

# CDP



## **Research Update -- September 9, 2021**

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- Evaluation of neighborhood resources and mental health in American military Veterans using geographic information systems.

- Links of Interest
- Resource of the Week: Management of Sleep and Fatigue in Military Aviation (Congressional Research Service)

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<https://doi.org/10.1002/jts.22726>

## **Dissociation as a Transdiagnostic Indicator of Self-Injurious Behavior and Suicide Attempts: A Focus on Posttraumatic Stress Disorder and Borderline Personality Disorder.**

Jordana L. Sommer, Caitlin Blaney, Natalie Mota, Elena Bilevicius, Brooke Beatie, Kayla Kilborn, Unice Chang, Jitender Sareen, Renée El-Gabalawy

Journal of Traumatic Stress

First published: 23 August 2021

Dissociative symptoms and suicidality are transdiagnostic features of posttraumatic stress disorder (PTSD) and borderline personality disorder (BPD). The primary objective of this study was to examine associations between dissociation (i.e., depersonalization and derealization) and suicidality (i.e., self-harm and suicide attempts) among individuals with PTSD and BPD. We analyzed data from the 2012–2013 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC-III; N = 36,309). The Alcohol Use Disorder and Associated Disabilities Interview Schedule for DSM-5 was used to assess lifetime PTSD and BPD. Estimated rates of self-harm among individuals who endorsed dissociation were 15.5%–26.2% for those with PTSD and 13.7%–23.5% for those with BPD, and estimates of suicide attempts among individuals who endorsed dissociation were 34.5%–38.1% for those with PTSD and 28.3%–33.1% for those with BPD. Multiple logistic regressions were conducted to examine the associations between dissociation (derealization, depersonalization, and both) and both self-harm and suicide attempts among respondents with PTSD and BPD. The results indicated that dissociation was associated with self-harm and suicide attempts, especially among individuals with BPD, aORs = 1.39–2.66; however, this association may be driven in part by a third variable, such as other symptoms of PTSD or BPD (e.g., mood disturbance, PTSD or BPD symptom severity). These results may inform risk assessments and targeted interventions for vulnerable individuals with PTSD, BPD, or both aimed at mitigating the risk of self-harm and suicide.

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<https://doi.org/10.1007/s40501-021-00250-2>

## **Intersection of Racism and PTSD: Assessment and Treatment of Racial Stress and Trauma.**

Monnica T. Williams Ph.D., Muna Osman Ph.D., Sophia Gran-Ruaz B.S. & Joel Lopez B.A.

Current Treatment Options in Psychiatry

Published: 29 August 2021

### Purpose of Review

Racial trauma is a severe psychological response to the cumulative traumatic effect of racism. This review synthesizes emerging theoretical and empirical evidence of racial trauma, outlines the mechanisms, and lists available assessment and treatment options for racial trauma.

### Recent Findings

Emerging evidence illustrates that these cumulative experiences can result in the cognitive, behavioral, and affective presentations of PTSD in people of color. As a result, the evidence to inform the assessment, treatment, and implications of racial trauma has grown exponentially. There are several validated interview and self-report instruments for clinicians to better understand client's experiences of racism, discrimination, and traumatic stress. There are several emerging treatment options for people of color experiencing racial trauma. However, given the scarcity of literature, we need more studies to establish the validity and efficacy of available assessment and treatment options.

### Summary

Emerging and promising advancements can extend our knowledge on racial trauma, including incorporating the cumulative and lasting negative impacts of racism on people of color in how we define PTSD. Additionally, strengthening clinical training and continued education programs for professionals to hone their capacity to discuss the impact of racism effectively administer appropriate assessment tools and implement interventions specific to racial trauma.

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<https://doi.org/10.1002/cpp.2663>

## **The role of self-compassion on the relationship between trauma and hearing voices.**

Sarah Maisey, Helen Correia, Georgie Paulik

Clinical Psychology & Psychotherapy

First published: 02 September 2021

Traumatic life events are associated with increased risk of hearing voices and posttraumatic stress (PTS) symptoms have been implicated in this relationship. Studies indicate that increased self-compassion is associated with reduced PTS symptoms and voice-distress. The present study sought to examine whether self-compassion moderated the relationship between PTS symptoms and voice-distress. Self-report and clinician-administered questionnaires were used to measure self-compassion, PTS symptom severity, voice-frequency, and voice-distress in 62 trauma-affected voice-hearers who presented to a community voice-hearing clinic. Correlation analyses revealed that PTS symptom severity was positively correlated with voice-distress, but not voice-frequency, and that self-compassion was negatively correlated with voice-distress and PTS symptom severity. While self-compassion did not moderate the relationship between PTS symptom severity and voice-distress, it was associated with a significant reduction in voice-distress, at all levels of PTS symptom severity. Preliminary findings suggest self-compassion may play an important role in reducing voice-distress and thus warrant further consideration of self-compassion as a target in treatment for help-seeking voice-hearers.

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<https://doi.org/10.1007/s00127-021-02166-x>

## **Cohort profile: the Ohio Army National Guard Mental Health Initiative (OHARNG-MHI).**

Sampson, L., Cohen, G. H., Fink, D. S., Conroy, C., Calabrese, J. R., Wryobeck, J. M., Elhai, J. D., King, A. P., Liberzon, I., & Galea, S.

Social Psychiatry and Psychiatric Epidemiology

2021 Sep 4

Purpose:

Rates of mental disorders in the United States military have increased in recent years. National Guard members may be particularly at risk for mental disorders, given their dual role as citizen-soldiers and their increased involvement in combat deployments during recent conflicts. The Ohio Army National Guard Mental Health Initiative (OHARNG-MHI) was launched to assess the prevalence, incidence, and potential causes and consequences of mental disorders in this unique population.

Methods:

OHARNG-MHI is a decade-long dynamic cohort study that followed over 3,000 National Guard members yearly through structured telephone interviews.

Results:

Findings thus far have applied a pre-, peri-, post-deployment framework, identifying factors throughout the life course associated with mental disorders, including childhood events and more recent events, both during and outside of deployment. An estimated 61% of participants had at least one mental disorder in their lifetime, the majority of which initiated prior to military service. Psychiatric comorbidity was common, as were alcohol use and stressful events. Latent class growth analyses revealed four distinct trajectory paths of both posttraumatic stress and depression symptoms across four years. Only 37% of soldiers with probable past-year mental disorders accessed mental health services in the subsequent year, with substance use disorders least likely to be treated.

Conclusion:

Strengths of this study include a large number of follow-up interviews, detailed data on both military and non-military experiences, and a clinical assessment subsample that assessed the validity of the telephone screening instruments. Findings, methods, and procedures of the study are discussed, and collaborations are welcome.

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<https://doi.org/10.1002/jts.22461>

**Neurocomputational Changes in Inhibitory Control Associated With Prolonged Exposure Therapy.**

Harlé, K. M., Spadoni, A. D., Norman, S. B., & Simmons, A. N.

Posttraumatic stress disorder (PTSD) is associated with inhibitory control dysfunction that extends beyond difficulties inhibiting trauma-related intrusions. Inhibitory learning has been proposed as a potential mechanism of change underlying the effectiveness of extinction-based therapies such as prolonged exposure (PE), a first-line treatment for PTSD. To identify neurocognitive markers of change in inhibitory learning associated with PE, we applied a Bayesian learning model to the analysis of neuroimaging data collected during an inhibitory control task, both before and after PE treatment. Veterans (N = 20) with combat-related PTSD completed a stop-signal task (SST) while undergoing fMRI at time points immediately before and after PE treatment. Participants exhibited a small, significant improvement in performance on the SST, as demonstrated by longer reaction times and improved inhibition accuracy. Amplitude of neural activation associated with a signed prediction error (SPE; i.e., the discrepancy between actual outcome and model-based expectation of needing to stop) in the right caudate decreased from baseline to posttreatment assessment. Change in model-based activation was modulated by performance accuracy, with a decrease in positive SPE activation observed on successful trials,  $d = 0.79$ , and a reduction in negative SPE activation on error trials,  $d = 0.74$ . The decrease in SPE-related activation on successful stop trials was correlated with PTSD symptom reduction. These results are consistent with the notion that PE may help broadly strengthen inhibitory learning and the development of more accurate model-based predictions, which may thus facilitate change in cognitions in response to trauma-related cues and help reduce PTSD symptoms.

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<https://doi.org/10.1093/tbm/ibab118>

**Insomnia predicts treatment engagement and symptom change: a secondary analysis of a web-based CBT intervention for veterans with PTSD symptoms and hazardous alcohol use.**

Katherine A Buckheit, Jon Nolan, Kyle Possemato, Stephen Maisto, Andrew Rosenblum, Michelle Acosta, Lisa A Marsch

Translational Behavioral Medicine  
Published: 31 August 2021

Posttraumatic Stress Disorder (PTSD) and hazardous drinking are highly comorbid, and often more severe than PTSD or hazardous drinking alone. Integrated, web-based interventions for PTSD/hazardous drinking may increase access to care, but have demonstrated equivocal results in reducing PTSD and hazardous drinking. One factor that may explain treatment engagement and symptom change is the presence of insomnia symptoms. The current study conducted secondary data analysis of a randomized controlled trial of an integrated web-based intervention for PTSD symptoms and hazardous drinking to examine insomnia symptoms as predictors of PTSD symptoms, alcohol use, and treatment engagement. In the parent study, 162 veterans in primary care reporting PTSD symptoms and hazardous drinking were randomized to receive either the intervention or treatment as usual. The current study examined insomnia among veterans who received the intervention (n = 81). Regression models tested baseline insomnia symptoms as predictors of treatment engagement, follow-up PTSD symptoms, and alcohol use. Hierarchical regression models tested change in insomnia during treatment as a predictor of follow-up PTSD symptoms and alcohol use. Results showed baseline insomnia predicted treatment engagement and follow-up drinking days, but not PTSD symptoms or heavy drinking days. Although overall change in insomnia was small, it predicted follow-up PTSD and heavy drinking days, but not drinking days. Results are consistent with previous research highlighting the importance of identifying and treating insomnia in the course of integrated treatment for PTSD/hazardous drinking. Future research should investigate how to best integrate insomnia, PTSD, and/or hazardous drinking interventions to maximize treatment engagement.

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<https://doi.org/10.1016/j.jad.2021.08.067>

### **Mass Quarantine and Mental Health during COVID-19: A Meta-analysis.**

Y Jin, T Sun, P Zheng, J An

Journal of Affective Disorders  
Available online 2 September 2021

#### Highlight

- COVID-19 quarantine had varying impacts on individual anxiety, depression, and psychological stress.
- different groups had different regulatory effects on the relationship between quarantine and mental health.



- country of origin had no moderating effect on quarantine and psychology.

#### Abstract

To reveal the complex relationships between quarantine and mental health during COVID-19, a meta-analysis was conducted involving 34 articles and a total sample size of 134,061. As the relationship between quarantine and mental health was found to be affected by the sampling objects and national factors, a random-effects model was applied for the meta-analysis. First, a heterogeneity test and sensitivity analysis were conducted to determine whether there was heterogeneity in the samples, after which a funnel chart, Rosenthal's Classic Fail-safe N test and Egger's test were applied to further determine whether there was publication bias in the included samples. Finally, a sub-group test was used to explore whether the sampling group and the country of origin had a moderating effect on the relationship between quarantine and mental health, which revealed that the relationship between quarantine and mental health was regulated and influenced by the sampled objects but was not affected by the country categories. The results indicated that: COVID-19 quarantine had varying impacts on individual anxiety, depression, and psychological stress; different groups had different regulatory effects on the relationship between quarantine and mental health; and country of origin had no moderating effect on quarantine and psychology.

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<https://doi.org/10.1177/0095327X2111042061>

#### **Hazardous Duty: Investigating Resistance to Police at the Point of Arrest Among Incarcerated Military Veterans.**

Mark A. Morgan, Matthew W. Logan, Ashley N. Arnio

Armed Forces & Society

First Published August 30, 2021

The link between military service and crime has been a subject of investigation for several decades. Although research has examined the likelihood of arrest, incarceration, and recidivism across military cohorts, relatively little is known about the circumstances surrounding police contact and suspect behavior at the exact moment of arrest. This is a critical oversight given that what transpires during an arrest can have a marked impact on downstream criminal justice outcomes, including access to diversionary programming like veterans treatment courts. Using a nationally representative survey of prison inmates, this study analyzes veteran and nonveteran

self-reports of their arrest controlling for a host of relevant demographic, mental health, and criminal history variables. Findings indicate that veterans are significantly less likely to resist the police at arrest. These results provide further support to the sentiment that military culture and training can have a lasting behavioral influence on those who experience it.

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<https://doi.org/10.1093/tbm/ibab118>

**Insomnia predicts treatment engagement and symptom change: a secondary analysis of a web-based CBT intervention for veterans with PTSD symptoms and hazardous alcohol use.**

Katherine A Buckheit, Jon Nolan, Kyle Possemato, Stephen Maisto, Andrew Rosenblum, Michelle Acosta, Lisa A Marsch

Translational Behavioral Medicine

Published: 31 August 2021

Posttraumatic Stress Disorder (PTSD) and hazardous drinking are highly comorbid, and often more severe than PTSD or hazardous drinking alone. Integrated, web-based interventions for PTSD/hazardous drinking may increase access to care, but have demonstrated equivocal results in reducing PTSD and hazardous drinking. One factor that may explain treatment engagement and symptom change is the presence of insomnia symptoms. The current study conducted secondary data analysis of a randomized controlled trial of an integrated web-based intervention for PTSD symptoms and hazardous drinking to examine insomnia symptoms as predictors of PTSD symptoms, alcohol use, and treatment engagement. In the parent study, 162 veterans in primary care reporting PTSD symptoms and hazardous drinking were randomized to receive either the intervention or treatment as usual. The current study examined insomnia among veterans who received the intervention (n = 81). Regression models tested baseline insomnia symptoms as predictors of treatment engagement, follow-up PTSD symptoms, and alcohol use. Hierarchical regression models tested change in insomnia during treatment as a predictor of follow-up PTSD symptoms and alcohol use. Results showed baseline insomnia predicted treatment engagement and follow-up drinking days, but not PTSD symptoms or heavy drinking days. Although overall change in insomnia was small, it predicted follow-up PTSD and heavy drinking days, but not drinking days. Results are consistent with previous research highlighting the importance of identifying and treating insomnia in the course of integrated treatment for

PTSD/hazardous drinking. Future research should investigate how to best integrate insomnia, PTSD, and/or hazardous drinking interventions to maximize treatment engagement.

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<https://doi.org/10.1080/07448481.2021.1970562>

### **Student veterans in higher education: The critical role of veterans resource centers.**

Shant A. Barmak, EdD PsyD, Naris Barmaksezian, BA & Claudia Der-Martirosian

Journal of American College Health

Published online: 01 Sep 2021

#### Objective

To examine how veterans resource centers (VRCs) and corresponding services influence student veteran transitions by applying the Schlossberg Transition Model.

#### Participants

12 student support staff and 6 junior/senior undergraduate student veterans at a four-year public university in California.

#### Methods

In-depth semi-structured, one-on-one interviews were conducted with diverse group of university staff and student veterans. Thematic analyses were conducted to identify salient factors that help promote successful transition to college life.

#### Results

Overarching theme was the significance of the university's veterans resource center (VRC), which is a designated space that facilitates connectedness and student engagement; fosters collaborations across student support services via liaisons to increase access to vital services/resources on/off campus, provides peer-to-peer mentorship; and includes staff, who understand military culture.

#### Conclusions

Higher education should expand supporting student veterans by having a VRC to help them successfully transition to college life; this would ultimately improve retention and graduation rates.

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<https://doi.org/10.5014/ajot.2021.75S2-RP241>

### **Predictors of Student Veterans' Use of Mental Health Services.**

Yan-hua Huang; Adrian Patrick Tolentino Navarro; Lorie Park; Micaella Salunga; Kimberly Vu; Vanessa Ortiz; Jocelinne Torres-Lizarde; Monique Sanchez

American Journal of Occupational Therapy  
August 2021, Vol. 75, 7512510241

A quantitative survey study to understand how critical factors such as quality of life, perceived stigma, and perceived barriers to care influence utilization of health care services. Results identified the importance of physical quality of life and perceived stigma on student veterans' use of mental health services. Research on what drives mental health usage is a step toward destigmatizing the use of mental health services and improving available veteran campus resources.

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<https://doi.org/10.1093/milmed/usab164>

### **A Case Series: Describing the Coronavirus Pandemic Response in Small Naval OCONUS Military Treatment Facilities.**

Emily R Latimer, NC, USN, Christopher A Parker, NC, USN, Pauline A Swiger, AN, USA

Military Medicine  
Volume 186, Issue Supplement\_2, September-October 2021, Pages 61–67

#### **Introduction**

The European SARS-CoV-2 (COVID-19) outbreak threatened military beneficiaries receiving care outside of the United States. Military treatment facilities located outside the United States were the first to respond to the pandemic, requiring immediate action to establish novel protocols. The purpose of this case series is to describe challenges, solutions, and future recommendations during a pandemic response at three small

naval military treatment facilities located outside the continental United States (OCONUS).

### Results

The analysis and discussion reviews challenges in information processing, communication methods and patterns, process changes, actions for staff protection, and change fatigue experienced during this time.

### Conclusions

Recommendations for future work include filling the gaps in the evidence for a prolonged pandemic response and crisis management, such as the current SARS-CoV-2 pandemic, including best practices to communicate, maintain staff resilience, and manage or mitigate associated prolonged stress and uncertainty.

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<https://doi.org/10.1093/milmed/usab364>

## **Resilience and Depression in Military Service: Evidence From the National Longitudinal Study of Adolescent to Adult Health (Add Health).**

Ugur Orak, PhD, Alper Kayaalp, PhD, Mark H Walker, PhD, Kevin Breault, PhD

Military Medicine

Published: 28 August 2021

### Introduction

Research indicates that military service involves stressors that may be related to depression. However, the military provides financial, educational, psychological, and social advantages that may help to mitigate the effects of service-related stressors. Because most prior research was based on cross-sectional data or small clinical samples, we explored individual-level trajectories of depression over time.

### Methods

Data came from the restricted-use version of the National Longitudinal Study of Adolescent to Adult Health (Add Health) in four survey waves from 1994 to 2008, with a total of 1,112 service members, of whom 231 were female, and a total sample size of 13,544. Statistical estimation employed the multilevel growth curve modeling approach.

## Results

Individuals who later served in the military had lower rates of depression than their civilian counterparts at year 1 of the study, and rates of depression decreased consistently for both groups throughout the study. Service members ended up with the same level of depression compared to civilians (year 14). Sex, race and parental education were unrelated to depression, and no evidence was found for the hypothesis that the military functions as a “bridging environment” to reduce depression by providing a more attractive alternative compared to civilian life.

## Conclusions

Individuals who were less depressed at year 1 of the study were more likely to enlist into the military. While both civilians and service members displayed decreasing depression over the years of the study, military members had less decrease in depression over time beginning at a lower level of depression than civilian. Taken together, the minor differences in depression between the civilian and military samples and the lower level of depression among military members at the beginning of the study suggest that military service selects against higher levels of depression at the start of service and, given the known stressors related to the military, membership in the service may be associated with resilience to depression.

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<https://doi.org/10.4088/JCP.21m14005>

## **Equine-assisted therapy for posttraumatic stress disorder among military veterans: an open trial.**

PW Fisher, A Lazarov, A Lowell, S Arnon, JB Turner...

Journal of Clinical Psychiatry  
2021; 82(5): 21m14005

### Objective:

As veterans have high rates of posttraumatic stress disorder (PTSD) and historically poor treatment outcomes and high attrition, alternative treatments have gained much popularity despite lack of rigorous research. In this study, a recently developed and manualized 8-session group Equine-Assisted Therapy for PTSD (EAT-PTSD) was tested in an open trial to assess its preliminary feasibility, acceptability, and outcomes for military veterans.

#### Methods:

The study was conducted from July 2016 to July 2019. Sixty-three treatment-seeking veterans with PTSD enrolled. PTSD diagnosis was ascertained using the Structured Clinical Interview for DSM-5, Research Version (SCID-5-RV) and confirmed using the Clinician-Administered PTSD Scale (CAPS-5). Mean age was 50 years, and 23 patients (37%) were women. Clinician and self-report measures of PTSD and depression were assessed at pretreatment, midtreatment, and posttreatment and at a 3-month follow-up. An intent-to-treat analysis and a secondary analysis of those who completed all 4 clinical assessments were utilized.

#### Results:

Only 5 patients (8%) withdrew from treatment, 4 before midtreatment and 1 afterward. Posttreatment assessment revealed marked reductions in both clinician-rated and self-reported PTSD and depression symptoms, which persisted at 3-month follow-up. Specifically, mean (SD) CAPS-5 scores fell from 38.6 (8.1) to 26.9 (12.4) at termination. Thirty-two patients (50.8%) showed clinically significant change ( $\geq 30\%$  decrease in CAPS-5 score) at posttreatment and 34 (54.0%) at follow-up.

#### Conclusions:

Manualized EAT-PTSD shows promise as a potential new intervention for veterans with PTSD. It appears safe, feasible, and clinically viable. These preliminary results encourage examination of EAT-PTSD in larger, randomized controlled trials.

Trial Registration: ClinicalTrials.gov identifier: NCT03068325.

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<https://doi.org/10.4088/JCP.20m13791>

### **Mindfulness-Based Cognitive Therapy for Preventing Suicide in Military Veterans: A Randomized Clinical Trial.**

Interian, A., Chesin, M. S., Stanley, B., Latorre, M., St Hill, L. M., Miller, R. B., King, A. R., Boschulte, D. R., Rodriguez, K. M., & Kline, A.

The Journal of Clinical Psychiatry  
2021 Aug 31; 82(5): 20m13791

#### Objective:

This study evaluated whether Mindfulness-Based Cognitive Therapy for Preventing

Suicide Behavior (MBCT-S) effectively augmented treatment-as-usual enhanced for suicide prevention (eTAU).

Methods:

From December 2013 through March 2018, veterans (N = 140) at high risk for suicide were recruited mostly (88.6%) during a suicide-related inpatient admission and randomly assigned to either (1) eTAU augmented with MBCT-S or (2) eTAU only. MBCT-S began during inpatient treatment (2 individual sessions emphasizing safety planning) and continued post-discharge (8 group sessions emphasizing mindfulness skills and elaborated safety planning). Four follow-up evaluations occurred over 12 months, and primary outcomes were (1) time to suicide event and (2) number of suicide events. Secondary outcomes were time to and number of suicide attempts, proportion with acute psychiatric hospitalization, and change in suicide-related factors (eg, depression, hopelessness, suicidal ideation).

Results:

Relative to eTAU, MBCT-S did not significantly delay time to suicide event (hazard ratio = 0.86; 95% CI, 0.52-1.41; P = .54), but did reduce total number of suicide events (MBCT-S: 56 events; eTAU: 92 events; incident rate ratio = 0.59; 95% CI, 0.36-0.99; P < .05). There were no significant differences in time to or number of suicide attempts. In a post hoc analysis, however, MBCT-S significantly reduced the proportion of participants attempting suicide (P < .05). MBCT-S also reduced the proportion with a psychiatric hospitalization. No significant between-group differences emerged on any suicide-related factors.

Conclusions:

Adding MBCT-S to system-wide suicide prevention efforts produced mixed findings on the primary outcome (suicide events) and promising findings on other important outcomes (suicide attempts, psychiatric hospitalizations). MBCT-S should continue to be examined in future research.

Trial Registration: ClinicalTrials.gov identifier: NCT01872338.

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<https://doi.org/10.1016/j.whi.2021.07.004>

**Military Sexual Trauma and Adverse Mental and Physical Health and Clinical Comorbidity in Women Veterans.**



Sumner, J. A., Lynch, K. E., Viernes, B., Beckham, J. C., Coronado, G., Dennis, P. A., Tseng, C. H., & Ebrahimi, R.

## Women's Health Issues

Available online 31 August 2021

### Introduction

Military sexual trauma (MST)—exposure to sexual harassment or assault during military service—is a major health priority for the Veterans Health Administration (VHA). We examined the health correlates of MST in the largest sample of U.S. women veterans studied to date.

### Methods

Using national VHA electronic medical record data, we identified 502,199 women veterans who enrolled in the VHA between January 1, 2000, and December 31, 2017, had at least one VHA visit, and were screened for MST (exclusive of those who declined to answer the screening). We conducted logistic regression analyses to examine associations of a positive MST screen with various mental and physical health conditions—defined by administrative diagnostic codes—and comorbidity of mental and/or physical health conditions. Models were adjusted for demographic and military service characteristics, along with duration in the VHA.

### Results

Approximately 26% ( $n = 130,738$ ) of women veterans screened positive for MST. In fully adjusted models, a positive MST screen was associated with greater risk of having all mental and physical health conditions examined, except cancer-related conditions, ranging from 9% greater odds of rheumatic disease to 5.4 times greater odds of post-traumatic stress disorder. MST was also associated with greater comorbidity, including greater odds of having  $\geq 2$  mental health conditions (odds ratio [OR], 3.28; 99% confidence interval [CI], 3.20–3.37), having  $\geq 2$  physical health conditions (OR, 1.26; 99% CI, 1.22–1.29), and having  $\geq 1$  mental health condition and  $\geq 1$  physical health condition (OR, 2.05; 99% CI, 2.00–2.11).

### Conclusions

Findings suggest that MST is common in women veterans and may play a role in the clinical complexity arising from comorbid conditions.

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<https://doi.org/10.1093/milmed/usab213>

## **We're Stronger Together: A Collaboration to Support Military Families During the COVID-19 Pandemic.**

Dehussa A Urbietta, NC, USN, DNP, Jennifer L Akin, MPA, Wendy M Hamilton, AN, USA, DNP, Whitney W Brock, NC, USNR, DNP, Abigail Marter Yablonsky, NC, USN, PhD, NP-C

Military Medicine

Volume 186, Issue Supplement\_2, September-October 2021, Pages 23–34

### Introduction

The COVID-19 pandemic has created challenges for every segment of the U.S. population, including military personnel and their families. The TriService Nursing Research Program's Military Family Research Interest Group (FIG) formed a collaboration with Blue Star Families, a civilian non-profit organization, to identify potential issues faced by military families during the pandemic.

### Data Collection Methods

The Pain Points Poll was introduced online by Blue Star Families, and findings were aggregated weekly between March 18 and May 26, 2020. Volunteer poll respondents were mainly recruited through social media outreach. FIG-informed questions were incorporated in week 4 of polling and focused on workplace environment, financial health, social support, physical and mental health, child behavior, utilization of family care plans, and general well-being. Data were collected to gain real-time insights into the major challenges posed by the pandemic. Findings from FIG-informed questions were collaboratively reviewed and analyzed by FIG and BSF teams. Data-driven recommendations were made to stakeholders to improve processes and reprioritize investments for services that aim to alleviate the impact of COVID-19 on military families.

### Findings

A total of 2,895 military family units (i.e., service members and spouses) responded to the poll, a majority of which (88%) represented active duty family units. Although the majority of families (range: 59%-69%) noted no impact to their finances, approximately one in five families endorsed dipping into their savings during the pandemic. A majority of respondents (69.5%) reported taking active measures to support their mental health, endorsing various strategies. Among parents of special needs children, 45% of active duty families and 60% of single-parent service members reported the inability to

maintain continued services for their children. A majority of parents with school-aged children (65%) reported child behavioral changes due to their child's inability to socialize with peers. Among military service members, 41% were concerned about obtaining fair performance evaluations during the crisis.

#### Conclusions

The COVID-19 pandemic produced significant challenges for military families. Collaboration between military and civilian partners can inform policies and appropriate strategies to mitigate the impact of COVID-19 for military families. The findings presented here provide insight into areas where military families can be supported for optimal outcomes during unprecedented times.

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<https://doi.org/10.3138/jmvfh-2021-0054>

#### **Chronic pain program management outcomes: Long-term follow-up for Veterans and civilians.**

Eleni G. Hapidou, Eric Pham, Kate Bartley, Jennifer Anthonypillai, Sonya Altena, Lisa Patterson, Ramesh Zacharias

Journal of Military, Veteran and Family Health

Published Online: September 01, 2021

Interdisciplinary pain rehabilitation programs are effective in treating chronic pain. Not many studies have explored how Veterans differ from civilians in responding to treatment. In this study, several measures were administered at different time points to examine and compare the long-term treatment outcomes of Veteran and civilian men and women. Results from 67 participants showed an overall long-term improvement in levels of pain-related disability, anxiety, and depression, as well as many other pain-related variables. While no differences in treatment outcomes between Veterans and civilians were found, men and women showed some differences. Women reported higher depressive symptoms overall and more pain-related disability than men at follow-up from the program. This study demonstrates the long-term effectiveness of interdisciplinary pain management programs regardless of Veteran status. It highlights some differences between genders. Previous studies have not compared the long-term outcomes of Veterans and civilians from an interdisciplinary program.

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<https://doi.org/10.1080/03637751.2021.1963792>

## **Trajectories of relational turbulence and affectionate communication across the post-deployment transition.**

LK Knobloch, LM Knobloch-Fedders, JB Yorgason, EC Yurman, JK Monk

Communication Monographs

Published online: 29 Aug 2021

Affectionate communication may play a key role in how military couples navigate the transition from deployment to reintegration. Informed by relational turbulence theory, this study considered how the trajectory of relational turbulence experienced by military couples over time predicted their verbal and nonverbal expressions of affection. Online self-report data were gathered from 268 U.S. military couples across eight months beginning at homecoming. Relational turbulence increased over time and affectionate communication decreased over time. Also as predicted, the trajectory of increasing relational turbulence corresponded with greater declines in verbal and nonverbal expressions of affection. These results advance relational turbulence theory, illuminate the trajectory of affectionate communication over time, and inform ways to assist military couples upon reunion after deployment.

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<https://doi.org/10.1176/appi.ajp.2021.20111570>

## **Predictors of Suicide Attempt Within 30 Days After First Medically Documented Suicidal Ideation in U.S. Army Soldiers.**

The American Journal of Psychiatry

2021 Sep 1; appiajp202120111570

Objective:

The authors sought to identify predictors of imminent suicide attempt (within 30 days) among U.S. Army soldiers following their first documented suicidal ideation.

Methods:

Using administrative data from the Army Study to Assess Risk and Resilience in Servicemembers, the authors identified 11,178 active-duty Regular Army enlisted

soldiers (2006-2009) with medically documented suicidal ideation and no prior medically documented suicide attempts. The authors examined risk factors for suicide attempt within 30 days of first suicidal ideation using logistic regression analyses, including sociodemographic and service-related characteristics, psychiatric diagnoses, physical health care visits, injuries, and history of family violence or crime perpetration or victimization.

#### Results:

Among soldiers with first documented suicidal ideation, 830 (7.4%) attempted suicide, 46.3% of whom (N=387) attempted suicide within 30 days (rate, 35.4 per 1,000 soldiers). Following a series of multivariate analyses, the final model identified females (odds ratio=1.3, 95% CI=1.0, 1.8), combat medics (odds ratio=1.6, 95% CI=1.1, 2.2), individuals with an anxiety disorder diagnosis prior to suicidal ideation (odds ratio=1.3, 95% CI=1.0, 1.6), and those who received a sleep disorder diagnosis on the same day as the recorded suicidal ideation (odds ratio=2.3, 95% CI=1.1, 4.6) as being more likely to attempt suicide within 30 days. Black soldiers (odds ratio=0.6, 95% CI=0.4, 0.9) and those who received an anxiety disorder diagnosis on the same day as suicidal ideation (odds ratio=0.7, 95% CI=0.5, 0.9) were less likely.

#### Conclusions:

Suicide attempt risk is highest in the first 30 days following ideation diagnosis and is more likely among women, combat medics, and soldiers with an anxiety disorder diagnosis before suicidal ideation and a same-day sleep disorder diagnosis. Black soldiers and those with a same-day anxiety disorder diagnosis were at decreased risk. These factors may help identify soldiers at imminent risk of suicide attempt.

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<https://doi.org/10.1080/08995605.2021.1962190>

### **An examination of department of defense environmental factors that contribute to reporting sexual harassment.**

Kenzie Hurley, Brandon Sholar & L. T. Christopher Rodeheffer

Military Psychology

Published online: 25 Aug 2021

This study examined the influence of inclusion on the relationship between unwanted workplace experiences (UWEs) and negative perceptions of the sexual harassment

reporting climate (NPRC) among 77 United States military units. De-identified archival data from the Department of Defense's Defense Organizational Climate Survey (DEOCS) were analyzed. Results show that, while perceptions of inclusion did not moderate the relationship between UWEs and NPRC, it did predict NPRC. Our research reveals that the more inclusive a unit is, the more likely members in that unit will have positive perceptions of the sexual harassment reporting climate. Additionally, unit group cohesion (GC) levels were found to positively predict levels of inclusion among units. Implications regarding the implementation of more team-building exercises to both raise GC and perceptions of inclusion – as a potential way for military units to improve sexual harassment reporting climate – are discussed.

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<https://doi.org/10.1080/08995605.2021.1959222>

### **Better off with you: Exploring congruity between caregivers' and Veterans' experience of efforts to cope with suicide.**

Dev Crasta, Angela Page Spears, Sarah R. Sullivan, Peter C. Britton & Marianne Goodman

Military Psychology

Published online: 25 Aug 2021

The interpersonal theory of suicide posits people are more likely to consider suicide when they perceive themselves as alone and as a burden. However, there is limited research on whether these self-perceptions reflect caregiver experiences. As part of a larger study of collaborative safety planning, 43 Veteran/caregiver dyads (N = 86 individuals) completed measures of belongingness and burdensomeness, caregiver burden, family problem solving, and suicide-related coping. We conducted dyad-level actor interdependence models allowing two types of social coping (i.e., general problem solving and suicide-specific coping) to predict Veteran's self-views and caregiver interpersonal perceptions. Results suggested that Veteran social coping predicted lower Veteran thwarted belongingness and burdensomeness and caregiver involvement in problem solving was similarly associated with their own lower caregiver emotional burden. But examination of cross-partner effects demonstrated that greater Veteran coping was associated with greater time burden for caregivers. Findings suggest that social coping is associated with positive perceptions at the individual level (i.e., Veterans and caregivers to themselves) but does not indicate positive effects at the

partner level. Clinicians working with Veterans may wish to involve supports in care to encourage effective collaboration that meets both caregiver/recipient needs.

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<https://doi.org/10.1037/pro0000423>

**Embedded behavioral health in the U.S. Air Force: Addressing the ethics of an expanding area of practice.**

Hryshko-Mullen, A. S., Behnke, S. H., Ogle, A. D., Rogers, T. E., Tubman, D. S., Rowe, K. L., & Dunkle, A. N.

Professional Psychology: Research and Practice  
Advance online publication

In February 2020, the U.S. Air Force Medical Service sponsored a 2-day symposium to address ethical aspects of an expanding role of psychologists as embedded behavioral health (EBH) providers in the Air Force. The purpose of the symposium was to begin an organized, intentional, and continuing exploration of ethical issues psychologists and other mental health professionals encounter in embedded settings. The impetus for the symposium is the rapid expansion of EBH into more conventional force units within the Air Force. This expansion will include large numbers of civilian providers. Existing literature has focused on actions embedding psychologists should take, but has given little attention to organizational-level actions that could influence the ability to operate successfully in such contexts (e.g., training and personnel selection). The authors first describe the origins, format, and conclusions of the symposium and then identify issues discussed at the symposium as essential in formulating a satisfactory and comprehensive ethical framework to govern EBH for psychologists. The authors conclude by setting forth an agenda to carry the work of the symposium forward. This agenda emphasizes the value of engaging across services and with nonmilitary psychologists in discussing the application of psychology's ethics to this expanding area of practice with an increasing involvement of civilian psychologists. Air Force psychologists view such broad engagement as invaluable and intend this article to be a springboard for such engagement. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

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<https://doi.org/10.1159/000517329>

## **The Many Faces of Sleep Disorders in Post-Traumatic Stress Disorder: An Update on Clinical Features and Treatment.**

Weber F.C. Wetter T.C.

Neuropsychobiology

Published online: September 2, 2021

Sleep disorders and nightmares are core symptoms of post-traumatic stress disorder (PTSD). The relationship seems to be bidirectional, and persistent disturbed sleep may influence the course of the disorder. With regard to sleep quality, insomnia and nocturnal anxiety symptoms, as well as nightmares and stressful dreams, are the most prominent sleep symptoms. Polysomnographic measurements reveal alterations of the sleep architecture and fragmentation of rapid eye movement sleep. In addition, sleep disorders, such as sleep-related breathing disorders and parasomnias are frequent comorbid conditions. The complex etiology and symptomatology of trauma-related sleep disorders with frequent psychiatric comorbidity require the application of multimodal treatment concepts, including psychological and pharmacological interventions. However, there is little empirical evidence on the effectiveness of long-term drug treatment for insomnia and nightmares. For nondrug interventions, challenges arise from the current lack of PTSD-treatment concepts integrating sleep- and trauma-focused therapies. Effective therapy for sleep disturbances may consequently also improve well-being during the day and probably even the course of PTSD. Whether early sleep interventions exert a preventive effect on the development of PTSD remains to be clarified in future studies.

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<https://doi.org/10.1037/tra0001066>

## **Diagnosing obstructive sleep apnea in a residential treatment program for veterans with substance use disorder and PTSD.**

Colvonen, P. J., Rivera, G. L., Straus, L. D., Park, J. E., Haller, M., Norman, S. B., & Ancoli-Israel, S.



Background:

Obstructive sleep apnea (OSA) is often comorbid with both substance use disorders (SUD) and posttraumatic stress disorder (PTSD), yet frequently goes undiagnosed and untreated. We present data on the feasibility and acceptability of objective OSA diagnosis procedures, findings on OSA prevalence, and the relationship between OSA and baseline SUD/PTSD symptoms among veterans in residential treatment for comorbid PTSD/SUD.

Methods:

Participants were 47 veterans admitted to residential PTSD/SUD treatment. Participants completed questionnaires assessing PTSD and sleep symptoms, and filled out a sleep diary for seven days. Apnea-hypopnea index (AHI) was recorded using the overnight Home Sleep Apnea test (HSAT; OSA was diagnosed with  $AHI \geq 5$ ).

Results:

Objective OSA diagnostic testing was successfully completed in 95.7% of participants. Of the 45 veterans who went through HSAT, 46.7% had no OSA, 35.6% received a new OSA diagnosis, and 8.9% were previously diagnosed with OSA and were using positive airway pressure treatment (PAP); an additional 8.9% were previously diagnosed with OSA, reconfirmed with the HSAT, but were not using PAP. One hundred percent of respondents during follow-up deemed the testing protocol's usefulness as "Good" or "Excellent."

Conclusion:

OSA diagnostic testing on the residential unit was feasible and acceptable by participants and was effective in diagnosing OSA. OSA testing should be considered for everyone entering a SUD and PTSD residential unit. (PsyInfo Database Record (c) 2021 APA, all rights reserved)

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<https://doi.org/10.1016/j.jpsychires.2021.09.021>

**Effects of blast exposure on psychiatric and health symptoms in combat veterans.**

SL Martindale, AS Ord, LG Rule, JA Rowland

Blast exposure is common among service members, but the chronic psychiatric effects associated with blast exposure are not well-characterized independent of a resulting mild traumatic brain injury (TBI). This analysis evaluated whether blast exposure severity was independently associated with or exacerbated symptom report beyond posttraumatic stress disorder (PTSD) and mild TBI. Participants were Iraq and Afghanistan combat veterans (N = 275; 86.55% male), 71.27% with history of blast exposure, 29.82% current diagnosis of PTSD, and 45.45% with mild TBI. All participants completed diagnostic interviews for PTSD, lifetime TBI, and lifetime blast exposure. Self-reported psychiatric and health outcomes included posttraumatic stress symptoms, depressive symptoms, neurobehavioral symptoms, sleep quality, pain interference, and quality of life. Blast severity was associated with PTSD (B = 2.00), depressive (B = 0.76), and neurobehavioral (B = 1.69) symptoms beyond PTSD diagnosis and mild TBI history. Further, blast severity accounted entirely (i.e., indirect/mediation effect) for the association between TBI and posttraumatic stress (B = 1.62), depressive (B = 0.61), and neurobehavioral (B = 1.38) symptoms. No interaction effects were present. Exposure to blast is an independent factor influencing psychiatric symptoms in veterans beyond PTSD and mild TBI. Results highlight that blast exposure severity may be a more relevant risk factor than deployment mild TBI in combat veterans and should be considered in the etiology of psychiatric symptom presentation and complaints. Further, severity of psychological distress due to the combat environment may be an explanatory mechanism by which blast exposure mediates the relationship between mild TBI and symptom outcomes.

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<https://doi.org/10.1037/tra0001074>

### **The role of canines in the treatment of posttraumatic stress disorder: A systematic review.**

Vitte, P., Bragg, K., Graham, D., Davidson, J., Bratten, T., & Angus-Leppan, G.

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

#### Objective:

Posttraumatic stress disorder (PTSD) is a syndrome of prolonged stress reactions that can develop following a traumatic event. Treatment usually relies on both psychotherapies and pharmacotherapies. Recently, the use of dogs as adjunct intervention for a variety of psychiatric conditions has received widespread attention. The aim of this review was to systematically review the evidence for the use of dogs in the treatment of PTSD.

#### Method:

A systematic search was conducted using multiple specialist and generalist databases. Articles targeted were those examining the effects of dogs in the treatment of PTSD. Inclusion criteria were peer review, that participants had a formal diagnosis of PTSD, and that the experimental intervention involved a dog. There were no restrictions on subpopulation, exact type or role of dog, or country or language of publication.

#### Results:

16 papers met the inclusion criteria. All of the included studies examined veterans. Methods and results were widely heterogeneous between studies, making it infeasible to quantify an overall effect size. Multiple studies demonstrated promising results when dogs were used as an adjunct intervention to standard therapy, particularly in symptom reduction and social functioning. However, risk of bias was an issue for most of the studies. While the results in most of the studies were overall promising, the risk of biases and veteran subpopulation limit the validity and generalizability of the results.

#### Conclusions:

At best, the current evidence raises the hypothesis that dogs are beneficial in PTSD. Further research is required with a focus on rigorous design. (PsyInfo Database Record (c) 2021 APA, all rights reserved)

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<https://doi.org/10.1037/neu0000755>

**Higher self-reported posttraumatic stress symptoms are associated with poorer working memory in active-duty service members.**

Witkin, J. E., Denkova, E., Zanesco, A. P., Llabre, M. M., & Jha, A. P.

Neuropsychology

Advance online publication

#### Objective:

Posttraumatic stress is a significant issue facing military service members and can negatively impact working memory (WM), which is critical for performance success. Yet, few studies have examined the link between self-reported posttraumatic stress symptoms (PTSS) and WM performance in active-duty military cohorts. The present study utilized hierarchical linear modeling to examine this relationship by considering PTSS and underlying symptom clusters as well as WM demands related to load and affective interference in an active-duty military cohort (N = 515).

#### Method:

PTSS severity was assessed via the posttraumatic stress disorder checklist—military version (PCL-M), and behavioral performance was measured on a delayed-recognition WM task that manipulated mnemonic load (low vs. high load) and affective interference (negative combat-related vs. neutral civilian images presented during the delay interval).

#### Results:

Examination of the relationship between PCL-M and WM performance demonstrated that higher total PCL-M scores (especially higher numbing and hyperarousal symptoms) were associated with poorer WM task performance,  $b = -0.083$ ,  $p = .003$ , 95% CI  $[-0.137, -0.029]$ , even after controlling for combat experiences and previous deployment status. This relationship was stronger on trials with negative,  $b = -0.114$ ,  $p < .001$ , 95% CI  $[-0.175, -0.054]$ , compared to neutral distracters,  $b = -0.052$ ,  $p = .093$ , 95% CI  $[-0.112, 0.009]$ .

#### Conclusions:

These results suggest that PTSS are associated with performance costs on a WM task with combat-related negative distracters. Broadly, these findings highlight the need to address PTSS in active-duty cohorts and further investigate vulnerabilities related to cognitive demands and psychological health. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

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<https://doi.org/10.1093/milmed/usab367>

**Tools, Time, Training, and Team—Military Primary Care Providers' Perspectives on Improving Chronic Pain Assessment and Management.**

Asha Mathew, MBA, MSN, BSN, Honor McQuinn, DNP, ARNP, FNP-BC, Diane M Flynn, MD, MPH, Jeffrey C Ransom, PhD, DNP, FNP-BC, Ardith Z Doorenbos, PhD, RN, FAAN

Military Medicine

Published: 04 September 2021

## Introduction

Primary care providers are on the front lines of chronic pain management, with many reporting frustration, low confidence, and dissatisfaction in handling the complex issues associated with chronic pain care. Given the importance of their role and reported inadequacies and dissatisfaction in managing this challenging population, it is important to understand the perspectives of primary care providers when considering approaches to chronic pain management. This qualitative descriptive study aimed to comprehensively summarize the provider challenges and suggestions to improve chronic pain care in military primary care settings.

## Materials and Methods

Semi-structured interviews with 12 military primary care providers were conducted in a single U.S. Army medical center. All interviews were audio-recorded and lasted between 30 and 60 minutes. Interview transcripts were analyzed using ATLAS 9.0 software. Narratives were analyzed using a general inductive approach to content analysis. The Framework Method was used to organize the codes and emergent categories. All study procedures were approved by the Institutional Review Board of the University of Washington.

## Results

Four categories captured providers' challenges and suggestions for improving chronic pain care: (1) tools for comprehensive pain assessment and patient education, (2) time available for each chronic pain appointment, (3) provider training and education, and (4) team-based approach to chronic pain management. Providers suggested use of the Pain Assessment Screening Tool and Outcomes Registry, more time per visit, incorporation of chronic pain care in health sciences curriculum, consistent provider training across the board, insurance coverage for complementary and integrative therapies, patient education, and improved access to interdisciplinary chronic pain care.

## Conclusions

Lack of standardized multifaceted tools, time constraints on chronic pain appointments, inadequate provider education, and limited access to complementary and integrative health therapies are significant provider challenges. Insurance coverage for

complementary and integrative health therapies needs to be expanded. The Stepped Care Model of Pain Management is a positive and definite stride toward addressing many of these challenges. Future studies should examine the extent of improvement in guidelines-concordant chronic pain care, patient outcomes, and provider satisfaction following the implementation of the Stepped Care Model of Pain Management in military health settings.

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<https://doi.org/10.1016/j.jad.2021.08.128>

**Religion, Spirituality, and Risk for Incident Posttraumatic Stress Disorder, Suicidal Ideation, and Hazardous Drinking in U.S. Military Veterans: A 7-Year, Nationally Representative, Prospective Cohort Study.**

Arielle Rubenstein, Harold G. Koenig, Deborah B. Marin, Vanshdeep Sharma, ... Robert H. Pietrzak

Journal of Affective Disorders  
Available online 2 September 2021

Highlights

- 7-year prospective cohort study of Religion/Spirituality and new-onset mental health outcomes in a nationally representative sample of US Veterans
- Organized religious activity was found to be protective for PTSD and suicidal ideation.
- Private spiritual activity was found to be associated with a greater risk of hazardous drinking.
- Intrinsic religiosity was found to be protective for hazardous drinking.

Abstract

While religion and spirituality (R/S) have been linked to positive mental health outcomes, most studies have employed cross-sectional designs, which do not allow one to evaluate the utility of R/S in predicting these outcomes. To address this gap, this study analyzed data from a 7-year nationally representative, prospective cohort study of U.S. military veterans to examine the effects of R/S on the development of incident mental health outcomes in this population. Specifically, we examined the association between organizational religious activity (ORA), non-organizational religious activity (NORA), and intrinsic religiosity (IR), and the risk of incident PTSD, suicidal ideation (SI), and hazardous drinking (HD). Multivariable logistic regression analyses revealed

that ORA predicted a lower incidence of PTSD and SI; NORA a greater risk of developing HD; and IR a lower risk of developing HD. These results suggest that religion and spirituality, assessed in a nationally representative sample of military veterans, predict risk of developing PTSD, SI, and HD, over and above sociodemographic factors and perceived social support. Clinical implications and strategies for incorporating R/S into mental health assessment and interventions in this population are discussed.

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<https://doi.org/10.1016/j.pmedr.2021.101546>

### **Evaluation of neighborhood resources and mental health in American military Veterans using geographic information systems.**

Young Shin Park, Jean F. Wyman, Barbara J. McMorris, Lisiane Pruinelli, ... Steven Fu

Preventive Medicine Reports  
Volume 24, December 2021, 101546

#### Highlights

- Four meaningful neighborhood resource groups were identified by clustering.
- Living in alcohol-permissive/tobacco-restrictive neighborhoods had negative impacts.
- Place of residence and distance to the closest VA care facility were not significant.

#### Abstract

Neighborhood-level social determinants are increasingly recognized as factors shaping mental health in adults. Data-driven informatics methods and geographic information systems (GIS) offer innovative approaches for quantifying neighborhood attributes and studying their influence on mental health. Guided by a modification of Andersen's Behavioral Model of Health Service Use framework, this cross-sectional study examined associations of neighborhood resource groups with psychological distress and depressive symptoms in 1,528 U.S. Veterans. Data came from the Veteran Affairs (VA) Health Services Research and Development Proactive Mental Health trial and publicly available sources. Hierarchical clustering based on the proportions of neighborhood resources within walkable distance was used to identify neighborhood resource groups and generalized estimating equations analyzed the association of identified neighborhood resource groups with mental health outcomes. Few resources were found

in walkable areas except alcohol and/or tobacco outlets. In clustering analysis, four meaningful neighborhood groups were identified characterized by alcohol and tobacco outlets. Living in an alcohol-permissive and tobacco-restrictive neighborhood was associated with increased psychological distress but not depressive symptoms. Living in urban or rural areas and access to VA care facilities were not associated with either outcome. These findings can be used in developing community-based mental health-promoting interventions and public health policies such as zoning policies to regulate alcohol outlets in neighborhoods. Augmenting community-based services with Veteran-specialized services in neighborhoods where Veterans live provides opportunities for improving their mental health.

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### **Links of Interest**

Inspiring Stories From Coast Guard Veterans

<https://www.maketheconnection.net/whats-new/inspiring-stories-from-coast-guard-veterans/>

Veterans Struggle With Issues That Are Often Invisible to Others

<https://www.nytimes.com/2021/09/07/us/politics/afghan-war-veterans.html>

Serving in a Twenty-Year War: Nine veterans reflect on two decades in Afghanistan and the dramatically changing U.S. missions

<https://www.nytimes.com/interactive/2021/09/08/us/politics/9-11-veterans-afghanistan.html>

Veterans unemployment well-below national levels, matches pre-pandemic levels

<https://www.militarytimes.com/education-transition/2021/09/03/veterans-unemployment-well-below-national-levels-matches-pre-pandemic-levels/>

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**Resource of the Week:** [Management of Sleep and Fatigue in Military Aviation](#)

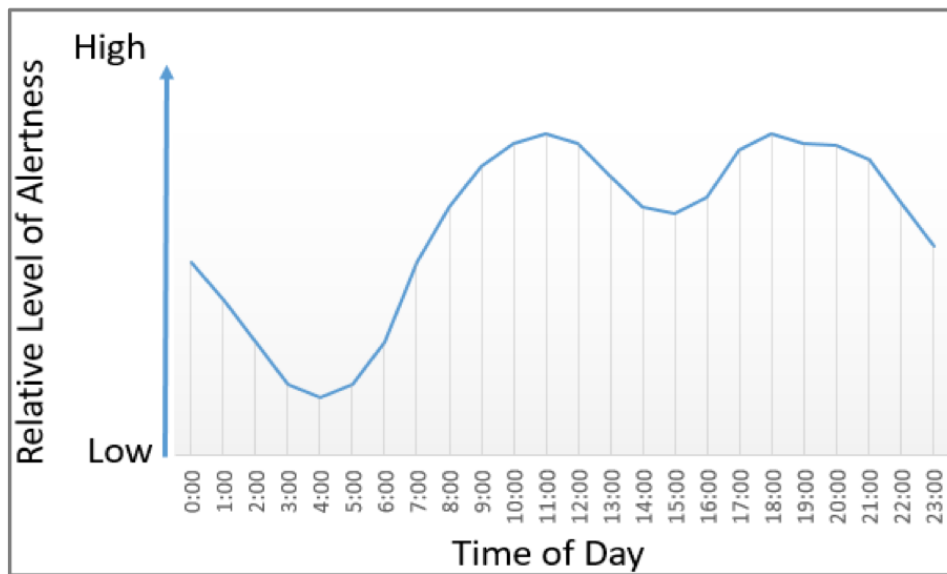
Recent Congressional Research Service publication (CRS in Focus):

In recent years, Congress has expressed concern over the effects of sleep deprivation on servicemember health and military readiness, as well as its impact on military aviation safety. Aviators in all military services of the Department of



Defense (DOD) with high operational demands and austere work settings may experience sleep deprivation and fatigue. To counter these effects, the military services use a variety of mitigation strategies (i.e., non-pharmacological and pharmacological measures) to enhance aviator safety and prevent aviation mishaps. This In Focus provides an overview of those mitigation strategies and offers issues for congressional consideration.

**Figure 1. Relative Level of Alertness and Wakefulness Based on Time of Day**



**Source:** CRS, Derived from Shappell, et al., *Crew Rest and Duty Restrictions for Commercial Space Flight*, available at <https://rosap.ntl.bts.gov/view/dot/34244>

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