

CDP



Research Update -- September 30, 2021

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- Military personnels' experience of deployment: An exploration of psychological trauma, protective influences, and resilience.
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- Resource of the Week: 2021 Installation Guide (Military Times)

<https://doi.org/10.1080/03007995.2021.1978417>

Prevalence of post-traumatic stress disorder in the United States: a systematic literature review.

Jeffrey Schein, Christy Houle, Annette Urganus, Martin Cloutier, Oscar Patterson-Lomba, Yao Wang, Sarah King, Will Levinson, Annie Guérin, Patrick Lefebvre & Lori L. Davis

Current Medical Research and Opinion

Published online: 23 Sep 2021

Objective

This study synthesized evidence regarding the prevalence of post-traumatic stress disorder (PTSD) in the United States (US).

Methods

A systematic literature review (SLR) identified recently published (2015–2019) observational studies of PTSD prevalence in the US via the MEDLINE, EMBASE, and PsycINFO databases. Eligible studies' most recent data were collected no earlier than 2013. Data elements extracted included study design, sample size, location, data source/year(s), study population(s), traumatic event type, prevalence estimates with corresponding look-back periods, and clinical metrics.

Results

Data from 38 identified articles were categorized by population, diagnostic criteria, and lookback period. Among civilians, point prevalence ranged from 8.0% to 56.7%, 1-year prevalence from 2.3% to 9.1%, and lifetime prevalence from 3.4% to 26.9%. In military populations, point prevalence ranged from 1.2% to 87.5%, 1-year prevalence from 6.7% to 50.2%, and lifetime prevalence from 7.7% to 17.0%. Within these ranges, several estimates were derived from relatively high quality data; these articles are highlighted in the review. Prevalence was elevated in subpopulations including emergency responders, refugees, American Indian/Alaska Natives, individuals with heavy substance use, individuals with a past suicide attempt, trans-masculine individuals, and women with prior military sexual trauma. Female sex, lower income, younger age, and behavioral health conditions were identified as risk factors for PTSD.

Conclusions

PTSD prevalence estimates varied widely, partly due to different study designs,

populations, and methodologies, and recent nationally representative estimates were lacking. Efforts to increase PTSD screening and improve disease awareness may allow for a better detection and management of PTSD.

<https://doi.org/10.1093/sleep/zsab080>

Changes of evening exposure to electronic devices during the COVID-19 lockdown affect the time course of sleep disturbances.

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Sleep

Volume 44, Issue 9, September 2021

Study Objectives

During the coronavirus disease 2019 (COVID-19) lockdown, there was a worldwide increase in electronic devices' daily usage. Prolonged exposure to backlit screens before sleep influences the circadian system leading to negative consequences on sleep health. We investigated the relationship between changes in evening screen exposure and the time course of sleep disturbances during the home confinement period due to COVID-19.

Methods

2,123 Italians (mean age \pm standard deviation, 33.1 ± 11.6) were tested longitudinally during the third and the seventh week of lockdown. The web-based survey evaluated sleep quality and insomnia symptoms through the Pittsburgh Sleep Quality Index and the Insomnia Severity Index. The second assessment survey inquired about intervening changes in backlit screen exposure in the two hours before falling asleep.

Results

Participants who increased electronic device usage showed decreased sleep quality, exacerbated insomnia symptoms, reduced sleep duration, prolonged sleep onset latency, and delayed bedtime and rising time. In this subgroup, the prevalence of poor sleepers and individuals reporting moderate/severe insomnia symptoms increased. Conversely, respondents reporting decreased screen exposure exhibited improved sleep quality and insomnia symptoms. In this subgroup, the prevalence of poor sleepers

and moderate/severe insomniacs decreased. Respondents preserving screen time habits did not show variations of the sleep parameters.

Conclusions

Our investigation demonstrated a strong relationship between modifications of evening electronic device usage and time course of sleep disturbances during the lockdown period. Monitoring the potential impact of excessive evening exposure to backlit screens on sleep health is recommendable during the current period of restraining measures due to COVID-19.

<https://doi.org/10.1093/sleep/zsab095>

The natural history of insomnia: predisposing, precipitating, coping, and perpetuating factors over the early developmental course of insomnia.

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Sleep

Volume 44, Issue 9, September 2021

While there is an extensive literature on predisposing, precipitating, coping, and perpetuating factors in those with chronic insomnia, very little work has been undertaken to evaluate these factors over the early developmental course of insomnia. The present aim was to determine whether several hypothesized factors in each domain (predisposing, precipitating, coping, and perpetuating), assessed during an episode of acute insomnia (AI), are related to its persistence or remission to normal sleep. Participants comprised $n = 140$ people with AI and $n = 737$ normal sleepers (NS) recruited from the general public. Participants completed measures assessing predisposing characteristics (personality traits, arousal predisposition, and insomnia vulnerability), precipitating events and outcomes (life events, perceived stress, anxiety, and depression), coping styles (thought control strategies and coping styles), and perpetuating factors (sleep preoccupation, pre-sleep arousal, dysfunctional beliefs, and fatigue). Additionally, insomnia status (from AI at baseline to its persistence or natural remission [NR]) was assessed 1 month later ($n = 129$). Baseline differences between NS and individuals with AI were observed in each domain with increasing age, lower openness to experience and conscientiousness, higher insomnia severity, levels of anxiety, and affective sleep preoccupation significantly predicting AI status. Further, a

previous episode of insomnia, higher depression scores, and affective sleep preoccupation scores significantly predicted its persistence, as opposed to its NR. Results are discussed with reference to the conceptualization of insomnia and how the findings may influence the design of preventative interventions to circumvent the transition from acute to chronic insomnia.

<https://doi.org/10.1089/tmr.2021.0005>

Seeing the Value of Video: A Qualitative Study on Patient Preference for Using Video in a Veteran Affairs Telemental Health Program Evaluation.

Patricia V. Chen, Ashley Helm, Terri Fletcher, Miryam Wassef, Julianna Hogan, Amy Amspoker, Marylène Cloitre, and Jan Lindsay

Telemedicine Reports
Aug 2021; 156-162

Background:

As the use of telemental health—mental health care delivered through video or phone—has increased in the era of COVID, it is important to understand patients' preferences and perspectives regarding the use of video for telehealth visits. A new web-based treatment program for veterans uses video visits with mental health experts to supplement its online cognitive behavioral therapy to treat clinically significant symptoms of depression and/or post-traumatic stress disorder.

Objective:

As part of the program evaluation, Veterans were asked, “How important was it for you to be able to physically see your provider through video telehealth?” to understand whether they thought using video was important and why it may or may not be important.

Materials and Methods:

The study uses data from the program's exit survey and exit interview. The surveys and interviews were conducted over a 19-month period. Surveys and interviews were conducted over the phone with note taking. Matrix and content analyses were used to analyze the qualitative data—predetermined themes and emergent themes were analyzed and inform findings.

Results:

Seventy-three veterans completed a survey. Of these, 64 completed an interview. The majority of veterans surveyed (75%) said that it was “very important” to physically see their provider through video telehealth, 23% said that it was at least “somewhat important” or “not at all important.” This study highlights three main themes found in the qualitative data: patients discuss (1) advantages of using video, (2) why they dislike video, and (3) technological barriers to using video.

Conclusions:

Being able to visually see a provider, and be seen by a provider, has distinct benefits for care and relationship building that are difficult to achieve over the phone. This has important implications for the future delivery of telemental health care and deserves consideration as patients and providers decide whether to use phone or video for remotely delivered care.

<https://doi.org/10.1001/jamapsychiatry.2021.2588>

Methamphetamine Use, Methamphetamine Use Disorder, and Associated Overdose Deaths Among US Adults.

Han B, Compton WM, Jones CM, Einstein EB, Volkow ND

JAMA Psychiatry

Published online September 22, 2021

Key Points

Question

Are trends in methamphetamine use among populations with socioeconomic risk factors and comorbidities associated with increases in overdose mortality?

Findings

In this cross-sectional study of 195 711 respondents to a national survey from 2015 to 2019, methamphetamine use, frequent use, co-use with cocaine, and methamphetamine use disorder increased 43% to 105%. Methamphetamine use disorder without injection doubled overall and increased 10-fold among Black individuals, and risk factors included lower socioeconomic status factors, criminal justice involvement, and comorbidities.

Meaning

This study found riskier patterns of methamphetamine use and increased diversity in populations with methamphetamine use disorder risk (particularly those with socioeconomic risk factors and comorbidities) during a time of increasing overdose mortality.

Abstract

Importance

Mortality associated with methamphetamine use has increased markedly in the US. Understanding patterns of methamphetamine use may help inform related prevention and treatment.

Objective

To assess the national trends in and correlates of past-year methamphetamine use, methamphetamine use disorder (MUD), injection, frequent use, and associated overdose mortality from 2015 to 2019.

Design, Setting, and Participants

This cross-sectional study analyzed methamphetamine use, MUD, injection, and frequent use data from participants in the 2015 to 2019 National Surveys on Drug Use and Health (NSDUH). Mortality data were obtained from the 2015 to 2019 National Vital Statistics System Multiple Cause of Death files.

Exposures

Methamphetamine use.

Main Outcomes and Measures

Methamphetamine use, MUD, injection, frequent use, and overdose deaths.

Results

Of 195 711 NSDUH respondents aged 18 to 64 years, 104 408 were women (weighted percentage, 50.9%), 35 686 were Hispanic individuals (weighted percentage, 18.0%), 25 389 were non-Hispanic Black (hereafter, Black) individuals (weighted percentage, 12.6%), and 114 248 were non-Hispanic White (hereafter, White) individuals (weighted percentage, 60.6%). From 2015 to 2019, overdose deaths involving psychostimulants other than cocaine (largely methamphetamine) increased 180% (from 5526 to 15 489; P for trend <.001); methamphetamine use increased 43% (from 1.4 million [95% CI, 1.2-1.6 million] to 2.0 million [95% CI, 1.7-2.3 million]; P for trend = .002); frequent methamphetamine use increased 66% (from 615 000 [95% CI, 512 000-717 000] to 1 021 000 [95% CI, 860 000-1 183 000]; P for trend = .002); methamphetamine and

cocaine use increased 60% (from 402 000 [95% CI, 306 000-499 000] to 645 000 [95% CI, 477 000-813 000]; P for trend = .001); and MUD without injection increased 105% (from 397 000 [95% CI, 299 000-496 000] to 815 000 [95% CI, 598 000-1 033 000]; P for trend = .006). The prevalence of MUD or injection surpassed the prevalence of methamphetamine use without MUD or injection in each year from 2017 to 2019 (60% to 67% vs 37% to 40%; P for trend \leq .001). Adults with MUD or using injection were more likely to use methamphetamine frequently (52.68%-53.84% vs 32.59%; adjusted risk ratio, 1.62-1.65; 95% CI, 1.35-1.94). From 2015 to 2019, the adjusted prevalence of MUD without injection more than tripled among heterosexual women (from 0.24% to 0.74%; P < .001) and lesbian or bisexual women (from 0.21% to 0.71%; P < .001) and more than doubled among heterosexual men (from 0.29% to 0.79%; P < .001) and homosexual or bisexual men (from 0.29% to 0.80%; P = .007). It increased over 10-fold among Black individuals (from 0.06% to 0.64%; P < .001), nearly tripled among White individuals (from 0.28% to 0.78%; P < .001), and more than doubled among Hispanic individuals (from 0.39% to 0.82%; P < .001). Risk factors for methamphetamine use, MUD, injection, and frequent use included lower educational attainment, lower annual household income, lack of insurance, housing instability, criminal justice involvement, comorbidities (eg, HIV/AIDS, hepatitis B or C virus, depression), suicidal ideation, and polysubstance use.

Conclusions and Relevance

This cross-sectional study found consistent upward trends in overdose mortality, greater risk patterns of methamphetamine use, and populations at higher risk for MUD diversifying rapidly, particularly those with socioeconomic risk factors and comorbidities. Evidence-based prevention and treatment interventions are needed to address surges in methamphetamine use and MUD.

<https://doi.org/10.1080/08995605.2021.1962185>

A model for the assessment, care, and treatment of suicidal risk within the military intelligence community.

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Military Psychology

Published online: 24 Sep 2021

This paper describes the development of a behavioral health and wellness model into the US Army Intelligence and Security Command (INSCOM) to address concerns about suicide within this community. In response to stresses existing within the intelligence community (IC), INSCOM partnered with the Army Public Health Center (APHC) to assess the health and wellbeing of Command personnel. A Community Health Assessment (CHA) survey was conducted (N = 2,704 Soldiers; N = 959 Civilians) that included focus groups across three installations and secondary source data. Six key areas were prioritized: suicide behavior, behavioral health access to care and health promotion, behavioral health stigma and maintaining clearances, workplace environment, sleep health, and overall fitness. Several actions were implemented to address the report's findings and recommendations. A Command Surgeon office was established within INSCOM. An INSCOM Health Assessment and Readiness Team (I-HART) was established. The Deputy Undersecretary of the Army provided support to address suicide within INSCOM by approving 4 highly qualified experts (HQE's) in behavioral health and clinical suicidology to provide research oversight and make recommendations. The Command General approved 8 behavioral health providers. There are planned research efforts within the command focusing on scalable and technology enabled care delivery to improve mental well-being and decrease suicides.

<https://doi.org/10.1080/08995605.2021.1962181>

Military and Veteran help-seeking behaviors: Role of mental health stigma and leadership.

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Military Psychology

Published online: 24 Sep 2021

Mental health stigma has been identified as a barrier to help-seeking in the United States. This may be particularly salient for military personnel who tend to report higher mental health stigma than the general population. Evidence suggests that both supportive and destructive military leadership are related to service members' attitudes toward seeking help. In the current study, a sample of military service members and Veterans (N = 232) completed an online survey regarding mental health stigma, previous experiences with military leaders, and mental health help-seeking behaviors. Findings indicated that destructive and supportive leadership experiences were significantly related to self stigma, public stigma, and help-seeking. Military members

and Veterans who experienced destructive leadership were more likely to report internalized mental health stigma, which decreased the likelihood of seeking help. Supportive leadership, on the other hand, was associated with greater likelihood of seeking help for mental health concerns, and was indirectly related to help-seeking through lower self-stigma. Findings suggest that the military leadership style plays a significant role in service members' and Veterans' willingness to seek assistance for mental health concerns.

<https://doi.org/10.1017/S1754470X21000246>

Survivor guilt: a cognitive approach.

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the Cognitive Behaviour Therapist
16 September 2021

Abstract

Survivor guilt is a common experience following traumatic events in which others have died. However, little research has addressed the phenomenology of survivor guilt, nor has the issue been conceptualised using contemporary psychological models which would help guide clinicians in effective treatment approaches for this distressing problem. This paper summarises the current survivor guilt research literature and psychological models from related areas, such as post-traumatic stress disorder, moral injury and traumatic bereavement. Based on this literature, a preliminary cognitive approach to survivor guilt is proposed. A cognitive conceptualisation is described, and used as a basis to suggest potential treatment interventions for survivor guilt. Both the model and treatment strategies require further detailed study and empirical validation, but provide testable hypotheses to stimulate further research in this area.

Key learning aims

- (1) To appreciate an overview of the current available literature on the phenomenology and prevalence of survivor guilt.
- (2) To understand a preliminary cognitive conceptualisation of survivor guilt.
- (3) To understand and be able to implement treatment recommendations for addressing survivor guilt.

<https://doi.org/10.1080/08995605.2021.1962183>

Spiritual care for combat trauma: A qualitative evaluation of REBOOT Combat Recovery.

Leanne K. Knobloch, Jenny L. Owens & Robyn L. Gobin

Military Psychology

Published online: 20 Sep 2021

Combat trauma experienced in a warzone can hamper the physical, mental, and spiritual health of military service members and Veterans for years afterward. Spiritual care for combat trauma is designed to help service members and Veterans find meaning and purpose in their experiences. One such spiritual care program is REBOOT Combat Recovery, a 12-week, Christian-based course led by trained volunteers across the country. An in-depth investigation of the REBOOT program is needed to advance knowledge of spiritual care for combat trauma and to assess the course in attendees' own words. Semi-structured interviews were conducted with 40 course graduates. Experiences of the course were positive. Interviewees identified the program's emphasis on peer fellowship, spirituality, and the roots of distress as reasons for its effectiveness (RQ1). The most helpful aspects of the program involved the hospitality and family focus; targets for improvement included maintaining fidelity to the curriculum and offering opportunities for continuity upon graduation (RQ2). Interviewees described a variety of ways the course affected their view of self, their relationship with God and others, and their perceptions of combat trauma (RQ3). These findings are valuable for enriching spiritual care, in general, and enhancing the REBOOT Combat Recovery program, in particular.

<https://doi.org/10.1080/08995605.2021.1962188>

Anxiety sensitivity and posttraumatic stress symptoms: Associations among female Veterans with a history of military sexual trauma.

Chelsea R. Ennis, Amanda M. Raines, Kenna R. Ebert & C. Laurel Franklin

Anxiety sensitivity (AS), the degree to which individuals fear bodily sensations associated with anxious arousal, has been implicated in the development and maintenance of posttraumatic stress disorder (PTSD). Despite this well-established link, AS has yet to be examined among women who experience military sexual trauma (MST). This is particularly important as research has shown that rates of AS and PTSD are higher among females compared to males. Thus, the purpose of the current investigation was to examine the association between AS and overall PTSD symptom and cluster severity using a sample of female Veterans with a history of MST. The sample included 50 women Veterans presenting for psychological services to a MST specialty clinic at a large southeastern Veterans Affairs hospital. Results revealed a significant positive association between AS and overall PTSD symptom severity, even after controlling for levels of depression, which appeared to be driven by the relationship between AS and negative alterations in cognitions and mood and arousal and reactivity clusters. These findings provide initial support for the association between AS and PTSD symptoms among female Veterans with a history of MST. Given the malleable nature of AS, future research should examine the extent to which targeting this cognitive-behavioral construct reduces PTSD symptoms among such samples.

<https://doi.org/10.1093/milmed/usaa567>

The Relationship Between Blast-related Hearing Threshold Shift and Insomnia in U.S. Military Personnel.

MacGregor, A. J., Joseph, A. R., Markwald, R. R., & Dougherty, A. L.

Military Medicine

2021 Aug 28; 186(9-10): 844-849

Introduction:

Hearing loss and insomnia emerged as preeminent sources of morbidity among military service members and veterans who served in the recent Iraq and Afghanistan conflicts. Significant threshold shift (STS), an early indicator of hearing loss, has not been studied in relation to insomnia. This study's objective was to examine the co-occurrence of STS and insomnia among U.S. military personnel with blast-related injury.

Materials and methods:

A total of 652 service members who were blast-injured during military operations in Iraq or Afghanistan between 2004 and 2012 were identified from the Blast-Related Auditory Injury Database. Pre- and post-injury audiometric data were used to ascertain new-onset STS, defined as 30 dB or greater increase for the sum of thresholds at 2,000, 3,000, and 4,000 Hz for either ear. Insomnia diagnosed within 2 years post-injury was abstracted from electronic medical records. Multivariable logistic regression analysis examined the relationship between STS and insomnia, while adjusting for age, year of injury, occupation, injury severity, tinnitus and concussion diagnosed in-theater, and PTSD.

Results:

A majority of the study sample was aged 18-25 years (79.9%) and sustained mild-to-moderate injuries (92.2%). STS was present in 21.1% of service members. Cumulative incidence of diagnosed insomnia was 22.3% and 11.1% for those with and without STS, respectively. After adjusting for covariates, those with STS had nearly 2-times higher odds of insomnia (odds ratio (OR) = 1.91, 95% CI = 1.12-3.24) compared with those without STS. In multivariable modeling, the strongest association was between PTSD and insomnia (OR = 5.57, 95% CI = 3.35-9.26). A secondary finding of note was that military personnel with STS had a significantly higher frequency of PTSD compared with those without STS (28.1% vs. 15.2%).

Conclusions:

Hearing threshold shift was associated with insomnia in military personnel with blast-related injury and could be used to identify service members at risk. Multidisciplinary care is needed to manage the co-occurrence of both conditions during the post-deployment rehabilitation phase. Future research should evaluate the specific mechanisms involved in this relationship and further explore the association between hearing threshold shift and PTSD.

<https://doi.org/10.1016/j.psychres.2021.113875>

The deadly gap: Understanding suicide among veterans transitioning out of the military.

Sokol, Y., Gromatsky, M., Edwards, E. R., Greene, A. L., Geraci, J. C., Harris, R. E., & Goodman, M.

Psychiatry Research
2021 Jun; 300: 113875

In the period following separation from the military, service members face the challenge of transitioning to a post-military civilian life. Some evidence suggests these transitioning Veterans are at higher risk for suicide compared with both the broader Veteran population and the United States public, yet they often do not receive adequate support and resources. In this review, we use the Three-Step Theory of suicide to outline characteristics of transitioning Veterans and the transition process that may affect suicide risk. We then highlight relevant services available to this specific subgroup of Veterans and make recommendations that address barriers to care. Cumulatively, this literature suggests transitioning Veterans fall within a "deadly gap" between the end of their military service and transition into civilian life. This "deadly gap" consists of limited psychiatric services and increased suicide risk factors which together may explain the increase in suicide during this transition period.

<https://doi.org/10.1093/milmed/usaa568>

Considerations for Acute and Emergent Deployed Mental Health Patient Management and Theater Transports: A Scoping Review.

Migliore, L., Braun, L., Stucky, C. H., Gardner, C., Huffman, S., Jumpp, S., & Bell, E.

Military Medicine
2021 Aug 28; 186(9-10) :e932-e942

Background:

Although combat stress and psychiatric casualties of war have consistently contributed to the need for deployed patient transport to higher echelons of care, little is known regarding specific evidence-based strategies for providing psychological support and optimal transport interventions for warriors.

Study objective:

The purpose of this scoping review is to map existing literature related to considerations for deployed mental health patient transport. The review's primary aims are to identify the existing scientific research evidence, determine research and training gaps, and recommend critical areas for future military research.

Methods:

We used Arksey and O'Malley's six-stage scoping review methodological framework (identify the research question, identify relevant studies, select studies, chart data, report results, and consultation). Using a systematic search strategy, we evaluated peer-reviewed literature from five databases (PubMed, CINAHL, PsycINFO, Web of Science, and Embase) and gray literature from the Defense Technical Information Center. All publications were independently screened for eligibility by two researchers during three review rounds (title, abstract, and full text).

Results:

We identified 1,384 publications, 61 of which met our inclusion criteria. Most publications and technical reports were level IV evidence and below, primarily retrospective cohort studies and epidemiologic surveillance reports. Few rigorously designed studies were identified. Eight research themes and a variety of research and critical training gaps were derived from the reviewed literature. Themes included (1) characterizing mental health patients aeromedically evacuated from theater; (2) in-flight sedation medications; (3) need for aeromedical evacuation (AE) in-theater education, training, and guidelines for staff; (4) epidemiological surveillance of AE from theater; (5) mental health management in deployed settings; (6) suicide-related event management; (7) transport issues for mental health patients; and (8) psychological stressors of AE. Research is needed to establish clinical practice guidelines for mental health condition management in theater and throughout the continuum of en route care.

<https://doi.org/10.1093/milmed/usaa511>

Mortality Among Male U.S. Army Soldiers Within 18 Months of Separation.

Abdur-Rahman, I. T., Watkins, E. Y., Jarvis, B. P., Beymer, M. R., Schoenbaum, M., Bossarte, R. M., Pecko, J. A., & Cox, K. L.

Military Medicine

2021 Aug 28; 186(9-10): e988-e995

Introduction:

Understanding how soldiers die after separation from military service, particularly those who die shortly after separating from service, may help to identify opportunities to ease transitions to civilian life.

Materials and methods:

Mortality data were analyzed for male U.S. Army soldiers who died within 18 months of their separation from service (from 1999 to 2011). Descriptive statistics were calculated for natural, accidental, suicidal, homicidal, undetermined, and legal/operation of war deaths and were stratified by age, component, time in service, and type of discharge. Crude and age-adjusted mortality rates, standardized for all years using the 2004 Regular Army population, were also calculated. The Public Health Review Board of the U.S. Army Public Health Center approved this study as Public Health Practice.

Results:

Of the 1,884,653 male soldiers who separated from service during the study period, 3,819 died within 18 months of separation. A majority of all separations were Reserve or National Guard (58%), and 62% of decedents were in the Reserve or National Guard. Deaths from natural causes (38%) were the most common, followed by accident deaths (34%), suicides (20%), homicides (6%), undetermined deaths (2%), and legal/operation of war deaths (<1%). For overall mortality, age-adjusted rates were higher among the male U.S. population when compared to male soldiers who had separated from the Army.

Conclusions:

The time period immediately following separation from the Army presents a unique challenge for many soldiers. Developing more effective pre-separation prevention programs that target specific risks requires knowing the causes of death for natural deaths, suicides, and accidents. Over half of all deaths occurring shortly after separation from service are preventable. Continued surveillance of specific causes of preventable deaths following separation can improve pre-separation prevention programs and transitions to post-service care.

<https://doi.org/10.1177/0886260519873335>

A Comparison of Group Anger Management Treatments for Combat Veterans With PTSD: Results From a Quasi-Experimental Trial.

Van Voorhees, E. E., Dillon, K. H., Wilson, S. M., Dennis, P. A., Neal, L. C., Medenblik, A. M., Calhoun, P. S., Dedert, E. A., Caron, K., Chaudhry, N., White, J. D., Elbogen, E., & Beckham, J. C.

Journal of Interpersonal Violence
2021 Oct; 36(19-20): NP10276-NP10300

Difficulty controlling anger is a significant concern among combat veterans with posttraumatic stress disorder (PTSD), yet few controlled studies have examined the efficacy of anger treatments for this population. This study examined the effects of a group cognitive behavioral therapy (CBT) intervention compared with a group present-centered therapy (PCT) control condition in male and female combat veterans with PTSD. Thirty-six combat veterans with PTSD and anger difficulties began group treatment (CBT, $n = 19$; PCT, $n = 17$). Separate multilevel models of self-rated anger, PTSD symptoms, and disability were conducted using data from baseline, each of 12 treatment sessions, posttreatment, and 3- and 6-month follow-up time points. Significant decreases in anger and PTSD symptoms were observed over time, but no significant differences between CBT and PCT were observed on these outcomes. A significant interaction of therapy by time favoring the PCT condition was observed on disability scores. Gender differences were observed in dropout rates (i.e., 100% of female participants dropped out of CBT). Findings suggest that both CBT and PCT group therapy may be effective in reducing anger in combat veterans with PTSD. Results also highlight potential gender differences in response to group anger treatment.

<https://doi.org/10.1177/08862605211004139>

Intimate Partner Violence Perpetration Among Military Spouses.

Park Y, Sullivan K, Riviere LA, Merrill JC, Clarke-Walper K.

Journal of Interpersonal Violence
April 2021

Military spouses are an understudied population with respect to intimate partner violence (IPV) perpetration. Due to the unique demands of service members' jobs, military couples are documented to experience particular individual, couple, and family-level risk factors that may lead to IPV perpetration. Using the frustration-aggression hypothesis and considering the possibility of mutual violence, we examined (a) the direct effects of stressful events, marital discord, and work–family conflict on IPV perpetration among military spouses and (b) the indirect effect of anger arousal between stressful events, marital discord, and work–family conflict on IPV perpetration. This study is a secondary analysis of data drawn from a survey of army spouses

conducted by the Walter Reed Army Institute of Research in 2012. The sample consists of 314 female spouses of active-duty members (white 75%, enlisted 80%). After controlling for covariates (including spouse race, rank, household size, age, living distance from military installation), the direct effects of marital discord and anger on IPV perpetration were statistically significant. Also, the direct effects of marital discord and work–family conflict on anger were significant. The path model demonstrated that the indirect effects of marital discord and work–family conflict on IPV perpetration via anger were significant. Finally, most physical and verbal violence was reported to occur in the form of mutual violence with their partners. Study findings suggest that the pathway of risk factors impacting IPV might differ depending on the sources of stress. The Family Advocacy Program, military social work practitioners, and other behavioral health providers should consider domains of risk and provide support to military spouses that is specifically tailored to these risk factors. Furthermore, considering the mediating role of anger arousal in the relationship between marital discord, work–family conflict and IPV, programs to address anger might be helpful to reduce IPV among military spouse perpetrators.

<https://doi.org/10.1111/famp.12654>

A Closer Examination of Relational Outcomes from a Pilot Study of Abbreviated, Intensive, Multi-Couple Group Cognitive-Behavioral Conjoint Therapy for PTSD with Military Dyads.

Fredman, S.J., Le, Y., Macdonald, A., Monson, C.M., Rhoades, G.K., Dondanville, K.A., Blount, T.H., Hall-Clark, B.N., Fina, B.A., Mintz, J., Litz, B.T., Young-McCaughan, S., Jenkins, A.I.C., Yarvis, J.S., Keane, T.M., Peterson, A.L., for the Consortium to Alleviate PTSD

Family Process

First published: 20 April 2021

Cognitive-behavioral conjoint therapy for posttraumatic stress disorder (CBCT for PTSD) is associated with improvements in patients' PTSD symptoms, partners' psychological distress, and relationship satisfaction. However, little is known about whether CBCT for PTSD is associated with changes in other relationship domains that have theoretical and clinical relevance to the relational context of PTSD. The current study is a secondary analysis of relational outcomes from an uncontrolled, within-group trial designed to examine whether an abbreviated, intensive, multi-couple group version of CBCT for PTSD (AIM-CBCT for PTSD) delivered in a retreat during a single weekend

was associated with improvements in PTSD symptoms and relationship satisfaction. In this investigation, we examined whether AIM-CBCT for PTSD is also associated with improvements in ineffective arguing, supportive dyadic coping by partner, joint dyadic coping, and partners' accommodation of patients' PTSD symptoms. Participants were 24 couples who included a post-9/11 U.S. service member or veteran with PTSD. At 1- and 3-month follow-up, patients reported significant reductions in couples' ineffective arguing ($d_s = -.71$ and $-.78$, respectively) and increases in supportive dyadic coping by partners relative to baseline ($d_s = .50$ and $.44$, respectively). By 3-month follow-up, patients also reported significant increases in couples' joint dyadic coping ($d = .57$), and partners reported significant reductions in their accommodation of patients' PTSD symptoms ($d = -.44$). Findings suggest that AIM-CBCT for PTSD is associated with improvements in multiple relationship domains beyond relationship satisfaction but that these may be differentially salient for patients and partners.

<https://doi.org/10.1016/j.jpsychores.2021.110615>

Modelling the relationship between poor sleep and problem anger in veterans: A dynamic structural equation modelling approach.

Olivia Metcalf, Jonathon Little, Sean Cowlshaw, Tracey Varker, ... David Forbes

Journal of Psychosomatic Research
Volume 150, November 2021

Highlights

- Previous night's sleep quality predicted next day anger frequency.
- Current day anger frequency had no effect on sleep quality.
- While sadness and anxiety affect sleep quality, this may not extend to anger.

Abstract

Objective

Problem anger and poor sleep are common, particularly in military and veteran populations, but the nature of the relationship is poorly understood, and treatment approaches would benefit from improved understanding of how these constructs interact. Ecological momentary assessment (EMA) is suitable for monitoring day-to-day fluctuations in symptoms, and modelling dynamic relationships between variables.

Methods

This study aimed to examine these fluctuations and relationships involving sleep quality and anger experiences among veterans. A sample of $n = 60$ veterans with problem anger as assessed by the recommended cut off on the Dimensions of Anger Reactions 5 scale (DAR-5) completed daily assessments of sleep quality and four times daily assessments of anger frequency, over a 10-day period.

Results

A Dynamic Structural Equation Model (DESM) estimated and revealed a unidirectional relationship across daily measurements, in that previous night poor sleep quality was associated with more frequent anger on the next day (ϕ_{ASi} Estimate -0.791 , one-tailed $p = .075$), but not the reverse.

Conclusions

These are the first longitudinal, naturalistic findings in relation to anger and sleep in a sample self-identifying with significant anger problems. The observed patterns point to the need for further research on mechanisms underpinning this relationship, and raises potential for early intervention for problem anger to include a focus on improving sleep quality.

<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. (Psycho Database Record (c) 2021 APA, all rights reserved)

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

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

Alexander Cowell McFarlane AO, Dr Kristin Graham

Journal of Psychiatric Research
Volume 143, November 2021, Pages 388-394

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.

<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/10.1016/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/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.

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. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Links of Interest

VA assembles Sexual Assault and Harassment Prevention Workgroup

<https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5714>

New Army office to take sexual assault cases from commanders

<https://www.armytimes.com/news/your-army/2021/09/15/new-army-office-to-take-sexual-assault-cases-from-commanders/>

How displacement can affect spouses — the perspective of a psych nurse and senior enlisted's wife

<https://www.militarytimes.com/pay-benefits/military-benefits/health-care/2021/09/28/how-displacement-can-affect-spouses-the-perspective-of-a-psych-nurse-and-senior-enlisteds-wife/>

Here's What You Need to Know About Military Spouse Preference

<https://www.military.com/spouse/spouse-employment/heres-what-you-need-know-about-military-spouse-preference.html>

Pace of suspected Air Force suicides has slowed this year, officials say

<https://www.airforcetimes.com/news/your-air-force/2021/09/27/pace-of-suspected-air-force-suicides-has-slowed-this-year-officials-say/>

9/11 Changed How Doctors Treat PTSD

<https://www.smithsonianmag.com/innovation/911-changed-how-doctors-treat-ptsd-180978573/>

You Are Not Alone - Mental Health Care is Not One-Size-Fits-All

<https://health.mil/News/Articles/2021/09/21/You-Are-Not-Alone-Mental-Health-Care-is-Not-One-Size-Fits-All>

Suicide is Preventable and Should Be Treated Like a Health Problem

<https://health.mil/News/Articles/2021/09/20/Suicide-is-Preventable-and-Should-Be-Treated-Like-a-Health-Problem>

VA zeroes in on gun safety as a way to reduce veteran suicides

<https://www.militarytimes.com/veterans/2021/09/22/va-zeroes-in-on-gun-safety-as-a-way-to-reduce-veteran-suicides/>

Understanding Non-Suicidal Self-Injury, Support for Military Children

<https://health.mil/News/Articles/2021/09/21/NSSI-Self-Injury>

New project seeks dream solutions to fix special operators' sleep woes

<https://www.militarytimes.com/news/your-military/2021/09/24/new-project-seeks-dream-solutions-to-fix-special-operators-sleep-woes/>

10 years after 'don't ask, don't tell,' cadets see progress

<https://www.militarytimes.com/news/your-military/2021/09/26/10-years-after-dont-ask-dont-tell-cadets-see-progress/>

10th anniversary of DADT repeal a good time to reflect on victory of facts over fear

<https://www.militarytimes.com/opinion/commentary/2021/09/20/10th-anniversary-of-dadt-repeal-a-good-time-to-reflect-on-victory-of-facts-over-fear/>

A VA hospital barred a veteran's service dog. After the vet's suicide, it changed its policy

<https://www.militarytimes.com/veterans/2021/09/24/a-va-hospital-barred-a-veterans-service-dog-after-the-vets-suicide-it-changed-its-policy/>

Ways That Mental Health Professionals Can Encourage COVID-19 Vaccination

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2784457>

Minorities And Women In The Air Force Face Harassment And Bias, A Study Finds

<https://www.npr.org/2021/09/10/1035986150/minorities-women-air-force-harassment-bias-racism-space-force>

Pandemic blues and gratitude news: emerging research on family life and covid-19

<https://militaryreach.auburn.edu/FamilyStoryDetails?resourceid=1e952e13-8534-4637-871d-1029cff6d592>

Resource of the Week: [2021 Installation Guide](#)

From Military Times:

An updated database of all the military installations, including location, phone numbers, housing, schools, and more.



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