauma.
- Tired and angry: Sleep, mental health, and workplace relational aggression.
- Escalating progression of mental health disorders during the COVID-19 pandemic: Evidence from a nationwide survey.
- Links of Interest
- Resource of the Week: Independent Review Commission on Sexual Assault in the Military (U.S. Department of Defense)

<https://doi.org/10.1176/appi.ps.202000525>

The Relationship Between Suicidal Behaviors and Zero Suicide Organizational Best Practices in Outpatient Mental Health Clinics.

Deborah M. Layman, M.A., Jamie Kammer, Ph.D., Emily Leckman-Westin, Ph.D., Mike Hogan, Ph.D., Julie Goldstein Grumet, Ph.D., Christa D. Labouliere, Ph.D., Barbara Stanley, Ph.D., Jay Carruthers, M.D., Molly Finnerty, M.D.

Psychiatric Services

Published Online: 18 Mar 2021

Objective:

This study tested the hypothesis that fidelity of clinics to Zero Suicide (ZS) organizational practices is inversely related to suicidal behaviors of patients under clinical care.

Methods:

Using cross-sectional analyses, the authors examined the fidelity of 110 outpatient mental health clinics to ZS organizational best practices and suicidal behaviors of clinic patients in the year before a large-scale Zero Suicide implementation. Fidelity to ZS organizational best practices was assessed over a 1-year period with an adapted version of the ZS Organizational Self-Study instrument (17 items self-rated on a Likert scale of 1–5). Suicidal behaviors of patients were identified by extracting information on suicide attempts and deaths from a mandated statewide incident-reporting system database. Clinics were dichotomized into any or no suicide incidents during the year of observation. Logistic regression analyses were used to adjust for clinic census and population type (majority child or adult).

Results:

The clinics (N=110) served 30,257 patients per week. Clinics' total average fidelity score was 3.1 ± 0.6 (range=1.41–4.12). For each point increase in fidelity, clinics had a significantly reduced likelihood of having a suicide incident (adjusted odds ratio=0.31, 95% confidence interval=0.14–0.69). Exploratory analysis identified significant differences for seven of 17 ZS organizational practices, with the largest effect sizes for suicide-specific quality improvement policies and activities ($\eta^2=0.097$) and lethal means reduction ($\eta^2=0.073$).

Conclusions:

These findings support an association between clinics' use of ZS organizational best practices and lower suicidal behaviors of patients under their care. Findings also support the validity of the ZS Organizational Self-Study instrument.

<https://doi.org/10.1016/j.addbeh.2021.106889>

The association between type of trauma, level of exposure and addiction.

Levin, Y., Lev Bar-Or, R., Forer, R., Vaserman, M., Kor, A., & Lev-Ran, S.

Addictive Behaviors

2021 Mar 9

Exposure to trauma is considered a risk factor for the development of addictive disorders. Currently, there is a knowledge gap concerning specific links between types and levels of exposure to traumatic events and addiction. In this study we explored the associations between interpersonal trauma and risk of addictive behaviors, stratified by type of trauma (physical, weapon, sexual assault, and combat) and level of exposure (direct/indirect), focusing on a wide range of substances and behaviors. Data from an online representative sample of 4025 respondents were collected, including the Life Events Checklist (LEC-5), substance use disorders and behavioral addictions metrics, and sociodemographic data. Substantial differences were found between specific types of trauma and risk of addiction. Among those exposed to sexual assault, the risk of alcohol use disorder was found to 15.4%, 95%CI[14.4-16.4%], compared to 12.1%, 95%CI[11.3-12.8] among those exposed to combat-related trauma. Both direct and indirect exposure to trauma were found to be significantly related with risk of addiction. While direct exposure was most highly associated with addictions across several types of trauma, in the case of combat-related trauma, indirect exposure was more highly associated with alcohol and pornography addiction (14.5%, 95%CI[13.2-15.8%] and 10.0%, 95%CI[6.3-15.0%], respectively) compared to direct exposure (10.7%, 95%CI[9.9-11.6%] and 7.4%, 95%CI[4.7-11.6%], respectively). Our findings emphasize the strong association between all types of trauma and the risk of several specific substance and behavioral addictions. Specifically, the role of indirect exposure to trauma is highlighted.

<https://doi.org/10.1093/milmed/usab104>

Acute Mild Traumatic Brain Injury Assessment and Management in the Austere Setting—A Review.

Misha R Ownbey, MC, USA, Timothy B Pekari, SP, USA

Military Medicine

Published: 20 March 2021

Introduction

Traumatic brain injury (TBI) continues to be a major source of military-related morbidity and mortality. The insidious short- and long-term sequelae of mild TBIs (mTBIs) have come to light, with ongoing research influencing advances in patient care from point of injury onward. Although the DoDI 6490.11 outlines mTBI care in the deployed setting, there is currently no standardized training requirement on mTBI care in the far-forward deployed setting. As the Joint Trauma System (JTS) is considered to be one of the leaders in standard of care trauma medicine in the deployed environment and is often the go-to resource for forward-deployed medical providers, it is our goal that this review be utilized by the JTS with prominent mTBI resources to disseminate a clinical practice guideline (CPG) appropriate for the far-forward operational environment.

Materials and Methods

The resources used for this review reflect the most current data, knowledge, and recommendations associated with research and findings from reputable sources as the Traumatic Brain Injury Center of Excellence (TBI CoE; formerly the Defense and Veterans Brain Injury Center), the Center for Disease Control and Prevention, as well as prominent journals such as Academic Emergency Medicine, British Journal of Sports Medicine, and JAMA. We searched for articles under keyword searches, limiting results to less than 5 years old, and had military relevance. About 1,740 articles were found using keywords; filters on our search yielded 707 articles, 100 of which offered free full text. The topic of far-forward deployed management of mTBI does not have a robust academic background at this time, and recommendations are derived from a combination of academic evidence in more traditional clinical settings, as well as author's direct experience in managing mTBI casualties in the austere environment.

Results

At the time of this writing, there is no JTS CPG for management of mTBI and there is no pre-deployment training requirement for medical providers for treating mTBI casualties in the far-forward deployed setting. The TBI CoE does, however, have a multitude of

resources available to medical providers to assist with post-mTBI care. In this article, we review these clinical tools, pre-planning considerations including discussions and logistical planning with medical command, appropriate evaluation and treatment for mTBI casualties based on TBI CoE recommendations, the need for uniform and consistent documentation and diagnosis in the acute period, tactical and operational considerations, and other considerations as a medical provider in an austere setting with limited resources for treating casualties with mTBIs.

Conclusions

Given the significant morbidity and mortality associated with mTBIs, as well as operational and tactical considerations in the austere deployed setting, improved acute and subacute care, as well as standardization of care for these casualties within their area of operations is necessary. The far-forward deployed medical provider should be trained in management of mTBI, incorporate mTBI-associated injuries into medical planning with their command, and discuss the importance of mTBI management with servicemembers and their units. Proper planning, training, standardization of mTBI management in the deployed setting, and inter-unit cooperation and coordination for mTBI care will help maintain servicemember readiness and unit capability on the battlefield. Standardization in care and documentation in this austere military environment may also assist future research into mTBI management. As there is currently no JTS CPG covering this type of care, the authors recommend sharing the TBI CoE management guideline with medical providers who will be reasonably expected to evaluate and manage mTBI in the austere deployed setting.

<https://doi.org/10.1002/jts.22669>

Correspondence Between Retrospective and Momentary Self-Reported Posttraumatic Stress Disorder Symptoms: Evidence for Peak and End Effects in Veterans.

Suzanne E. Decker, Marc I. Rosen, Ned L. Cooney, Paula P. Schnurr, Anne C. Black

Journal of Traumatic Stress

First published: 20 March 2021

Validated retrospective self-report symptom rating scales are recommended for posttraumatic stress disorder (PTSD) screening and treatment. However, such reports may be affected by a respondent's most intense ("peak") or most recent ("end")

symptoms. The present study evaluated the correspondence between PTSD symptoms assessed using a standard past-month retrospective rating scale and recorded by ecological momentary assessment (EMA) over the same period and tested hypotheses that retrospective scores would be predicted by peak and end-period momentary symptoms. Male U.S. veterans (N = 35) who served post-9/11 completed the PTSD Symptom Checklist for DSM-5 (PCL-5) at baseline and 1 month later. For 28 days during the intervening period, they received quasi-randomly timed text prompts to complete a modified version of the PCL-5 at that moment. Using multiple regression modeling, controlling for the number of completed EMAs and time (days) since the last EMA, we assessed the predictability of follow-up retrospective PCL-5 scores by (a) the mean of all momentary scores and (b) peak and last-day momentary scores. Retrospective PCL-5 scores were closest to peak scores, $d = -0.31$, and substantially higher than overall mean, $d = 0.99$, and last-day momentary scores, $d = 0.94$. In the regression model, peak symptom experiences and last-day momentary symptoms uniquely predicted follow-up PCL-5 scores over and above significant prediction by overall mean momentary symptom scores. In sum, participants' self-reported past-month PTSD symptom severity did not simply reflect an average over time. Additional questioning is needed to understand peak and recent symptom periods reflected in these estimates.

<https://doi.org/10.1002/jts.22670>

Racial Discrimination is Associated with Acute Posttraumatic Stress Symptoms and Predicts Future Posttraumatic Stress Disorder Symptom Severity in Trauma-Exposed Black Adults in the United States.

Claire M. Bird, E. Kate Webb, Andrew T. Schramm, Lucas Torres, Christine Larson, Terri A. deRoon-Cassini

Journal of Traumatic Stress
First published: 14 March 2021

In the United States, Black residents exposed to a traumatic event are at an increased risk of developing posttraumatic stress disorder (PTSD) and experiencing more severe symptoms compared to their non-Hispanic White counterparts. Although previous work has suggested a link between racial discrimination and PTSD symptoms, no studies have assessed this association in a sample of traumatic injury survivors. The current study investigated whether (a) past racial discrimination was associated with acute

posttraumatic stress symptoms (PTSS) and (b) discrimination prospectively contributed to the prediction of future PTSD symptoms. African American and/or Black patients (N = 113) were recruited from an emergency department in southeastern Wisconsin. Patients in the acute postinjury phase (i.e., 2 weeks posttrauma) completed self-report measures, with PTSD symptoms assessed using the Clinician-Administered PTSD Scale at 6-month follow-up. Bivariate associations indicated past racial discrimination was significantly related to acute PTSS. A multiple regression analysis revealed that pretrauma exposure to racial discrimination significantly predicted PTSD symptoms at follow-up, even after controlling for age, gender, previous psychiatric diagnosis, social support, and lifetime trauma history. Our results suggest that experiences of racial discrimination add significant additional risk for PTSD symptom development following traumatic injury, $R^2 = .16$, $F(6, 106) = 3.25$, $p = .006$. Broadly, these findings add to the body of empirical evidence and personal testimonies of Black individuals in White-centric societies asserting that racial discrimination affects mental health and overall well-being and further highlight the recent call for racism to be classified as a public health crisis.

<https://doi.org/10.1080/21635781.2021.1900956>

Understanding Post-Traumatic Stress Responses among Military Chaplains: Implications for Military Behavioral Health.

James D. Whitworth, Casey N. O'Brien & Chris Stewart

Military Behavioral Health

Published online: 22 Mar 2021

Introduction

Military chaplains play a vital role in helping the military accomplish their missions. These chaplains can be exposed to traumatic experiences during their deployments with some of them developing posttraumatic stress disorder (PTSD).

Method:

Using in-depth interviews with 17 former and active-duty chaplains who have been diagnosed with PTSD, this study employs classical grounded theory to formulate a conceptual model explaining key factors that contribute to their trauma resiliency.

Results:

The conceptual model derived from grounded theory analysis of the interviews theorizes that chaplains with PTSD who have a greater number of overall and religious/spiritual protective factors and fewer overall and religious/spiritual risk factors are more resilient to military-related trauma experiences. Alternatively, chaplains who have more overall and religious/spiritual risk factors and fewer of these protective factors demonstrate decreased resiliency. Key risk factors included high levels of guilt, perceived weakness and stigma associated with symptoms, heavy work demands during deployments, competitive work environments, isolation, and unhelpful leadership responses.

Discussion:

Implications for military behavioral health to support military chaplains are highlighted. They include recommendations for increased and targeted psychoeducation efforts, expanded use of camaraderie-based approaches/fostering informal support, incorporation of chaplain's faith/spirituality, increased use of narrative and cognitive interventions, and advocating for chaplains.

<https://doi.org/10.2460/javma.258.7.767>

Behavioral health and sleep problems among US Army veterinarians and veterinary technicians participating in the Millennium Cohort Study.

Anna C. Rivera, Toni Rose Geronimo-Hara, Cynthia A. LeardMann, Elizabeth A. Penix, Christopher J. Phillips, Dennis J. Faix, Rudolph P. Rull, Deborah L. Whitmer, and Amy B. Adler

Journal of the American Veterinary Medical Association
April 1, 2021, Vol. 258, No. 7, Pages 767-775

OBJECTIVE

To determine the prevalences and relative odds of mental health problems, suicidal ideation, psychotropic medication use, problem drinking, trouble sleeping, and lack of social support among veterinarians and veterinary technicians, compared with other medical professionals, in the US Army.

SAMPLE

7,744 US Army personnel (957 officers [101 veterinarians and 856 physicians and

dentists] and 6,787 enlisted personnel [334 veterinary technicians and 6,453 medics]) participating in the Millennium Cohort Study.

PROCEDURES

Eligible participants completed ≥ 1 survey while serving as an Army veterinarian, veterinary technician, physician, general dentist, or medic. Analysis methods including multivariable logistic regression adjusted for covariates and stratified by pay grade were used to investigate associations between each health-care occupation and outcomes of interest.

RESULTS

Veterinarians had higher reported prevalences of mental health problems, trouble sleeping, and lack of social support than did nontrauma physicians, trauma physicians, or dentists. On multivariable analysis, veterinarians had higher odds of mental health problems, trouble sleeping, and lack of social support, compared with physicians and dentists combined; odds for these outcomes were also higher for veterinarians, compared with various individual reference groups. Veterinary technicians had lower reported prevalence and lower odds of psychotropic medication use, compared with medics.

CONCLUSIONS AND CLINICAL RELEVANCE

Further examination of Army policies and organizational structures related to veterinarians may be warranted, along with the development of policies and interventions designed to improve mental health, sleep quality, and social support among military veterinarians.

<https://doi.org/10.1016/j.janxdis.2021.102388>

Does complex PTSD predict or moderate treatment outcomes of three variants of exposure therapy?

Journal of Anxiety Disorders
Available online 22 March 2021

Highlights

- Complex PTSD is related to more severe PTSD and comorbidity at baseline
- Complex PTSD does not predict treatment outcome of variants of Prolonged Exposure

- Complex PTSD is not related to better outcome of STAIR + PE compared to PE and iPE

Abstract

Background

One reason for the inclusion of Complex Posttraumatic Stress Disorder (CPTSD) in the 11th revision of the International Classification of Diseases (ICD-11) was its suspected relevance for treatment indications. We investigated whether CPTSD predicted and moderated treatment outcomes of Prolonged Exposure (PE), intensified PE (iPE) and Skills Training in Affective and Interpersonal Regulation followed by PE (STAIR + PE). We expected that CPTSD would predict worse treatment outcomes across treatments. Secondly, we expected that CPTSD would lead to better treatment effect in STAIR + PE compared to PE and iPE.

Methods

We analyzed 149 patients with childhood-abuse related PTSD from a randomized clinical trial. CPTSD diagnosis and symptom severity were measured with the International Trauma Questionnaire. The main outcome was change in clinician-assessed PTSD symptoms. Assessments took place at baseline, week 4, week 8, week 16 (post-treatment) and at a 6-and 12-month follow-up. Analyses were based on an intention-to-treat sample using mixed effect models.

Results

More than half (54%) of the patients met criteria for CPTSD at baseline. CPTSD was related to more severe PTSD symptoms and higher comorbidity at baseline. CPTSD neither predicted nor moderated treatment outcome.

Limitations

Inclusion was limited to patients with PTSD related to childhood abuse. Replication is needed in different samples.

Conclusions

CPTSD is associated with more severe PTSD and with higher comorbidity. CPTSD did not predict treatment outcome and did not indicate differential treatment outcome of STAIR + PE compared to PE and iPE.

Moderators of PTSD Symptom Change in Group Cognitive Behavioral Therapy and Group Present Centered Therapy.

J. Gayle Beck, Joshua D. Clapp, William Unger, Melissa Wattenberg, Denise M. Sloan

Journal of Anxiety Disorders
Available online 22 March 2021

Highlights

- Moderators of change during 2 group-based interventions were explored for specific symptom clusters of Posttraumatic Stress Disorder (PTSD).
- Group Cognitive-Behavioral Treatment (a trauma-focused treatment, GCBT) and Group Present Centered Therapy (a non-trauma focused treatment, GPCT) were studied.
- For GCBT, pre-treatment PTSD moderated reductions in avoidance whereas positive treatment expectancies moderated reductions in negative cognitions/mood.
- For GPCT, pre-treatment depression moderated change in intrusion and arousal/reactivity symptoms.
- Results support the importance of examining trajectories of change and their moderators for specific treatments.

Abstract

To examine moderators of change during group-based intervention for Posttraumatic Stress Disorder (PTSD), multilevel models were used to assess trajectories of symptom clusters in male veterans receiving trauma focused Group Cognitive Behavioral Treatment (gCBT; N = 84) or non-trauma focused Group Present Centered Therapy (gPCT; N = 91; Sloan et al., 2018). Separate models were conducted for symptom clusters in each intervention, examining pre-treatment PTSD symptoms, pre-treatment depression severity, age, index trauma, and outcome expectancies as potential moderators. Unconditioned growth models for both gCBT and gPCT showed reductions in intrusions, avoidance, negative cognitions/mood, and arousal/reactivity (all $p < .001$). Distinct moderators of recovery emerged for each treatment. Reductions in avoidance during gCBT were strongest at high levels of pre-treatment PTSD symptoms (low PTSD: $p = .964$, $d = .05$; high PTSD: $p < .001$, $d = 1.31$) whereas positive outcome expectancies enhanced reductions in cognitions/mood (low Expectancy: $p = .120$, $d = .50$; high Expectancy: $p < .001$, $d = 1.13$). For gPCT, high levels of pre-treatment depression symptoms negatively impacted change in both intrusion (low depression:

$p < .001$, $d = .96$; high depression: $p = .376$, $d = .22$) and arousal/reactivity (low depression: $p < .001$, $d = .95$; high depression: $p = .092$, $d = .39$) symptoms. Results support the importance of examining trajectories of change and their moderators for specific treatments, particularly when contrasting trauma focused and non-trauma focused treatments.

<https://doi.org/10.1007/s11682-021-00464-1>

Distinct patterns of resting-state connectivity in U.S. service members with mild traumatic brain injury versus posttraumatic stress disorder.

Carissa L. Philippi, Carmen S. Velez, Benjamin S.C. Wade, Ann Marie Drennon, Douglas B. Cooper, Jan E. Kennedy, Amy O. Bowles, Jeffrey D. Lewis, Matthew W. Reid, Gerald E. York, Mary R. Newsome, Elisabeth A. Wilde & David F. Tate

Brain Imaging and Behavior

Published: 23 March 2021

Mild traumatic brain injury (mTBI) is highly prevalent in military populations, with many service members suffering from long-term symptoms. Posttraumatic stress disorder (PTSD) often co-occurs with mTBI and predicts worse clinical outcomes. Functional neuroimaging research suggests there are both overlapping and distinct patterns of resting-state functional connectivity (rsFC) in mTBI versus PTSD. However, few studies have directly compared rsFC of cortical networks in military service members with these two conditions. In the present study, U.S. service members ($n = 137$; ages 19–59; 120 male) underwent resting-state fMRI scans. Participants were divided into three study groups: mTBI only, PTSD only, and orthopedically injured (OI) controls. Analyses investigated group differences in rsFC for cortical networks: default mode (DMN), frontoparietal (FPN), salience, somatosensory, motor, auditory, and visual. Analyses were family-wise error (FWE) cluster-corrected and Bonferroni-corrected for number of network seeds regions at the whole brain level ($p_{FWE} < 0.002$). Both mTBI and PTSD groups had reduced rsFC for DMN and FPN regions compared with OI controls. These group differences were largely driven by diminished connectivity in the PTSD group. rsFC with the middle frontal gyrus of the FPN was increased in mTBI, but decreased in PTSD. Overall, these results suggest that PTSD symptoms may have a more consistent signal than mTBI. Our novel findings of opposite patterns of connectivity with lateral prefrontal cortex highlight a potential biomarker that could be used to differentiate between these conditions.

<https://doi.org/10.1037/ser0000536>

Disclosure of lived experience of mental illness in training: Reasons for disclosure.

Joseph, K. M., Barnes, T., Harris, J. I., & Boyd, J.

Psychological Services
Advance online publication

Students in mental health (MH) professions often face MH symptoms themselves related to the stress of graduate training and have been shown to benefit from supportive mentoring. Little is known, however, about trainees who already have a mental illness, and how best to help them succeed. Snowball sampling was used to survey 35 MH professionals with lived experience of mental illness (LE), also known as “prosumers.” The survey included questions about participants’ past disclosure about mental illness when they were in a training role. Questions were also asked about participants’ experience supervising or teaching students who had disclosed LE. The survey included quantitative and qualitative data. Of participants who disclosed experiences of mental illness during past training, most disclosed to a clinical supervisor, with the most common reason for disclosure being to seek social support. A majority (83%) of those who endorsed having a trainee disclose to them were “out” about their own LE at the time. The majority of participants (78%) indicated they would like accessible examples of how others had dealt with trainee disclosure to use as a tool in working with trainees. We conclude with implications for future research and resources on this topic. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1089/vio.2020.0072>

“What Little We Know:” Peer-Reviewed Articles on the Impact of United States Military Culture on Male Victims of Military Sexual Trauma.

Kathryn Campos

Violence and Gender

Online Ahead of Print: March 25, 2021

Conduct a narrative review study to identify, evaluate, and summarize pertinent published literature on the influence of U.S. military culture on male victims of military sexual assault (MSA) and military sexual trauma (MST). Various aspects of military culture have been shown to contribute significantly to barriers of reporting, prevention, and social support for male service members who have experienced MST and MSA in the U.S. military forces. A variety of U.S. military cultural factors associated with barriers to reporting MST/MSA among male military service members and veterans were assessed and identified in this narrative review. Overall study findings suggest that increasing research on the impact of military culture and male MST and MSA is imperative in the effort to reduce and prevent sexual violence within the U.S. military armed forces. Various aspects of the U.S. military culture play a significant role in the influence of sexual assault occurrences that take place within U.S. military service units. Supporting evidence suggests that the U.S. military culture impacts the overall severity of barriers to reporting sexual assault and/or trauma among male military service members and veterans.

<https://doi.org/10.1016/j.jpsychires.2021.03.034>

Influences of Religiousness/Spirituality on Mental and Physical Health in OEF/OIF/OND Military Veterans Varies by Sex and Race/Ethnicity.

Crystal L. Park, Shane J. Sacco, Shane W. Kraus, Carolyn M. Mazure, Rani A. Hoff

Journal of Psychiatric Research

Available online 26 March 2021

Highlights

- Tested Religiousness/Spirituality (R/S)-health links in recent-era veterans.
- Effects of R/S varied by gender, race, and ethnicity.
- R/S struggle related inversely to subsequent mental and physical health.
- Results have implications for R/S in personalizing veteran health services.

Abstract

Background

Religiousness/spirituality (R/S) has been associated with greater mental wellbeing in US

military veterans, but this work has been conducted primarily with older veterans, cross-sectionally, using a constrained set of R/S and mental health constructs, and lacking consideration of the influence of sex and race/ethnicity. Further, few studies have focused on associations of R/S with veterans' physical health.

Method

We investigated the relationship of R/S to mental and physical health in a sample of 410 Operation Iraqi Freedom/Operation Enduring Freedom/Operation New Dawn veterans within five years of military separation and one year later.

Results

In the full sample, R/S coping, R/S organized practices and private prayer minimally related to mental or physical wellbeing, yet R/S struggle related inversely to concurrent and subsequent mental and physical health. For women only, higher baseline organized R/S was associated with lower subsequent stress, anxiety, and insomnia. For men only, baseline R/S coping predicted subsequent poorer physical quality of life and baseline R/S struggle predicted subsequent increased pain. For minority race but not white veterans, higher baseline private prayer predicted increased current pain level at 12 months; for Latinx ethnicity only, higher baseline R/S coping predicted increased quality of life a year later and higher baseline R/S struggle predicted higher subsequent levels of anxiety.

Conclusions

R/S, broadly conceptualized, may relate to wellbeing in military veterans in different ways depending on sex and race/ethnicity, with implications for the role of R/S and R/S struggle in personalizing mental and physical health services.

<https://doi.org/10.1037/tra0001027>

Institutional betrayal and help-seeking among women survivors of military sexual trauma.

Monteith, L. L., Holliday, R., Schneider, A. L., Miller, C. N., Bahraini, N. H., & Forster, J. E.

Psychological Trauma: Theory, Research, Practice, and Policy
Advance online publication

Women veterans experience disproportionately high rates of military sexual trauma (MST). Nonetheless, many MST survivors delay or forgo health care, particularly within Veterans Health Administration (VHA) settings. Institutional betrayal (IB) has been posited as a potential explanation for this. Objective: The current study examined if IB was associated with women veterans' willingness to seek VHA and non-VHA mental health and medical care, prior use of VHA care, past year use of VHA care, and use of VHA and non-VHA MST-related care. Method: Participants were 242 women veterans who screened positive for MST and completed self-report measures of IB and willingness to seek VHA and non-VHA mental health and medical care. Use of VHA care was assessed through VA Corporate Data Warehouse data. Results: IB was associated with lower willingness to use VHA medical care and higher willingness to use non-VHA mental health care. Although IB was not significantly associated with prior use of VHA care, participants who reported more IB were more likely to have used VHA care in the past year and to have used both VHA and non-VHA MST-related care. Conclusion: These findings illuminate the relationship between the institutional response to MST with women's help-seeking willingness and use. Addressing IB may be important for increasing women MST survivors' willingness to use VHA medical care. Additionally, as IB was associated with greater willingness to use non-VHA mental health care, non-VHA institutions and providers should be prepared to serve women veterans who have experienced MST-related IB. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1007/s00127-021-02071-3>

Risk for depression and suicidal ideation among food insecure US veterans: data from the National Health and Nutrition Examination Study.

Nipa P. Kamdar, Melissa L. Horning, Joseph C. Geraci, Alexander W. Uzdavines, Drew A. Helmer & Natalie E. Hundt

Social Psychiatry and Psychiatric Epidemiology
Published 26 March 2021

Background

Suicide and food insecurity (i.e., lack of access to food) are two major issues that affect US Veterans.

Purpose

Using a US-based sample, we evaluated the association between food insecurity and suicidal ideation among Veterans. Because depression often precedes suicide, we also examined the association between food insecurity and depression.

Methods

Using data from 2630 Veterans who participated in the National Health and Nutrition Examination Survey 2007–2016, we conducted an adjusted linear regression model to evaluate the association between food insecurity (measured using 18-item Household Food Security Survey) and depression (measured using PHQ-9) and an adjusted binary logistic regression model to evaluate the association between food insecurity and suicidal ideation (measured using PHQ-9 Question 9). Models were adjusted for gender, age, income-to-poverty ratio, race/ethnicity, and education level.

Results

Of the sample, 11.5% were food insecure, depression scores averaged 2.86 (SD = 4.28), and 3.7% endorsed suicidal ideation. Veterans with marginal ($\beta = 0.68$, 95%CI [0.09, 1.28]), low ($\beta = 1.38$, 95%CI [0.70, 2.05]) or very low food security ($\beta = 3.08$, 95%CI [2.34, 3.83]) had significantly increased depression scores compared to food secure Veterans. Veterans with low (OR = 2.15, 95%CI [1.08, 4.27]) or very low food security (OR = 3.84, 95%CI [2.05, 7.20]) had significantly increased odds for suicidal ideation compared to food secure Veterans.

Conclusion

Food insecurity in Veterans is associated with increased depression symptoms and suicidal ideation. This association strengthens as food insecurity worsens. Veterans with food insecurity should be screened for depression and suicidal ideation. Simultaneously, depression treatment plans and suicide prevention programs should consider basic needs like food security.

<https://doi.org/10.1016/j.jpsychires.2021.03.031>

The Relationship between Suicide-Specific Rumination and Suicidal Intent Above and Beyond Suicidal Ideation and Other Suicide Risk Factors: A Multilevel Modeling Approach.

Megan L. Rogers, Austin J. Gallyer, Thomas E. Joiner

Suicide-specific rumination, characterized by perseveration on and difficulties disengaging from suicidal thoughts and ideas, has been linked to increased suicide risk; however, previous studies were limited by the use of a cross-sectional design and relatively lower risk samples. This study aimed to replicate and extend previous findings by examining the short-term longitudinal association between suicide-specific rumination and suicidal intent, controlling for numerous robust covariates, in a sample of community-based adults at high risk for suicide, who were recruited from suicide-related forums online. Ninety-one adults with significant suicidal ideation (Mage = 27.03, SD = 8.64; 53.8% female, 44.0% male, 1.1% non-binary, 1.1% transgender female) completed brief online self-report measures at six time-points, each three days apart. Multilevel modeling analyses indicated that suicide-specific rumination was associated with suicidal intent, above and beyond suicidal ideation, perceived burdensomeness, thwarted belongingness, agitation, insomnia, nightmares, and sociodemographic characteristics. Further, a lagged model demonstrated that suicide-specific rumination predicted subsequent time-point suicidal intent, controlling for current suicidal intent and all other covariates. Overall, these findings suggest that perseverating on one's suicidal thoughts may serve as a proximal factor that increases suicide risk. Future investigations should explore potential mechanisms of this association, as well as interventions that may reduce suicide-specific rumination.

<https://doi.org/10.1111/acer.14605>

Repetitive Blast Mild Traumatic Brain Injury Increases Ethanol Sensitivity in Male Mice and Risky Drinking Behavior in Male Combat Veterans.

Schindler, A.G., Baskin, B., Juarez, B., Lee, S.J., Hendrickson, R., Pagulayan, K., Zweifel, L.S., Raskind, M.A., Phillips, P.E., Peskind, E.R. and Cook, D.G.

Alcoholism: Clinical and Experimental Research
First published: 24 March 2021

Background

Mild traumatic brain injury (mTBI) is common in civilians and highly prevalent among military service members. mTBI can increase health-risk behaviors (e.g., sensation seeking, impulsivity) and addiction risk (e.g., alcohol use disorder (AUD)), but how mTBI

and substance use might interact to promote addiction risk remains poorly understood. Likewise, potential differences in single vs. repetitive mTBI in relation to alcohol use/abuse has not been previously examined.

Methods

Here we examined how a history of single (1x) or repetitive (3x) blast exposure (blast-mTBI) affects ethanol-induced behavioral and physiological outcomes using an established mouse model of blast-mTBI. To investigate potential translational relevance, we also examined self-report responses to the Alcohol Use Disorders Identification Test-Consumption Questions (AUDIT-C), a widely used measure to identify potential hazardous drinking and AUD, and used a novel unsupervised machine learning approach to investigate whether a history of blast-mTBI affected drinking behaviors in Iraq/Afghanistan Veterans.

Results

Both single and repetitive blast-mTBI in mice increased the sedative properties of ethanol (with no change in tolerance or metabolism), but only repetitive blast potentiated ethanol-induced locomotor stimulation and shifted ethanol intake patterns (increased consumption 'front-loading' (e.g., higher rate of consumption during initial acute (2-hour) phase of alcohol access (24-hour)) and decreased total daily intake) during intermittent two bottle choice. Examination of AUDIT-C scores in Iraq/Afghanistan Veterans revealed an optimal three-cluster solution: 'low' (low intake and low frequency), 'frequent' (low intake but high frequency), and 'risky' (high intake and high frequency), where Veterans with a history of blast-mTBI displayed a shift in cluster assignment from 'frequent' to 'risky', as compared to Veterans who were deployed to Iraq/Afghanistan who had no lifetime history of TBI.

Conclusions

Together, these results offer new insight regarding how blast-mTBI may give rise to increased AUD and highlight the increased potential for adverse health-risk behaviors specifically following repetitive blast-mTBI.

<https://doi.org/10.1177/08862605211005134>

Effects of Emotion Dysregulation on Post-treatment Post-traumatic Stress Disorder and Depressive Symptoms Among Women Veterans With Military Sexual Trauma.

Lopez, C. M., Gilmore, A. K., Brown, W. J., Hahn, C. K., Muzzy, W., Grubaugh, A., & Acierno, R.

Journal of Interpersonal Violence
First Published March 27, 2021

Military sexual trauma (MST), defined as sexual assault or repeated, threatening sexual harassment while in the military, is associated with increased risk of long-term mental and physical health problems, with the most common being symptoms of post-traumatic stress disorder (PTSD) and depression. In addition to PTSD and depression, MST is linked to difficulties in emotion regulation as well as poor treatment engagement. Thus, it is important to examine these correlates, and how they affect postintervention symptom reduction in this vulnerable population. The current study presents secondary data analyses from a randomized clinical trial comparing the efficacy of in-person versus telemedicine delivery of prolonged exposure therapy for female veterans with MST-related PTSD (n = 151). Results of the study found that changes in difficulties with emotion regulation predicted postintervention depressive symptoms but not postintervention PTSD symptoms. Neither postintervention depressive nor PTSD symptoms were affected by treatment dosing (i.e., number of sessions attended) nor treatment condition (i.e., in-person vs. telemedicine). Findings from the current study provide preliminary evidence that decreases in difficulties with emotion regulation during PTSD treatment are associated with decreases in depressive symptom severity.

<https://doi.org/10.1080/08995605.2021.1897490>

Tired and angry: Sleep, mental health, and workplace relational aggression.

Jeffrey M. Osgood, Hunter K. Yates, Amy B. Adler, Karmon D. Dyches & Phillip J. Quartana

Military Psychology
Published online: 29 Mar 2021

Workplace relational aggression incurs substantial costs to organizations in the form of reduced employee effectiveness and can exact a personal toll on the targets of the aggression. The extant literature contains limited studies related to physiological variables in predicting the perpetration of workplace relational aggression. Using survey data from a large US military sample (N = 2290), this research tested a hypothesized

indirect effects model of sleep and relational aggression against unit members. Results suggest that subjective sleep duration and discontinuity are associated indirectly with perpetrating relational aggression against unit members through higher levels of poor mental health symptoms. Moreover, this association was more robust at higher versus lower levels of trait anger. This research is among the first to examine sleep disturbance or mental health as potential upstream factors associated with instigating relational aggression in the workplace. This is also among the first scientific studies on perpetrating relational aggression against unit members in the US military.

<https://doi.org/10.1371/journal.pone.0248916>

Escalating progression of mental health disorders during the COVID-19 pandemic: Evidence from a nationwide survey.

Wong, L. P., Alias, H., Md Fuzi, A. A., Omar, I. S., Mohamad Nor, A., Tan, M. P., Baranovich, D. L., Saari, C. Z., Hamzah, S. H., Cheong, K. W., Poon, C. H., Ramoo, V., Che, C. C., Myint, K., Zainuddin, S., & Chung, I.

PLoS One
2021 Mar 25

Since the first nationwide movement control order was implemented on 18 March 2020 in Malaysia to contain the coronavirus disease 2019 (COVID-19) outbreak, to what extent the uncertainty and continuous containment measures have imposed psychological burdens on the population is unknown. This study aimed to measure the level of mental health of the Malaysian public approximately 2 months after the pandemic's onset. Between 12 May and 5 September 2020, an anonymous online survey was conducted. The target group included all members of the Malaysian population aged 18 years and above. The Depression Anxiety Stress Scale (DASS-21) was used to assess mental health. There were increased depressive, anxiety and stress symptoms throughout the study period, with the depression rates showing the greatest increase. During the end of the data collection period (4 August-5 September 2020), there were high percentages of reported depressive (59.2%) and anxiety (55.1%) symptoms compared with stress (30.6%) symptoms. Perceived health status was the strongest significant predictor for depressive and anxiety symptoms. Individuals with a poorer health perception had higher odds of developing depression (odds ratio [OR] = 5.68; 95% confidence interval [CI] 3.81-8.47) and anxiety (OR = 3.50; 95%CI 2.37-5.17) compared with those with a higher health perception. By demographics, young people-

particularly students, females and people with poor financial conditions-were more vulnerable to mental health symptoms. These findings provide an urgent call for increased attention to detect and provide intervention strategies to combat the increasing rate of mental health problems in the ongoing COVID-19 pandemic.

Links of Interest

Call for Action to Address MH Disparities Impacting Asian Americans and Pacific Islanders

<https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2021.5.31>

Veterans, civilian advocates bring expertise to Pentagon's commission on military sexual assault

<https://www.stripes.com/news/us/veterans-civilian-advocates-bring-expertise-to-pentagon-s-commission-on-military-sexual-assault-1.667144>

What the Navy's War on Sleep Deprivation Teaches Us about Cultural Change
A campaign to make ship drivers rest has lessons for larger-scale culture shifts

<https://www.defenseone.com/policy/2021/03/what-navys-war-sleep-deprivation-teaches-us-about-cultural-change/172901/>

Her military career cut short inspires advocacy and nonprofit addressing epidemic facing veterans and first responders

<https://www.militarytimes.com/education-transition/2021/03/28/her-military-career-cut-short-inspires-advocacy-and-nonprofit-addressing-epidemic-facing-veterans-and-first-responders/>

A day in Milwaukee Veterans Treatment Court
Nontraditional approach to justice for Veterans

<https://blogs.va.gov/VAntage/86290/day-milwaukee-veterans-treatment-court/>

Many military families are paying more than \$200 a month out of pocket for housing costs above BAH, survey finds

<https://www.militarytimes.com/pay-benefits/mil-money/2021/03/30/many-military-families-are-paying-more-than-200-a-month-out-of-pocket-for-housing-costs-above-bah-survey-finds/>

Resource of the Week: [Independent Review Commission on Sexual Assault in the Military](#)

From [news brief](#):

During a press briefing at the Pentagon, commission chairperson Lynn Rosenthal explained the importance of the IRC's mission and what it's been asked to do.

"The charge of the independent review commission is to make this broad assessment and then make recommendations to the secretary of defense and ultimately to the president," she said. "These people will be deliberating on those recommendations. I don't expect an in-the-weeds view of 150 policies that should be tweaked around the edges. That is not what we are about. We are about looking at major shifts and big picture items that could really change the culture, improve care for victims, bring about evidence-based prevention and hold offenders accountable."

[Structure and Membership](#)



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