

CDP



Research Update -- September 16, 2021

What's Here:

- Qualitative characterizations of misinformed disclosure reactions to medications for opioid use disorders and their consequences.
- Acupuncture for combat post-traumatic stress disorder: trial development and methodological approach for a randomized controlled clinical trial.
- Post-traumatic stress disorder is associated with alterations in evoked cortical activation during visual recognition of scenes.
- Serum Fatty Acid Latent Classes Are Associated With Suicide in a Large Military Personnel Sample.
- A cognitive behavioural therapy (CBT) approach for working with strong feelings of guilt after traumatic events.
- Post-9/11 service members: Associations between gender, marital status, and psychiatric aeromedical evacuations from combat zones.
- The career transition experiences of military Veterans: A qualitative study.
- Understanding Moral Injury Morbidity: A Qualitative Study Examining Chaplain's Perspectives.
- The suicide of Private Danny Chen: An interpersonal theory perspective.
- Improving Healthcare Access and Utilization Among Student Veterans Through Supported Education: A Case Series.
- Experiences of frontline healthcare workers and their views about support during COVID-19 and previous pandemics: A systematic review and qualitative meta-synthesis.

- Diet quality and exercise in older veterans with PTSD: a pilot study.
- Written Exposure Therapy for Suicide in a Psychiatric Inpatient Unit: A Case Series.
- Written exposure therapy for posttraumatic stress symptoms and suicide risk: Design and methodology of a randomized controlled trial with patients on a military psychiatric inpatient unit.
- Eating disorder behaviors and treatment seeking in self-identified military personnel and veterans: Results of the National Eating Disorders Association online screening.
- Moral Injury and Cannabis Use Disorder among Israeli Combat Veterans: The Role of Depression and Perceived Social Support.
- Examining the geographic distribution of six chronic disease risk factors for severe COVID-19: Veteran-nonveteran differences.
- Pilot open trial of the OurRelationship online couples' program in a Veterans Affairs Medical Center.
- Psychoeducation as Precision Health in Military-Related Mild Traumatic Brain Injury.
- Depression and mental health service use among 12–17 Year old U.S. adolescents: Associations with current parental and sibling military service.
- Army home visitors' implementation of military family violence prevention programming in the context of the COVID-19 pandemic.
- Military personnels' experience of deployment: An exploration of psychological trauma, protective influences, and resilience.
- The ambivalence about accepting the prevalence somatic symptoms in PTSD: Is PTSD a somatic disorder?
- Links of Interest
- Resource of the Week: 2021 National Veteran Suicide Annual Report (VA)

<https://doi.org/10.1016/j.jsat.2021.108593>

Qualitative characterizations of misinformed disclosure reactions to medications for opioid use disorders and their consequences.

Brousseau, N. M., Farmer, H., Karpyn, A., Laurenceau, J. P., Kelly, J. F., Hill, E. C., & Earnshaw, V. A.

Journal of Substance Abuse Treatment
2021 Aug 9; 108593

Introduction:

Methadone and buprenorphine/naloxone medications are among the most effective treatment options for opioid use disorders, yet many people remain misinformed about their benefits and hold negative perceptions about the use of medications to treat opioid use disorders. Such perceptions, especially negative perceptions based on misinformation, may be especially harmful or stigmatizing within the context of disclosure (i.e., telling another about one's opioid use disorder history or treatment), inhibiting important recovery outcomes and sources of social support.

Methods:

Therefore, using the Disclosure Process Model as a framework, the current study seeks to characterize and compare participants' perceptions of stigmatizing reactions to their disclosures of MOUD use that stem from misinformation about methadone or buprenorphine/naloxone. Participants included people who are actively receiving MOUD as treatment.

Results:

Results suggest that participants (N = 52) receiving both types of medications experienced similar stigmatizing reactions to disclosures. Participants also reported treatment consequences of misinformed reactions to their disclosure, such as dropping out of support groups (e.g., Narcotics Anonymous) or prematurely ending their medication use. Further, the paper provides participants' recommendations for avoiding or managing misinformed disclosure reactions.

Conclusions:

Short-term intervention efforts may promote strategies to manage misinformation, equipping individuals to respond to misinformation surrounding their medication use. Long-term interventions may target misinformation about methadone and buprenorphine/naloxone medications to increase health literacy, reduce stigma, and

combat cultural ambivalence within communities, as well as promote recovery among people receiving medications for opioid use disorder.

<https://doi.org/10.1186/s13063-021-05394-3>

Acupuncture for combat post-traumatic stress disorder: trial development and methodological approach for a randomized controlled clinical trial.

Hollifield, M., Hsiao, A. F., Carrick, K., Gory Munoz, A., Calloway, T., Coccozza, K., Smith, B., Smith, T., Jovanovic, T., Norrholm, S., Sokhadze, E., & Reist, C.

Trials

2021 Sep 6; 22(1): 594

Background:

Post-traumatic stress disorder (PTSD) is a significant public health problem, affecting approximately 7% of the general population and 13-18% of the combat Veteran population. The first study using acupuncture for PTSD in a civilian population showed large pre- to post-treatment effects for an empirically developed verum protocol, which was equivalent to group cognitive behavior therapy and superior to a wait-list control. The primary objective of this study is to determine both clinical and biological effects of verum acupuncture for combat-related PTSD in treatment-seeking US Veterans.

Methods:

This is a two-arm, parallel-group, prospective randomized placebo-controlled clinical trial. The experimental condition is verum acupuncture and the placebo control is sham (minimal) acupuncture in 1-h sessions, twice a week for 12 weeks. Ninety subjects will provide adequate power and will be allocated to group by an adaptive randomization procedure. The primary outcome is change in PTSD symptom severity from pre- to post-treatment. The secondary biological outcome is change from pre- to post-treatment in psychophysiological response, startle by electromyographic (EMG) eyeblink. Assessments will be conducted at pre-, mid-, post-, and 1-month post-treatment, blind to group allocation. Intent-to-treat analyses will be conducted.

Discussion:

The study results will be definitive because both clinical and biological outcomes will be assessed and correlated. Issues such as the number needed for recruitment and

improvement, use of sham acupuncture, choice of biological measure, and future research need will be discussed.

Trial registration:

ClinicalTrials.gov NCT02869646 . Registered on 17 August 2016.

<https://doi.org/10.1016/j.nicl.2021.102752>

Post-traumatic stress disorder is associated with alterations in evoked cortical activation during visual recognition of scenes.

Popescu, M., Popescu, E. A., DeGraba, T. J., & Hughes, J. D.

NeuroImage: Clinical
2021; 31: 102752

We recorded magnetoencephalography data during a visual recognition task in participants with combat exposure ($n = 40$, age: 41.2 ± 7.2 years) to investigate the relationship between the evoked brain activity, behavioral performance, and the severity of their post-traumatic stress symptoms assessed using the PTSD Check List for DSM V version (PCL-5). In an initial study session, participants were presented with a series of images of outdoor scenes and were instructed to study the images for an upcoming recognition test. In a subsequent session, the original images were shown intermixed with novel images while participants performed the recognition task. PCL-5 scores were negatively correlated with discrimination performance and with the recognition accuracy for original images. During the recognition session, higher PCL-5 scores were associated with reduced relative power of the evoked response to original images from 100 ms to 300 ms following the image onset over a distributed brain network including the bilateral inferior frontal gyri, left middle frontal gyrus, left supramarginal gyrus, right precuneus and the bilateral superior temporal gyri. These findings indicate that the lower recognition performance in participants with higher PTSD symptom severity is associated with altered cortical activity in brain regions that are known to play a role in the elaboration on visual cues that supports recollection.

<https://doi.org/10.4088/JCP.20m13275>

Serum Fatty Acid Latent Classes Are Associated With Suicide in a Large Military Personnel Sample.

Ryan, A. T., Postolache, T. T., Taub, D. D., Wilcox, H. C., Ghahramanlou-Holloway, M., Umhau, J. C., & Deuster, P. A.

The Journal of Clinical Psychiatry
2021 Feb 23; 82(2): 20m13275

Objective:

Fatty acids (FAs) are involved in the functioning of biological systems previously associated with suicidal behavior (eg, monoamine signaling and the immune system). We sought to determine (1) whether observed FA levels in a sample of military suicide decedents and living matched controls were consistent with latent classes having distinctive FA profiles and (2) whether those latent classes were associated with suicide and mental health diagnoses.

Methods:

Serum samples from 800 US military suicide decedents who died between 2002 and 2008 and 800 demographically matched living controls were selected at random from a large military serum repository and assayed for 22 different FAs. A latent class cluster analysis was performed using values of 6 FAs previously individually associated with suicide. Once the latent classes were identified, they were compared in terms of suicide decedent proportion, demographic variables, estimated FA enzyme activity, diagnoses, and mental health care usage.

Results:

A 6-latent class solution best characterized the dataset. Suicide decedents were less likely to belong to 2 of the classes and more likely to belong to 3 of the classes. The low-decedent classes differed from the high-decedent classes on 9 FAs and on estimated indices of activity for 3 FA enzymes: 14:0, 24:0, 18:1 n-9, 24:1 n-9, 22:5 n-3, 22:6 n-3, 20:2 n-6, 20:4 n-6, 22:5 n-6, elongation of very long chain fatty acids protein 1 (ELOVL1), ELOVL6, and Δ 9 desaturase. The FA profiles of the latent classes were consistent with biological abnormalities previously associated with suicidal behavior.

Conclusions:

This study suggests the utility of methods that simultaneously examine multiple FAs when trying to understand their relationship with suicide and psychiatric illness.

<https://doi.org/10.1017/S1754470X21000192>

A cognitive behavioural therapy (CBT) approach for working with strong feelings of guilt after traumatic events.

Young, K., Chessell, Z., Chisholm, A., Brady, F., Akbar, S., Vann, M., Rouf, K., Dixon, L.

The Cognitive Behaviour Therapist

Published online by Cambridge University Press: 09 September 2021

This article outlines a cognitive behavioural therapy (CBT) approach to treating feelings of guilt and aims to be a practical 'how to' guide for therapists. The therapeutic techniques were developed in the context of working with clients with a diagnosis of post-traumatic stress disorder (PTSD); however, the ideas can also be used when working with clients who do not meet a diagnosis of PTSD but have experienced trauma or adversity and feel guilty. The techniques in this article are therefore widely applicable: to veterans, refugees, survivors of abuse, the bereaved, and healthcare professionals affected by COVID-19, amongst others. We consider how to assess and formulate feelings of guilt and suggest multiple cognitive and imagery strategies which can be used to reduce feelings of guilt. When working with clients with a diagnosis of PTSD, it is important to establish whether the guilt was first experienced during the traumatic event (peri-traumatically) or after the traumatic event (post-traumatically). If the guilt is peri-traumatic, following cognitive work, this new information may then need to be integrated into the traumatic memory during reliving.

<https://doi.org/10.1080/08995605.2021.1962192>

Post-9/11 service members: Associations between gender, marital status, and psychiatric aeromedical evacuations from combat zones.

Brian A. Moore, Casey L. Straud, Willie J. Hale, Monty T. Baker, Cubby L. Gardner, Jason L. Judkins, Antoinette M. Shinn, Shelia W. Savell, Jeffery A. Cigrang, Jim Mintz, Ashton Rouska, Chelsea McMahon, Jose M. Lara-Ruiz, Stacey Young-McCaughan & Alan L. Peterson

Military Psychology

Published online: 09 Sep 2021

Psychiatric aeromedical evacuations are one of the leading causes of medical related evacuations of US military personnel from combat. Currently, no studies have examined gender and marital status of individuals who were evacuated from combat for a psychiatric diagnosis. Psychiatric aeromedical evacuation data from 5,957 United States military personnel deployed to Iraq or Afghanistan between 2001 and 2013 were analyzed using chi-square tests of independence, odds ratios (OR), and standardized residuals. Analyses showed that female service members were evacuated at higher rates (178 per 100,000) than males (115 per 100,000). When compared to nonmarried females, married females did not present with increased risk of psychiatric aeromedical evacuation on any diagnosis. Married males, however, were more likely to be evacuated than married females for PTSD (OR = 1.98) and TBI (OR = 1.14). Likewise, married males, compared to nonmarried males, were more likely to be evacuated for PTSD (OR = 1.66) and anxiety (OR = 1.38). Although deployments can be extremely stressful experiences for some military service members, they may be especially so among unmarried females and married males. This study provides a unique contribution to enhancing the understanding of risk factors related to psychiatric aeromedical evacuation for deployed service members.

<https://doi.org/10.1080/08995605.2021.1962175>

The career transition experiences of military Veterans: A qualitative study.

Sarah Shue, Marianne S. Matthias, Dennis P. Watson, Kristine K. Miller & Niki Munk

Military Psychology

Published online: 09 Sep 2021

Transitioning out of a military career can be difficult and stressful for Veterans. The purpose of this study was to gain an in-depth understanding of the challenges and needs of career transitioning Veterans. Fifteen United States Veterans from a larger mixed methods research project completed a qualitative semi-structured interview regarding their career transition. Interview questions invited participants to define their transition experience, identify influential psychosocial factors, resources utilized or needed, what it meant to transition out of the military, role changes experienced, and how the participant had adapted to the transition. Emergent thematic analysis revealed

4 themes: 1) it is necessary to actively prepare for the transition; 2) a variety of factors impacted the military career transition process; 3) transitioning out of a military career equated to the loss of structure; and 4) the transition required Veterans to establish themselves outside of the military. Findings from this study identified barriers, desired assistance, and facilitators to the career transition process, which should be considered by those assisting transitioning Veterans and when developing transition-related resources. Continuing to expand on this knowledge will positively impact service members as they exit their military career.

<https://doi.org/10.1007/s10943-021-01414-3>

Understanding Moral Injury Morbidity: A Qualitative Study Examining Chaplain's Perspectives.

Rachel L. Boska, Shawn Dunlap, Marek Kopacz, Todd M. Bishop & J. Irene Harris

Journal of Religion and Health
Published: 04 September 2021

Moral injury tends to be conceptualized through an interplay of psychological and religious concerns. Recent qualitative research has begun utilizing chaplains to bolster the understanding of moral injury within veterans. The current study examined qualitative data regarding how moral injury is viewed through the lens of Chaplain Services within the Veterans Health Administration (VA). Specifically, chaplains were asked to describe how moral injury presents, what kinds of complaints veterans voice with regard to moral injury, and how moral injury impacts social functioning. Chaplains highlighted how moral injury is a pervasive issue affecting veterans across multiple domains. Clinical implications discussed further.

<https://doi.org/10.1080/07481187.2021.1972365>

The suicide of Private Danny Chen: An interpersonal theory perspective.

Donna L. Schuman, Steven Buchanan, Jason Boehler & Christopher Flaherty

Death Studies

Published online: 06 Sep 2021

Despite considerable prevention and intervention efforts, military suicide rates have increased. Although most research on active-duty military suicide has focused on combat exposure, evidence shows that bullying, hazing, and race are understudied risk factors for military suicide. According to the interpersonal theory of suicide, thwarted belongingness, perceived burdensomeness, and acquired capability are necessary components for enacting a suicide death. In this theoretically-based interpersonal case analysis of the suicide death of Private Danny Chen, an American soldier of Chinese descent, we explore how bullying, hazing, and race may have intersected with other vulnerabilities to result in his death.

<https://doi.org/10.1007/s40737-021-00235-7>

Improving Healthcare Access and Utilization Among Student Veterans Through Supported Education: A Case Series.

Donna M. Crossman, Meghan E. Ahern, Caitlin M. Girouard, Arielle A. J. Scoglio, Erin D. Reilly, Lisa Mueller, Charles E. Drebing & Marsha Langer Ellison

Journal of Psychosocial Rehabilitation and Mental Health

Published: 08 September 2021

Compared to their civilian counterparts, Veterans have higher rates of mental health difficulties but are less likely to utilize health services. Since 2009, more than 1.4 million Veterans, service members, and their families have used the Post 9/11 GI Bill to fund their education, suggesting that college campuses are potential environments to reach Veterans with unmet health care needs. The Veterans Integration to Academic Leadership-Supported Education (VITAL-SEd) program was developed using psychiatric rehabilitation principles to provide in-person access to academic interventions, mental health programming, and access to additional services for unmet needs. The cases of three student Veterans are reported to demonstrate the implementation process and impact of VITAL-SEd in facilitating healthcare access and utilization among student Veterans. An outline of the VITAL-SEd model utilized is offered, and analyses of these three cases provided reveal the following practical implication themes: (1) responding to expressed educational needs helped build rapport and trust, thereby facilitating identification of unmet healthcare needs, (2) promoting

Veteran choice and self-direction can shift student Veterans from a deficit to empowerment model of their own academic role, (3) using an integrated-health care lens within the context of SEd can help Veterans obtain both academic and health-management skills. Overall, results provide preliminary evidence of the usefulness and feasibility of the VITAL-SEd model.

<https://doi.org/10.1186/s12913-021-06917-z>

Experiences of frontline healthcare workers and their views about support during COVID-19 and previous pandemics: A systematic review and qualitative meta-synthesis.

Jo Billings, Brian Chi Fung Ching, Vasiliki Gkofa, Talya Greene & Michael Bloomfield

BMC Health Services Research

Published: 06 September 2021

Background

Healthcare workers across the world have risen to the demands of treating COVID-19 patients, potentially at significant cost to their own health and wellbeing. There has been increasing recognition of the potential mental health impact of COVID-19 on frontline workers and calls to provide psychosocial support for them. However, little attention has so far been paid to understanding the impact of working on a pandemic from healthcare workers' own perspectives or what their views are about support.

Methods

We searched key healthcare databases (Medline, PsychINFO and PubMed) from inception to September 28, 2020. We also reviewed relevant grey literature, screened pre-print servers and hand searched reference lists of key texts for all published accounts of healthcare workers' experiences of working on the frontline and views about support during COVID-19 and previous pandemics/epidemics. We conducted a meta-synthesis of all qualitative results to synthesise findings and develop an overarching set of themes and sub-themes which captured the experiences and views of frontline healthcare workers across the studies.

Results

This review identified 46 qualitative studies which explored healthcare workers' experiences and views from pandemics or epidemics including and prior to COVID-19.

Meta-synthesis derived eight key themes which largely transcended temporal and geographical boundaries. Participants across all the studies were deeply concerned about their own and/or others' physical safety. This was greatest in the early phases of pandemics and exacerbated by inadequate Personal Protective Equipment (PPE), insufficient resources, and inconsistent information. Workers struggled with high workloads and long shifts and desired adequate rest and recovery. Many experienced stigma. Healthcare workers' relationships with families, colleagues, organisations, media and the wider public were complicated and could be experienced concomitantly as sources of support but also sources of stress.

Conclusions

The experiences of healthcare workers during the COVID-19 pandemic are not unprecedented; the themes that arose from previous pandemics and epidemics were remarkably resonant with what we are hearing about the impact of COVID-19 globally today. We have an opportunity to learn from the lessons of previous crises, mitigate the negative mental health impact of COVID-19 and support the longer-term wellbeing of the healthcare workforce worldwide.

<https://doi.org/10.1093/tbm/ibab116>

Diet quality and exercise in older veterans with PTSD: a pilot study.

Julia Browne, Miriam C Morey, Jean C Beckham, Hayden B Bosworth, Kathryn N Porter Starr, Connie W Bales, Jessica McDermott, Richard Sloane, Jeffrey J Gregg, Katherine S Hall

Translational Behavioral Medicine

Published: 06 September 2021

Older veterans with posttraumatic stress disorder (PTSD) are at increased risk of obesity and cardiometabolic disease. Physical activity and healthy eating are two behaviors that impact health, functional independence, and disease risk in later life, yet few studies have examined the relationship between PTSD and diet quality. This secondary analysis aimed to: (a) characterize the diet quality of older veterans with PTSD in comparison to U.S. dietary guidelines and (b) explore if participation in a supervised exercise intervention spurred simultaneous changes in dietary behavior. Diet quality was assessed with the Dietary Screener Questionnaire (DSQ), which measures daily intake of fiber, calcium, added sugar, whole grain, dairy, and fruits/vegetables/legumes. The sample included 54 military veterans ≥ 60 years old with

PTSD who participated in a randomized controlled pilot trial comparing 12 weeks of supervised exercise (n = 36) to wait-list usual care (n = 18). The DSQ was administered at baseline and 12 weeks. Consumption of added sugar exceeded U.S. dietary guideline recommendations and consumption of whole grains, fruits/vegetables/legumes, fiber, calcium, and dairy fell short. Participation in the supervised exercise intervention was not associated with changes in diet quality. Results revealed that the diet quality of older veterans with PTSD is poor, and while the exercise intervention improved health through exercise, it did not make veterans any more likely to adopt a more healthful diet. Interventions targeting diet, or diet + exercise, are needed to manage the increased risk of obesity and cardiometabolic disease present in older veterans with PTSD.

<https://doi.org/10.1016/j.cbpra.2021.06.011>

Written Exposure Therapy for Suicide in a Psychiatric Inpatient Unit: A Case Series.

Hannah Tyler, Brooke A. Fina, Brian P. Marx, Stacey Young-McCaughan, ... Alan L. Peterson

Cognitive and Behavioral Practice
Available online 8 September 2021

Highlights:

- Written Exposure Therapy for Suicide (WET-S) was used to treat four patients.
- WET-S is a novel manual-guided, 5-session intervention.
- WET-S addresses comorbid posttraumatic stress disorder and suicidal ideation.
- Majority of patients reported reductions in PTSD symptoms and suicidal thoughts.

Abstract

Patients with posttraumatic stress disorder (PTSD) are at an elevated risk of suicide. For patients hospitalized for suicide risk, psychosocial treatment and stabilization are routinely offered; however, the availability of evidence-based, manualized therapeutic interventions for PTSD is sparse. Typically, the short duration of hospitalization makes it difficult to accommodate evidence-based, trauma-focused treatments. This article presents the clinical course of four active-duty service members with PTSD who were hospitalized in a psychiatric inpatient unit for acute suicide risk and treated with Written

Exposure Therapy for Suicide (WET-S). WET-S is a brief, five-session therapy based upon Written Exposure Therapy and augmented with Crisis Response Planning for Suicide Prevention. Both posttraumatic stress symptoms and suicidal ideation were reduced from pre- to posttreatment for three of the four patients treated. WET-S shows promise as a manualized therapeutic intervention that can be delivered on an inpatient psychiatric unit.

<https://doi.org/10.1016/j.cct.2021.106564>

Written exposure therapy for posttraumatic stress symptoms and suicide risk: Design and methodology of a randomized controlled trial with patients on a military psychiatric inpatient unit.

Brian P. Marx, Brooke A. Fina, Denise M. Sloan, Stacey Young-McCaughan, ... Alan L. Peterson

Contemporary Clinical Trials

Available online 5 September 2021

Studies of active duty service members have shown that military personnel who screen positive for posttraumatic stress disorder (PTSD) are more than twice as likely to make a suicide attempt. Evidence-based PTSD treatments can reduce suicidal ideation; however, it can be challenging to provide evidence-based, trauma-focused, PTSD treatment to high-risk patients on an acute psychiatric inpatient unit because the priority of care is stabilization. Treatment for PTSD requires more time and resources than are typically afforded during inpatient hospitalizations. Written Exposure Therapy is an evidence-based, five-session, trauma-focused treatment for PTSD that may overcome the implementation challenges of providing PTSD treatment in an acute inpatient psychiatric treatment setting. This paper describes the design, methodology, and protocol of a randomized clinical trial. The goal of the study is to determine if five 60-min sessions of Written Exposure Therapy enhanced with Crisis Response Planning for suicide risk reduces the presence, frequency, and severity of suicidal ideation, suicidal behavior, rehospitalization, and non-suicidal, self-injurious behaviors. The study also will determine if Written Exposure Therapy for Suicide reduces posttraumatic stress symptom severity among military service members, veterans, and other adult military beneficiaries admitted to an acute psychiatric inpatient unit for comorbid suicide ideation or attempt and PTSD symptoms compared with Treatment as Usual. The study is

designed to enhance the delivery of care for those in acute suicidal crisis with comorbid PTSD symptoms.

<https://doi.org/10.1016/j.eatbeh.2021.101562>

Eating disorder behaviors and treatment seeking in self-identified military personnel and veterans: Results of the National Eating Disorders Association online screening.

Rachael E. Flatt, Elliott Norman, Laura M. Thornton, Ellen E. Fitzsimmons-Craft, ...
Cynthia M. Bulik

Eating Behaviors

Available online 7 September 2021

Highlights

- Over 85% of the self-selecting sample screened positive for an eating disorder.
- Of those who screened positive for an eating disorder, <3% were in treatment.
- Military/veteran group engaged in more disordered eating behaviors than civilians.
- Female military/veteran group reported more disordered eating than female civilians.
- No differences between military/veteran and civilians across treatment status

Abstract

Objective

To characterize disordered eating behaviors, eating disorder (ED) risk and diagnosis, and treatment seeking behaviors in active-duty military personnel/veterans compared with civilians.

Method

Self-selecting participants (n = 113,388; 1744 were military personnel/veterans) 18+ years old completed the National Eating Disorders Association's online screen. Engagement in and frequencies of disordered eating behaviors were compared across military/veteran and civilian groups and were stratified by gender. ED risk and diagnosis and treatment seeking behaviors were also compared.

Results

Individuals in the military/veteran group were more likely to engage in diuretic/laxative use and excessive exercise compared with civilians. Compared with civilians, the military/veteran group had a lower percentage who screened “at risk for an ED” and a higher percentage who screened for “no risk”. Females in the military/veteran group were more likely to engage in diuretic/laxative use, excessive exercise, and fasting compared with female civilians; males in the military/veteran group were more likely to engage in excessive exercise and less likely to engage in vomiting than male civilians. Of the self-identified military personnel/veterans who screened positive for any ED, 86% had never received treatment, which did not differ significantly from civilians. Notably, 56.7% of those (54.1% of military/veteran group; 56.7% of civilians) who completed an optional item on intention to seek treatment (n = 5312) indicated they would not seek treatment.

Conclusions

Disordered eating and ED profiles, but not treatment seeking, may differ between military personnel/veterans and civilians who complete an online ED screen. Future work should emphasize treatment options and connecting respondents directly to tailored resources.

<https://doi.org/10.1016/j.addbeh.2021.107114>

Moral Injury and Cannabis Use Disorder among Israeli Combat Veterans: The Role of Depression and Perceived Social Support.

Aviya Ashwal-Malka, Keren Tal-Kishner, Daniel Feingold

Addictive Behaviors

Available online 7 September 2021

Highlights

- Participants were 215 Israeli male combat veterans who reported using cannabis.
- Moral injury by self and betrayal were positively related to cannabis use disorder.
- Depression mediated this association.
- Perceived social support moderates this association.

Abstract

Introduction

Cannabis use is highly common among military combat veterans, who are also inclined toward developing Cannabis Use Disorder (CUD). The present study examined the association between Moral Injury (MI), which may occur following combat-related acts that violate one's deep moral beliefs, and CUD, as well as the mediating role of depression and the moderating role of perceived social support.

Methods

Participants were 215 Israel Defense Forces male combat veterans discharged from military service within the past five years, who reported using cannabis regularly (≥ 3 days weekly) during the past six months. Participants completed a set of validated self-report questionnaires assessing MI, CUD, depression and perceived social support.

Results

Results indicated that MI-perpetration by self and MI-betrayal were positively associated with CUD. Additionally, serial mediation analyses indicated that the associations between MI-self and betrayal and CUD were mediated by depression (direct effect: $\beta = .13$, $p = 0.1$, and $\beta = .20$, $p = .04$, respectively). Furthermore, moderation analyses indicated that the association between MI and CUD was significant only among participants with average or high levels of perceived social support (for support by a significant other: $b = .13$, $p = .006$ and $b = .22$, $p < .001$ for MI-self and betrayal, respectively; for support by family: $b = .13$, $p = .009$ for MI-betrayal; and for support by friends: $b = 0.1$, $p = .044$ for MI-self).

Conclusions

MI and its association with CUD should be addressed in clinical settings when working with combat veterans.

<https://doi.org/10.1177/17423953211028280>

Examining the geographic distribution of six chronic disease risk factors for severe COVID-19: Veteran-nonveteran differences.

McDaniel, M., & McDaniel, J. T.

Chronic Illness

2021 Sep 5; 17423953211028280

Objectives:

We aimed to better understand where the prevalence of risk factors for severe COVID-19 occur, especially among veterans and nonveterans - populations that are given the opportunity to seek healthcare from separate entities.

Methods:

In this cross-sectional study, we use data from the SMART Behavioral Risk Factor Surveillance System to estimate the prevalence (i.e., survey-weighted %) of six risk factors for severe COVID-19 (i.e., chronic obstructive pulmonary disorder [COPD], asthma, diabetes, obesity, cardiovascular disease, and kidney disease) for veterans and nonveterans at the national level, in 155 metropolitan/micropolitan statistical areas, and in Veteran Integrated Service Networks (veterans only). We examine differences in these outcomes among veterans and between geographic areas using chi-square analysis or multivariable logistic regression.

Results:

In the national aggregate, veterans exhibited higher prevalence rates of COPD, diabetes, cardiovascular disease, and kidney disease than nonveterans, but not asthma and obesity. However, we show significant variation in the prevalence of risk factors for severe COVID-19 among veterans by geographic location.

Discussion:

This study provides a dataset that can be used by healthcare providers in order to prioritize prevention programming for veterans who may be at higher risk for COVID-19 due to their increased risk for certain chronic diseases.

<https://doi.org/10.1037/cfp0000196>

Pilot open trial of the OurRelationship online couples' program in a Veterans Affairs Medical Center.

Knopp, K., Rashkovsky, K., Khalifian, C. E., Grubbs, K. M., Doss, B. D., Depp, C. A., Glynn, S. M., & Morland, L. A.

Couple and Family Psychology: Research and Practice
Advance online publication

Military-related stressors place veterans at increased risk of intimate relationship problems, which are detrimental to physical health, mental health, and well-being. Couple and family interventions for veterans are effective, and veteran access to family-based care is mandated by law. However, many veteran couples experience barriers to accessing care. OurRelationship is a coached online relationship program that may help meet veterans' needs for accessible couples' interventions. Although OurRelationship is effective with community couples, it has not been implemented or evaluated in a Veterans Affairs (VA) Medical Center setting. The present study piloted the OurRelationship program at a VA site in the southwestern United States to examine feasibility, acceptability, and preliminary effects of the program. Thirteen veterans and their partners enrolled in an open trial and provided baseline and postprogram data on relationship and individual functioning as well as qualitative feedback about their program experiences. Feasibility was supported by meeting recruitment goals, implementing all parts of the online program and coaching sessions, and a completion rate of 85%. Couples reported moderate to high satisfaction with the existing program but also suggested veteran-specific adaptations, including more attention to cognitive and mental health challenges. Veterans and partners exhibited small improvements in relationship satisfaction, distress, depression, and quality of life, with partners showing larger improvements in relationship conflict and quality of life. These results suggest OurRelationship can help expand access to family care for veterans; however, a randomized trial to evaluate the efficacy of a version of the OurRelationship program tailored to veterans is needed. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

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

Psychoeducation as Precision Health in Military-Related Mild Traumatic Brain Injury.

UM Venkatesan, DM Ramanathan-Elion

Archives of Physical Medicine and Rehabilitation
Available online 10 September 2021

A significant proportion of Service Members and Veterans (SMVs) experience at least one mild traumatic brain injury during military activities (mil-mTBI), which can result in enduring cognitive symptoms. While multiple cognitive rehabilitation (CR) interventions have been developed for this population, patient psychoeducation focusing on

biopsychosocial relationships and health behaviors is often cited as the first line of defense for mil-mTBI sequelae. However, theoretical and conceptual foundations of these psychoeducational techniques are not well articulated. This raises questions about the potency of attempts to boost health literacy in affected SMVs, who represent a highly heterogeneous patient population within a special cultural milieu. To elucidate the significance of this problem and identify opportunities for improvement, we view the psychoeducation of SMVs through the lens of educational principles described in serious mental illness (where “psychoeducation” was first formally defined) as well as contextual and phenomenological aspects of mil-mTBI that may complicate treatment efforts. To advance psychoeducation research and practice in mil-mTBI, we discuss how treatment theory, which seeks to link active treatment ingredients with specific therapeutic targets, and an associated conceptual framework for medical rehabilitation—the Rehabilitation Treatment Specification System—can be leveraged to personalize educational content, integrate it into multicomponent CR interventions, and evaluate its effectiveness.

<https://doi.org/10.1016/j.ssmph.2021.100920>

Depression and mental health service use among 12–17 Year old U.S. adolescents: Associations with current parental and sibling military service.

Andrew S. London

SSM - Population Health

Available online 9 September 2021

Highlights

- Adolescents are more likely to have a sibling than a parent in the military.
- Having a sibling in the military increases major depression among adolescents.
- Parent military service is not associated with major depression among adolescents.
- Parental military service increases mental health service use among adolescents.
- Sibling and parent military ties differentially affect adolescent depression and care.

Abstract

Objective

To examine whether having a parent and/or a sibling currently serving in the military is associated with major depression and use of mental health services among 12–17 year old adolescents in the United States.

Method

Descriptive and multivariate logistic regression analyses are conducted using pooled data from the 2016–2019 National Survey of Drug Use and Health (NSDUH). Analyses are weighted and standard errors are adjusted for the complex sampling design.

Results

Adolescents are more likely to have a sibling than a parent currently serving in the military. Having a sibling currently in the military increases the likelihood of having a lifetime and a past-year major depressive episode (MDE), but not a past-year MDE with severe role impairment or use of mental health services. Having a parent in the military is not associated with any measure of MDE, but increases use of specialty outpatient, specialty inpatient/residential, and non-specialty mental health services net of MDE and sociodemographic controls.

Conclusion

Considerable attention has focused on risk and resilience among the dependent children of current service members. A better understanding of how the current military service experiences of siblings, as well as parents, influences related adolescents' mental health, mental health care service use, substance use, and health behaviors has the potential to contribute to programs and interventions that can enhance the well-being of youth with intra-generational as well as inter-generational connections to the military. Adolescents who have a sibling currently serving in the military are an at-risk population for MDE and potentially other mental and behavioral health problems.

<https://doi.org/10.1037/cfp0000193>

Army home visitors' implementation of military family violence prevention programming in the context of the COVID-19 pandemic.

Ferrara, A. M., Kaye, M. P., Abram-Erby, G., Gernon, S., & Perkins, D. F.

Couple and Family Psychology: Research and Practice
Advance online publication

The Army New Parent Support Program (Army NPSP) provides home visitation services that promote positive parenting strategies and aims to prevent family violence for expectant military parents and military families with children from birth to age 3. Since the onset of the novel coronavirus (COVID-19), Army NPSP services have rapidly adapted to a telehealth model to fit with the suggested practices of physical distancing. Employing a grounded theory approach, nine virtual focus groups with 30 Army NPSP home visitors across eight installations were conducted to examine how this rapid shift has impacted their services, practice, and professional role. The present study identified two overarching themes: (1) working with families (e.g., continued engagement with families, increased communication, shifting family needs) and (2) adjusting to telework (e.g., technology, professional collaboration and communication, professional growth). Findings from these focus groups indicated that home visitors were actively engaged with their clients and experienced both challenges and benefits of telehealth. While the rapid transition was a big change, and home visitors missed the face-to-face interactions, they expressed that they were adapting and improving their virtual service delivery with time. Increased concerns regarding families' well-being due to social and physical isolation, increased symptoms of anxiety and depression, and grief for losses due to COVID-19, along with the ability to continue connections with these highly mobile families, points to the importance of telehealth as a means to implement parenting programs vital to military family well-being. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1037/tra0001114>

Military personnels' experience of deployment: An exploration of psychological trauma, protective influences, and resilience.

Doody, C. B., Egan, J., Bogue, J., & Sarma, K. M.

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

Background:

Military personnel are at a heightened risk of being exposed to potentially traumatic incidents in the line of duty. Evidence would suggest that the risk of developing

psychological trauma and/or PTSD after a traumatic event is predicted by the interaction of pre-trauma, peri-trauma and post-trauma risk and protective factors. Objective: This research will explore military personnels' experience of potentially traumatic events while deployed. In particular, the research aims to gain an understanding of both protective and risk factors which influence personnels' experience of potentially traumatic events.

Method:

One to one, semi-structured interviews were conducted with 12 members of the Irish Defence Forces. We conducted a thematic analysis in line with the recommendations provided by Braun & Clarke 2006.

Results:

There was a wide variety of potentially traumatic events experienced by participants, ranging from stressful naval migrant rescues to armed standoffs. Aside from more pointed events, chronic stress was reported to negatively affect personal resilience while factors such as positive mindset and a belief in the mission had a galvanizing effect. Both the family back home and the "military family" were reported to provide sources of comfort and support, while at times being a source of significant stress. The organisational context of the military, including training and formal psychological supports was viewed with mixed opinions by our participants.

Conclusions:

The findings of this research illuminate the unique stress and strains faced by Irish military personnel at pre, peri and post deployment. The results highlight the need for effective predeployment resilience building programmes to equip personnel with the tools to deal with traumatic events. This foundational work provides the basis for further research into the military peacekeeper and humanitarian domain. (PsychoInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1016/j.jpsychires.2021.09.030>

The ambivalence about accepting the prevalence somatic symptoms in PTSD: Is PTSD a somatic disorder?

Alexander McFarlane, Dr. Kristin Graham

Highlights

- Somatic disorders have a very high comorbidity with PTSD and subsyndromal PTSD.
- Somatic symptoms are a ubiquitous aspect of PTSD and should be considered a central characteristic.
- A 3-class solution in sub-syndromal and probable PTSD was differentiated by somatic symptoms.
- Class was predicted by life-time trauma rather than deployment trauma alone.

Abstract

This study examined the prevalence of somatic symptoms in post-traumatic stress disorder (PTSD) in a population-based military sample (N = 14,445). Descriptive statistics explored somatic symptom endorsement in the entire sample. A latent class analyses was conducted on participants with a posttraumatic stress checklist (PCL) score ≥ 29 (n = 2433), with class differentiated by somatic symptom endorsement. Multinomial logistic regression explored correlates of latent class. Somatic disorder was more prevalent in probable-PTSD (59.6%) and subsyndromal-PTSD (26.5%) than no-PTSD (5.0%) groups, supporting an intersection of pathophysiological processes between somatic and PTSD symptoms. A 3-class solution of Syndromal (26.7%), Psychological (17.7%), and Somatic (55.5%) classes provided the optimal representation of latent somatic symptom typologies in probable PTSD and subsyndromal PTSD. Differences between classes on key characteristics supported potentially meaningful class distinctions. Class was not predicted by number of deployments nor whether a member had ever deployed. However, class was predicted by life-time trauma, indicating that the PTSD somatic symptom relationship is not confined to combat related PTSD or the effect of toxic exposures on deployment, but that pre-existing pathophysiology related to life-time trauma may drive the relationship. The high degree of coincidence between PTSD and somatic symptoms and the high prevalence of somatic distress in the Syndromal and Somatic classes support somatic symptoms are a ubiquitous aspect of the clinical presentation and should be considered a central characteristic of PTSD and therefore included in the diagnostic criteria, as suggested by the original formulations of PTSD.

Links of Interest

Veteran suicides decreased 7 percent in 2019 to lowest level in 12 years

<https://www.militarytimes.com/veterans/2021/09/08/veteran-suicides-decreased-7-percent-in-2019-to-lowest-level-in-12-years/>

Air Force finds hurdles to success for women, Hispanics, other minorities in second disparity review

<https://www.airforcetimes.com/news/your-air-force/2021/09/09/air-force-finds-hurdles-to-success-for-women-hispanics-other-minorities-in-second-disparity-review/>

The Pentagon has spent \$1 billion on a program for domestic abuse victims since 2015. Survivors say they couldn't get help

<https://www.cbsnews.com/news/pentagon-family-advocacy-program-domestic-violence-investigation-norah-odonnell-cbs-news/>

Here's how the Air Force rates public education services at your base

<https://www.airforcetimes.com/pay-benefits/2021/09/10/heres-how-the-air-force-rates-public-education-services-at-your-base/>

Retired two-star general opens up about bipolar disorder; now his mission is to save lives

<https://www.floridatoday.com/story/life/wellness/2021/09/07/retired-general-bipolar-survivor-gregg-martin-dedicated-saving-lives/5720092001/>

Afghanistan Veterans Struggling With Mental Health

<https://www.psychiatrytimes.com/view/afghanistan-veterans-struggling-with-mental-health>

'Pack healing' provides new source of therapy to veterans with PTSD

<https://waow.com/2021/09/13/pack-healing-provides-new-source-of-therapy-to-veterans-with-ptsd/>

Resource of the Week: [2021 National Veteran Suicide Annual Report](#)

From the [VAntage Point blog](#):

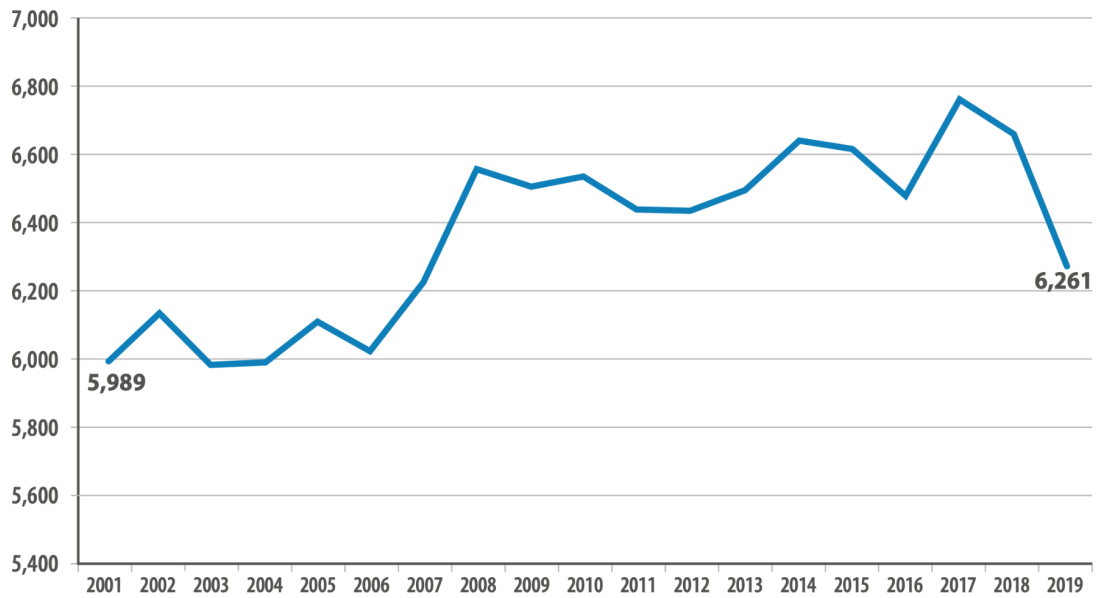
VA's latest data from 2019 shows a decrease in suicide among Veterans from the year prior. The decrease, reflecting the lowest number of Veteran suicides since 2007, provides hope and motivation for continued prevention efforts. This message is part of the new 2021 National Veteran Suicide Prevention Annual Report, which includes findings from our most recent analysis of Veteran suicide data from 2001-2019. The report contains the most comprehensive set of data about Veteran suicide mortality to date.

VA holds fast to the anchors of hope in this report, but notes that there is more work to do to address Veteran suicide.

Key report findings include:

- In 2019, there were 6,261 Veteran suicide deaths, 399 fewer than in 2018.
- In 2019, the Veteran suicide rate was 31.6 per 100,000, substantially higher than the rate among non-Veteran US adults (16.8 per 100,000).
- Adjusting for age- and sex-differences, the rate among Veterans in 2019 was 52.3% higher than for non-Veteran US adults. The rate difference between Veterans and the non-Veteran U.S. population was highest in 2017 at 66.3%.
- From 2018 to 2019, there was a 7.2% overall decrease in the age- and sex-adjusted Veteran suicide mortality rate in 2019, while among non-Veteran US adults, the adjusted suicide mortality rate fell by 1.8%.
- The age-adjusted suicide rate for male Veterans decreased 3.8% in 2019 from 2018 while the age-adjusted suicide rate for female Veterans decreased 14.9% in 2019 from 2018.
- Firearms were more often involved in Veteran suicides in 2019 than in 2018 (among Veteran men who died from suicide: 69.6% in 2018, 70.2% in 2019; among Veteran women who died from suicide: 41.1% in 2018, 49.8% in 2019).

Figure 2: Veteran Suicide Deaths, 2001–2019



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