

CDP



Research Update -- August 19, 2021

What's Here:

- Depressed mood and repetitive negative thinking in Delayed Sleep–Wake Phase Disorder: Treatment effects and a comparison with good sleepers.
- Somatic Symptom Severity, Not Injury Severity, Predicts Probable Posttraumatic Stress Disorder and Major Depressive Disorder in Wounded Service Members.
- Prevalence, Correlates, and Treatment of Suicidal Behavior in US Military Veterans: Results From the 2019-2020 National Health and Resilience in Veterans Study.
- Counseling LGBT Military Clients Using the Multicultural and Social Justice Counseling Competencies Framework.
- Chronotype and self-reported sleep, alertness, and mental health in U.S. sailors.
- Racial Disparities in Clinical Outcomes of Veterans Affairs Residential PTSD Treatment Between Black and White Veterans.
- Somatic Symptom Severity, Not Injury Severity, Predicts Probable Posttraumatic Stress Disorder and Major Depressive Disorder in Wounded Service Members.
- Potentially Traumatic Events and the Association Between Gender Minority Stress and Suicide Risk in a Gender-Diverse Sample.
- Self-reported Access to Firearms Among Patients Receiving Care for Mental Health and Substance Use.
- Risk of work-related injury in workers with obstructive sleep apnea: A systematic review and meta-analysis.

- Sleep deprivation impairs binding of information with its context.
- Effects of six weeks of chronic sleep restriction with weekend recovery on cognitive performance and wellbeing in high-performing adults.
- Validating military culture: The factor analysis of a military-related adaptation of acculturation in veterans.
- From Military Masculinity toward Hybrid Masculinities: Constructing a New Sense of Manhood among Veterans Treated for PTSS.
- Different methods for TBI diagnosis influence presence and symptoms of post-concussive syndrome in US Veterans.
- Comparison of Accelerated Resolution Therapy for PTSD Between Veterans With and Without Prior PTSD Treatment.
- Age Effects on Clinical and Neurocognitive Risk Factors for Suicide Attempt in Depression — Findings from the AFSP Lifespan study.
- Long-Term Mental Health Trajectories of Injured Military Servicemembers: Comparing Combat to Non-combat Related Injuries.
- PTSD telehealth treatments for veterans: Comparing outcomes from in-person, clinic-to-clinic, and home-based telehealth therapies.
- Common Symptoms of Mild Traumatic Brain Injury and Work Functioning of Active-Duty Service Members with a History of Deployment.
- Health Profiles of Military Women and the Impact of Combat-Related Injury.
- Psychosocial functioning in veterans with combat-related PTSD: An evolutionary concept analysis.
- Differentiating U.S. military veterans who think about suicide from those who attempt suicide: A population-based study.
- Links of Interest
- Resource of the Week: Beneficiary Access to Mental Health Care: Trends Under TRICARE's PPO Health Plan (DHA)

<https://doi.org/10.1111/jsr.13452>

Depressed mood and repetitive negative thinking in Delayed Sleep–Wake Phase Disorder: Treatment effects and a comparison with good sleepers.

Cele Richardson, Michael Gradisar

Journal of Sleep Research

First published: 04 August 2021

Circadian dysregulation and depressed mood commonly co-occur in young people, yet mechanisms linking Delayed Sleep–Wake Phase disorder (DSWPD) with depression are poorly understood. The present study aimed to examine the role of repetitive negative thinking (RNT), by comparing sleep, RNT and depressive symptomology between 40 ‘good’ sleeping young people and 63 with DSWPD, with ($n = 30$) and without ($n = 33$) self-reported doctor-diagnosed depression. Secondary analysis from a randomised controlled trial was also undertaken to observe changes in depressive symptoms and RNT as a result of treatment for DSWPD. The 60 young people with DSWPD (mean [SD] age of 15.9 [2.2] years, 63% female) received either short (green) or long (red) wavelength bright light therapy (BLT) over 3 weeks. Cross-sectional baseline comparisons revealed an escalating pattern of worse sleep, more RNT and higher depressed mood scores in the DSWPD young people compared to good sleepers. Across all participants, RNT accounted for the associations between sleep-onset difficulties and depressed mood at baseline. Symptoms of depression, RNT and sleep onset difficulties in DSWPD individuals significantly improved after treatment ($d = 0.47–0.65$) and at the 1- ($d = 0.43–1.00$) and 3-month follow-up ($d = 0.39–1.38$), yet there were no differences between short- and long-wavelength BLT. Results provide preliminary evidence that RNT may link delayed sleep phase with depression. BLT conferred sleep benefits, but also improvements in depressed mood and RNT, and thus represents a potentially cost-effective strategy for young people experiencing delayed sleep phase and low mood.

<https://doi.org/10.1002/jts.22722>

Somatic Symptom Severity, Not Injury Severity, Predicts Probable Posttraumatic Stress Disorder and Major Depressive Disorder in Wounded Service Members.

Soumoff, A.A., Clark, N.G., Spinks, E.A., Kemezis, P.A., Raiciulescu, S., Driscoll, M.Y., Kim, S.Y., Benedek, D.M. and Choi, K.H.

Journal of Traumatic Stress
First published: 09 August 2021

Although previous studies have reported an association between patient-reported somatic symptom severity and the development of posttraumatic stress disorder (PTSD) or major depressive disorder (MDD) in injured military service members (SMs), conclusions from other studies regarding the association between clinician-determined injury severity and PTSD or MDD remain unclear. The present study investigated whether somatic symptoms or injury severity predict the development of probable PTSD or MDD in wounded SMs medically evacuated from combat areas. Data including SM demographic characteristics, clinician-determined injury severity (i.e., Injury Severity Score [ISS] and Abbreviated Injury Scale [AIS] values), and self-report assessments of PTSD (PTSD Checklist–Civilian Version), MDD (Patient Health Questionnaire [PHQ]–9), and somatic symptoms (PHQ-15) were analyzed. A total of 2,217 SMs completed at least one self-assessment between 2003 and 2014, with 425 having completed assessments at each assessment period (AP), conducted 1–75 (AP1), 76–165 (AP2), and 166–255 (AP3) days postinjury. Between AP1 and AP3, the rates of probable PTSD and MDD increased from 3.0% to 11.7% and from 2.8% to 9.2%, respectively. Somatic symptom severity at AP1 predicted probable PTSD and MDD at all three APs, odds ratios (ORs) = 3.5–11.5; however, ISS values did not predict probable PTSD or MDD at any AP, ORs = 0.6–0.9. This suggests that the initial severity of self-reported somatic symptoms rather than clinician-determined injury severity predicts the development of probable PTSD and MDD in wounded SMs.

<https://doi.org/10.4088/JCP.20m13714>

Prevalence, Correlates, and Treatment of Suicidal Behavior in US Military Veterans: Results From the 2019-2020 National Health and Resilience in Veterans Study.

Nichter, B., Stein, M. B., Norman, S. B., Hill, M. L., Straus, E., Haller, M., & Pietrzak, R. H.

The Journal of Clinical Psychiatry
2021 Aug 10; 82(5): 20m13714

Objective:

US military veterans have high rates of suicide relative to civilians. However, little is known about the prevalence and correlates of suicidal behaviors in the general US veteran population.

Methods:

Data were from the National Health and Resilience in Veterans Study, a representative survey of US veterans conducted in 2019-2020 (n = 4,069). Analyses (1) estimated the prevalence of current suicidal ideation, lifetime suicide plans, and lifetime suicide attempts; (2) identified associated sociodemographic, military, DSM-5 psychiatric, and other risk correlates; and (3) examined mental health treatment utilization among veterans with suicidal ideation, suicide plans, or suicide attempts.

Results:

The prevalence of current suicidal ideation, lifetime suicide plans, and lifetime suicide attempts was 9.0%, 7.3%, and 3.9%, respectively. Suicidal behaviors were most prevalent among veterans aged 18-44 years, with 18.2%, 19.3%, and 11.1%, respectively, endorsing suicidal ideation, suicide plans, and suicide attempts. Major depressive disorder (MDD), age, posttraumatic stress disorder, and adverse childhood experiences (ACEs) emerged as the strongest correlates of suicidal ideation and suicide plans, while MDD, age, alcohol use disorder, and ACEs were the strongest correlates of suicide attempts. Only 35.5% of veterans with current suicidal ideation were engaged in mental health treatment, with veterans who used the US Veterans Administration (VA) as their primary source of health care more than twice as likely as VA non-users to be engaged in such treatment (54.7% vs 23.8%).

Conclusions:

Suicidal behaviors are highly prevalent among US veterans, particularly among young veterans. Results suggest that nearly two-thirds of veterans with current suicidal ideation are not engaged in mental health treatment, signaling the need for enhanced suicide prevention and outreach efforts.

<https://doi.org/10.5590/JOSC.2021.13.2.06>

Counseling LGBT Military Clients Using the Multicultural and Social Justice Counseling Competencies Framework.

Rebekah F. Cole (Uniformed Services University of the Health Sciences)

Journal of Social Change
2021, Volume 13, Issue 2, Pages 67–79

When working with LGBT service member clients, counselors should use the Multicultural and Social Justice Counseling Competencies as a framework to guide their practice as they navigate the intersection between the military culture and LGBT culture. This framework addresses four domains that are foundational for multicultural and social justice competency: (a) counselor self-awareness, (b) the client worldview, (c) the counseling relationship, and (d) counseling and advocacy interventions. Included in the framework are the following aspirational competencies within each domain: attitudes and beliefs, knowledge, skills, and action. Best practices for culturally competent, social-justice-focused work with LGBT service members within each of these domains are discussed.

<https://doi.org/10.1186/s40779-021-00335-2>

Chronotype and self-reported sleep, alertness, and mental health in U.S. sailors.

Elizabeth M. Harrison, Alexandra P. Easterling, Emily A. Schmied, Suzanne L. Hurtado & Gena L. Glickman

Military Medical Research
Published 10 August 2021

Service members are at risk for sleep and psychological conditions affecting their readiness. Chronotype (“morningness” or “eveningness”) is strongly associated with sleep, health and performance. The objective of this study was to examine associations between validated measures of chronotype and sleep quality, daytime functioning, alertness, and symptoms of depression, anxiety, and post-traumatic stress disorder (PTSD) in US service members (n = 298). Although predominantly young males (who skew toward eveningness in civilian populations), these Sailors skewed toward morningness (35.6% morning, 51.3% intermediate). Eveningness was associated with symptoms of depression and post-traumatic stress disorder (PTSD) ($P < 0.01$), less time in bed ($P < 0.05$), more sleep disruption ($P < 0.01$), and poorer daytime functioning and alertness ($P < 0.05$). Evening types were less likely to consider sleep important for performance ($P < 0.05$). To maximize service member readiness, schedules should be

aligned with endogenous rhythms, whenever possible, and evening chronotypes may benefit from targeted interventions. Chronotype should be examined alongside health and readiness in service members.

<https://doi.org/10.1176/appi.ps.202000783>

Racial Disparities in Clinical Outcomes of Veterans Affairs Residential PTSD Treatment Between Black and White Veterans.

Georgina M. Gross, Ph.D., Noelle Smith, Ph.D., Ryan Holliday, Ph.D., David C. Rozek, Ph.D., Rani Hoff, Ph.D., Ilan Harpaz-Rotem, Ph.D.

Psychiatric Services

Published Online: 9 Aug 2021

Objective:

Racial disparities across various domains of health care are a long-standing public health issue that affect a variety of clinical services and health outcomes. Mental health research has shown that prevalence rates of posttraumatic stress disorder (PTSD) are high for Black veterans compared with White veterans, and some studies suggest poorer clinical outcomes for Black veterans with PTSD. The aim of this study was to examine the impact of racial disparities longitudinally in the U.S. Department of Veterans Affairs (VA) residential rehabilitation treatment programs (RRTPs).

Methods:

Participants included 2,870 veterans treated nationally in VA PTSD RRTPs in fiscal year 2017. Veterans provided demographic data upon admission to the program. Symptoms of PTSD and depression were collected at admission, discharge, and 4-month follow-up. Hierarchical linear modeling was used to examine symptom change throughout and after treatment.

Results:

Black veterans experienced attenuated PTSD symptom reduction during treatment as well as greater depression symptom recurrence 4 months after discharge, relative to White veterans.

Conclusions:

This study adds to the body of literature that has documented poorer treatment

outcomes for Black compared with White veterans with PTSD. Although both Black and White veterans had an overall reduction in symptoms, future research should focus on understanding the causes, mechanisms, and potential solutions to reduce racial disparities in mental health treatment.

<https://doi.org/10.1002/jts.22722>

Somatic Symptom Severity, Not Injury Severity, Predicts Probable Posttraumatic Stress Disorder and Major Depressive Disorder in Wounded Service Members.

Soumoff, A.A., Clark, N.G., Spinks, E.A., Kemezis, P.A., Raiciulescu, S., Driscoll, M.Y., Kim, S.Y., Benedek, D.M. and Choi, K.H.

Journal of Traumatic Stress

First published: 09 August 2021

Although previous studies have reported an association between patient-reported somatic symptom severity and the development of posttraumatic stress disorder (PTSD) or major depressive disorder (MDD) in injured military service members (SMs), conclusions from other studies regarding the association between clinician-determined injury severity and PTSD or MDD remain unclear. The present study investigated whether somatic symptoms or injury severity predict the development of probable PTSD or MDD in wounded SMs medically evacuated from combat areas. Data including SM demographic characteristics, clinician-determined injury severity (i.e., Injury Severity Score [ISS] and Abbreviated Injury Scale [AIS] values), and self-report assessments of PTSD (PTSD Checklist–Civilian Version), MDD (Patient Health Questionnaire [PHQ]–9), and somatic symptoms (PHQ-15) were analyzed. A total of 2,217 SMs completed at least one self-assessment between 2003 and 2014, with 425 having completed assessments at each assessment period (AP), conducted 1–75 (AP1), 76–165 (AP2), and 166–255 (AP3) days postinjury. Between AP1 and AP3, the rates of probable PTSD and MDD increased from 3.0% to 11.7% and from 2.8% to 9.2%, respectively. Somatic symptom severity at AP1 predicted probable PTSD and MDD at all three APs, odds ratios (ORs) = 3.5–11.5; however, ISS values did not predict probable PTSD or MDD at any AP, ORs = 0.6–0.9. This suggests that the initial severity of self-reported somatic symptoms rather than clinician-determined injury severity predicts the development of probable PTSD and MDD in wounded SMs.

<https://doi.org/10.1002/jts.22728>

Potentially Traumatic Events and the Association Between Gender Minority Stress and Suicide Risk in a Gender-Diverse Sample.

Chelsea M. Cogan, James A. Scholl, Jenny Y. Lee, Joanne L. Davis

Journal of Traumatic Stress
First published: 09 August 2021

Transgender and gender diverse (TGD) individuals are at an elevated risk of trauma exposure and other negative mental and physical health outcomes. The present study examined the interaction between minority stressors, reported potentially traumatic events (PTEs), and suicide risk (i.e., ideation and behavior) in a TGD sample. A convenience sample of 155 self-identified TGD individuals completed questionnaires assessing distal (e.g., gender-related discrimination) and proximal (e.g., internalized transphobia) gender identity–related stressors, lifetime PTE history, and suicide risk. The results of a mediation analysis demonstrated that proximal stressors partially mediated the association between distal stressors and suicide risk, $B = 1.12$, $t(152) = 3.72$, $p < .01$, 95% CI [0.53, 1.72], and the results of a moderated mediation analysis showed that the interaction term was not significant, and that the number of PTEs did not moderate the mediation model that examined proximal stressors as a mediator of the association between distal stressors and suicide risk, $F(3, 151) = 18.74$, $MSE = 0.75$, $R^2 = 0.27$, $B = 0.07$, $t(151) = 0.89$, $p = .371$, 95% CI [-0.08, 0.21]. These findings suggest that minority stressors may contribute to suicide risk in a TGD population above and beyond the impact of trauma exposure. Risk reduction efforts for suicide risk may be enhanced by attending to minority stressors in addition to PTEs.

<https://doi.org/10.1001/jamahealthforum.2021.1973>

Self-reported Access to Firearms Among Patients Receiving Care for Mental Health and Substance Use.

Julie E. Richards, PhD, MPH; Elena Kuo, PhD, MPH; Christine Stewart, PhD; et al.

JAMA Health Forum
August 6, 2021

Key Points

Question

Did patients respond to a standard question about firearm access on a mental health questionnaire, and, if so, how did they respond?

Findings

In this cross-sectional study of 128 802 patients receiving care for mental health and substance use, 83% of primary care patients answered a standard question about firearm access and 21% reported access. In mental health clinics, 92% of patients answered the question and 15% reported access.

Meaning

In this study, most patients reported firearm access on standard questionnaires; this screening practice may improve efforts to identify and engage patients at risk of suicide in discussions about securing firearms.

Abstract

Importance

Firearms are the most common method of suicide, one of the “diseases of despair” driving increased mortality in the US over the past decade. However, routine standardized questions about firearm access are uncommon, particularly among adult populations, who are more often asked at the discretion of health care clinicians. Because standard questions are rare, patterns of patient-reported access are unknown.

Objective

To evaluate whether and how patients self-report firearm access information on a routine mental health monitoring questionnaire and additionally to examine sociodemographic and clinical associations of reported access.

Design, Setting, and Participants

Cross-sectional study of patients receiving care for mental health and/or substance use in primary care or outpatient mental health specialty clinics of Kaiser Permanente Washington, an integrated health insurance provider and care delivery system.

Main Outcomes and Measures

Electronic health records were used to identify patients who completed a standardized self-reported mental health monitoring questionnaire after a single question about firearm access was added from January 1, 2016, through December 31, 2019. Primary analyses evaluated response (answered vs not answered) and reported access (yes vs

no) among those who answered, separately for patients seen in primary care and mental health. These analyses also evaluated associations between patient characteristics and reported firearm access. Data analysis took place from February 2020 through May 2021.

Results

Among patients (n = 128 802) who completed a mental health monitoring questionnaire during the study period, 74.4% (n = 95 875) saw a primary care clinician and 39.3% (n = 50 631) saw a mental health specialty clinician. The primary care and mental health samples were predominantly female (63.1% and 64.9%, respectively) and White (75.7% and 77.0%), with a mean age of 42.8 and 51.1 years. In primary care, 83.4% of patients answered the question about firearm access, and 20.9% of patients who responded to the firearm question reported having access. In mental health, 91.8% of patients answered the question, and 15.3% reported having access.

Conclusions and Relevance

In this cross-sectional study of adult patients receiving care for mental health and substance use, most patients answered a question about firearm access on a standardized mental health questionnaire. These findings provide a critical foundation to help advance understanding of the utility of standardized firearm access assessment and to inform development of practice guidelines and recommendations. Responses to standard firearm access questions used in combination with dialogue and decision-making resources about firearm access and storage may improve suicide prevention practices and outcomes.

<https://doi.org/10.1111/jsr.13446>

Risk of work-related injury in workers with obstructive sleep apnea: A systematic review and meta-analysis.

Kun-Ta Chou, Yu-Lun Tsai, Wan-Yu Yeh, Yuh-Min Chen, Nicole Huang, Hao-Min Cheng

Journal of Sleep Research
First published: 12 August 2021

The objective of this study is to elucidate the relationship between obstructive sleep apnea (OSA) and the risk of work-related injuries (WRIs), synthesize the latest clinical

evidence and conduct a systematic review and meta-analysis adhering to Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines (PRISMA 2020). Observational studies published before April 2020 in PubMed, Cochrane library, PsycINFO, Scopus, Google Scholar and Web of Science were included. Random-effects Mantel–Haenszel meta-analysis was performed. A total of 15 studies with 21,507 participants were included. Prespecified subgroup analyses based on study design and the characteristics of the enrollees were conducted. Overall, workers with OSA had 1.64-fold increased odds of being involved in WRIs compared to their counterparts (OR = 1.64, 95% CI = 1.24–2.16, $p = 0.0005$). In addition to the professional drivers that have been studied in the past, such a trend also existed in the general working population (OR = 1.68, 95% CI = 1.14–2.49, $p = 0.01$). We also found that workers with excessive daytime sleepiness (Epworth Sleepiness Scale score >10) had a 1.68-fold increased risk of WRIs compared to those with lower ESS scores (OR = 1.68, 95% CI = 1.22–2.30, $p = 0.002$). This study verified that OSA workers had a higher risk of WRIs, and such correlations do not show obvious differences in subgroups with different sample sizes, OSA diagnosis methods, job types or definitions of WRI. Based on the association between OSA and WRIs identified in our study, further studies investigating the protective effects of early identification and management of OSA on WRIs are warranted.

<https://doi.org/10.1093/sleep/zsab113>

Sleep deprivation impairs binding of information with its context.

Courtney A Kurinec, Paul Whitney, John M Hinson, Devon A Hansen, Hans P A Van Dongen

Sleep

Volume 44, Issue 8, August 2021, zsab113

Binding information to its context in long-term memory is critical for many tasks, including memory tasks and decision making. Failure to associate information to its context could be an important aspect of sleep deprivation effects on cognition, but little is known about binding problems from being sleep-deprived at the time of encoding. We studied how sleep deprivation affects binding using a well-established paradigm testing the ability to remember auditorily presented words (items) and their speakers (source context). In a laboratory study, 68 healthy young adults were randomly assigned to total sleep deprivation or a well-rested control condition. Participants completed an affective

item and source memory task twice: once after 7-hour awake during baseline and again 24 hours later, after nearly 31 hours awake in the total sleep deprivation condition or 7 hours awake in the control condition. Participants listened to negative, positive, and neutral words presented by a male or female speaker and were immediately tested for recognition of the words and their respective speakers. Recognition of items declined during sleep deprivation, but even when items were recognized accurately, recognition of their associated sources also declined. Negative items were less bound with their sources than positive or neutral items, but sleep deprivation did not significantly affect this pattern. Our findings indicate that learning while sleep-deprived disrupts the binding of information to its context independent of item valence. Such binding failures may contribute to sleep deprivation effects on tasks requiring the ability to bind new information together in memory.

<https://doi.org/10.1093/sleep/zsab051>

Effects of six weeks of chronic sleep restriction with weekend recovery on cognitive performance and wellbeing in high-performing adults.

Michael G Smith, Grace C Wusk, Jad Nasrini, Pamela Baskin, David F Dinges, Peter G Roma, Mathias Basner

Sleep

Volume 44, Issue 8, August 2021, zsab051

Chronic sleep loss is associated with escalating declines in vigilant attention across days of sleep restriction. However, studies exceeding 2 weeks of chronic sleep loss are scarce, and the cognitive performance outcomes assessed are limited. We assessed the effects of 6 weeks of chronic sleep restriction on a range of cognitive domains in 15 high-performing individuals (38.5 ± 8.2 years, 6 women) confined to small space in groups of 4. Sleep opportunities were limited to 5 h on weekdays and 8 h on weekends. Individual sleep-wake patterns were recorded with actigraphy. Neurobehavioral performance was assessed in evenings with Cognition, a computerized battery of ten tests assessing a range of cognitive domains. There were some small to moderate effects of increasing sleep debt relative to pre-mission baseline, with decreases in accuracy across cognitive domains (standardized $\beta = -0.121$, $p = 0.001$), specifically on tests of spatial orientation ($\beta = -0.289$, $p = 0.011$) and vigilant attention ($\beta = -0.688$, $p < 0.001$), which were not restored by two nights of weekend recovery sleep. Cognitive and subjective decrements occurred despite occasional daytime napping in breach of study

protocol, evening testing around the circadian peak, and access to caffeine before 14:00. Sensorimotor speed, spatial learning and memory, working memory, abstraction and mental flexibility, emotion identification, abstract reasoning, cognitive throughput, and risk decision making were not significantly affected by sleep debt. Taken together with modest lower subjective ratings of happiness and healthiness, these findings underline the importance of sufficient sleep, on both an acute and chronic basis, for performance in selected cognitive domains and subjective wellbeing in operationally relevant environments.

<https://doi.org/10.1037/ser0000558>

Validating military culture: The factor analysis of a military-related adaptation of acculturation in veterans.

Tkachuck, M. A., Pavlacic, J. M., Raley, M. J., McCaslin, S. E., & Schulenberg, S. E.

Psychological Services
Advance online publication

Differences between military and civilian culture can impact a veteran's ability to effectively navigate the transition to the civilian setting after separating from military service. However, systems providing psychological services to veterans lack reliable and valid methods of identifying the extent to which the dissonance between military and civilian cultures is associated with postseparation adjustment (e.g., ability to integrate profound deployment experiences into civilian life) and psychological outcomes. Utilization of a theory-driven, acculturation framework to assess military and civilian cultural affiliation may address this gap. While several quantitative measures exist for evaluating acculturation in reference to different ethnocultural experiences and that evaluate military culture-related adjustment or reintegration, there are no existing validated measures rooted in cultural theory that explicitly assess military-related acculturation. The aim of the present study was to develop and examine the psychometric properties of theoretically grounded, military-related adaptations of validated acculturation measures. Data from 364 veterans were collected with an online survey including four military-related adaptations of acculturation measures. Results suggest that the proposed adaptation of the original ethnocultural measurement model was not a good fit to the data, $\chi^2 = 2396.99$, $p < .001$, TLI = .73. An evaluation of localized areas of strain in the confirmatory model and results from an exploratory factor analysis suggest support for the continued development of a military-related model of

acculturation after considering further measure restructuring and validation. Opportunities for future research and measure validation are discussed. (PsychoInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1177/1097184X211038049>

From Military Masculinity toward Hybrid Masculinities: Constructing a New Sense of Manhood among Veterans Treated for PTSS.

Gabriela Spector-Mersel, Ohad Gilbar

Men and Masculinities

First Published August 11, 2021

This study examines how Israeli men who are army veterans with combat-related post-traumatic stress and consequently participated in therapy engage “new masculinities” ideologies. Drawing from interview data with these veterans, we find changes in the men’s perceptions of masculinity and sense of themselves as men. They expressed this shift through criticisms of military masculinity and disassociating from the idea of man-as-fighter, disputing the sociocultural category of hegemonic masculinity, and performing practices identified as feminine. The men portrayed this movement, away from endorsing hegemonic military masculinity toward affirming “new masculinity” ideology rooted in therapeutic discourse, which emphasizes sensitivity, emotional disclosure, self-care, and seeking help, as intertwined with their mental recovery—and they attributed both to therapy. These findings suggest that new masculinity ideology embedded in therapeutic discourse, can offer men suffering from PTSS a template to reaffirm their status as men—although men of a different kind—and indicate the possibilities for therapy in this endeavor. However, while the men adopted new masculinity ideologies, they also conformed to hegemonic masculinity, constructing hybrid masculinities. The study joins growing evidence that hybrid masculinities may have positive effects in enabling men to overcome the limitations of hegemonic masculinity, while also conforming to its expectations more broadly and maintaining men’s power.

<https://doi.org/10.1089/neu.2021.0031>

Different methods for TBI diagnosis influence presence and symptoms of post-concussive syndrome in US Veterans.

Dr. Jonathan E Elliott, Dr. Nadir M Balba, Ms. Alisha A McBride, Mrs. Megan L Callahan, Ms. Kendall Street, Dr. Matthew P Butler, Dr. Mary M Heinricher, and Dr. Miranda M Lim

Journal of Neurotrauma

Published Online:12 Aug 2021

Common methods for evaluating history of traumatic brain injury (TBI) include self-report, electronic medical record review (EMR), and structured interviews such as the Head Trauma Events Characteristics (HTEC). Each has strengths and weaknesses, but little is known regarding how TBI diagnostic rates or the associated symptom profile differ among them. This study examined 200 Veterans recruited within the VA Portland Health Care System, each evaluated for TBI using self-report, EMR, and HTEC. Participants also completed validated questionnaires assessing chronic symptom severity in broad health-related domains (pain, sleep, quality of life, post-concussive symptoms). The HTEC was more sensitive (80% of participants in our cohort) than either self-report or EMR alone (40%). As expected from the high sensitivity, the HTEC+ group included many people with mild or no post-concussive symptoms. Participants were then grouped according to the degree of concordance across these three diagnostic methods: No-TBI, n=43; or TBI-positive in any one method (TBI-1dx, n=53), any two (TBI-2dx, n=45), or all three (TBI-3dx, n=59). The symptom profile of the TBI-1dx group was indistinguishable from the No TBI group. The TBI-3dx group carried the most severe symptom profile. These data show that understanding the method(s) used to ascertain TBI is essential when interpreting results from other studies, an issue that will be even more salient when interpreting data merged from multiple sources within centralized repositories (e.g., FITBIR). The development of a composite TBI assessment tool including self-report, medical record review, and neuropsychology outcomes is a crucial next step for the field.

<https://doi.org/10.1093/milmed/usab335>

Comparison of Accelerated Resolution Therapy for PTSD Between Veterans With and Without Prior PTSD Treatment.

Tiantian Pang, MPH, Lindsay Murn, PhD, Dana Williams, MSW, Maayan Lawental, PhD, Anya Abhayakumar, Kevin E Kip, PhD

Military Medicine

Published: 12 August 2021

Introduction

Post-traumatic stress disorder (PTSD) is a psychiatric disorder commonly caused by a traumatic event(s) and prevalent among service members and veterans. Accelerated Resolution Therapy (ART) is an emerging “mind-body” psychotherapy for PTSD that is generally briefer and less expensive than current first-line treatments, such as cognitive processing therapy (CPT) and prolonged exposure (PE) therapy. This study examined the results of ART for treatment of military-related PTSD, with stratification by prior PTSD treatment types, including service members/veterans with reported residual PTSD symptoms following receipt of first-line recommended psychotherapy.

Materials and Methods

Four groups were constructed and compared based on self-reported prior PTSD treatment history: treatment-naïve (n = 33), pharmacotherapy only (n = 40), first-line psychotherapy (CPT and/or PE) (n = 33), and other psychotherapy (n = 42). Participants were assessed for PTSD symptoms at baseline, post-treatment, and 6-month follow-up using the 17-item Military PTSD Checklist (PCL-M), as well as assessment of depressive, anxiety, and sleep symptoms. The study was approved by the Institutional Review Board at University of South Florida.

Results

Among 148 veterans/service members who enrolled and started treatment with ART, 106 (71.6%) completed treatment in a mean of 3.5 treatment sessions, and 55 (51.9%) provided 6-month follow-up data. Mean age was 43.8 years, 95% were male, and 84% were of white race. Within-group standardized effect sizes for pre-to-post changes in PTSD scores (PCL-M) were large at 1.48, 1.11, 1.88, and 1.03 for the treatment-naïve, pharmacotherapy only, first-line psychotherapy, and other psychotherapy groups, respectively. Among treatment completers, the clinically significant treatment response rate (reduction of ≥ 10 points on the PCL-M) was highest in the treatment-naïve (83%) and first-line psychotherapy (88%) groups. Similar significant symptom reductions were observed for measures of depression and anxiety, and favorable treatment effects were generally sustained at 6-month follow-up.

Conclusion

In a brief treatment period, ART appears to result in substantial reductions in symptoms of PTSD among veterans, including those with residual PTSD symptoms after prior treatment with first-line psychotherapies endorsed by the U.S. Department of Defense and Veterans Affairs. These results suggest that ART be considered as a potential first-line treatment modality for veterans with PTSD.

<https://doi.org/10.1016/j.jad.2021.08.014>

Age Effects on Clinical and Neurocognitive Risk Factors for Suicide Attempt in Depression — Findings from the AFSP Lifespan study.

M. Buerke, H. Galfalvy, J. Keilp, A. Sheftall, ... K. Szanto

Journal of Affective Disorders

Available online 13 August 2021

Highlights

- Depressive rumination distinguished suicidal behavior best at older ages
- Clinical traits improved and neurocognitive abilities worsened across the lifespan
- Borderline traits, aggression, memory, and category fluency discriminate attempters across the adult lifespan

Abstract

Background

Studies of risk factors for suicidal behavior are typically restricted to narrow age ranges, making it difficult to determine if they have the same relevance or potency across the full adult lifespan.

Methods

This study examined selected clinical and neurocognitive risk factors for suicidal behavior – borderline personality traits, aggression, depressive rumination, memory performance, and language fluency– in a multi-site sample (N=309, ages 16-80) of depressed patients with a recent (last 5 years) suicide attempt or no history of attempt, and demographically similar non-psychiatric controls. We examined cross-sectional age and attempter/non-attempter differences on these risk factors, and whether certain risk factors were more prominent discriminators of past suicide attempt earlier or later in the

lifespan. Correlations with age were computed, and logistic regression was used to classify attempter status based on each risk factor and its interaction with age.

Results

Nearly all risk factors were negatively correlated with age. Borderline traits, aggression, memory, and category fluency each predicted attempter status ($p < 0.05$), but these effects were not different across ages. In contrast, the association between rumination and suicide attempt status differed across the lifespan, becoming a stronger discriminator of past suicidal behavior at older ages.

Limitations

The cross-sectional design limits our developmental findings.

Conclusions

Despite age-related changes in symptom severity or neurocognitive performance, key risk factors for suicidal behavior previously identified in studies with more restricted age-ranges are salient throughout the adult lifespan. In contrast, depressive rumination may be particularly salient in later life.

<https://doi.org/10.1097/SLA.0000000000005165>

Long-Term Mental Health Trajectories of Injured Military Servicemembers: Comparing Combat to Non-combat Related Injuries.

Dalton, Michael K.; Manful, Adoma; Jarman, Molly P.; Koehlmoos, Tracey P.; Weissman, Joel S.; Cooper, Zara; Schoenfeld, Andrew J.

Annals of Surgery
August 13, 2021

Objective:

We sought to quantify the impact of injury characteristics and setting on the development of mental health conditions, comparing combat to non-combat injury mechanisms.

Summary Background Data:

Due to advances in combat casualty care, military servicemembers are surviving traumatic injuries at substantial rates. The nature and setting of traumatic injury may

influence the development of subsequent mental health disorders more than clinical injury characteristics.

Methods:

TRICARE claims data was used to identify servicemembers injured in combat between 2007–2011. Controls were servicemembers injured in a non-combat setting matched by age, sex, and injury severity. The rate of development, and time to diagnosis (in days [d]), of 3 common mental health conditions (post-traumatic stress disorder [PTSD], depression, and anxiety) among combat-injured servicemembers were compared to controls. Risk factors for developing a new mental health condition following traumatic injury were evaluated using multivariable logistic regression that controlled for confounders.

Results:

There were 3,979 combat-injured servicemember and 3,979 matched controls. The majority of combat injured servicemembers (n = 2,524, 63%) were diagnosed with a new mental health condition during the course of follow-up, compared to 36% (n = 1,415) of controls (p < 0.001). In the adjusted model, those with combat-related injury were significantly more likely to be diagnosed with a new mental health condition (Odds Ratio (OR): 3.18, [95% Confidence Interval (CI): 2.88–3.50]). Junior (OR: 3.33, 95%CI: 2.66–4.17) and senior enlisted (OR: 2.56, 95%CI 2.07–3.17) servicemembers were also at significantly greater risk.

Conclusions:

We found significantly higher rates of new mental health conditions among servicemembers injured in combat compared to servicemembers sustaining injuries in non-combat settings. This indicates that injury mechanism and environment are important drivers of mental health sequelae following trauma.

<https://doi.org/10.1037/rmh0000190>

PTSD telehealth treatments for veterans: Comparing outcomes from in-person, clinic-to-clinic, and home-based telehealth therapies.

Knowlton, C. N., & Nelson, K. G.

Journal of Rural Mental Health
Advance online publication

Recent advancements in video telehealth technology have increased access to specialty services for Veterans with posttraumatic stress disorder (PTSD) who could not otherwise attend therapy due to geographic and economic constraints. While previous literature has indicated comparable symptom reduction outcomes for in-person and telehealth care, recent findings from the 2019 J. D. Power *U.S. Telehealth Satisfaction Study* found Veteran apprehension about the perceived effectiveness of telehealth treatment. To address this, the present study compared the effects of prolonged exposure (PE) and cognitive processing therapy (CPT) on symptoms of PTSD and depression across in-person, clinic-to-clinic telehealth, or home-based telehealth delivery for a sample of Veterans. The study used a retrospective cohort design. Data were collected from 581 Veterans located within the Fargo Veterans Affairs (VA) Health Care System catchment area of the Veterans Integrated Service Network (VISN) 23, one of the most rural VISN areas in the nation, who initiated PTSD treatment between January 2017 and February 2020. Results showed significant reductions in symptoms of PTSD and depression for Veterans completing a full course of PE or CPT, regardless of treatment delivery modality. Overall findings suggested that PE and CPT, when delivered across any format, could produce satisfactory outcomes for Veterans living in rural areas. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.3390/ijerph18158079>

Common Symptoms of Mild Traumatic Brain Injury and Work Functioning of Active-Duty Service Members with a History of Deployment.

Richard, P., Patel, N., Gedeon, D., Hyppolite, R., & Younis, M.

International Journal of Environmental Research and Public Health
2021 Jul 30; 18(15): 8079

This study used data from the Military Health System Data Repository to examine the association between mild traumatic brain injuries (mTBI) and work functioning such as work duty limitations, hospital emergency room visits and inpatient admissions for active-duty service members (ADSMs). Further, this study assessed the role that common symptoms of mTBI play in work functioning. Multivariate results showed that having a mTBI diagnosis is not a major factor that results in being "released with work duty limitations". However, findings from these regression models also showed that the interaction of mTBI with cognitive and linguistic symptoms resulted in odds of 3.63 (CI:

1.40-9.36, $p < 0.01$) for being "released with work duty limitations" and odds of 4.98 (CI: 1.16-21.39, $p < 0.05$) for having any emergency department visits compared to those with no diagnosis of mTBI and none of these symptoms. Additionally, the interaction of mTBI with sleep disturbance and chronic pain showed odds of 2.72 (CI: 1.31-5.65, $p < 0.01$) and odds of 11.56 (CI: 2.65-50.44, $p < 0.01$) for being "released with work duty limitations" compared to those with no diagnosis of TBI and none of these symptoms, respectively. Further research is needed to investigate the association between mTBI and duration of time off work to provide a comprehensive understanding of the effect of mTBI on work functioning in the Military Health System.

<https://doi.org/10.1016/j.whi.2021.03.009>

Health Profiles of Military Women and the Impact of Combat-Related Injury.

MacGregor, A. J., Zouris, J. M., Dougherty, A. L., & Dye, J. L.

Women's Health Issues
Jul-Aug 2021; 31(4): 392-398

Purpose:

The role of women in the United States military is expanding. Women are now authorized to serve in all military occupations, including special operations and frontline combat units, which places them at increased risk of combat exposure and injury. Little is known regarding the impact of these injuries on the health of military women.

Methods:

We conducted a retrospective matched cohort study of women service members who were injured during combat operations in Iraq and Afghanistan. Injured women were individually matched to non-injured controls at a 1:4 ratio. Medical diagnostic codes were abstracted from outpatient encounters in electronic health records, and hierarchical clustering was conducted to identify clusters of diagnostic codes, termed "health profiles." Conditional logistic regression was used to determine whether combat-related injury predicted membership in the profiles.

Results:

The study sample included 590 injured women and 2360 non-injured controls. Cluster analysis identified six post-deployment health profiles: low morbidity, anxiety/headache, joint disorders, mixed musculoskeletal, pregnancy-related, and multimorbidity. Combat-

related injury predicted membership in the anxiety/headache (odds ratio, 1.73; 95% confidence interval, 1.38-2.16) and multimorbidity (odds ratio, 3.43; 95% confidence interval, 2.65-4.43) profiles.

Conclusions:

Combat-related injury is associated with adverse post-deployment health profiles among military women, and women with these profiles may experience increased health care burden. As future conflicts will likely see a greater number of women with combat exposure and injury, health outcomes research among military women is paramount for the purposes of medical planning and resource allocation.

<https://doi.org/10.1111/nuf.12519>

Psychosocial functioning in veterans with combat-related PTSD: An evolutionary concept analysis.

Reich, K., Nemeth, L. S., Mueller, M., Sternke, L. M., & Acierno, R.

Nursing Forum

2021 Jan; 56(1): 194-201

Veterans returning from combat have a greater risk for developing posttraumatic stress disorder (PTSD) and greater severity of psychosocial functioning impairment. Previous research has demonstrated the strong association between PTSD and psychosocial functioning impairment. Psychosocial functioning is an ambiguous term often used in literature to discuss PTSD-associated consequences, intervention response, and symptom progression. An evolutionary concept analysis was conducted to clarify understanding of psychological functioning in veterans with combat-related PTSD. Rodgers' method for an evolutionary concept analysis was used to examine the concept of psychosocial functioning. A literature search using the Cumulative Index to Nursing and Allied Health Literature and SCOPUS databases and subsequent screening yielded twenty articles meeting established criteria for analysis. The analysis highlights significant attributes, antecedents, consequences, and implications for future concept development. Psychosocial functioning environment/domain, social support, and engagement in treatment were distinguishing attributes identified. Combat exposure and various PTSD symptoms are related antecedents. Consequences such as decreased intimacy, decreased work function, low parenting satisfaction, and inadequate productivity in educational settings are all components of this concept. The concept of

psychosocial functioning is meaningful in the everyday lives of US combat veterans with PTSD and requires special consideration in treatment planning by healthcare providers.

<https://doi.org/10.1016/j.genhosppsy.2021.08.007>

Differentiating U.S. military veterans who think about suicide from those who attempt suicide: A population-based study.

Brandon Nichter, Lindsey L. Monteith, Sonya B. Norman, Shira Maguen, ... Robert H. Pietrzak

General Hospital Psychiatry
Available online 14 August 2021

Objective

Several vulnerability factors for suicidal behavior in U.S. veterans have been identified. However, little is known about factors that differentiate veterans who contemplate suicide from those who attempt suicide. This study examined sociodemographic and clinical characteristics that distinguish veterans who think about suicide from those who attempt suicide.

Method

Data were analyzed from the 2019–2020 National Health and Resilience in Veterans Study, which surveyed a population-based sample of 4069 veterans. Analyses estimated the lifetime prevalence of suicide ideation (SI) and suicide attempts (SA); and examined differences between veterans with a history of attempt(s), and SI without a history of attempt(s).

Results

A total 25.9% of U.S. veterans reported lifetime SI and 3.9% reported a SA. Several factors distinguished veterans with a history of SA from those with SI only: the strongest were younger age (odds ratio [OR] = 0.97, 95% CI = 0.95–0.98), nonsuicidal self-injury (OR = 1.81, 95% CI = 1.11–3.03), adverse childhood experiences (OR = 1.14; 95% CI = 1.06–1.23), alcohol use disorder (OR = 1.99; 95% CI = 1.28–3.12), lower household income (OR = 0.62; 95% CI = 0.40–0.95), and physical disability (OR = 1.69; 95% CI = 1.07–2.70).

Conclusions

Although a quarter of U.S. veterans contemplate suicide in their lifetimes, the majority do not attempt suicide. Specific sociodemographic and clinical features may differentiate veterans who contemplate versus attempt suicide.

Links of Interest

Mental health resources are available for veterans unsettled by Afghanistan news
<https://www.militarytimes.com/flashpoints/afghanistan/2021/08/16/mental-health-resources-are-available-for-veterans-unsettled-by-afghanistan-news/>

Talking About Afghanistan: We're Here for You
<https://www.health.mil/News/In-the-Spotlight/Talking-About-Afghanistan>

Cost of caring for Iraq, Afghanistan vets could top \$2.5 trillion: report
<https://www.militarytimes.com/veterans/2021/08/18/cost-of-caring-for-iraq-afghanistan-vets-could-top-25-trillion-report/>

Afghanistan: How spouses, caregivers can support Veterans with PTSD
<https://blogs.va.gov/VAntage/92747/afghanistan-how-spouses-caregivers-can-support-veterans-with-ptsd/>

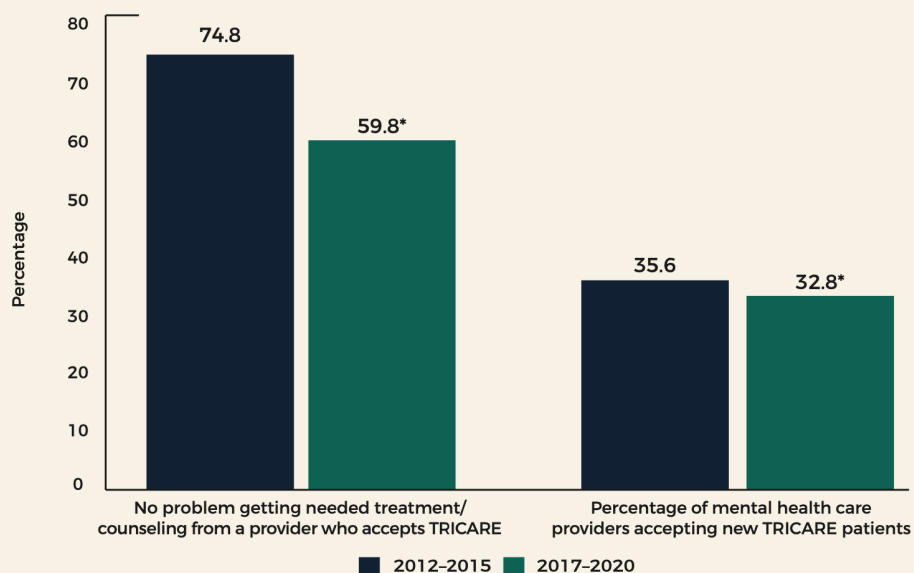
Resource of the Week: [Beneficiary Access to Mental Health Care: Trends Under TRICARE's PPO Health Plan](#)

From the Defense Health Agency:

- This issue brief presents recent trends in (1) self-reported access to needed mental health care or counseling among users of TRICARE's PPO plan and (2) the acceptance of new TRICARE patients by civilian mental health care providers.
- Recent changes to TRICARE coverage, TRICARE contracts, and the U.S. health care system overall might have affected access to care for TRICARE's PPO users, who increasingly rely on civilian providers.
- We found that:

1. Nationwide, self-reported access to mental health care and TRICARE acceptance by mental health providers fell from 2012–2015 to 2017–2020.
2. No state showed significant improvement from 2012–2015 to 2017–2020 and some showed substantial declines.

Figure 1. National rates of access to mental health providers for TRICARE PPO users, 2012–2015 and 2017–2020



*The change between the 2012–2015 and 2017–2020 survey cycles was statistically significant ($p < 0.05$).

Note: The proportion of beneficiaries who reported no problem getting treatment or counseling was measured in the TSS-B while the proportion of PCPs who accepted new TRICARE patients was measured in the TSS-P.

Shirl Kennedy, BS, MA
Research Editor
Henry M. Jackson Foundation employee collaborating with Center for Deployment
Psychology
Office: (727) 537-6160
Email: shirley.kennedy.ctr@usuhs.edu