

CDP



Research Update -- August 26, 2021

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<https://doi.org/10.1002/jts.22724>

Inhibitory Control Moderates the Intervention Effects of a Preventive Parenting Program on Posttraumatic Stress Disorder Symptoms Among Male Service Members.

Jingchen Zhang, Gretchen J. R. Buchanan, Amy R. Monn, Abigail H. Gewirtz

Journal of Traumatic Stress

First published: 13 August 2021

Military servicemembers face substantial challenges due to war-related trauma exposure, including posttraumatic stress disorder (PTSD). Individuals with deficits in inhibitory control (IC) may have an increased risk of developing PTSD due to a reduced ability to regulate their cognitive responses to and disengage from trauma-related stimuli. After Deployment, Adaptive Parenting Tools (ADAPT) is a mindfulness-infused parenting program for military families that has also been found to have crossover effects on parental mental health. The present study examined whether fathers' IC at baseline affected their response to this emotional skills-focused intervention and further influenced their PTSD symptoms 1 year later. The sample included 282 male National Guard and Reserve (NG/R) service members who had recently been deployed to Iraq or Afghanistan. Fathers were randomly assigned to either the ADAPT program or a control condition, with IC measured at baseline and PTSD symptoms measured at baseline and 1-year follow-up. Intent-to-treat analyses revealed no significant main effect of the intervention on fathers' PTSD symptoms. However, fathers' IC moderated intervention effects on PTSD symptoms, $f^2 = 0.03$. The intervention had more beneficial effects on reducing fathers' PTSD symptoms for participants with low IC at baseline. These findings are consistent with compensatory effects in the risk moderation hypothesis, which suggests that prevention or intervention programs are more effective for high-risk subgroups.

<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.

Alyssa A. Soumoff, Neil G. Clark, Elizabeth A. Spinks, Patricia A. Kemezis, Sorana Raiciulescu, Mercedes Y. Driscoll, Sharon Y. Kim, David M. Benedek, Kwang H. Choi

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/jama.2021.13304>

Updated Guidance on the Reporting of Race and Ethnicity in Medical and Science Journals. (editorial)

Flanagin A, Frey T, Christiansen SL, AMA Manual of Style Committee

JAMA

August 17, 2021

The goal of this guidance is to provide recommendations and suggestions that encourage fairness, equity, consistency, and clarity in use and reporting of race and ethnicity in medical and science journals. As previously summarized, “terminology, usage, and word choice are critically important, especially when describing people and when discussing race and ethnicity. Inclusive language supports diversity and conveys respect. Language that imparts bias toward or against persons or groups based on characteristics or demographics must be avoided.”

<https://doi.org/10.1001/jamanetworkopen.2021.13401>

Comparison of a Single-Session Pain Management Skills Intervention With a Single-Session Health Education Intervention and 8 Sessions of Cognitive Behavioral Therapy in Adults With Chronic Low Back Pain: A Randomized Clinical Trial.

Darnall BD, Roy A, Chen AL, et al.

JAMA Network Open
August 16, 2021

Key Points

Question

Is a single-session pain relief class noninferior to 8 sessions of cognitive behavioral therapy (CBT) at 3 months after treatment?

Findings

In this 3-arm randomized clinical trial that included 263 adults with chronic low back pain, a single-session pain management skills class was noninferior to 8 weeks of CBT and superior to a health education class for pain catastrophizing and multiple secondary outcomes at 3 months after treatment.

Meaning

For patients with chronic low back pain, a single-session pain relief skills class showed comparable efficacy to CBT in pain catastrophizing, pain intensity, and pain interference and other outcomes at 3 months after treatment.

Abstract

Importance

Chronic low back pain (CLBP), the most prevalent chronic pain condition, imparts substantial disability and discomfort. Cognitive behavioral therapy (CBT) reduces the effect of CLBP, but access is limited.

Objective

To determine whether a single class in evidence-based pain management skills (empowered relief) is noninferior to 8-session CBT and superior to health education at 3 months after treatment for improving pain catastrophizing, pain intensity, pain interference, and other secondary outcomes.

Design, Setting, and Participants

This 3-arm randomized clinical trial collected data from May 24, 2017, to March 3, 2020. Participants included individuals in the community with self-reported CLBP for 6 months or more and an average pain intensity of at least 4 (range, 0-10, with 10 indicating worst pain imaginable). Data were analyzed using intention-to-treat and per-protocol approaches.

Interventions

Participants were randomized to (1) empowered relief, (2) health education (matched to empowered relief for duration and format), or (3) 8-session CBT. Self-reported data were collected at baseline, before treatment, and at posttreatment months 1, 2, and 3.

Main Outcomes and Measures

Group differences in Pain Catastrophizing Scale scores and secondary outcomes at month 3 after treatment. Pain intensity and pain interference were priority secondary outcomes.

Results

A total of 263 participants were included in the analysis (131 women [49.8%], 130 men [49.4%], and 2 other [0.8%]; mean [SD] age, 47.9 [13.8] years) and were randomized into 3 groups: empowered relief (n = 87), CBT (n = 88), and health education (n = 88). Empowered relief was noninferior to CBT for pain catastrophizing scores at 3 months (difference from CBT, 1.39 [97.5% CI, $-\infty$ to 4.24]). Empowered relief and CBT were superior to health education for pain catastrophizing scores (empowered relief difference from health education, -5.90 [95% CI, -8.78 to -3.01 ; $P < .001$]; CBT difference from health education, -7.29 [95% CI, -10.20 to -4.38 ; $P < .001$]). Pain catastrophizing score reductions for empowered relief and CBT at 3 months after treatment were clinically meaningful (empowered relief, -9.12 [95% CI, -11.6 to -6.67 ; $P < .001$]; CBT, -10.94 [95% CI, -13.6 to -8.32 ; $P < .001$]; health education, -4.60 [95% CI, -7.18 to -2.01 ; $P = .001$]). Between-group comparisons for pain catastrophizing at months 1 to 3 were adjusted for baseline pain catastrophizing scores and used intention-to-treat analysis. Empowered relief was noninferior to CBT for pain intensity and pain interference (priority secondary outcomes), sleep disturbance, pain bothersomeness, pain behavior, depression, and anxiety. Empowered relief was inferior to CBT for physical function.

Conclusions and Relevance

Among adults with CLBP, a single-session pain management class resulted in clinically significant improvements in pain catastrophizing, pain intensity, pain interference, and other secondary outcomes that were noninferior to 8-session CBT at 3 months.

Trial Registration

ClinicalTrials.gov Identifier: NCT03167086

<https://doi.org/10.1016/j.jsams.2021.08.012>

How Sleep Can Help Maximize Human Potential: The Role of Leaders.

Deydre S. Teyhen, Vincent F. Capaldi, Sean P.A. Drummond, Daniel I. Rhon, ... David M. Boland

Journal of Science and Medicine in Sport

Available online 17 August 2021

During multi-domain operations (MDO), soldiers need the physical supremacy, cognitive dominance, and emotional resilience to help defend and win our nation's wars. Optimal sleep has been shown to boost physical performance and cognitive processing. This manuscript will discuss how recent advances in sleep science strongly argue for the integration of sleep planning into military operations. We review the current understanding of how sleep affects Soldier readiness, how sleep and pain are interrelated, and unique challenges to obtaining adequate sleep in military training environments. We then address solutions that can be implemented by leaders and individuals to manage warfighter fatigue and optimize unit performance.

<https://doi.org/10.1007/s10880-021-09802-3>

Patterns of Psychologists' Interprofessional Collaboration Across Clinical Practice Settings.

Gerald Leventhal, Karen E. Stamm, Jason J. Washburn, Cindee Rolston, John A. Yozwiak, Auntré Hamp, Elizabeth D. Cash, Wendy L. Ward, Barry A. Hong, Amy M. Williams & William N. Robiner

Journal of Clinical Psychology in Medical Settings

Published: 17 August 2021

Healthcare increasingly emphasizes collaborative treatment by multidisciplinary teams. This is the first research focusing on psychologists' participation in team-based care, the mix of professionals with whom psychologists collaborate, and how these collaborations vary across practice settings. Data are from 1607 respondents participating in the American Psychological Association Center for Workforce Studies' 2015 on-line Survey of Psychology Health Service Providers. Practice settings differed markedly in systemic organizational support for interprofessional collaboration and in psychologists' participation in collaborative activities. Psychologists in individual private practice reported least support for and least occurrence of interprofessional collaboration. Psychologists' collaboration with non-behavioral health professionals, such as non-psychiatrist physicians and nurses, was more frequent in general hospitals and VA medical centers. Across settings, greater contact with another health profession was generally associated with psychologists being more confident about working with that profession. However, for work with psychiatrists, that association was attenuated. A collaborative practice model is presented for psychotherapy patients also treated by physicians or other professionals who manage a patient's psychotropic medication.

<https://doi.org/10.1176/appi.neuropsych.20100255>

Resting-State Correlations of Fatigue Following Military Deployment.

Jeffrey D. Lewis, Ph.D., M.D., Kristine M. Knutson, M.A., Stephen J. Gotts, Ph.D., Michael Tierney, M.A., Amy Ramage, Ph.D., David F. Tate, Ph.D., Daniel Clauw, M.D., David A. Williams, Ph.D., Donald A. Robin, Ph.D., Eric M. Wassermann, M.D.

The Journal of Neuropsychiatry and Clinical Neurosciences

Published Online: 16 Aug 2021

Objective:

Persistent fatigue is common among military servicemembers returning from deployment, especially those with a history of mild traumatic brain injury (mTBI). The purpose of this study was to characterize fatigue following deployment using the Multidimensional Fatigue Inventory (MFI), a multidimensional self-report instrument. The study was developed to test the hypothesis that if fatigue involves disrupted effort/reward processing, this should manifest as altered basal ganglia functional connectivity as observed in other amotivational states.

Methods:

Twenty-eight current and former servicemembers were recruited and completed the MFI. All 28 participants had a history of at least one mTBI during deployment. Twenty-six participants underwent resting-state functional MRI. To test the hypothesis that fatigue was associated with basal ganglia functional connectivity, the investigators measured correlations between MFI subscale scores and the functional connectivity of the left and right caudate, the putamen, and the globus pallidus with the rest of the brain, adjusting for the presence of depression.

Results:

The investigators found a significant correlation between functional connectivity of the left putamen and bilateral superior frontal gyri and mental fatigue scores. No correlations with the other MFI subscales survived multiple comparisons correction.

Conclusions:

This exploratory study suggests that mental fatigue in military servicemembers with a history of deployment with at least one mTBI may be related to increased striatal-prefrontal functional connectivity, independent of depression. A finding of effort/reward mismatch may guide future treatment approaches.

<https://doi.org/10.1080/07481187.2021.1964109>

The role of pre-sleep arousal in the connection between insomnia and suicide risk.

Jeremy L. Grove, Steven E. Carlson, Kimberly A. Parkhurst & Timothy W. Smith

Death Studies

Published online: 17 Aug 2021

Insomnia is a risk factor for suicidal thoughts and behaviors. The present study examined the role of pre-sleep arousal in this association. Seventy-eight adults ($M_{age} = 24.28$, 56% had recent history of suicidal thoughts and behaviors) attended two lab visits over four consecutive days. We tested if generally experienced self-reported pre-sleep arousal explained the association between self-report insomnia symptoms experienced over the past two weeks and past week-suicidal ideation. Results indicated full mediation for pre-sleep cognitive arousal, but not somatic arousal. Pre-sleep cognitive arousal could be a key variable linking insomnia symptoms to suicide risk.

<https://doi.org/10.1037/tra0001060>

Psychometric properties of the Posttraumatic Avoidance Behaviour Questionnaire among a treatment-seeking adult sample.

Shor, R., Lee, D. J., Thompson-Hollands, J., & Sloan, D. M.

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

Objective:

Avoidance of trauma-related stimuli is thought to be central in the development and maintenance of posttraumatic stress disorder (PTSD). However, knowledge of trauma-related avoidance has been limited by conceptualization of this construct as unifactorial and consisting of only two components. The Posttraumatic Avoidance Behaviour Questionnaire (PABQ; van Minnen & Hagedaars, 2010) was developed to assess distinct domains of avoidance.

Method:

The current study expanded upon one prior psychometric study of the PABQ by examining the internal consistency and construct validity of the PABQ among a sample of 177 treatment-seeking adults diagnosed with PTSD.

Results:

Results indicated that the psychometric properties vary by PABQ subscale. Although all subscales demonstrated adequate internal consistency, items that appear to be negatively impacting internal consistency were identified for several subscales. Although correlations between PABQ subscales indicate subscales index distinct dimensions of trauma-related avoidance, observed similar associations with external correlates suggest these subscales may not functionally differ in their association with PTSD symptoms and co-occurring psychopathology. Accordingly, results suggest further construct validity evidence is needed to determine whether, despite potentially representing distinct domains of avoidance, avoidance of different forms of trauma-related stimuli predicts functionally distinct outcomes.

Conclusions:

Collectively, our results indicate that the PABQ is a potentially promising measure for

assessing trauma-related avoidance behavior, although additional research is needed to better understand the degree to which these hypothesized distinct domains of avoidance behaviors represent meaningfully distinct constructs. (Psycho Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1037/tra0001102>

The impact of deployment-related stressors on the development of PTSD and depression among sexual minority and heterosexual female veterans.

Gorman, K. R., Kearns, J. C., Pantalone, D. W., Bovin, M. J., Keane, T. M., & Marx, B. P.

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

Objective:

Sexual minority female (SMF) veterans experience unique stressors apart from their service in the military. In this study, we compared SMF and heterosexual female (HF) veterans' rates of deployment-related stressors (i.e., military sexual assault, combat exposure, and harassment), posttraumatic stress disorder (PTSD), and major depressive disorder (MDD) and their association with one another.

Method:

Participants were 699 female veterans who provided self-report data on exposure to deployment-related stressors and were assessed for MDD and PTSD by trained diagnosticians.

Results:

SMF and HF veterans had similar rates of PTSD, MDD, and deployment-related stressors. However, deployment-related stressors were less likely to be associated with diagnosis or symptoms of either PTSD or MDD among SMF veterans.

Conclusion:

SMF veterans may have unique stressors driving their development of MDD and PTSD. Understanding how different military stressors may confer risk for SMF veterans versus HF veterans is necessary to provide informed and sensitive clinical care to SMF veterans. (Psycho Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1037/rmh0000189>

Suicide risk among rural veterans: Application of the interpersonal theory of suicide.

Compton, S. E., Houtsma, C., Boffa, J. W., Parkin, S. L., Carroll, M., Constans, J. I., Franklin, C. L., & Raines, A. M.

Journal of Rural Mental Health
Advance online publication

Suicide rates among veterans are routinely higher than among civilians. Notably, rural veterans appear to be at an even greater risk than urban veterans. Though researchers have endeavored to understand veteran suicide through the lens of the interpersonal theory of suicide (IPTS), none have done so with rural samples. This study evaluated the contribution of two IPTS constructs, perceived burdensomeness and thwarted belongingness, to suicide risk in a sample of rural veterans. The sample included 100 veterans receiving psychological services at a rural Veterans Affairs (VA) community-based outpatient clinic (CBOC) in Louisiana. To assist with diagnostic clarification and treatment planning, veterans completed a brief battery of self-report questionnaires. Consistent with emerging evidence, perceived burdensomeness, but not thwarted belongingness, predicted suicidal ideation, plans, preparations, and intent after controlling for depression symptom severity. Contrary to theory and hypothesis, the synergistic interaction of perceived burdensomeness and thwarted belongingness was nonsignificant. Future efforts toward developing scalable interventions that target perceived burdensomeness may help reduce suicide rates among this at-risk subpopulation. (PsychoInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1016/j.ejtd.2021.100244>

Relative Effects of Sexual Assault and Other Traumatic Life Events on Self-Harm.

Kayleigh N. Watters, MA, MS; Matthew M. Yalch, PhD

Introduction

Sexual assault is a common traumatic stressor that is associated with a number of mental health difficulties among men and women who experience it. Perhaps the most severe of these difficulties are self-harm, a term which encompasses suicidal impulses and behaviors and non-suicidal self-injury. Self-harm is common among those with a history of traumatic experiences, perhaps because it represents a way to escape memories of and emotions related to these experiences. This may particularly be the case for the trauma of sexual assault, on which there is a growing body of research. Although this research suggests a strong association between sexual assault and self-harm, it is less clear whether sexual assault is more strongly associated with self-harm than are other traumatic experiences.

Objective/Method

In this study, we examined the relative effects of sexual assault since the age of fourteen and other traumatic experiences on self-harm in a sample of men and women recruited on Amazon's Mechanical Turk (N = 390) using a Bayesian approach to multiple regression.

Results

Results suggest that sexual assault has a large positive effect on self-harm over and above other traumatic experiences.

Conclusion

These results highlight the especially pernicious influence of sexual assault and suggest the need to assess self-harm among those with a sexual assault history.

<https://doi.org/10.1080/08995605.2021.1962176>

Military identity and planning for the transition out of the military.

Meredith Kleykamp, Sidra Montgomery, Alexis Pang & Kristin Schrader

Military Psychology

Published online: 20 Aug 2021

Everyone who serves in the military (and survives the experience) will eventually become a Veteran, and most will face the challenge of finding a civilian job. This paper investigates how contemporary Veterans experience the transition period between military exit and entrance into civilian life and how their own actions before separation shape their post-transition outcomes. We follow 35 servicemembers through the transition process, interviewing them before and several months after they left the military. These interviews reveal the importance of three factors – the conditions triggering their exit, the strength of their military identity, and their own planning (or lack thereof) for the transition to civilian life – in enhancing or detracting from achievement of a stated post-military goals and objective success in moving into work or school. The strength and depth of an individual’s institutional identity shapes how and when servicemembers plan for military exit and how they adjust to unanticipated military exits. Early planning reflects anticipatory socialization for new civilian roles and is associated with better post-military outcomes. But early planning is often hindered by a strong military identity or facilitated by a weak military identity. These findings have important implications for the military and advocates who serve them with the recent military policy changes to transition assistance and the retirement pension system that encourage early planning for post-military life.

<https://digitalcommons.northgeorgia.edu/jces/vol13/iss4/12>

Teaching Military Cultural Competency to Clinicians and Clinical Students: Assessing Impact and Effectiveness.

Isserman, Nancy and Martin, James A.

Journal of Community Engagement and Scholarship
August 2021

Military members, veterans, and their families belong to a unique American subculture. Studies have identified the need for mental health professionals to attain military cultural competency to practice more effectively within this subculture. As an 88-year-old counseling and training agency with a record of service to the military/veteran communities, it was appropriate that Council for Relationships commit to providing training in military culture for its therapists and students. From 2017 to 2019, the course highlighted in this paper was part of an approved Institutional Review Board (IRB) study intended to assess the success of graduate-level instructional activities focused on promoting participants’ military and veteran-related cultural competency. This article

includes an evaluation of the 2013–14 four-day training on military culture that preceded the course. In both, the unique cultural factors associated with military and veteran service were addressed within the context of evidence-based behavioral health treatment. A survey of the four-day participant training and qualitative interview follow-ups revealed that information about the military and its impact on veterans and families promoted changes in attitudes, knowledge, and clinical practice for both experienced and newly trained clinicians. These findings were replicated in the three-year evaluation results. This assessment provides valuable insight about military culture training for practicing and future mental health clinicians. Since there is very little information available in the literature on successful military culture competency training, sharing these results with the broader military and academic communities will give others information on the important components of effective training programs for clinicians, thus, potentially improving therapeutic services to these populations.

<https://doi.org/10.1089/neu.2021.0120>

PTSD symptoms are related to cognition following complicated mild and moderate TBI, but not severe and penetrating TBI.

Dr. Sara M Lippa, Dr. Louis M. French, Tracey A Brickell, Ms. Angela Driscoll, Ms. Megan E Glazer, Ms. Corie E Tippett, Ms. Jamie Sullivan, and Dr. Rael Lange.

Journal of Neurotrauma
Published Online: 19 Aug 2021

Although post-traumatic stress disorder (PTSD) has been associated with worse cognitive outcomes following mild traumatic brain injury (TBI), its impact has not been evaluated following more severe TBI. This study aimed to determine whether PTSD symptoms are related to cognition following complicated mild, moderate, severe, and penetrating TBI. Service members ($n=137$) with a history of complicated mild/moderate TBI ($n=64$) or severe/penetrating TBI ($n=73$) were prospectively enrolled from United States Military Treatment Facilities. Participants completed a neuropsychological assessment one year or more post-injury. Six neuropsychological composite scores and an overall test battery mean (OTBM) were considered. Participants were excluded if there was evidence of invalid responding. Hierarchical linear regressions were conducted evaluating neuropsychological performance. The interaction between TBI severity and PCL-C was significant for processing speed ($\beta=.208$, $p=.034$) and delayed memory ($\beta=.239$, $p=.021$) and trended toward significance for immediate memory

($\beta=.190$, $p=.057$) and the OTBM ($\beta=.181$, $p=.063$). For each of these composite scores, the relationship between PTSD symptoms and cognition was stronger in the complicated mild/moderate TBI group than the severe/penetrating TBI group. Within the severe/penetrating TBI group, PTSD symptoms were unrelated to cognitive performance. In contrast, within the complicated mild/moderate TBI group, PTSD symptoms were significantly related to processing speed ($R^2\Delta=.077$, $\beta=-.280$, $p=.019$), immediate memory ($R^2\Delta=.197$, $\beta=-.448$, $p<.001$), delayed memory ($R^2\Delta=.176$, $\beta=-.423$, $p<.001$), executive functioning ($R^2\Delta=.100$, $\beta=-.317$, $p=.008$), and the OTBM ($R^2\Delta=.162$, $\beta=-.405$, $p<.001$). PTSD symptoms were significantly related to neuropsychological test performance in service members and veterans with complicated mild/moderate TBI. The potential impact of PTSD symptoms on cognition, over and above the impact of brain injury alone, should be considered with these patients. Additionally, in research comparing cognitive outcomes between patients with histories of complicated-mild, moderate, severe, and/or penetrating TBI, it will be important to account for PTSD symptoms.

<https://doi.org/10.1016/j.jpsychires.2021.08.027>

Shorter and longer-term risk for non-fatal suicide attempts among male U.S. military veterans after discharge from psychiatric hospitalization.

Peter C. Britton, Dev Crasta, Kipling M. Bohnert, Cathleen Kane, ... Wilfred R. Pigeon

Journal of Psychiatric Research
Volume 143, November 2021, Pages 9-15

Highlights

- There are limited data on shorter (1–90) and longer-term (91–365) risk factors for suicide attempts after discharge.
- Risk was highest among veterans who were between 18–59, were hospitalized after a suicide attempt, and had suicidal ideation.
- Risk was lowest among those with a dementia diagnosis.
- Risk increased over the timeframes among those with substance use disorders.
- Risk decreased over the timeframes among those with sleep disturbance and those who were discharged against medical advice.

Abstract

Although there are key differences in shorter-term (days 1–90) and longer-term (days

91–365) risk factors for suicide after discharge from inpatient psychiatry, there are no comparable data on non-fatal suicide attempts. Risk factors for non-fatal attempts in the first 90 days after discharge were compared with those over the remainder of the year to identify temporal changes in risk. Records were extracted from 208,554 male veterans discharged from Veterans Health Administration acute psychiatric inpatient units from 2008 through 2013. Proportional hazard regression models identified correlates of non-fatal attempts for 1–90 days and 91–365 days; adjusted piecewise proportional hazards regression compared risk between these time frames. 5010 (2.4%) veterans made a non-fatal attempt, 1261 (0.60%) on days 1–90 and 3749 (1.78%) on days 91–365. Risk across both time frames was highest among younger veterans ages 18–59, and those hospitalized with a suicide attempt or suicidal ideation. It was lowest among those with a dementia diagnosis. Risk estimates were generally stable over time but increased among those with substance use disorders and decreased among those with sleep disturbance and discharged against medical advice. Estimates of some risk factors for non-fatal attempts change over time in the year after discharge and differ from those that change for suicide. Different preventive approaches may be needed to reduce shorter and longer-term risk for non-fatal attempts and suicide in the year after discharge.

<https://digitalcommons.northgeorgia.edu/jces/vol13/iss4/14>

Structural Examination of Moral Injury and PTSD and Their Associations With Suicidal Behavior Among Combat Veterans.

Battles, Allison R.; Jinkerson, Jeremy; Kelley, Michelle L.; and Mason, Richard A.

Journal of Community Engagement and Scholarship
August 2021

Moral injury and post-traumatic stress disorder are argued to be distinct yet related constructs. However, few studies have evaluated the factors distinguishing moral injury from PTSD. The present study sought to extend the work of Bryan et al. (2018) by differentiating the symptomology of moral injury and PTSD and their associations with suicidal behaviors among combat veterans. The study evaluated data from 129 combat veterans exposed to potentially morally injurious events. Exploratory structural equation modeling evaluated a measurement and structural model. Results revealed a four-factor solution, with the relevant factors being PTSD symptoms, guilt/shame, psychiatric comorbidities, and meaning in life. Guilt/shame and psychiatric comorbidities had

significant positive effects on suicidal behaviors. The present findings suggest that combat veterans have a complex, dimensional response to combat trauma and pMIE exposure. These results diverged from previous research to suggest that moral injury symptoms may not constitute a single factor but rather a multifaceted constellation of symptoms. The present study also provided evidence that moral injury symptoms are both unique and overlapping with PTSD symptoms. Suicidal behaviors are a major area of concern among veterans, and the findings here implicate guilt/shame and psychiatric comorbidities as related to these suicidal behaviors.

<https://doi.org/10.1016/j.sleep.2021.08.016>

Sleep Management in Posttraumatic Stress Disorder: A Systematic Review and Meta-Analysis.

Alicia Ruelaz Maher, Eric A. Apaydin, Lara Hilton, Christine Chen, ... Susanne Hempel

Sleep Medicine

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Highlights

- Patients with PTSD often have difficulties with sleep.
- Treatments for adults with PTSD improve both sleep outcomes and PTSD symptoms.
- Interventions targeting sleep improved sleep more those with no sleep target.
- PTSD outcomes did not differ between sleep- and non-sleep-targeted interventions.

Abstract

Objective

Post-traumatic stress disorder (PTSD) can lead to many negative secondary outcomes for patients, including sleep disturbances. The objective of this meta-analysis is (1) to evaluate the effect of interventions for adults with PTSD on sleep outcomes, PTSD outcomes, and adverse events, and (2) to evaluate the differential effectiveness of interventions aiming to improve sleep compared to those that do not.

Methods

Eight databases were searched for relevant randomized controlled trials (RCTs) in PTSD from January 1980 to October 2019. Two independent reviewers screened 7176

records, assessed 2139 full-text articles, and included 89 studies in 153 publications for this review. Sleep, PTSD, and adverse event outcomes were abstracted and meta-analyses were performed using the Hartung-Knapp-Sidik-Jonkman method for random effects.

Results

Interventions improved sleep outcomes (standardized mean difference [SMD] -0.56; confidence interval [CI] -0.75 to -0.37; 49 RCTs) and PTSD symptoms (SMD -0.48; CI -0.67 to -0.29; 44 RCTs) across studies. Adverse events were not related to interventions overall (RR 1.17; CI 0.91 to 1.49; 15 RCTs). Interventions targeting sleep improved sleep outcomes more than interventions that did not target sleep ($p=0.03$). Improvement in PTSD symptoms did not differ between intervention types.

Conclusions

Interventions for patients with PTSD significantly improve sleep outcomes, especially interventions that specifically target sleep. Treatments for adults with PTSD directed towards sleep improvement may benefit patients who suffer from both ailments.

<https://doi.org/10.1093/milmed/usab341>

Engaging Stakeholders to Optimize Sleep Disorders' Management in the U.S. Military: A Qualitative Analysis.

Abdelwadoud, M., Collen, J., Edwards, H., Mullins, C. D., Jobe, S. L., Labra, C., Capaldi, V. F., Assefa, S. Z., Williams, S. G., Drake, C. L., Albrecht, J. S., Manber, R., Mahoney, A., Bevan, J., Grandner, M. A., & Wickwire, E. M.

Military Medicine

2021 Aug 23; usab341

Introduction:

Sleep disorders' are highly prevalent among U.S. active duty service members (ADSMs) and present well-documented challenges to military health, safety, and performance. In addition to increased need for sleep medicine services, a major barrier to effective sleep management has been a lack of alignment among patients, health providers, and economic-decision-makers. To address this gap in knowledge, the purpose of the present study was to engage diverse stakeholders vested in improving sleep disorders' management in the military.

Materials and methods:

We elicited feedback from ADSMs with sleep disorders (five focus group discussion, n = 26) and primary care managers (PCMs) (11 individual semi-structured interview) in two military treatment facilities (MTFs) in the National Capitol Region, in addition to national level military and civilian administrative stakeholders (11 individual semi-structured interview) about their experiences with sleep disorders' management in U.S. MTFs, including facilitators and barriers for reaching a definitive sleep diagnosis, convenience and effectiveness of sleep treatments, and key desired outcomes from interventions designed to address effectively sleep disorders in the U.S. military health care system (MHS). Recordings from focus groups and semi-structured interviews were transcribed verbatim and analyzed using QSR International's NVivo 12 software using inductive thematic analysis. The study was approved by Walter Reed National Military Medical Center Department of Research Programs.

Results:

Active duty service members with sleep disorders often fail to recognize their need for professional sleep management. Whereas PCMs identified themselves as first-line providers for sleep disorders in the military, patients lacked confidence that PCMs can make accurate diagnoses and deliver effective sleep treatments. Active duty service members cited needs for expeditious treatment, educational support and care coordination, and support for obtaining sleep treatments during deployment. Challenges that PCMs identified for effective management include insufficient time during routine care visits, delays in scheduling testing procedures, and limited number of sleep specialists. Primary care managers suggested offering evidence-based telehealth tools and enhanced care coordination between PCMs and specialists; standardized medical education, materials, and tools; patient preparation before appointments; self-administered patient education; and including behavioral sleep specialists as part of the sleep management team. For administrative stakeholders, key outcomes of enhanced sleep management included (1) improved resource allocation and cost savings, and (2) improved ADSM safety, productivity, and combat effectiveness.

Conclusion:

Current military sleep management practices are neither satisfactory nor maximally effective. Our findings suggest that solving the military sleep problem will require sustained effort and ongoing collaboration from ADSM patients, providers, and health systems leaders. Important potential roles for telehealth and technology were identified. Future research should seek to enhance implementation of sleep management best practices to improve outcomes for patients, providers, MHS, and the military as a whole.

<https://doi.org/10.1017/S0033291721002919>

Moral injury and substance use disorders among US combat veterans: results from the 2019-2020 National Health and Resilience in Veterans Study.

Maguen, S., Nichter, B., Norman, S. B., & Pietrzak, R. H.

Psychological Medicine
2021 Aug 19; 1-7

Background:

Exposure to potentially morally injurious events (PMIEs) is associated with increased risk for substance use disorders (SUDs), although population-based studies remain limited. The goal of this study was to better understand the relationships between PMIE exposure and lifetime and past-year alcohol use disorder (AUD), drug use disorder (DUD), and SUD.

Methods:

Data were analyzed from the 2019-2020 National Health and Resilience in Veterans Study, which surveyed a nationally representative sample of 1321 combat veterans. Multivariable analyses examined associations between three types of PMIE exposure (perpetration, witnessing, and betrayal), and lifetime and past-year AUD, DUD, and SUD, adjusting for sociodemographic variables, combat exposure severity, prior trauma, and lifetime posttraumatic stress disorder and major depressive disorder.

Results:

Perpetration was associated with increased odds of lifetime AUD (OR 1.15; 95% CI 1.01-1.31) and lifetime SUD (OR 1.18; 95% CI 1.03-1.35). Witnessing was associated with greater odds of past-year DUD (OR 1.20; 95% CI 1.04-1.38) and past-year SUD (OR 1.14; 95% CI 1.02-1.28). Betrayal was associated with past-year AUD (OR 1.20; 95% CI 1.03-1.39). A large proportion of the variance in past-year AUD was accounted for by betrayal (38.7%), while witnessing accounted for 25.8% of the variance in past-year DUD.

Conclusions:

Exposure to PMIEs may be a stronger contributor to SUDs among veterans than previously known. These findings highlight the importance of targeted assessment and

treatment of moral injury among veterans with SUDs, as well as attending to specific types of morally injurious experiences when conceptualizing and planning care.

<https://doi.org/10.1016/j.jpsychires.2021.06.031>

Prior trauma, PTSD long-term trajectories, and risk for PTSD during the COVID-19 pandemic: A 29-year longitudinal study.

Solomon, Z., Mikulincer, M., Ohry, A., & Ginzburg, K.

Journal of Psychiatric Research
2021 Sep; 141: 140-145

This study assessed the contributions of prior war captivity trauma, the appraisal of the current COVID-19 danger and its resemblance to the prior trauma, and long-term trajectories of posttraumatic stress disorder (PTSD) to risk for PTSD during the COVID-19 pandemic. Capitalizing on a 29-year longitudinal study with four previous assessments, two groups of Israeli veterans - ex-Prisoners-of-War (ex-POWs) of the 1973 Yom Kippur War and comparable combat veterans of the same war - were reassessed during the COVID-19 pandemic. Previous data were collected on their PTSD trajectory 18, 30, 35, and 42 years after the war and exposure to stressful life events after the war. Currently, we collected data on their PTSD during the COVID-19 pandemic and their appraisal of similarities of past trauma with the current pandemic. Previously traumatized ex-POWs were found to be more vulnerable and had significantly higher rates of PTSD and more intense PTSD during the current pandemic than comparable combat veterans. Moreover, veterans in both groups who perceived the current adversity (captivity, combat) as hindering their current coping were more likely to suffer from PTSD than veterans who perceived it as a facilitating or irrelevant experience. In addition, chronic and delayed trajectories of PTSD among ex-POWs increased the risk for PTSD during the pandemic, and lifetime PTSD mediated the effects of war captivity on PTSD during the current pandemic. These findings support the stress resolution perspective indicating that the response to previous trauma - PTSD and its trajectories - increased the risk of PTSD following subsequent exposure to stress.

<https://doi.org/10.1016/j.jsams.2021.02.013>

Transitioning from daytime to nighttime operations in military training has a temporary negative impact on dynamic balance and jump performance in U.S. Army Rangers.

Ritland, B. M., Naylor, J. A., Bessey, A. F., McKeon, A. B., Proctor, S. P., Capaldi, V. F., Mantua, J., & Sowden, W. J.

Journal of Science and Medicine in Sport
2021 Sep; 24(9): 919-924

Objectives: Explore the impact transitioning from daytime to nighttime operations has on performance in U.S. Army Rangers.

Methods:

Fifty-four male Rangers (age 26.1 ± 4.0 years) completed the Y-Balance Test (YBT), a vertical jump assessment, and a grip strength test at three time points. Baseline testing occurred while the Rangers were on daytime operations; post-test occurred after the first night into the nighttime operation training (after full night of sleep loss), and follow-up testing occurred six days later (end of nighttime training).

Results:

On the YBT, performance was significantly worse at post-test compared to baseline during right posteromedial reach (104.1 ± 7.2 cm vs 106.5 ± 6.7 cm, $p=.014$), left posteromedial reach (105.4 ± 7.5 cm vs 108.5 ± 6.6 cm, $p=.003$), right composite score (274.8 ± 19.3 cm vs 279.7 ± 18.1 cm, $p=.043$), left composite score (277.9 ± 18.1 cm vs 283.3 ± 16.7 cm, $p=.016$), and leg asymmetry was significantly worse in the posterolateral direction (4.8 ± 4.0 cm vs 3.7 ± 3.1 cm, $p=.030$) and the anterior direction (5.0 ± 4.0 cm vs 3.6 ± 2.6 cm, $p=.040$). The average vertical jump height was significantly lower at post-test compared to baseline (20.6 ± 3.4 in vs 21.8 ± 3.0 in, $p=.004$). Baseline performance on YBT and vertical jump did not differ from follow-up.

Conclusions:

Army Rangers experienced an immediate, but temporary, drop in dynamic balance and vertical jump performance when transitioning from daytime to nighttime operations. When feasible, Rangers should consider adjusting their sleep cycles prior to anticipating nighttime operations in order to maintain their performance levels. Investigating strategies that may limit impairments during this transition is warranted.

<https://doi.org/10.1037/tra0001095>

The impact of military sexual trauma and warfare exposure on women veterans' perinatal outcomes.

Nillni, Y. I., Fox, A. B., Cox, K., Paul, E., Vogt, D., & Galovski, T. E.

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

Objective:

In the general population, history of trauma is associated with a range of adverse perinatal outcomes, which have long-term negative consequences for both mother and child. Research examining the impact of trauma, particularly trauma occurring during military service, on perinatal outcomes among women veterans is still in its nascence. The current study examined if warfare exposure and military sexual trauma (MST) contributed unique variance to the prediction of a broad range of adverse perinatal outcomes (i.e., preterm birth, full-term birth, infant birth weight, postpartum depression and/or anxiety).

Method:

Women veterans living across the U.S. (oversampled for veterans living in high crime communities) completed a mail-based survey, and reported information about all pregnancies that occurred since enlistment in the military. They also reported on warfare exposure and MST using the Deployment Risk and Resilience Inventory.

Results:

A total of 911 women reported on 1,752 unique pregnancies. Results revealed that MST, but not warfare exposure, was associated with having a lower infant birth weight ($B = -17.30$, $SE = 5.41$), a slight decrease in the likelihood of having a full-term birth ($OR = .97$, $95\% CI [.93, 1.00]$), and an increased likelihood of experiencing postpartum depression and/or anxiety ($OR = 1.09$, $95\% CI [1.10, 1.14]$) above and beyond age at pregnancy, racial/ethnic minority status, childhood violence exposure, and warfare exposure.

Conclusions:

Findings highlight the importance of screening for MST during pregnancy and trauma-informed obstetric care. (PsychoInfo Database Record (c) 2021 APA, all rights reserved)

Links of Interest

A Research Team Hopes to Get Every Sailor to Wear a Sleep Tracker. And They Have Big Plans for the Data

<https://www.military.com/daily-news/2021/08/21/research-team-hopes-get-every-sailor-wear-sleep-tracker-and-they-have-big-plans-data.html>

Afghan defense attaché to U.S. military families: The Afghanistan people will never forget

<https://www.militarytimes.com/news/2021/08/23/afghan-defense-attache-to-us-military-families-the-afghanistan-people-will-never-forget/>

'Cheated and Guilty': The Struggle for Troops Who Missed Out on Combat

<https://www.military.com/daily-news/2021/08/24/cheated-and-guilty-struggle-troops-who-missed-out-combat.html>

Afghanistan: Resources available for PTSD

<https://blogs.va.gov/VAntage/92752/afghanistan-resources-available-for-ptsd/>

Study finds link between coronavirus infection and suicidal thoughts in veterans

<https://www.stripes.com/veterans/2021-08-25/coronavirus-suicide-thoughts-veterans-study-2662113.html>

- [Prevalence and Trends in Suicidal Behavior Among US Military Veterans During the COVID-19 Pandemic](#)

Resource of the Week -- [Stress Control for Military, Law Enforcement, and First Responders: A Systematic Review](#)

New, from the RAND Corporation:

Military personnel, police officers, firefighters, and other first responders must prepare for and respond to life-threatening crises on a daily basis. This lifestyle places stress on personnel, and particularly so on military personnel who may be isolated from support systems and other resources. The authors conducted a

systematic review of studies of interventions designed to prevent, identify, and manage acute occupational stress among military, law enforcement, and first responders.

The body of evidence consisted of 38 controlled trials, 35 cohort comparisons, and 42 case studies with no comparison group, reported in 136 publications. Interventions consisted of resilience training, stress inoculation with biofeedback, mindfulness, psychological first aid, front-line mental health centers, two- to seven-day restoration programs, debriefing (including critical incident stress debriefing), third-location decompression, postdeployment mental health screening, reintegration programs, and family-centered programs.

Study limitations (risk of bias), directness, consistency, precision, and publication bias were considered in rating the quality of evidence for each outcome area. Overall, interventions had positive effects on return to duty, absenteeism, and distress. However, there was no significant impact on symptoms of psychological disorders such as PTSD, depression, and anxiety. Because of study limitations, inconsistency of results, indirectness, and possible publication bias, there was insufficient evidence to form conclusions about the effects of most specific intervention types, components, settings, or specific populations.

Stress Control for Military, Law Enforcement, and First Responders

A Systematic Review

MARGARET A. MAGLIONE, CHRISTINE CHEN, ARMENDA BIALAS,
ANEESA MOTALA, JOAN CHANG, OLAMIGOKE AKINNIRANYE,
SUSANNE HEMPEL

Prepared for the Psychological Health Center of Excellence
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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