

# CDP



## Research Update -- June 24, 2021

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- Results of a Randomized Trial of Screening, Brief Intervention, and Referral to Treatment (SBIRT) to Reduce Alcohol Misuse Among Active-Duty Military Personnel.
- The Effect of PTSD Symptom Change on Suicidal Ideation in a Combined Military and Civilian Sample Engaged in Cognitive Processing Therapy.
- Moral injury: the effect on mental health and implications for treatment. (Commentary)
- Links of Interest
- Resource of the Week: Organizational Characteristics Associated with Risk of Sexual Assault and Sexual Harassment in the U.S. Army (RAND)

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<https://doi.org/10.1002/jts.22696>

## **Sleep Quality Improvements After MDMA-Assisted Psychotherapy for the Treatment of Posttraumatic Stress Disorder.**

Ponte, L., Jerome, L., Hamilton, S., Mithoefer, M.C., Yazar-Klosinski, B.B., Vermetten, E. and Feduccia, A.A.

Journal of Traumatic Stress  
First published: 10 June 2021

Sleep disturbances (SDs) are among the most distressing and commonly reported symptoms in posttraumatic stress disorder (PTSD). Despite increased attention on sleep in clinical PTSD research, SDs remain difficult to treat. In Phase 2 trials, 3,4-methylenedioxymethamphetamine (MDMA)–assisted psychotherapy has been shown to greatly improve PTSD symptoms. We hypothesized that MDMA-assisted psychotherapy would improve self-reported sleep quality (SQ) in individuals with PTSD and be associated with declining PTSD symptoms. Participants in four studies ( $n = 63$ ) were randomized to receive 2–3 sessions of active MDMA (75–125 mg;  $n = 47$ ) or placebo/control MDMA (0–40 mg,  $n = 16$ ) during all-day psychotherapy sessions. The PSQI was used to assess change in SQ from baseline to the primary endpoint, 1–2 months after the blinded sessions. Additionally, PSQI scores were measured at treatment exit (TE) and 12-month follow-up. Symptoms of PTSD were measured using the CAPS-IV. At the primary endpoint, CAPS-IV total severity scores dropped more after active MDMA than after placebo/control ( $-34.0$  vs.  $-12.4$ ),  $p = .003$ . Participants in the active dose group showed more improvement in SQ compared to those in the control group (PSQI total score  $\Delta M = -3.5$  vs.  $0.6$ ),  $p = .003$ . Compared to baseline, SQ had improved at TE,  $p < .001$ , with further significant gains reported at 12-month follow-up (TE to 12-months  $\Delta M = -1.0$ ),  $p = .030$ . Data from these randomized controlled double-blind studies provide evidence for the beneficial effects of MDMA-assisted psychotherapy in treating SDs in individuals with PTSD.

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<https://doi.org/10.1002/jts.22691>

## **The Impact of Hostility on Quality of Life, Functioning, and Suicidal Ideation Among Male Veterans with Posttraumatic Stress Disorder.**

Wells, S.Y., Brennan, C.L., Van Voorhees, E.E., Beckham, J.C., Calhoun, P.S., Clancy, C.P., Hertzberg, M.A. and Dillon, K.H.

Journal of Traumatic Stress  
First published: 06 June 2021

Veterans with posttraumatic stress disorder (PTSD) often experience high levels of hostility. Although studies have found that PTSD is associated with poorer quality of life (QoL), increased functional impairment, lower levels of social support, and increased suicidal ideation, it is unclear if hostility impacts these domains in veterans with PTSD above and beyond the impact from PTSD and depressive symptoms. The present study aimed to examine whether hostility is related to several indices of poorer QoL and functioning after controlling for demographic characteristics, PTSD symptoms, and depressive symptoms. Participants (N = 641) were male U.S. veterans seeking PTSD treatment through a specialty clinic in the Veterans Affairs Healthcare System. Veterans completed the Davidson Trauma Scale for DSM-IV (DTS), Personality Assessment Inventory (PAI), Quality of Life Inventory, and the Sheehan Disability Scale. Hierarchical regressions were conducted to examine the impact of PAI measures of hostility on QoL, functioning, social support, and suicidal ideation beyond DTS, depression, race, and age. After covarying for DTS total score, depression symptoms, age, and race, higher levels of hostility were significantly associated with higher degrees of functional impairment and lower degrees of social support,  $\Delta R^2 = .01$  and  $\Delta R^2 = .02$ , respectively. Higher levels of hostility were significantly related to diminished functioning and lower social support beyond PTSD and depressive symptoms in veterans seeking treatment for PTSD. These findings highlight the importance of assessing and treating hostility in veterans with PTSD.

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<https://doi.org/10.1016/j.abrep.2021.100364>

## **Associations between spouse and service member prescriptions for high-risk and long-term opioids: A dyadic study.**

Alicia C. Sparks, Sharmini Radakrishnan, Nida H. Corry, Doug McDonald, ... Valerie Stander

Addictive Behaviors Reports  
Volume 14, December 2021

### Highlights

- Military spouses were more likely to have risky opioid Rx if their spouse did.
- High-risk opioid therapy was linked to pain, disability, smoking, and ACES
- Reducing risky opioid Rx for service members may reduce similar risky Rx for spouses.

### Abstract

#### Background

Estimates suggest approximately 2.4% of service members, and 15% of service members who have engaged in recent combat, report misusing pain relievers in the past year. This study explores the extent to which military spouses' obtainment of opioids is associated with their service member partners' obtainment of opioid prescriptions, in addition to other factors such as service member health, state prescribing patterns, and sociodemographic characteristics.

#### Methods

Data were drawn from the Millennium Cohort Family Study, a large, longitudinal survey of married spouses of service members from all service branches, and archival data analyzed from 2018 to 2020. The dependent variables were spouse long-term opioid therapy and spouse opioid prescriptions that pose a high risk of adverse outcomes.

#### Results

Seven percent of spouse and service member dyads met the criteria for high-risk opioid use, generally because they had purchased a prescription for a  $\geq 90$  Morphine Milligram Equivalents daily dose (76.7% for spouses, 72.8% for service members). Strong associations were found between spouse and service member opioid therapies (OR = 5.53 for long-term; OR = 2.20 for high-risk).

#### Conclusions

Findings suggest that reducing the number of long-term and high-risk opioid prescriptions to service members may subsequently reduce the number of similar prescriptions obtained by their spouses. Reducing the number of service members and spouses at risk for adverse events may prove to be effective in stemming the opioid

epidemic and improve the overall health and safety of military spouses and thus, the readiness of the U.S. Armed Forces.

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<https://doi.org/10.1016/j.jadr.2021.100176>

## **Interpersonal Precipitants are Associated with Suicide Intent Communication Among United States Air Force Suicide Decedents.**

Kaitlyn R. Schuler, Jessica M. LaCroix, Kanchana U. Perera, Margaret M. Baer, ...  
Marjan Ghahramanlou-Holloway

Journal of Affective Disorders Reports  
Available online 15 June 2021

### Highlights

- Nearly half of USAF suicide decedents communicated intent within 30 days of death, of which the majority communicated their suicide intent within 24 hours of death
- Decedents with interpersonal precipitants were significantly more likely than those without to communicate suicide intent
- Decedents with documented legal/administrative precipitants were equally likely as those without to communicate suicide intent
- Controlling for legal/administrative precipitants, decedents with interpersonal precipitants were twice as likely to communicate suicide intent communication
- Suicide intent communicators and non-communicators did not differ on demographics

### Abstract

#### Background

Few studies explore differences between suicide intent communicators and noncommunicators, and to date, none have examined the association between suicide precipitants and intent communication.

#### Methods

United States Air Force suicide decedents (N = 236) were categorized as suicide intent communicators or non-communicators within 30 days prior to death. The top two frequently occurring suicide precipitants, categorized as interpersonal and legal/administrative, were examined in relation to suicide intent communication.

## Results

Nearly half (47.0%) of suicide decedents communicated intent within 30 days of death, of which the majority (61.3%) communicated their suicide intent within 24 hours of death. Suicide intent communicators and non-communicators did not differ on demographics. Decedents with interpersonal precipitants were significantly more likely than those without to communicate suicide intent (52.7% versus 33.3%). Decedents with documented legal/administrative precipitants were equally likely as those without to communicate suicide intent (49.6% versus 44.0%). Controlling for legal/administrative precipitants, decedents with interpersonal precipitants were twice as likely to communicate suicide intent communication, OR = 2.2,  $p = .008$  (95% CI = 1.23, 3.98).

## Limitations

Limitations include the retrospective study design, unknown mode of intent communication, unclear timing of precipitants relative to communication, and exclusion of other types of precipitants.

## Conclusions

Suicide intent communication was most frequent among decedents with interpersonal precipitants. This finding has important implications for the continued education of military families and communities on identifying and intervening with those making suicide intent disclosures. Additional research is needed to examine individual trajectories toward suicide to understand nuances of distal and proximal precipitants as related to suicide intent communication.

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<https://doi.org/10.4088/JCP.20m13752>

## **Predictors of Response to Prolonged Exposure, Sertraline, and Their Combination for the Treatment of Military PTSD.**

Rauch SAM, Kim HM, Lederman S, Sullivan G, Acierno R, Tuerk PW, Simon NM, Venners MR, Norman SB, Allard CB, Porter KE, Martis B, Bui E, Baker AW

Journal of Clinical Psychiatry  
2021 Jun 15;82(4):20m13752

### Objective:

The current study is an analysis of predictors of posttraumatic stress disorder (PTSD)

treatment response in a clinical trial comparing (1) prolonged exposure plus placebo (PE + PLB), (2) PE + sertraline (PE + SERT), and (3) sertraline + enhanced medication management (SERT + EMM) with predictors including time since trauma (TST), self-report of pain, alcohol use, baseline symptoms, and demographics.

#### Methods:

Participants (N = 196) were veterans with combat-related PTSD (DSM-IV-TR) of at least 3 months' duration recruited between 2012 and 2016 from 4 sites in the 24-week PROlonGed ExpoSure and Sertraline (PROGrESS) clinical trial (assessments at weeks 0 [intake], 6, 12, 24, 36, and 52).

#### Results:

Across treatment conditions, (1) longer TST was predictive of greater week 24 PTSD symptom improvement ( $\beta = 1.72$ ,  $P = .01$ ) after adjusting for baseline, (2) higher baseline pain severity was predictive of smaller symptom improvement ( $\beta = -2.96$ ,  $P = .003$ ), and (3) Hispanic patients showed greater improvement than non-Hispanic patients ( $\beta = 12.33$ ,  $P = .03$ ). No other baseline characteristics, including alcohol consumption, were significantly predictive of week 24 improvement. Comparison of TST by treatment condition revealed a significant relationship only in those randomized to the PE + SERT condition ( $\beta = 2.53$ ,  $P = .03$ ). Longitudinal analyses showed similar results.

#### Conclusions:

The finding that longer TST shows larger symptom reductions is promising for PTSD patients who might not seek help for years following trauma. Higher baseline pain severity robustly predicted attenuated and slower response to all treatment conditions, suggesting a common neuropathologic substrate. Finally, in the current study, alcohol use did not impede the effectiveness of pharmacotherapy for PTSD.

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<https://doi.org/10.1017/S0033291721002075>

### **Autonomic activity, posttraumatic and nontraumatic nightmares, and PTSD after trauma exposure.**

Mäder, T., Oliver, K., Daffre, C., Kim, S., Orr, S., Lasko, N., . . . Pace-Schott, E.

Psychological Medicine

Published online by Cambridge University Press: 15 June 2021



## Background

Nightmares are a hallmark symptom of posttraumatic stress disorder (PTSD). This strong association may reflect a shared pathophysiology in the form of altered autonomic activity and increased reactivity. Using an acoustic startle paradigm, we investigated the interrelationships of psychophysiological measures during wakefulness and PTSD diagnosis, posttraumatic nightmares, and nontraumatic nightmares.

## Methods

A community sample of 122 trauma survivors were presented with a series of brief loud tones, while heart rate (HRR), skin conductance (SCR), and orbicularis oculi electromyogram (EMGR) responses were measured. Prior to the tone presentations, resting heart rate variability (HRV) was assessed. Nightmares were measured using nightmare logs. Three dichotomous groupings of participants were compared: (1) current PTSD diagnosis ( $n = 59$ ), no PTSD diagnosis ( $n = 63$ ), (2) those with ( $n = 26$ ) or without ( $n = 96$ ) frequent posttraumatic nightmares, and (3) those with ( $n = 22$ ) or without ( $n = 100$ ) frequent nontraumatic nightmares.

## Results

PTSD diagnosis was associated with posttraumatic but not with nontraumatic nightmares. Both PTSD and posttraumatic nightmares were associated with a larger mean HRR to loud tones, whereas nontraumatic nightmare frequency was associated with a larger SCR. EMGR and resting HRV were not associated with PTSD diagnosis or nightmares.

## Conclusions

Our findings suggest a shared pathophysiology between PTSD and posttraumatic nightmares in the form of increased HR reactivity to startling tones, which might reflect reduced parasympathetic tone. This shared pathophysiology could explain why PTSD is more strongly related to posttraumatic than nontraumatic nightmares, which could have important clinical implications.

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<https://doi.org/10.1037/ccp0000641>

**Efficacy of individual and group cognitive processing therapy for military personnel with and without child abuse histories.**

LoSavio, S. T., Hale, W. J., Moring, J. C., Blankenship, A. E., Dondanville, K. A., Wachen, J. S., Mintz, J., Peterson, A. L., Litz, B. T., Young-McCaughan, S., Yarvis, J. S., & Resick, P. A.

Journal of Consulting and Clinical psychology  
2021 May;89(5):476-482

#### Objective:

Many clinicians question whether patients with a history of childhood trauma will benefit from trauma-focused treatment. In this secondary analysis, we examined whether reports of childhood abuse moderated the efficacy of cognitive processing therapy (CPT) for active-duty military with posttraumatic stress disorder (PTSD).

#### Methods:

Service members (N = 254, mean age 33.11 years, 91% male, 41% Caucasian) were randomized to receive individual or group CPT (n = 106 endorsing and n = 148 not endorsing history of childhood abuse). Outcomes included baseline cognitive-emotional characteristics [Posttraumatic Cognitions Inventory (PTCI), Trauma-Related Guilt Inventory (TRGI), Cognitive Emotion Regulation Questionnaire-Short Form (CERQ)], treatment completion, and symptom outcome (PTSD Checklist, Beck Depression Inventory-II). We predicted participants endorsing childhood abuse would have higher scores on the PTCI, TRGI, and CERQ at baseline, but be noninferior on treatment completion and change in PTSD and depression symptoms. We also predicted those endorsing childhood abuse would do better in individual CPT than those not endorsing abuse.

#### Results:

Those endorsing childhood abuse primarily experienced physical abuse. There were no baseline differences between service members with and without a history of childhood abuse (all  $p \geq .07$ ). Collapsed across treatment arms, treatment completion and symptom reduction were within the noninferiority margins for those endorsing versus not endorsing childhood abuse. History of abuse did not moderate response to individual versus group CPT.

#### Conclusions:

In this primarily male, primarily physically abused sample, active-duty military personnel with PTSD who endorsed childhood abuse benefitted as much as those who did not endorse abuse. (PsycInfo Database Record (c) 2021 APA, all rights reserved).

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<https://doi.org/10.1080/13811118.2021.1939208>

## **The Experience of Pain is Strongly Associated With Poor Sleep Quality and Increased Risk for Suicide.**

Ricardo Cáceda, Diane J. Kim, Jessica M. Carbajal & Wei Hou

Archives of Suicide Research

Published online: 14 Jun 2021

### **Objective**

Effective suicide prevention is hindered by a limited understanding of the neurobiology leading to suicide. We aimed to examine the association between changes in the experience of pain and disturbances in sleep quantity and quality in patients with elevated risk for suicide.

### **Methods**

Three groups of adult depressed individuals, including patients following a recent suicide attempt ( $n = 79$ ), patients experiencing current suicidal ideation ( $n = 131$ ), and patients experiencing depression but no suicidal ideation or behavior in at least 6 months ( $n = 51$ ), were examined in a case-control study for sleep quantity and quality, physical and psychological pain, pressure pain threshold, suicidal ideation, and recent suicidal behavior.

### **Results**

Sleep quality, physical and psychological pain were positively associated with suicidal ideation severity. In both cases in which sleep quality was added to a model with either physical or psychological pain, physical or psychological pain became more significantly associated with suicidal ideation severity. Pressure pain threshold was elevated in patients suffering from any type of insomnia. There was no significant association between pressure pain threshold and suicidal ideation severity.

### **Conclusions**

The impact of these findings lies in the identification of both psychological and physical pain, and sleep quality as potential biological mechanisms underlying suicidal risk.

### **HIGHLIGHTS**

- We assessed the association between pain and sleep quality in suicidal patients.
- Sleep quality, physical and psychological pain were associated with suicide risk.

- Pain perception may mediate the progression to suicidal behavior.

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<https://doi.org/10.1177/10783903211011673>

## **Understanding Civilian Mental Health Providers' Knowledge in Providing Care for Active Duty Service Members: Opportunities for Improvement.**

Powers, A., & Lajoie, D.

Journal of the American Psychiatric Nurses Association

First Published June 19, 2021

### **INTRODUCTION:**

There are a growing number of civilian mental health providers who are treating active duty service members (ADSM) from referrals of local emergency rooms, directly from military installations, or when a military mental health program is unavailable. Civilian providers may be unprepared to address issues that are unique to this population.

### **AIM:**

The purpose of this quality improvement project was to develop and implement a survey-based knowledge assessment, in order to assess civilian psychiatric advanced practice nurse's (APN) perceptions, knowledge, and practice of treating ADSMs.

### **METHOD:**

The investigator developed and validated a survey that was posted on the American Psychiatric Nurses Association All-Purpose Discussion Forum, and the snowball technique was utilized to enhance psychiatric APN colleague recruitment.

### **RESULTS:**

Seventy-eight participants scored extremely low with average score of 40.4%; however, the psychiatric APNs who received formal training from the Department of Defense on unique mental health issues of ADSMs scored significantly higher (49.6%) than participants without the formal training (38.2%;  $p = .03$ ).

### **CONCLUSIONS:**

Understanding the knowledge gap of psychiatric APNs as it relates to the care of ADSMs will allow educators to recommend available trainings or develop trainings that are tailored to meet their needs.

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<https://doi.org/10.15241/rfc.11.2.203>

### **Military Spouses' Perceptions of Suicide in the Military Spouse Community.**

Rebekah F. Cole, Rebecca G. Cowan, Hayley Dunn, Taryn Lincoln

The Professional Counselor  
2021; Volume 11, Issue 2, Pages 203–217

Newly released data from the U.S. Department of Defense shows military spouse suicide to be an imminent concern for the U.S. military. Currently, there is an absence of research in the counseling profession related to suicide prevention and intervention for this population. Therefore, this qualitative phenomenological study explored the perceptions of military spouses regarding suicide within their community. Ten military spouses were interviewed twice and were asked to provide written responses to follow-up questions. Six main themes emerged: (a) loss of control, (b) loss of identity, (c) fear of seeking mental health services, (d) difficulty accessing mental health services, (e) the military spouse community as a protective factor, and (f) desire for better communication about available mental health resources. Implications for practicing counselors and military leadership in helping to prevent military spouse suicide as well as recommendations for future research regarding ways to support military spouse mental health and prevent suicide in this community are included.

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<https://doi.org/10.1016/j.drugalcdep.2021.108818>

### **Prevalence, risk and protective factors of alcohol use disorder during the COVID-19 pandemic in U.S. military veterans.**

Peter J. Na, Sonya B. Norman, Brandon Nichte, Melanie L. Hil, ... Robert H. Pietrzak

Drug and Alcohol Dependence  
Available online 18 June 2021

#### Highlights

- The prevalence of probable AUD in veterans remained stable during the

pandemic.

- Younger age and greater COVID stress were associated with risk of probable AUD.
- Lower income was associated with higher risk of incident probable AUD.
- Low dispositional optimism was associated with higher risk of chronic probable AUD.

## Abstract

### Background

There have been reports of increased alcohol consumption during the COVID-19 pandemic in the general population. However, little is known about the impact of the pandemic on the prevalence of alcohol use disorder (AUD), especially in high-risk samples such as U.S. military veterans.

### Methods

Data were analyzed from the 2019-2020 National Health and Resilience in Veterans Study, which surveyed a nationally representative, prospective cohort of 3,078 U.S. veterans. Pre-pandemic and 1-year peri-pandemic risk and protective factors associated with incident and chronic probable AUD were examined.

### Results

A total of 6.9% (n = 183) of veterans were classified as chronic probable AUD, 3.2% (n = 85) as remitted from AUD, and 2.7% (n = 71) as incident probable AUD during the pandemic; the prevalence of probable AUD in the full sample remained stable —10.2% pre-pandemic and 9.6% peri-pandemic. Younger age, greater pre-pandemic alcohol use severity, and COVID-related stressors were associated with incident AUD during the pandemic, whereas higher pre-pandemic household income was associated with lower risk of this outcome. Younger age, combat experience, lifetime substance use disorder, greater drug use severity, lower dispositional optimism, and more COVID-related worries and social restriction stress were associated with higher risk of chronic AUD.

### Conclusions

Nearly 1-in-10 US veterans screened positive for AUD 1 year into the pandemic; however, the pre- and 1-year peri-pandemic prevalence of probable AUD remained stable. Veterans who are younger, have served in combat roles, endorsed more COVID-related stressors, and have fewer socioeconomic resources may be at higher risk for AUD during the pandemic.

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<https://doi.org/10.1080/21635781.2021.1939816>

## **The Impact of Civic Service on Disability Identity Outcomes in United States Veterans Who Served in Iraq and Afghanistan.**

Molly Meissen & Monica M. Matthieu

Military Behavioral Health

Published online: 18 Jun 2021

For many veterans, reintegrating into civilian life is complicated by an acquired or exacerbated physical disability. Veteran-directed services that are inclusive of and impactful for disabled veterans are limited. Pre-and post-data on 6 psychosocial outcomes resulting from a 26-week stipend-supported civic service and leadership program for post-9/11 era Veterans (N = 346) were analyzed. Veterans with physical disabilities (n = 181) reported significant increases in all measured outcomes. Women had significantly greater increases in purpose in life (b = 3.60, p < 0.05) and decreases in depressive symptoms (b = -.53, p < 0.04) than men. Civic service has a positive impact on post-9/11 veterans with physical disabilities reintegrating into civilian life.

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<https://doi.org/10.1080/21635781.2021.1935365>

## **Emotional Distress, Neurobehavioral Symptoms, and Social Functioning among Treatment Seeking Service Members with TBI and PTSD Symptoms.**

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

Military Behavioral Health

Published online: 18 Jun 2021

This study examined the combined effects of traumatic brain injury (TBI) history and posttraumatic stress disorder (PTSD) symptoms on social functioning in treatment-seeking active duty service members. We sought to determine whether objective cognitive performance, self-reported neurobehavioral symptoms, and emotional distress would be associated with more social functioning difficulties. Additionally, we hypothesized self-reported neurobehavioral symptoms would mediate both the relationships between emotional distress and social functioning, and between cognitive

performance and social functioning. The study was part of a larger clinical project conducted at two military hospitals. We analyzed smaller datasets of baseline data from two groups: service members with history of TBI and/or PTSD (n = 71) and those with responses considered “valid” (n = 39). A significant predictive relationship among cognitive performance, neurobehavioral symptoms, and emotional distress on social functioning was found in the full sample. Further, neurobehavioral symptoms completely mediated the relationship between emotional distress and social functioning, but not between cognitive performance and social functioning. In the subsample, the overall regression was significant, but individual independent predictors were not. Findings suggest emotional distress and self-reported neurobehavioral symptoms are key considerations in treatment as a means of improving functioning in social domains and prioritizing treatment goals.

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<https://doi.org/10.1177/10731911211023577>

### **Past Levels of Mental Health Intervention and Current Nondisclosure of Suicide Risk Among Men Older Than Age 50.**

Matthew C. Podlogar, Peter M. Gutierrez, Thomas E. Joiner

Assessment

<https://doi.org/10.1177/10731911211023577>

Suicide risk screening depends heavily on accurate patient self-report. However, past negative experiences with mental health care may contribute to intentional nondisclosure of suicide risk during screening. This study investigated among 282 men older than age 50 whether likelihood for current explicit risk nondisclosure was associated with previous highest level of mental health care received. This sample was selected post hoc out of a larger sample of participants from higher risk and lower help-seeking populations (i.e., military service members and veterans, men older than age 50, and lesbian gay bisexual, transgender, and queer young adults), however, the other groups were underpowered for analysis. Among these men, history of psychiatric hospitalization was significantly associated with likelihood for explicit nondisclosure of current suicide risk, while history of receiving only outpatient therapy for suicidal thoughts or behaviors was significantly associated with likelihood for full reporting of suicide risk. Severity of suicidal ideation and internalized stigma against mental illness were significant indirect contributors to the effect. Although causality could not be determined, results suggest that a potential cost to consider for psychiatric



hospitalization may be future nondisclosure of suicide risk. Conversely, outpatient interventions that appropriately manage suicidal thoughts or behaviors may encourage future full reporting of suicide risk and improve screening detection.

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<https://doi.org/10.1016/j.jsat.2021.108542>

## **Suicidal ideation predicted by changes experienced from pre-treatment to 3-month postdischarge from residential substance use disorder treatment.**

CJ Haynes, FP Deane, PJ Kelly

Journal of Substance Abuse Treatment  
Available online 17 June 2021

### Highlights

- Suicidal ideation very prevalent among those in residential SUD treatment
- Crucial to include positive psychology indices of recovery in suicidality assessments
- Traditional indicators of recovery also play important role in predicting suicidality.
- Important to consider dynamic and changing nature of resilience factors over treatment
- Novel result that increased refusal self-efficacy reduces likelihood of suicidal ideation.

### Abstract

#### Purpose

Individuals with substance use disorders (SUD) are at an elevated risk for suicide. Abstinence and drug-related treatment outcomes remain integral to SUD treatment, but recovery incorporates more than just the absence of substance use or mental illness and including positive mental health indices in assessment and treatment of suicidality is needed.

#### Aims

The current study investigates the role of traditional indicators of recovery, as well as positive psychology constructs, in predicting suicidal ideation following residential SUD treatment.

## Method

The study utilized a longitudinal design with baseline and 3-month postdischarge follow-up assessments of 791 individuals who attended residential SUD treatment in Australia.

## Results

Rates of suicidal ideation decreased from baseline to follow-up, and the magnitude of change in most indices was associated with suicidal ideation at follow-up assessment. In a hierarchical logistic regression, baseline suicidal ideation, as well as a reduction in psychological distress, increase in refusal self-efficacy, and increase in self-forgiveness, emerged as significant predictors of follow-up suicidal ideation. The final model correctly classified 98.8% of participants as not experiencing SI, and 8.7% of participants as experiencing SI at follow-up, resulting in a total predictive accuracy of 86.9%.

## Conclusions

The results suggested that changes in traditional recovery indices may facilitate reductions in suicidality. As a whole, changes in positive psychology indices did not add to the ability to predict suicidal ideation once traditional indices had been accounted for, but this does not preclude the importance of these indices to SUD treatment and suicide prevention efforts.

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<https://doi.org/10.1111/sltb.12781>

## **Painful and provocative events: Determining which events are associated with increased odds of attempting suicide.**

Allison E. Bond BA, Shelby L. Bandel MS, Samantha E. Daruwala MA, Michael D. Anestis PhD

Suicide and Life-Threatening Behavior

First published: 18 June 2021

## Objective

The present study sought to determine which painful and provocative events differentiated those with suicidal ideation from those who attempted suicide. Additionally, it presents a novel way of utilizing the Painful and Provocative Scale (PPES) by looking at items dichotomously as experienced or not experienced, instead of the frequency at which they are experienced.

## Method

Participants (N = 666) were recruited as part of a large online study seeking to understand suicide risk across multiple high-risk groups (i.e., veterinarians, military service members, transgender individuals, and gun owners) for suicide. Participants in the present study were predominately white, female, and heterosexual.

## Results

First, the PPES was examined as a dichotomous measure and results indicate that experiencing physical or sexual abuse, tying a noose, using intravenous drugs, or having injuries that required medical attention were associated with greater odds of attempting suicide; shooting a gun was associated with decreased odds. Next, the PPES was examined as a scale measure and findings indicate that increased exposure to rock climbing, experiencing physical or sexual abuse, or using intravenous drug were associated with increased odds of attempting suicide; while increased exposure to shooting a gun was associated with decreased odds.

## Conclusions

The present study adds to the literature on the ideation-to-action framework and provides evidence considering the frequency of experiences using the Painful and Provocative Event Scale may not provide substantial information beyond dichotomous scoring.

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<https://doi.org/10.1016/j.jcbs.2021.06.002>

## **A Trauma-Focused Intensive Outpatient Program Integrating Elements of Exposure Therapy with Acceptance and Commitment Therapy: Program Development and Initial Outcomes.**

Melissa W. Ramirez, Craig A. Woodworth, Wyatt R. Evans, Gerard A. Grace, ... Donna J. Terrell

Journal of Contextual Behavioral Science  
Available online 17 June 2021

## Highlights

- Evaluation of PTSD IOP that treated 311 active duty military service members.
- Our protocol combines ACT and exposure therapy for the treatment of PTSD.
- Significant reductions in PTSD symptoms found in military IOP.

- PCL-5 and PDS-5 scores decreased significantly.
- Protocol combining ACT and exposure therapy experienced a drop-out rate of only 3.9%.

## Abstract

A Performance Improvement project conducted within Army Behavioral Medicine identified significant challenges associated with treating service members diagnosed with posttraumatic stress disorder (PTSD) including unavailability of frequent and consistent therapy, a low completion rate of evidence-based treatment, and a high non-response rate. In response to these findings, clinical staff in one behavioral medicine clinic developed an intensive outpatient program for the treatment of PTSD and combined Acceptance and Commitment Therapy with Prolonged Exposure therapy to create an integrative and uniquely tailored intervention. This project included 311 service members who had not made significant progress in individual outpatient therapy for PTSD. Each participant completed pre- and post-treatment measures of symptoms, functioning, and processes related to psychological flexibility. Program evaluation also included participant interviews, survey responses, and clinician reports. Overall, the program was tolerable and reviewed favorably by participants. Preliminary pre-post treatment analyses revealed, on average, large reductions in PTSD symptoms as well as significant changes in the target direction on nine of ten outcome measures. These findings encourage further investigation of process-outcome relationships and future, rigorous implementation studies of ACT and exposure integration and culturally and contextually sensitive treatments for military-related PTSD.

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<https://doi.org/10.1089/can.2020.0174>

## **Are Sweet Dreams Made of These? Understanding the Relationship Between Sleep and Cannabis Use.**

Dalton Edwards and Francesca M. Filbey

Cannabis and Cannabinoid Research

Published Online: 18 Jun 2021

### Introduction:

There is widespread literature on the interaction between cannabis use and sleep, yet the mechanisms that underlie this relationship are not well understood. Several factors lead to inconsistencies in this relationship suggesting a nuanced interaction between

cannabis and sleep. An important question that remains to be addressed is the temporal relationship between disrupted sleep and cannabis use. This literature review summarizes the existing literature on the association between disrupted sleep and cannabis toward the goal of addressing the question of the chronology of these reported effects.

#### Materials and Methods:

We conducted a review of the literature using PubMed to summarize current knowledge on the association between cannabis use and sleep in humans.

#### Results:

We identified 31 studies on the association of cannabis use and sleep. The findings from these studies were mixed. Cannabis was associated with a variety of impacts on sleep ranging from beneficial effects, such as reduced sleep-onset latency, to negative outcomes, such as reduced sleep duration and suppressed rapid eye movement oscillations. The chronology of the interaction of cannabis and sleep was unclear, although much of the current literature focus on factors that modulate how cannabis impairs sleep after initial use.

#### Conclusion:

There was sufficient evidence to suggest that cannabis use alters circadian rhythms, and hence, negatively impacts sleep. The current literature is largely from studies utilizing self-report measures of sleep; thus, objective measures of sleep are needed. In addition, although there were no empirical studies on the temporal relationship between cannabis use and sleep, the majority of the literature focused on characterizing sleep impairment after cannabis use.

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<https://doi.org/10.1111/fare.12561>

### **Military-Related Stress and Family Well-Being Among Active Duty Army Families.**

Catherine Walker O'Neal, Justin A. Lavner

Family Relations

First published: 14 June 2021

Objective

To examine associations between objective (i.e., rank, time away for deployment,

combat deployments) and subjective (i.e., difficulty coping with military life) military-related stressors and multiple domains of family well-being, including marital interactions, marital quality, parenting quality, and family functioning.

#### Background

Military-related stressors are associated with individual well-being, but less is known about associations with family well-being.

#### Method

Dyadic data from 266 active duty (AD) service members and their civilian partners were used to test a structural equation model examining associations between objective and subjective military-related stressors and both partners' ratings of couple functioning (marital quality, marital interactions), parenting quality, and family functioning.

#### Results

For both partners, difficulty coping with military life was significantly associated with perceptions of multiple dimensions of family well-being. Rank, time away for deployment, and number of combat deployments were not significantly associated with any of the family well-being variables.

#### Conclusion

Subjective, but not objective, indicators of military-related stress were robustly associated with family well-being for AD and civilian partners.

#### Implications

These findings call attention to the importance of understanding subjective experiences of military-related stress for both AD and civilian partners. Policy and program considerations to improve military family members' coping abilities and enhance their family well-being are discussed.

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<https://doi.org/10.1016/j.whi.2021.05.002>

### **Prenatal Stress Exposure and Post-traumatic Stress Disorder Associated With Risk of Postpartum Alcohol Misuse Among Women Veterans.**

Cathryn Glanton Holzhauer, Aimee Kroll-Desrosiers, Rebecca L. Kinney, Laurel A. Copeland, ... Kristin M. Mattocks

## Women's Health Issues

Available online 18 June 2021

### Objectives

Maternal alcohol misuse during the postpartum period is associated with negative maternal and infant outcomes. This study examined whether greater stress exposure in the year before the baby's birth and maternal post-traumatic stress disorder (PTSD) were associated with postpartum alcohol misuse among a sample of women veterans. Maternal PTSD was also examined as a moderator of the association between stress exposure and postpartum alcohol misuse.

### Methods

Data were drawn from the Center for Maternal and Infant Outcomes Research in Translation study, a multisite prospective cohort study of pregnant and postpartum women veterans. Interviews were conducted within 12 weeks after birth. At this post-birth interview, women reported whether they experienced stressful events (e.g., loss of job, military deployment, separation/divorce) in the year before birth during the interview. PTSD diagnosis and postpartum scores on the Alcohol Use Disorders Identification Test (AUDIT-C) were derived from the Department of Veterans Affairs medical records.

### Results

Models testing main and interaction effects showed a statistically significant association of both PTSD ( $p = .02$ ) and stress exposure ( $p = .04$ ), as well as significant interaction of PTSD and stress exposure ( $p = .03$ ) with AUDIT-C scores postpartum, after controlling for marital status, age, and race. Specifically, compared with women without PTSD, those with PTSD had higher overall AUDIT-C scores postpartum, regardless of stress exposure. For women without PTSD, more stress exposure before birth was associated with higher AUDIT-C score during the postpartum phase.

### Conclusions

PTSD diagnosis and life stressors before infant birth predicted maternal alcohol misuse during the postpartum period. Identifying such risk factors is an initial step in preventing alcohol misuse, with the goal of enhancing postpartum health for the birthing parent and infant.

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<https://pubmed.ncbi.nlm.nih.gov/33823974/>

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

Reed, M. B., Woodruff, S. I., DeMers, G., Capt, Matteucci, M., Capt, Chavez, S. J., Hellner, M., & Hurtado, S. L.

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  $\geq 8$ ), 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.

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<https://doi.org/10.1016/j.beth.2020.10.001>

## **The Effect of PTSD Symptom Change on Suicidal Ideation in a Combined Military and Civilian Sample Engaged in Cognitive Processing Therapy.**

Johnson, C. M., Holmes, S. C., Suvak, M. K., Song, J., Shields, N., Lane, J., Sijercic, I., Cohen, Z. D., Stirman, S. W., & Monson, C. M.

Behavior Therapy

Volume 52, Issue 3, May 2021, Pages 774-784

### Highlights

- Suicidal ideation (SI) decreased during Cognitive Processing Therapy (CPT).
- Posttraumatic stress disorder (PTSD) symptoms predicted SI in the next CPT session.
- SI did not predict PTSD symptoms in the next CPT session.
- Gender and military status did not affect the relationship between PTSD and SI.

### Abstract

In light of the well-established relationship between posttraumatic stress disorder (PTSD) and suicidal ideation (SI), there has been a push for treatments that simultaneously improve symptoms of PTSD and decrease SI. Using data from a randomized controlled hybrid implementation-effectiveness trial, the current study investigated the effectiveness of Cognitive Processing Therapy (CPT; Resick, Monson, & Chard, 2016) on PTSD and SI. The patient sample (N = 188) was diverse in military and veteran status, gender, and comorbidity, and 73% of the sample endorsed SI at one or more points during CPT. Participants demonstrated significant improvement in SI over the course of CPT. Multilevel growth curve modeling revealed a significant association between PTSD symptom change and change in SI. Results from cross-lagged multilevel regressions indicated that PTSD symptoms predicted SI in the next session, yet SI in a given session did not predict PTSD symptoms in the next session. Potentially relevant clinical factors (i.e., military status, gender, depression diagnosis, baseline SI, study consultation condition) were not associated with the relationship between PTSD symptoms and SI. These results add to the burgeoning literature

suggesting that evidence-based treatments for PTSD, like CPT, reduce suicidality in a range of individuals with PTSD, and that this reduction is predicted by improvements in PTSD symptoms.

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[https://doi.org/10.1016/S2215-0366\(21\)00113-9](https://doi.org/10.1016/S2215-0366(21)00113-9)

### **Moral injury: the effect on mental health and implications for treatment.**

(Commentary)

Victoria Williamson, Dominic Murphy, Andrea Phelps, David Forbes, Neil Greenberg

The Lancet Psychiatry

2021 Jun;8(6):453-455

Moral injury is understood to be the strong cognitive and emotional response that can occur following events that violate a person's moral or ethical code.<sup>1</sup> Potentially morally injurious events include a person's own or other people's acts of omission or commission, or betrayal by a trusted person in a high-stakes situation. For example, health-care staff working during the COVID-19 pandemic might experience moral injury because they perceive that they received inadequate protective equipment, or when their workload is such that they deliver care of a standard that falls well below what they would usually consider to be good enough.

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### **Links of Interest**

These five Army posts have the highest sexual assault risk, study shows

<https://www.armytimes.com/news/your-army/2021/06/18/these-five-army-posts-have-the-highest-sexual-assault-risk-study-shows/>

VA to offer gender surgery to transgender vets for the first time

<https://www.militarytimes.com/veterans/2021/06/19/va-to-offer-gender-surgery-to-transgender-vets-for-the-first-time/>

National Guard Bureau launches photo series celebrating LGBTQI+ personnel

<https://www.militarytimes.com/off-duty/military-culture/2021/06/17/national-guard-bureau-launches-photo-series-to-celebrate-lgbtqi-personnel/>

PTSD Myths Persist in the Military Community, New Survey Finds

<https://www.military.com/daily-news/2021/06/17/ptsd-myths-persist-military-community-new-survey-finds.html>

The rising cost of being in the National Guard: Reservists and guardsmen are twice as likely to be hungry as other American groups

<https://www.washingtonpost.com/business/2021/06/22/hunger-national-guard-reserves/>

DHA Centers of Excellence collaborate to improve TBI care

<https://health.mil/News/Articles/2021/03/31/DHA-Centers-of-Excellence-collaborate-to-improve-TBI-care>

How to Support LGBTQ+ Service Members as a Provider

<https://www.pdhealth.mil/news/blog/how-support-lgbtq-service-members-provider>

Four times as many troops and vets have died by suicide as in combat, study finds

<https://www.militarytimes.com/news/your-military/2021/06/21/four-times-as-many-troops-and-vets-have-died-by-suicide-as-in-combat-study-finds/>

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**Resource of the Week: [Organizational Characteristics Associated with Risk of Sexual Assault and Sexual Harassment in the U.S. Army](#)**

New, from the RAND Corporation:

Key Findings

Results showed considerable variation in total sexual assault risk—estimated prevalence of sexual assault—across groups of soldiers

- Women at Fort Hood, Fort Bliss, and several other bases face total sexual assault risk that is higher than the risk faced by the average woman in the Army.
- Sexual harassment is more common than sexual assault in the Army, but results also showed that the risk of sexual harassment is highly correlated with the risk of sexual assault.

By examining adjusted sexual assault risk, the authors were able to estimate the extent to which personnel assigned to certain groups of soldiers might have higher or lower

risk if assigned elsewhere

- Two of the five-highest adjusted sexual assault risk commands for women across the Army are located at Fort Hood; however, one of the commands with lower-than-expected risk for Army women is also based there.
- Field artillery and engineers are the two career fields with the highest adjusted sexual assault risk for Army women.

There are some group characteristics that are associated with higher adjusted risk for Army women's sexual harassment and sexual assault, as well as men's sexual harassment

- More-positive unit climate and supervisor climate scores are associated with lower adjusted sexual assault and sexual harassment risk among women and lower adjusted sexual harassment risk among men.
- Army women at bases with more civilians face lower adjusted sexual assault and sexual harassment risks.
- Army women in environments with higher proportions of combat arms have higher adjusted sexual assault and sexual harassment risks



MIRIAM MATTHEWS, ANDREW R. MORRAL, TERRY L. SCHELL, MATTHEW CEFALU,  
JOSHUA SNOKE, R. J. BRIGGS

## Organizational Characteristics Associated with Risk of Sexual Assault and Sexual Harassment in the U.S. Army

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