

CDP



Research Update -- April 15, 2021

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<https://doi.org/10.1037/trm0000307>

Soul wounds among combat trauma survivors: Experience, effects, and advice.

Traumatology

Advance online publication

The term soul wounds is gaining momentum in military psychology to index spiritual distress from traumatic experiences in combat. Fully capitalizing on the promise of the concept, however, requires research privileging the voices of military personnel themselves. The goal of our study was to examine whether the concept of soul wounds resonates with U.S. service members and veterans who graduated from a combat trauma healing course. Results from semistructured interviews with 40 graduates of the REBOOT Combat Recovery course provided insight into the experience of soul wounds (Research Question 1), the effects of soul wounds on everyday life (Research Question 2), and advice for dealing with soul wounds (Research Question 3). Participants affirmed the value of the concept and reported a variety of negative consequences. Implications for practice include addressing the anger military personnel experience in the aftermath of soul wounds, counteracting the stigma of seeking help, and fostering healthy relationships among those experiencing soul wounds. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1016/j.jpsychires.2021.03.065>

A Network Analysis of Risk Factors for Suicide in Iraq/Afghanistan-era Veterans.

Robert C. Graziano, Frances M. Aunon, Stefanie T. LoSavio, Eric B. Elbogen, ... Kirsten H. Dillon, VA Mid-Atlantic MIRECC Workgroup

Journal of Psychiatric Research

Available online 5 April 2021

Suicidal ideation (SI) is a prevalent issue in the veteran population. A number of factors have been identified as risk factors for suicidal ideation (SI) in veterans, including suicide attempts, depression, posttraumatic stress disorder (PTSD), and drug use.

However, clinicians' ability to predict suicide is poor, particularly given the interplay between various factors such as previous suicide attempts. As such, there is a gap in our knowledge of which factors most saliently predict suicide risk and which should be targets for interventions designed to lower SI. Network analysis, a method allowing for an examination of how variables relate within the context of a network of factors, may bridge this gap by simultaneously evaluating the interrelationships between risk factors for suicide in veterans. current study used network analysis and data from 2,268 Iraq/Afghanistan-era military veterans to examine the relationships between suicidal ideation and several factors related to suicide risk, such as past suicide attempts, PTSD symptoms, depression, drug use, trauma exposure. Partial correlation network results showed suicidal ideation to be strongly related to depression, with smaller connections to past suicide attempts and anger. Additionally, past suicide attempts was strongly related to history of childhood trauma and weakly related to problematic drug use and PTSD symptoms. These results offer valuable information for both predicting suicide risk and differentiating targets for interventions lowering suicide risk in veterans.

<https://doi.org/10.1073/pnas.2020430118>

Combat stress in a small-scale society suggests divergent evolutionary roots for posttraumatic stress disorder symptoms.

MR Zefferman, S Mathew

Proceedings of the National Academy of Sciences
Apr 2021, 118 (15) e2020430118

Significance

Did PTSD and combat stress evolve as a universal human response to danger? Or are they culturally specific? We addressed this question by interviewing 218 warriors from the Turkana, a non-Western small-scale society, who engage in high-risk lethal cattle raids. We found that symptoms that may have evolved to protect against danger, like flashbacks and startle response, were high in the Turkana and best predicted by combat exposure. However, symptoms that are similar to depression were lower in the Turkana compared to American service members and were better predicted by moral violations. These findings suggest different evolutionary roots for different symptoms which may lead to better diagnosis and treatment.

Abstract

Military personnel in industrialized societies often develop posttraumatic stress disorder (PTSD) during combat. It is unclear whether combat-related PTSD is a universal evolutionary response to danger or a culture-specific syndrome of industrialized societies. We interviewed 218 Turkana pastoralist warriors in Kenya, who engage in lethal cattle raids, about their combat experiences and PTSD symptoms. Turkana in our sample had a high prevalence of PTSD symptoms, but Turkana with high symptom severity had lower prevalence of depression-like symptoms than American service members with high symptom severity. Symptoms that facilitate responding to danger were better predicted by combat exposure, whereas depressive symptoms were better predicted by exposure to combat-related moral violations. The findings suggest that some PTSD symptoms stem from an evolved response to danger, while depressive PTSD symptoms may be caused by culturally specific moral norm violations.

<https://doi.org/10.1016/j.coemr.2021.03.023>

Effects of Sleep and Sleep Deficiency on Autonomic Function in Humans.

Huan Yang, Michael R. Goldstein, Michael Vazquez, Jonathan P. Williams, Janet M. Mullington

Current Opinion in Endocrine and Metabolic Research
Available online 5 April 2021

The autonomic system plays an important role in regulating blood pressure (BP). BP is elevated at night when individuals remain awake and continues to be elevated during either the night or the day if wakefulness persists. There is a close relationship between the high frequency (HF) of the variability of the RR interval (RRI), an index of parasympathetic predominance, and delta power during slow wave sleep bouts. In addition, there is an HF rebound once sleep is permitted following sleep deprivation. Furthermore, this is the case for acute total sleep deprivation as well as for models of chronic sleep restriction. Evidence indicates that sleep is important for autonomic homeostasis.

It has long been recognized that physiological stress induces sympathetic activation. However, the simple fact that humans can voluntarily, and sometimes even with great pleasure, deprive themselves of sleep, has led us to overlook the role that deficient sleep plays as a physiological stressor. Physiological and epidemiological data have

shown that short sleep is a risk factor for a broad range of morbidity and for all-cause mortality. Understanding the role sleep plays in autonomic regulation can open new opportunities for the development of sleep interventions to improve cardiovascular health.

<https://doi.org/10.1016/j.paid.2021.110886>

Differential effects of attentional control domains on the association between rumination and PTSD symptoms in trauma exposed veterans.

Sarah C. Jessup, Rebecca C. Cox, Bunmi O. Olatunji

Personality and Individual Differences
Volume 178, August 2021

Although rumination is a risk factor for posttraumatic stress disorder (PTSD), the processes that influence the association between rumination and PTSD symptoms are unclear. Processes that facilitate reorienting or redirecting attention may play an important role in the relationship between rumination and PTSD. While attentional control is one such cognitive process, it consists of both shifting and focusing components, and it remains unclear which component most strongly influences the association between rumination and PTSD. This study examined attentional control as a moderator of the relationship between rumination and PTSD symptoms and cognitions among combat-exposed veterans (N = 114). Results revealed that attentional shifting but not focusing moderated the effect of rumination on PTSD symptoms, such that those high in rumination and low in attentional shifting reported increased avoidance and posttraumatic cognitions. Etiological and clinical implications are discussed.

<https://doi.org/10.1089/tmj.2020.0233>

Rapid Increase in Telemental Health Within the Department of Veterans Affairs During the COVID-19 Pandemic.

Samantha L. Connolly, Kelly L. Stolzmann, Leonie Heyworth, Kendra R. Weaver, Mark S. Bauer, and Christopher J. Miller

Background:

The use of telemental health via videoconferencing (TMH-V) became critical during the Coronavirus disease 2019 (COVID-19) pandemic due to restriction of non-urgent in-person appointments. The current brief report demonstrates the rapid growth in TMH-V appointments in the weeks following the pandemic declaration within the Department of Veterans Affairs (VA), the largest healthcare system in the United States.

Methods:

COVID-19 changes in TMH-V appointments were captured during the six weeks following the World Health Organization's pandemic declaration (March 11, 2020-April 22, 2020). Pre-COVID-19 TMH-V encounters were assessed from October 1, 2017 to March 10, 2020.

Results:

Daily TMH-V encounters rose from 1,739 on March 11 to 11,406 on April 22 (556% growth, 222,349 total encounters). Between March 11-April 22, 114,714 patients were seen via TMH-V, and 77.5% were first-time TMH-V users. 12,342 MH providers completed a TMH-V appointment between March 11-April 22, and 34.7% were first-time TMH-V users. The percentage growth of TMH-V appointments was higher than the rise in telephone appointments (442% growth); in-person appointments dropped by 81% during this time period.

Discussion and Conclusions:

The speed of VA's growth in TMH-V appointments in the wake of the COVID-19 pandemic was facilitated by its pre-existing telehealth infrastructure, including earlier national efforts to increase the number of providers using TMH-V. Longstanding barriers to TMH-V implementation were lessened in the context of a pandemic, during which non-urgent in-person MH care was drastically reduced. Future work is necessary to understand the extent to which COVID-19 related changes in TMH-V use may permanently impact mental health care provision.

<https://doi.org/10.1001/jamanetworkopen.2021.4972>

Association of Symptoms of Posttraumatic Stress Disorder With Posttraumatic Psychological Growth Among US Veterans During the COVID-19 Pandemic.

Pietrzak RH, Tsai J, Southwick SM

JAMA Network Open
April 8, 2021

Although extensive research has documented the negative psychiatric consequences of the COVID-19 pandemic, no study, to our knowledge, has examined whether the pandemic may be associated with positive psychological changes or posttraumatic growth (PTG). In addition to increasing risk for psychiatric illness, traumatic events may also stimulate PTG in the form of increased personal strength and appreciation of life, improved social relationships, spiritual changes, and new possibilities for one's life. Posttraumatic growth is associated with better functioning and greater resilience to subsequent traumatic events in trauma survivors.

Military veterans may be at elevated risk for COVID-19–associated psychiatric issues given high rates of preexisting psychiatric conditions, such as posttraumatic stress disorder (PTSD) and suicidal ideation (SI). In this survey study, we analyzed data from a national sample of US military veterans to examine (1) the prevalence of COVID-19–associated PTG among veterans with and without COVID-19–associated PTSD symptoms and (2) the incremental association between PTG and SI during the pandemic.

<https://doi.org/10.3928/00220124-20210315-06>

An Exploration of Civilian Nurses' Knowledge of the Military Culture.

Augustina Mushale, MS, RN and Debra Bakerjian, PhD, APRN, FAAN, FAANP, FGSA

The Journal of Continuing Education in Nursing
Published Online: April 01, 2021

BACKGROUND:

In fiscal year 2019, approximately \$78 million was spent on veteran medical care alone apart from other civilian costs. Some veterans state their health care providers do not understand the military culture, which makes them uncomfortable seeking care in the private sector.

METHOD:

A nonexperimental cross-sectional study was conducted using a convenience sample of 127 RNs who completed an electronic survey of the Military Culture Certificate Program.

RESULTS:

The total overall mean on the Knowledge and Awareness subscale was 4.38 of 6, representing a modest level of military knowledge. The Confidence in Skills and Abilities subscale also scored at a modest level, with an overall mean of 81.3 of 100. Although the nurses demonstrated modest knowledge levels of military culture and confidence skills, there were low scores in veteran referral to the appropriate resources.

CONCLUSION:

It is essential to educate nurses regarding how and where to refer veterans to the appropriate resources. Further studies should expand on this work.

<https://doi.org/10.1002/jocc.12175>

Predictors of Help-Seeking Attitudes in College Student Service Members and Veterans.

Melissa A. Noble Lisa F. Platt Monica Leppma

Journal of College Counseling

First published: 06 April 2021

We explored predictors of attitudes toward psychological help seeking among 103 student service members and veterans (SSM/V). Results showed that self-stigma, public stigma, and gender significantly predicted attitudes toward psychological help seeking. A test of mediation revealed that self-stigma fully mediated the relationship between public stigma and attitudes toward psychological help seeking. Implications for college counseling professionals who serve SSM/V are discussed.

<https://doi.org/10.1037/rmh0000158>

PTSD among Appalachian veterans: A descriptive study.

Thorne, K., Hale, E., Job, S., Bumgarner, D. J., Elder, M. Q., Williams, S. L., & Ward, R.

Journal of Rural Mental Health

Advance online publication

Appalachian servicemembers have historically been overrepresented in combat roles of the military, perhaps associated with Appalachian cultural emphasis on patriotism, experience hunting on rugged terrain, and disadvantaged socioeconomic status. Combat exposure has been linked with higher incidence of PTSD and comorbid PTSD/SUD; however, little is known about Appalachian veterans with PTSD, despite their overrepresentation in combat arms. The current study set out to descriptively examine PTSD among veterans from the central core mountainous region of Appalachia, with particular emphasis on diagnoses of PTSD (without SUD) and PTSD comorbid with SUD. Within comorbid diagnoses, we further examined alcohol use disorder, opioid use disorder, and polysubstance use. Finally, we examined differences in diagnoses by rurality within Appalachia (rural versus urban) as well as gender and race. Results revealed that urban Appalachian veterans were more likely to have comorbid PTSD and SUD diagnoses and engage in polysubstance use, compared to rural Appalachian veterans. White Appalachian veterans were more likely to have PTSD without SUD, whereas Black Appalachian veterans were more likely to have comorbid PTSD/SUD, regardless of rurality. Overall, a higher percentage of women had PTSD without SUD compared to men, whereas a higher percentage of men had comorbid PTSD/SUD compared to women. Among those with comorbid PTSD/SUD, rural women had lower rates of alcohol use disorder only than men; however, men and women living in urban places experienced similar rates of disordered alcohol use. Further, there was no rural–urban difference in rates of opioid use disorder, but White Appalachian veterans had higher rates of disordered opioid use than other races. Given that Appalachian, rural, and military cultures have been linked to reluctance to seek mental healthcare, the findings of the current study may help Appalachian providers better identify the groups of veterans at greatest risk for PTSD and comorbid PTSD/SUD. (PsyInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1108/MHRJ-01-2020-0003>

Veterans' experiences of successfully managing post-traumatic stress disorder.

Parry, G., Hodge, S.M. and Barrett, A.

Purpose

Prevalence of post-traumatic stress disorder (PTSD) among UK veterans is higher than in the general population. However, prevalence figures do not reflect the complexity of this phenomenon and ways in which it may be bound up with veterans' experiences of adjusting to civilian life. The purpose of this study is to explore veterans' experiences of successfully managing PTSD.

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Design/methodology/approach

Semi-structured interviews were conducted with six veterans who had served in the UK armed forces and analysed using interpretative phenomenological analysis.

Findings

Three themes were developed: accepting the problem, taking responsibility and gaining control; talking to the right people; and strategies, antidotes and circling back around. Managing PTSD appeared to be bound up with veterans' experience of renegotiating their identity, where positive aspects of identity lost on leaving the military were rebuilt and problematic aspects were challenged. Participants sought to speak about their difficulties with others who understood the military context. They felt that their experiences made them a valuable resource to others, and they connected this with a positive sense of identity and value.

Practical implications

The findings suggest the importance of wider provision of peer support and education for civilian health services on veterans' needs.

Originality/value

This study adds to the understanding of what meaningful recovery from PTSD may involve for veterans, in particular its potential interconnectedness with the process of adjusting to civilian life.

<https://doi.org/10.1080/08995605.2021.1897496>

Effectiveness of a rational emotive behavior therapy (REBT)-informed group for post-9/11 Veterans with posttraumatic stress disorder (PTSD).

Allen B. Grove, Erin D. Kurtz, Rachel E. Wallace, Christina M. Sheerin & Sarah M. Scott

Military Psychology

Allen B. Grove, Erin D. Kurtz, Rachel E. Wallace, Christina M. Sheerin & Sarah M. Scott

Various treatments aimed for posttraumatic stress disorder (PTSD) have been developed for Veterans, but many are not formatted for use in groups, do not address common psychiatric comorbidities, and include inherent barriers (e.g., substantial time commitment). This program evaluation study aimed to examine the effectiveness of a five-session treatment, a Rational Emotive Behavior Therapy (REBT)-Informed Group focused on changing irrational beliefs to address comorbid depression and anxiety (as well as anger and guilt) among post-9/11 Veterans with PTSD. Participants (n = 47) completing the REBT-Informed Group demonstrated significant reductions at posttreatment in depression and PTSD symptoms. Compared to Veterans in a ten-session treatment-as-usual group (n = 47), there was no significant difference in PTSD symptom improvement despite the reduction in number of sessions. The study demonstrates that a five-week group treatment for PTSD comorbid with depression or anxiety in post-9/11 Veterans – a therapy that may be uniquely suited to a military or Veteran population, but potentially generalizable to civilians as well – can lead to significant reductions in depression and PTSD symptoms. Future directions include development of a manual for dissemination and replication of findings of the REBT-Informed Group to other military or Veterans Affairs medical centers.

<https://doi.org/10.1080/21635781.2021.1904065>

Exposure to Civilian Casualties Is Related to Guilt and Suicidality in Post 9/11 Veterans of Iraq and Afghanistan.

Matthew L. McCue, Ashlee N. Fisher, Kristina R. Johnson, Antonella Bariani, Marvin M. Cabral, Shaylee Edmonds, Carolyn B. Allard & Quyen Q. Tiet

Military Behavioral Health

Published online: 09 Apr 2021

The nature of America's Post 9/11 wars has often placed service members in close proximity to not only enemy and friendly forces, but also civilian noncombatants. The unique psychological consequences of witnessing, attempting to save, or feeling responsible for causing harm to noncombatants are relatively understudied. However,

guilt has been shown to be both a direct predictor of suicidal ideation and also to act as a moderator and mediator in the relationship between trauma exposure and suicidality. Despite its established importance, there are few studies attempting to quantitatively explain the specific sources of guilt for combat veterans who may have been exposed to multiple and varied traumas. This study used a hierarchical multiple regression of self-report online survey data from Post 9/11 veterans of Iraq and/or Afghanistan (n = 184) to test the hypothesis that combat experiences with civilian casualties would predict guilt above and beyond other personal, military, and deployment characteristics and experiences. The results show a strong correlation between guilt and suicide and a moderate association between experiences involving civilian casualties and guilt. Additionally, feeling personally responsible for killing or wounding civilian noncombatants results in stronger feelings of guilt than either witnessing or providing medical assistance to them. The outcome of this study offers insights for tailoring interventions for veterans who report having combat experiences involving civilian casualties in order to improve how we address guilt and suicide risk. In doing so, the field may provide more comprehensive and relevant mental health support to combat veterans.

<https://doi.org/10.1002/cpp.2594>

Live psychotherapy by video versus in-person: A meta-analysis of efficacy and its relationship to types and targets of treatment.

Fernandez, E, Woldgabreal, Y, Day, A, Pham, T, Gleich, B, Aboujaoude, E.

Clinical Psychology and Psychotherapy

First published: 07 April 2021

In-person psychotherapy (IPP) has a long and storied past but technology advances have ushered in a new era of video-delivered psychotherapy (VDP). In this meta-analysis, pre-post changes within VDP were evaluated as were outcome differences between VDP vs IPP or other comparison groups. A literature search identified k=56 within-group studies (N= 1681 participants) and 47 between-group studies (N=3564). The pre-post effect size of VDP was large and highly significant, $g=+0.99$ 95% CI [0.67; 0.31]. VDP was significantly better in outcome than wait list controls ($g=0.77$) but negligible in difference from IPP. Within-groups heterogeneity of effect sizes was reduced after subgrouping studies by treatment target, of which anxiety, depression, and PTSD (each with $k > 5$) had effect sizes nearing 1.00. Disaggregating within-groups

studies by therapy type, the effect size was 1.34 for CBT, and 0.66 for non-CBT. Adjusted for possible publication bias, the overall effect size of VDP within groups was $g=0.54$. In conclusion, substantial and significant improvement occurs from pre- to post-phases of VDP, this in turn differing negligibly from IPP treatment outcome. The VDP improvement is most pronounced when CBT is used, and when anxiety, depression, or PTSD are targeted, and it remains strong though attenuated by publication bias. Clinically, therapy is no less efficacious when delivered via videoconferencing than in-person, with efficacy most pronounced in CBT for affective disorders. Live psychotherapy by video emerges not only as a popular and convenient choice but also one that is now upheld by meta-analytic evidence.

<https://doi.org/10.1177/10775595211008997>

Factors Predicting Family Violence Revictimization Among Army Families With Child Maltreatment.

Kaye MP, Aronson KR, Perkins DF

Child Maltreatment

First Published April 8, 2021

The Army Family Advocacy Program (Army FAP) strives to prevent family violence and intervene to reduce the deleterious effects of exposure to family violence. This paper examines the individual, family, community, and treatment factors associated with family violence revictimization. Case files of 134 families with substantiated child maltreatment and associated Army FAP interventions that closed in 2013 were coded across risk and protective factors and intervention characteristics and were matched to Army Central Registry files to identify revictimization rates through 2017. Revictimization, experienced by 23% of families, was predicted by community risk and reduced by intervention dose. With the high rates of relocations, housing or neighborhood issues, and the isolation military families experience and the relationship of these concerns to repeated family violence, identifying the impact of community risk is particularly important. Similarly, research that elucidates the effective treatment components is needed.

<https://doi.org/10.1177/08862605211004139>

Intimate Partner Violence Perpetration Among Military Spouses.

Park Y, Sullivan K, Riviere LA, Merrill JC, Clarke-Walper K.

Journal of Interpersonal Violence

First Published April 9, 2021

Military spouses are an understudied population with respect to intimate partner violence (IPV) perpetration. Due to the unique demands of service members' jobs, military couples are documented to experience particular individual, couple, and family-level risk factors that may lead to IPV perpetration. Using the frustration-aggression hypothesis and considering the possibility of mutual violence, we examined (a) the direct effects of stressful events, marital discord, and work–family conflict on IPV perpetration among military spouses and (b) the indirect effect of anger arousal between stressful events, marital discord, and work–family conflict on IPV perpetration. This study is a secondary analysis of data drawn from a survey of army spouses conducted by the Walter Reed Army Institute of Research in 2012. The sample consists of 314 female spouses of active-duty members (white 75%, enlisted 80%). After controlling for covariates (including spouse race, rank, household size, age, living distance from military installation), the direct effects of marital discord and anger on IPV perpetration were statistically significant. Also, the direct effects of marital discord and work–family conflict on anger were significant. The path model demonstrated that the indirect effects of marital discord and work–family conflict on IPV perpetration via anger were significant. Finally, most physical and verbal violence was reported to occur in the form of mutual violence with their partners. Study findings suggest that the pathway of risk factors impacting IPV might differ depending on the sources of stress. The Family Advocacy Program, military social work practitioners, and other behavioral health providers should consider domains of risk and provide support to military spouses that is specifically tailored to these risk factors. Furthermore, considering the mediating role of anger arousal in the relationship between marital discord, work–family conflict and IPV, programs to address anger might be helpful to reduce IPV among military spouse perpetrators.

<https://doi.org/10.1093/sleep/zsab013>

Sleep loss and risk-taking: new findings in a field that needs more clarity.
(editorial)

Stijn A A Massar

Sleep

Published: 09 April 2021

The effects of sleep loss on risk-taking have been the focus of a substantial body of research and seem to consistently garner interest from the general public and popular media. The real harm that can be caused by risky behaviors, and the general psychological appeal of negative information [1], may explain why this interest often results in sensational headlines [2]. Given this wide interest, it is prudent for the field to consider the evidence critically.

<https://doi.org/10.1037/rev0000286>

Automatic and controlled antecedents of suicidal ideation and action: A dual-process conceptualization of suicidality.

Olson, M. A., McNulty, J. K., March, D. S., Joiner, T. E., Rogers, M. L., & Hicks, L. L.

Psychological Review

Advance online publication

Dual-process models of cognition distinguish relatively automatic from relatively controlled processes in terms of their interactive impact on perception, judgment, and behavior. Such models have advanced explanation and prediction in a variety of domains across psychology but have yet to be comprehensively applied to the pressing societal and public health problem of suicide. We propose a model of suicide that integrates dual-process models of social cognition with ideation-to-action conceptualizations of suicide. The model specifies: (a) suicide-relevant automatic associations involving the self, others, the future, death, and bodily harm, (b) suicide-relevant motives involving the self, interpersonal relations, the future, and the desire to die, and (c) hypotheses regarding the conditions under which automatic associations and motives individually and interactively impact suicidal ideation and lethal action at

various stages of an ideation-to-action framework. The model recasts a number of suicide-relevant variables in terms of the opportunity factor of dual-process theories of attitudes, which encompasses capacity-relevant variables (e.g., time, cognitive resources) that determine whether suicide-relevant judgments and behavior are the result of relatively automatic associations or more controlled, deliberative cognition. Accordingly, the model articulates a number of novel predictions regarding the sources of suicide-relevant automatic associations, motives, and opportunity factors, as well as their interactive influences on suicidal ideation and action. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1016/j.injury.2021.04.026>

Trajectory of self-rated health after combat-related injury.

Andrew J. MacGregor, Amber L. Dougherty, Cameron T. McCabe, Jessica R. Watrous

Injury

Available online 9 April 2021

Highlights

- Four trajectories of self-rated health were evaluated after combat-related injury.
- More than half of personnel sustaining combat-related injury remained at their preinjury level of self-rated health.
- Lower extremity injury, back injury, injury severity, and post-traumatic stress disorder predicted a decline in self-rated health.

Abstract

Background

The U.S. military conflicts in Iraq and Afghanistan yielded the most combat casualties since Vietnam. With more service members than ever surviving their wounds, prospective research on factors related to long-term, patient-reported outcomes, including self-rated health (SRH), has increased importance. This study's objective was to use preinjury and postinjury SRH measures to identify trajectories and predictors of SRH after combat-related injury.

Methods

The Wounded Warrior Recovery Project was queried for U.S. military personnel with combat-related injuries from Iraq or Afghanistan between 2004 and 2011. A single-item

measure was used to assess SRH once prior to injury and twice after injury, and responses included excellent, very good, good, fair, or poor. Only those with good or better preinjury SRH levels were included. SRH trajectories were identified and defined. Multinomial logistic regression examined the association between injury-specific characteristics, post-traumatic stress disorder (PTSD), and SRH trajectory.

Results

The study sample included 1,093 military personnel. Overall, 4 SRH trajectories were identified: (1) 56.7% resilient (preinjury SRH level was maintained throughout follow-up), (2) 9.4% recovered (SRH declined on first postinjury measure then returned to preinjury level), (3) 22.9% delayed (SRH declined only on second postinjury measure), and (4) 11.0% chronic (SRH declined on first postinjury measure and did not return to preinjury level). In multinomial logistic regression and relative to the resilient group, screening PTSD positive, serious-severe injury severity, and lower extremity injury predicted membership in the recovered and chronic groups, whereas back injury predicted membership in the chronic group only.

Conclusion

This is the first study to examine long-term SRH trajectory following combat-related injury, finding that a majority of military personnel remain at their preinjury health levels of good or better. Decreases in postinjury SRH were associated with physical and psychological factors, which reinforces the need for a multidisciplinary approach to care.

<https://doi.org/10.1016/j.jbct.2021.02.001>

An accelerated, weekend-based, prolonged exposure therapy program for veterans and service members with posttraumatic stress disorder.

Elizabeth M. Goetter, Kaloyan S. Tanev, Elyse Lynch, Rene' Lento, ... Tom Spencer

Journal of Behavioral and Cognitive Therapy
Available online 10 April 2021

Accelerated models of care may be one solution to the problem of underutilization of mental health treatment in veterans. We report on a novel implementation of prolonged exposure (PE) therapy in a four-day, weekend-based intensive outpatient treatment program. Seventeen military veterans and service members ($M_{age} = 45.23$, $SD_{age} = 10.18$; 76.47% male) completed the program. Symptoms of posttraumatic stress

disorder (PTSD) and depression were targeted in five separate cohorts. Given that this was an uncontrolled pilot study, we assessed patient satisfaction and treatment completion. In a completers analysis, PTSD and depression symptoms decreased significantly from pre- to posttreatment (p 's < .05), with effect sizes of 1.22 and 0.85, respectively. Using recommended treatment response categories for the PCL-5, 76.47% were reliably changed at posttreatment. The dropout rate was 5.55%. Preliminary findings indicated that PTSD symptoms reductions were maintained from baseline to 1-month (Cohen's $d = 1.19$) and 3-month (Cohen's $d = 1.46$) follow-up. Delivering PE in a 4-day, intensive format was associated with clinically significant reductions in self-reported PTSD and depression symptoms. Additionally, completion rates and patient satisfaction were high, suggesting feasibility for patients.

<https://doi.org/10.3122/jabfm.2021.02.200323>

Sex and Mental Health Disorder Differences Among Military Service Members With Patellofemoral Syndrome.

Daniel I. Rhon, Tanja C. Roy, Robert C. Oh and Jodi L. Young

Journal of the American Board of Family Medicine
March 2021, 34 (2) 328-337

Background:

Mental health disorders are associated with persistent knee pain, but the association between these conditions has had little investigation in the military. The purpose of this study was to identify rates of mental health disorders in patients with patellofemoral pain (PFP) and determine differences by sex and whether mental health copresence influences outcomes.

Methods:

Eligible patients with a new PFP diagnosis were categorized according to sex and presence of mental health disorders. Outcomes included odds of mental health disorder before/after initial PFP diagnosis based on sex, and knee-related health care use between patients with/without mental health disorders.

Results:

In 81,832 individuals with PFP (71.1% men; mean age 33; 91.5% active duty), copresence of any mental health disorders was common (18% men; 28% women).

Women had more depression and anxiety; men had more post-traumatic stress disorder and substance abuse disorders. Concurrent mental health disorders after initial PFP diagnosis resulted in higher medical costs and odds of a recurrence (OR 1.24; 95% CI 1.20, 1.28; $P < .001$).

Conclusion:

Mental health disorders are common in military service members seeking care for patellofemoral pain. Differences in prevalence vary by sex, and presence of mental health disorders adversely affected long-term health care outcomes.

<https://doi.org/10.3122/jabfm.2021.02.200475>

Treatment Differences in Primary and Specialty Settings in Veterans with Major Depression.

Victor Puac-Polanco, Lucinda B. Leung, Robert M. Bossarte, Corey Bryant, Janelle N. Keusch, Howard Liu, Hannah N. Ziobrowski, Wilfred R. Pigeon, David W. Oslin, Edward P. Post and Ronald C. Kessler

Journal of the American Board of Family Medicine
March 2021, 34 (2) 268-290

Introduction:

The Veterans Health Administration (VHA) supports the nation's largest primary care-mental health integration (PC-MHI) collaborative care model to increase treatment of mild to moderate common mental disorders in primary care (PC) and refer more severe-complex cases to specialty mental health (SMH) settings. It is unclear how this treatment assignment works in practice.

Methods:

Patients ($n = 2610$) who sought incident episode VHA treatment for depression completed a baseline self-report questionnaire about depression severity-complexity. Administrative data were used to determine settings and types of treatment during the next 30 days.

Results:

Thirty-four percent (34.2%) of depressed patients received treatment in PC settings, 65.8% in SMH settings. PC patients had less severe and fewer comorbid depressive

episodes. Patients with lowest severity and/or complexity were most likely to receive PC antidepressant medication treatment; those with highest severity and/or complexity were most likely to receive combined treatment in SMH settings. Assignment of patients across settings and types of treatment was stronger than found in previous civilian studies but less pronounced than expected (cross-validated AUC = 0.50-0.68).

Discussion:

By expanding access to evidence-based treatments, VHA's PC-MHI increases consistency of treatment assignment. Reasons for assignment being less pronounced than expected and implications for treatment response will require continued study.

<https://doi.org/10.15288/jsad.2021.82.269>

Results of a Randomized Trial of Screening, Brief Intervention, and Referral to Treatment (SBIRT) to Reduce Alcohol Misuse Among Active-Duty Military Personnel.

Mark B. Reed, Susan I. Woodruff, Capt. Gerard DeMers, Capt. Michael Matteucci, Sarah J. Chavez, Megan Hellner, and Suzanne L. Hurtado

Journal of Studies on Alcohol and Drugs
2021 82:2, 269-278

Objective:

Rates of heavy alcohol use among active-duty military personnel in the United States are high and negatively affect individuals within the service branches. This study tested the effectiveness of a military-focused screening, brief intervention, and referral to treatment (SBIRT) intervention for reducing risky alcohol use among active-duty patients.

Method:

We used a randomized, parallel, two-group design to test the effectiveness of the SBIRT intervention in a convenience sample of service members recruited from the emergency department of a military hospital. A total of 791 participants were randomized to the SBIRT or usual care conditions, and 472 participants (59.7%) completed a 6-month follow-up. Fifteen percent of the sample was female. Self-reported Alcohol Use Disorders Identification Test (AUDIT), controlled drinking self-efficacy

(CDSE), and readiness to change drinking behaviors were assessed at baseline and follow-up.

Results:

Among higher risk participants (i.e., AUDIT ≥ 8), results of a complete case analysis showed a significant reduction in scores on the AUDIT-C (consumption questions from the AUDIT) and a significant increase in CDSE. Null findings were observed for intent-to-treat analyses testing the effectiveness of the SBIRT intervention; significant decreases in AUDIT and AUDIT-C scores and significant increases in CDSE were observed over time, irrespective of condition assignment for both complete case and intent-to-treat analyses.

Conclusions:

Results of a complete case analysis provided some support for the effectiveness of the SBIRT intervention for higher risk participants. The results of the more conservative intent-to-treat analyses did not support any of the study hypotheses. Future SBIRT effectiveness trials should also test electronic SBIRT intervention approaches.

<https://doi.org/10.1037/ser0000518>

Impact of intensive treatment programs for posttraumatic stress disorder on suicidal ideation in veterans and service members.

Post, L. M., Held, P., Smith, D. L., Black, K., Van Horn, R., Pollack, M. H., Rothbaum, B. O., & Rauch, S. A. M.

Psychological Services

Advance online publication

Intensive treatment programs (ITPs) are treating veterans with posttraumatic stress disorder (PTSD) and suicidal ideation (SI). The reduction of SI is a target to the abatement of suicide risk. This study examined whether ITPs utilizing PTSD treatments reduce SI and whether SI reduction is associated with PTSD symptom improvement. Veterans (N = 684) enrolled in a 2-week Prolonged Exposure (PE)-ITP or a 3-week Cognitive Processing Therapy (CPT)-ITP. Study data were drawn from self-report measures [PTSD Checklist for DSM-5 (PCL-5); item 9 of the Patient Health Questionnaire-9 (PHQ-9)] administered at intake and throughout treatment. The ITPs produced large treatment effects for PTSD. SI scores also decreased over time. Lower

PTSD symptom severity was associated with less severe SI in both the PE-ITP and CPT-ITP. In conclusion, both PE- and CPT-ITPs effectively treat PTSD and reduce SI among veterans in as little as 2 weeks of intensive PTSD treatment. (PsychoInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.3122/jabfm.2021.02.200261>

Veterans Are Agreeable to Discussions About Firearms Safety in Primary Care.

Summer Newell, Emily Kenyon, Khaya D. Clark, Victoria Elliott, Annabelle Rynerson, Martha S. Gerrity, Elizabeth Karras, Joseph A. Simonetti and Steven K. Dobscha

Journal of the American Board of Family Medicine
March 2021, 34 (2) 338-345

Background:

Discussing safe storage of firearms, including access, during times of crisis with veterans in primary care settings may enhance suicide prevention efforts. However, veteran attitudes toward such discussions are not well understood. The goal of this study is to understand the perspectives of veterans on discussing firearms storage safety with staff during primary care visits.

Methods:

Individual semistructured interviews with veterans were conducted by telephone, qualitatively coded, and analyzed for themes. The sample was composed of veterans (n = 27) who had positive depression or post-traumatic stress disorder screens and who received care from Veterans Health Administration primary care team members trained to discuss firearms storage safety with patients.

Results:

Citing the urgent need to prevent veteran suicide, most veterans felt discussing firearms safety was acceptable and needed, even if discussions felt uncomfortable or they had concerns. Veterans identified the need for providers to be transparent in their purposes for asking about firearms and to respect veterans' unique relationships with firearms.

Discussion:

Conducting firearms safety discussions in a primary care setting with veterans who are

at elevated risk for suicide is acceptable to veterans when a respectful, veteran-centered, and transparent approach is used.

<https://doi.org/10.1080/08995605.2021.1897498>

Psychometric evaluation of the suicide cognitions scale-revised (SCS-R).

Craig J. Bryan, Alexis M. May, Cynthia J. Thomsen, Michael H. Allen, Craig A. Cunningham, Michelle D. Wine, Kara B. Taylor, Justin C. Baker, AnnaBelle O. Bryan, Julia A. Harris & William A. Russell

Military Psychology

Published online: 08 Apr 2021

The measurement of self-reported suicide risk can be complicated in medical settings due to patient apprehension about the potential consequences of self-disclosure. The Suicide Cognitions Scale (SCS) was designed to assess suicide risk by measuring a range of suicidogenic cognitions (e.g., hopelessness, perceived burdensomeness) collectively referred to as the suicidal belief system. The SCS's concurrent, known groups, and prospective validity for suicidal thoughts and behaviors have previously been supported. The present study examined the factor structure, known-groups, and concurrent validity of a revised, 16-item version of the SCS (SCS-R), which removed two items that explicitly used the word "suicide" and changed item scoring from a 1–5 to 0–4 scale, thereby improving the interpretation of scores. In a sample of 2,690 primary care patients presenting for routine medical care at one of six US military clinics, results of bifactor analysis supported the scale's unidimensionality. The SCS-R significantly differentiated participants with a history of suicide attempts and was significantly correlated with frequency of thoughts about death and self-harm during the previous 2 weeks. Results align with earlier research and provide psychometric support for the SCS-R.

<https://doi.org/10.1097/MLR.0000000000001425>

Sex Differences in US Army Suicide Attempts During the Wars in Iraq and Afghanistan.

Naifeh, J. A., Mash, H., Stein, M. B., Vance, M. C., Aliaga, P. A., Fullerton, C. S., Dinh, H. M., Wynn, G. H., Kao, T. C., Sampson, N. A., Kessler, R. C., & Ursano, R. J.

Medical Care

2021 Feb 1;59(2 Suppl):S42-S50

Objective:

To examine sex differences in risk for administratively documented suicide attempt (SA) among US Army soldiers during the Iraq/Afghanistan wars.

Method:

Using administrative person-month records of Regular Army enlisted soldiers from 2004 to 2009, we identified 9650 person-months with a first documented SA and an equal-probability control sample (n=153,528 person-months). Person-months were weighted to the population and pooled over time. After examining the association of sex with SA in a logistic regression analysis, predictors were examined separately among women and men.

Results:

Women (an estimated 13.7% of the population) accounted for 25.2% of SAs and were more likely than men to attempt suicide after adjusting for sociodemographic, service-related, and mental health diagnosis (MHDx) variables (odds ratio=1.6; 95% confidence interval, 1.5-1.7). Women with increased odds of SA in a given person-month were younger, non-Hispanic White, less educated, in their first term of enlistment, never or previously deployed (vs. currently deployed), and previously received a MHDx. The same variables predicted SA among men. Interactions indicated significant but generally small differences between women and men on 6 of the 8 predictors, the most pronounced being time in service, deployment status, and MHDx. Discrete-time survival models examining risk by time in service demonstrated that patterns for women and men were similar, and that women's initially higher risk diminished as time in service increased.

Conclusions:

Predictors of documented SAs are similar for US Army women and men. Differences associated with time in service, deployment status, and MHDx require additional research. Future research should consider stressors that disproportionately affect women.

<https://doi.org/10.1007/s12529-020-09889-2>

Nightmares and Insomnia in the US National Guard: Mental and Physical Health Correlates.

Pruiksma, K. E., Slavish, D. C., Taylor, D. J., Dietch, J. R., Tyler, H., Dolan, M., Bryan, A. O., & Bryan, C. J.

International Journal of Behavioral Medicine
2021 Apr;28(2):238-249

Background:

Nightmares and insomnia are significant concerns that commonly co-occur with each other and with other health disorders. Limited research has examined the unique and shared aspects of insomnia and nightmares, and little is known about sleep in US National Guard personnel. This study sought to determine the prevalence and psychosocial correlates of nightmares with and without insomnia in US National Guard personnel.

Method:

National Guard personnel (N = 841) completed an online survey and were classified as having nightmares only, insomnia only, both, or neither, using a minimum nightmare frequency of "less than once a week" and an Insomnia Severity Index cutoff of ≥ 15 . Analyses examined differences in demographics, physical health, and psychosocial variables and in the prevalence of nightmares and insomnia in personnel with physical and mental health problems.

Results:

In this sample, 32% reported nightmares only, 4% reported insomnia only, and 12% reported both. Those in the youngest age group (18-21) were more likely to have no nightmares or insomnia. Those with both nightmares and insomnia had more deployments. Nightmares and insomnia were associated with poorer physical and mental health and greater prevalence of comorbid physical and mental health conditions. Personnel with both insomnia and nightmares reported the greatest severity of comorbid conditions.

Conclusion:

US National Guard personnel with nightmares and/or insomnia reported worse mental and physical health impairment than those without these conditions. Personnel may

benefit from screening for nightmares and insomnia and referrals for evidence-based treatment.

Links of Interest

Marine vet pens children's book to help military families cope with deployment separation

<https://www.militarytimes.com/news/your-military/2021/04/08/marine-vet-pens-childrens-book-to-help-military-families-cope-with-deployment-separation/>

The Navy fought sleep with Benzedrine and strong coffee. Now it's trying a new approach

<https://www.sandiegouniontribune.com/news/military/story/2021-04-09/navy-combats-sleep-deprivation>

Survey: Nearly half of U.S. veterans cite personal growth during pandemic

<https://www.upi.com/Defense-News/2021/04/09/coronavirus-veterans-mental-health-personal-growth/1801617974015/>

Sleep Disorders Are Skyrocketing Among US Military Personnel, Study Finds

<https://www.military.com/daily-news/2021/04/12/sleep-disorders-are-skyrocketing-among-us-military-personnel-survey-finds.html>

Department of the Air Force Begins Work on Second Disparity Review

<https://www.airforcemag.com/department-of-the-air-force-begins-work-on-second-disparity-review/>

GAO Seeks Confidential Input from Victims Who Experienced Hazing While Serving in the Military

<https://www.gao.gov/press-release/gao-seeks-confidential-input-victims-who-experienced-hazing-while-serving-military>

A Month of Prevention and Intervention for a Lifetime

<https://health.mil/News/Articles/2021/04/14/A-Month-of-Prevention-and-Intervention-for-a-Lifetime>

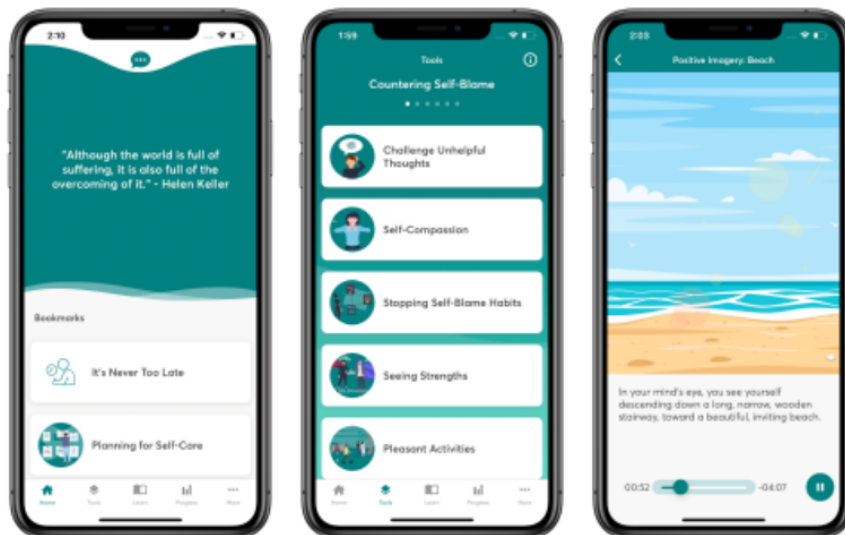
Resource of the Week: [Beyond MST App](#)

From the VA'S National Center for PTSD:

The Beyond MST app was created for survivors of military sexual trauma (MST). MST is VA's term for sexual assault or sexual harassment that occurred during military service. Veterans of all genders and backgrounds have experienced MST. The app offers information and resources to help survivors cope with challenges related to MST and improve their health, relationships and quality of life.

With Beyond MST you can:

- Learn about common challenges related to MST and skills and resources that can help
- Use over 30 tools to help you cope with problems, reduce distress and improve your quality of life
- Take brief assessments to understand your symptoms and beliefs (how you think about the world)
- Track your progress toward recovery goals
- Find new sources of support and read inspiring messages from other sexual trauma survivors



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