

# CDP



## Research Update -- October 21, 2021

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- Physical functioning and mental health treatment initiation and retention for veterans with posttraumatic stress disorder: A prospective cohort study.
- Military personnels’ experience of deployment: An exploration of psychological trauma, protective influences, and resilience.
- Links of Interest
- Resource of the Week: Veterans Benefits Guide (Stars and Stripes and the Veterans Benefits Administration)

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## **Experiences of Military Primary Care Providers during Chronic Pain Visits: A Qualitative Descriptive Study.**

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

Pain Medicine

Published: 20 September 2021

### **Objective**

Chronic pain complaints are the second most common reason for outpatient primary care visits, yet a comprehensive assessment of the processes and experiences of providers during a chronic pain visit is still lacking. This qualitative descriptive study aimed to conceptualize the processes and experiences that military primary care providers go through while they assess and manage chronic pain.

### **Setting**

Single US Army medical center.

### **Methods**

Semi-structured interviews with 12 military primary care providers. Interviews were audio-recorded, transcribed, and coded using qualitative software. Transcripts were analyzed using thematic analysis to identify emergent themes.

### **Results**

Three broad themes with associated sub-themes captured the processes and providers' experiences: 1) comprehending the pain story – asking the right questions regarding pain impact, navigating through complexities of the pain story, and conveying understanding of pain story back to the patient; 2) optimizing the pain story – perception of provider-patient disconnect on pain management goals, re-setting realistic goals, creating optimal individualized treatment plan, and evaluating treatment effectiveness; and 3) empathetic and therapeutic engagement with patients – trusting patients and fostering patient-provider relationship. A thematic map illustrates these provider experiences.

### **Conclusions**

During chronic pain visits, the provider-patient disconnect on goals of chronic pain

treatment presents a considerable challenge. Further in-depth studies on addressing provider-patient disconnect are warranted to identify solutions, which would help providers communicate realistic chronic pain management expectations to patients. The themes and sub-themes described in this study could serve as a guide for directing strategies to improve chronic pain visits in primary care.

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<https://doi.org/10.1037/adb0000781>

### **Applying polyvictimization theory to veterans: Associations with substance use and mental health.**

Davis, J. P., Lee, D. S., Saba, S., Fitzke, R. E., Ring, C., Castro, C. C., & Pedersen, E. R.

Psychology of Addictive Behaviors  
Advance online publication

#### **Objective:**

Prior work has linked exposure to multiple types of trauma (i.e., polyvictimization) to increased risk of negative behavioral health outcomes compared with exposure to any single event. However, few studies have attempted to understand how polyvictimization theory relates specifically to veterans' experiences and behavioral health outcomes. The present study assessed heterogeneity in reports of childhood trauma, combat trauma, and military sexual trauma.

#### **Method:**

We recruited 1,230 veterans outside of traditional Veterans Health Administration settings to participate in a study assessing behavioral health. On average, participants were 34.5 years old with the majority identifying as White (79.3%) and male (88.7%). We used latent class analysis to extract classes of traumatic experience exposure including childhood trauma, combat trauma, and military sexual trauma.

#### **Results:**

Five classes emerged: (a) high all; (b) moderate combat trauma, high military sexual trauma; (c) high combat trauma, moderate military sexual harassment; (d) moderate childhood trauma and combat trauma; and (e) combat trauma only. Overall, veterans in profiles that endorsed multiple trauma types (i.e., polyvictimization) evidenced greater symptoms of depression, posttraumatic stress disorder, and hazardous alcohol or

cannabis use. Further, women were overly represented in profiles that included multiple victimization typologies, especially when profiles included elevated endorsement of military sexual trauma.

#### Conclusion:

A polyvictimization framework was partially supported, with differential effects on behavioral health outcomes noted across trauma experiences. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

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<https://doi.org/10.1016/j.ypmed.2021.106524>

### **The rapid anti-suicidal ideation effect of ketamine: A systematic review.**

Annabella Hochschild, Michael F. Grunebaum, J. John Mann

Preventive Medicine

Volume 152, Part 1, November 2021

#### Highlights

- 4 RCTs show intravenous ketamine superior to comparator in rapid anti-SI\* effect 80/85
- Ketamine anti-SI effect partly independent of global depression relief 70/85
- Less SI efficacy evidence for intranasal esketamine likely from lower bioavailability 85/85
- \*SI - Suicidal Ideation

#### Abstract

In many countries suicide rates have been trending upwards for close to twenty years—presenting a public health crisis. Most suicide attempts and deaths are associated with psychiatric illness, usually a depressive disorder. Subanesthetic ketamine is the only FDA-approved antidepressant that works in hours not weeks—thus potentially transforming treatment of suicidal patients. We reviewed all randomized controlled trials of the effect of ketamine on suicidal ideation to determine if ketamine rapidly reduces suicidal ideation [SI] in depressed patients and how long the benefit persists after one dose and if the route of administration or dose affects the outcome. A systematic review was conducted as per PRISMA [preferred reporting items for systematic reviews and meta-analyses] criteria. PubMed search inclusive of “ketamine” and “suicide” yielded 358 results. Papers (N = 354) were then read by at least two authors, identifying 12

meeting eligibility requirements and eleven RCTs examining whether ketamine treatment ameliorated SI. Four of five RCTs examined racemic ketamine (0.5 mg/kg) given intravenously and found an advantage for ketamine over control for rapid reduction in SI in acutely depressed patients. Two studies examined intranasal esketamine in depressed suicidal patients and found no advantage over saline. One study examined outcome six weeks after a single intravenous dose of ketamine and found benefit for SI sustained relative to 24 h post-dose. Further research is warranted into: optimal dosing strategy, including number and frequency; and long-term efficacy and safety. Ultimately, it remains to be shown that ketamine's benefit for SI translates into prevention of suicidal behavior.

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<https://doi.org/10.1007/s10826-021-02106-y>

## **Military Stressors, Parent-Adolescent Relationship Quality, and Adolescent Adjustment.**

Farnsworth, M.L., O'Neal, C.W.

Journal of Child and Family Studies

Published: 18 September 2021

### **Abstract**

Elements of military life can create challenges for all family members, including military-connected adolescents, and can have detrimental consequences for their adjustment. Although research with samples of military-connected adolescents has examined the influences of military stressors for adolescent adjustment (e.g., depressive symptoms, anxiety), less research has identified possible mechanisms responsible for these effects, particularly the role of specific familial factors. Drawing from social ecological theory and attachment theory, we examined the associations between military stressors (e.g., parental rank, combat deployments, permanent change of station moves) and self-reported adolescent adjustment (e.g., depressive symptoms, self-efficacy) along with examining adolescents' perceptions of parent-adolescent relationship quality with both the active duty and civilian parent as a linking mechanism. Using a path analysis, data from 265 Army families were examined to identify the direct and indirect associations between military stressors and adolescent adjustment through parent-adolescent relationship quality. Most military stressors were not significantly related to relationship quality of either parent or indicators of adolescent adjustment. However, parent-adolescent relationship quality with each parent (active duty and civilian parent)

was uniquely related to adolescents' adjustment. Discussion is provided regarding how military stressors and familial factors are conceptualized within the context of military families and implications for future research, family therapy, and policies are suggested.

#### Highlights

- The current study examined associations between military stressors, adolescents' perceptions of parent-adolescent relationship quality with their active duty and civilian parents, and adolescent adjustment.
- Military stressors were largely unrelated to measures of adolescent adjustment.
- Relationship quality with the active duty and civilian parents uniquely contributed to adolescent adjustment.
- Parental relationship quality was identified as a leverage point for improving adolescent adjustment.

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<https://pubmed.ncbi.nlm.nih.gov/34529818/>

#### **Timeline of Psychological and Physiological Effects Occurring During Military Deployment on a Medical Team.**

Andrew B Hall, Iram Qureshi, Ramey L Wilson, Jacob J Glasser

Journal of Special Operations Medicine  
Fall 2021; 21(3): 118-122.

#### Background:

The negative effects of deployment on military mental health is a topic of major interest. Predeployment and postdeployment assessments are common, but to date there has been little to no intradeployment assessment of military members. This study attempts to determine the physiological and psychiatric effects on Servicemembers over the course of deployment, to provide a baseline data set and to allow for better prediction, prevention, and intervention on these negative effects.

#### Methods:

A retrospective analysis was performed on physiological and psychiatric data collected on a single deployed medical team between 16 January 2020 and 12 July 2020. Patient health screening questionnaires (PHQ-9) and physiological measurements were completed serially twice weekly on five active-duty military volunteers for the entirety of a scheduled 6-month deployment.

#### Results:

Depression symptom development followed a linear trend ( $p = .0149$ ) and severity followed a quadratic trend ( $p < .001$ ) over a length of a deployment. Weight ( $p = .435$ ) and pulse ( $p = .416$ ) were not statistically altered. Mean arterial pressure (MAP) had a statistically significant reduction ( $p < .001$ ).

#### Conclusion:

In this specific population, there was a linear relationship between time deployed and depression symptoms and severity. Depression symptom severity decreases toward the end of deployment but does not return to baseline before deployment's end.

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<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

Military Psychology

Published online: 21 Sep 2021

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.



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<https://doi.org/10.5664/jcsm.9648>

**Change in circadian preference predicts sustained treatment outcomes in patients with unipolar depression and evening preference.**

Joey WY Chan, FHKAM (Psych) , Ngan Yin Chan, PhD , Shirley Xin Li, PhD, D.Clin. Psy, CPsychol , Siu Ping Lam, FHKAM (Psych) , Steven Wai Ho Chau, FHKAM(Psych) , Yaping Liu, MD, PhD , Jihui Zhang, MD, PhD , Yun Kwok Wing, FRCPPsych, FHKAM (Psych)

Journal of Clinical Sleep Medicine  
Published Online: September 21, 2021

**STUDY OBJECTIVES:**

Eveningness is associated with worse outcomes in depression. It remained unclear if eveningness could be altered with chronobiological therapy and whether such a change would predict long-term outcomes of depression.

**METHODS:**

Data from a randomized controlled trial of 5-week adjunctive bright light therapy with a gradual advance protocol conducted in 91 adult patients with non-seasonal unipolar depression and eveningness (Morningness-Eveningness Questionnaire, MEQ, score  $\leq 41$ ) was examined. "Change of eveningness" was defined by MEQ score over 41 at post-treatment week 5 and "persistent change of eveningness" was defined as maintenance of MEQ score  $>41$  throughout the follow-up period from week 5 to post-treatment five months.

**RESULTS:**

Thirty-three subjects (36%) had change of eveningness at week 5. Generalized estimating equations models showed that a change of eveningness at week five predicted a 2-fold increase in remission of depression over the five-month follow up (OR = 2.61 95% CI 1.20-5.71,  $p=0.016$ ). Twenty-five subjects (75.7%) had a persistent change and were more likely to achieve a remission of depression over the five-month follow up (OR = 3.18, 95% CI: 1.35-7.50,  $p=0.008$ ).

**CONCLUSIONS:**

One-third of the depressed patients changed their evening-preference after 5-week of

chronotherapeutic treatment and such change predicted a higher likelihood of depression remission over five months of follow-up.

CLINICAL TRIAL REGISTRATION:Registry:  
Chinese Clinical Trial Registry; Identifier: ChiCTR-IOR-15006937

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<https://doi.org/10.1002/smi.3099>

**Associations between mental health and job loss among middle- and low-income veterans and civilians during the COVID-19 pandemic: An exploratory study.**

Emre Umucu, Antonio Reyes, Andrew Nay, Eric Elbogen, Jack Tsai

Stress & Health

First published: 20 September 2021

This study examined the relationship between job loss and mental health during the pandemic among a nationally representative sample of middle- and low-income military veterans and civilians. Participants were recruited from Amazon Mechanical Turk in May–June 2020. Our sample was comparable to the U.S. population with respect to key demographics (i.e., sex, race, ethnicity, and geographic region). More veterans were male (36.9% civilians vs. 74.1% veterans), and on average they were older than civilians ( $M_{\text{civilians}} = 47.86$  vs.  $M_{\text{veterans}} = 52.64$ ). After controlling for sociodemographic factors, probable anxiety (adjusted odds ratio for veterans = 1.96, 95% [1.22–3.15]) was significantly associated with job loss among veterans, whereas among civilians, probable anxiety (adjusted odds ratio for civilians [AORc] = 1.48, 95% [1.21–1.81]), probable COVID-19 era-related stress (AORc = 1.73, 95% [1.45–2.07]), and loneliness (AORc = 1.09, 95% [1.04–1.13]) were associated with job loss. Results demonstrated that veteran sample's effect sizes were larger than civilian sample's effect sizes; however, our moderation analyses results revealed that veteran status did not moderate the relationships between mental health and job loss. The findings in this study support a relationship between job loss and poorer mental health, suggesting that increased mental health services may be important to address ongoing effects of the COVID-19 pandemic.

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## **US Army Drill Sergeants: Stressors, Behavioral Health, and Mitigating Factors.**

Toby D Elliman, PhD, Molly E Schwalb, MPH, Stephen Krauss, Peter Mikoski, MPS, Amy B Adler, PhD

Military Medicine

Volume 186, Issue 7-8, July-August 2021, Pages 767–776

### Introduction

The role of the drill sergeant is one of the most challenging within the US Army, involving unusually long hours and little time off, for a minimum of 2 years. The current study sought to examine the behavioral health of this population and identify risk factors that might be addressed by policy changes.

### Materials and Methods

In total, 856 drill sergeants across all Army basic training sites completed surveys from September to November of 2018. Drill sergeants identified factors that had caused stress or worry during their assignment. Rates were measured for behavioral health outcomes including depression, insomnia, anxiety, burnout, functional impairment, alcohol misuse, aggression, and low morale. Potential risk and resilience factors included time as a drill sergeant, sleep, route of assignment, general leadership, health-promoting leadership, and drill sergeant camaraderie. The study was approved by the Walter Reed Army Institute of Research Institutional Review Board.

### Results

The most commonly experienced stressors were finding time to exercise, lack of sleep, and long work hours. Percentages of drill sergeants meeting behavioral health screening criteria were 19% for depression, 27% for moderate-to-severe insomnia, 14% for generalized anxiety disorder, 48% for high burnout, 32% for functional impairment, 35% for moderate alcohol misuse, 32% for off-duty aggression, and 25% for low morale. Rates for most outcomes were associated with time spent as a drill sergeant, with behavioral health issues peaking during 13-18 months. Poorer outcomes were also associated with fewer hours of sleep and initial unhappiness regarding involuntary assignment to the role of drill sergeant, while better outcomes were associated with higher ratings of general leadership, health-promoting leadership, and drill sergeant camaraderie.

## Conclusions

This study is the first to examine behavioral health and morale of drill sergeants and to identify risk and resilience factors. Suggestions for policy changes include increasing the number of drill sergeants to decrease workload and allow sufficient time for recovery and sleep.

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<https://doi.org/10.1080/08995605.2021.1962191>

## **Role of deployment-related mTBI and resilience in perceived participation limitations among Veterans.**

Maya Troyanskaya, Nicholas J. Pastorek, Annette Walder, Elisabeth A. Wilde, Jan E. Kennedy, Harvey S. Levin & Randall S. Scheibel

Military Psychology

Published online: 15 Oct 2021

Problems with social functioning are common following combat deployment, and these may be greater among individuals with a history of traumatic brain injury (TBI). The present investigation examined the impact of mild TBI (mTBI), deployment-related characteristics, and resilience on perceived participation limitations among combat Veterans. This was a cross-sectional study of 143 participants with a history of at least one deployment-related mTBI (TBI group) and 80 without a history of lifetime TBI (Comparison group). Self-report measures of participation, resilience, posttraumatic stress disorder (PTSD) symptoms, and combat exposure were administered. In addition, each participant completed a structured interview to assess lifetime TBI history. The groups did not differ in basic demographics, but significant differences were found for perceived limitations in participation, the presence of PTSD symptoms, and intensity of combat exposure. A stepwise model indicated a significant effect of resilience on reported limitations in participation (adjusted  $R^2 = 0.61$ ). Individuals with higher resiliency reported a higher degree of social participation, and this effect was stronger in the TBI group. Deployment-related characteristics, including intensity of combat exposure, did not have a significant effect (adjusted  $R^2 = 0.28$ ) on social participation. The role of resilience should be recognized within post-deployment transition and rehabilitation programs.

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<https://doi.org/10.1080/21635781.2021.1977203>

## **Delivering Take Root to Military Families with a Child 0-to 3-Years-Old: Examining Feasibility and Proof-of-Concept.**

Ryan P. Chesnut, Terri L. Rudy, Janet A. Welsh & Daniel F. Perkins

Military Behavioral Health

Published online: 20 Sep 2021

Parents influence their child's positive development, and this is especially true during early childhood. In military families, the largest percentage of children are between 0 and 5 years old, and there is growing interest in developing and disseminating parent-focused interventions that target this age range for military parents. The present study examines the feasibility and proof-of-concept of the universal, web-based, Take Root parenting program, which was designed to empower military and civilian parents with a 0- to 3-year-old child in their parenting role and support positive child development. Seventy-nine participants were recruited from two Armed Services YMCA locations in fall 2019 and summer 2020. Results indicate that executing the research protocol and implementing the program among military families with young children were feasible. Further, significant pre- to post-changes in self-reports of parenting efficacy, mindful relaxation, and family functioning were found; however, when a Bonferroni-Holm correction was applied to account for multiple testing, only parenting efficacy remained significant. Collectively, the favorable results indicate the potential usefulness of Take Root for military families with young children and support the need for further, more rigorous evaluations of the program.

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<https://doi.org/10.1093/milmed/usab377>

## **Compounding Effects of Traumatic Brain Injury, Military Status, and Other Factors on Pittsburgh Sleep Quality Index: A Meta-analysis.**

Immanuel Babu Henry Samuel, PhD, Charity B Breneman, PhD, MSPH, Timothy Chun, BS, Arghavan Hamed, MA, Rayelynn Murphy, MS, John P Barrett, MD, MPH, MC, USA (Ret.)

Military Medicine

Published: 24 September 2021

## Introduction

Traumatic brain injury (TBI) or concussion is a known risk factor for multiple adverse health outcomes, including disturbed sleep. Although prior studies show adverse effects of TBI on sleep quality, its compounding effect with other factors on sleep is unknown. This meta-analysis aimed to quantify the effects of TBI on subjective sleep quality in the context of military status and other demographic factors.

## Materials and Methods

A programmatic search of PubMed database from inception to June 2020 was conducted to identify studies that compared subjective sleep quality measured using Pittsburgh Sleep Quality Index (PSQI) in individuals with TBI relative to a control group. The meta-analysis included group-wise standard mean difference (SMD) and 95% CI. Pooled means and SDs were obtained for TBI and non-TBI groups with and without military service, and meta-regression was conducted to test for group effects. Exploratory analysis was performed to test for the effect of TBI, non-head injury, military status, sex, and age on sleep quality across studies.

## Results

Twenty-six articles were included, resulting in a combined total of 5,366 individuals (2,387 TBI and 2,979 controls). Overall, individuals with TBI self-reported poorer sleep quality compared to controls (SMD = 0.63, 95% CI: 0.45 to 0.80). Subgroup analysis revealed differences in the overall effect of TBI on PSQI, with a large effect observed in the civilian subgroup (SMD: 0.80, 95% CI: 0.57 to 1.03) and a medium effect in the civilian subgroup with orthopedic injuries (SMD: 0.40, 95% CI: 0.13 to 0.65) and military/veteran subgroup (SMD: 0.43, 95% CI: 0.14 to 0.71). Exploratory analysis revealed that age and history of military service significantly impacted global PSQI scores.

## Conclusions

Poor sleep quality in TBI cohorts may be due to the influence of multiple factors. Military/veteran samples had poorer sleep quality compared to civilians even in the absence of TBI, possibly reflecting unique stressors associated with prior military experiences and the sequelae of these stressors or other physical and/or psychological traumas that combine to heightened vulnerability. These findings suggest that military service members and veterans with TBI are particularly at a higher risk of poor sleep and its associated adverse health outcomes. Additional research is needed to identify potential exposures that may further heighten vulnerability toward poorer sleep quality in those with TBI across both civilian and military/veteran populations.

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

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

James J. McGuffin, Shelley A. Riggs, Emily M. Raiche & Daniel H. Romero

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.

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<https://doi.org/10.1097/HTR.0000000000000573>

### **Estimates of Long-Term Disability Among US Service Members With Traumatic Brain Injuries.**

Agimi, Y., Marion, D., Schwab, K., & Stout, K.

The Journal of Head Trauma Rehabilitation

2021 Jan-Feb 01; 36(1): 1-9



#### Background:

Traumatic brain injury (TBI) is a significant health issue in the US military. The purpose of this study was to estimate the probability of long-term disability among hospitalized service members (SMs) with TBIs, using the South Carolina Traumatic Brain Injury and Follow-up Registry (SCTBIFR) model developed on civilian hospitalized patients.

#### Methods:

We identified military patients in military or civilian hospitals or theater level 3 to 5 military treatment facilities (MTFs) whose first TBI occurred between October 1, 2013, and September 30, 2015. TBI-related disability at 1-year post-hospital discharge was estimated using regression coefficients from the SCTBIFR.

#### Results:

Among the identified 4877 SMs, an estimated 65.6% of SMs with severe TBI, 56.2% with penetrating TBI, 31.4% with moderate TBI, and 12.0% with mild TBI are predicted to develop long-term disability. TBI patients identified at theater level 4 and 5 MTFs had an average long-term disability rate of 56.9% and 61.1%, respectively. In total, we estimate that 25.2% of all SMs hospitalized with TBI will develop long-term disability.

#### Conclusion:

Applying SCTBIFR long-term probability estimates to US SMs with TBIs provides useful disability estimates to inform providers and health systems on the likelihood that particular subgroups of TBI patients will require continued support and long-term care.

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<https://doi.org/10.4088/PCC.19nr02572>

#### **How We Treat Posttraumatic Stress Disorder.**

Pary, R., Micchelli, A. N., & Lippmann, S.

The primary care companion for CNS disorders  
2021 Feb 18; 23(1): 19nr02572

Posttraumatic stress disorder (PTSD) is an uncomfortable response that can follow exposure to 1 or more dangerous or frighteningly traumatic circumstances. Symptoms often include intrusive thoughts, insomnia, nightmares, flashbacks, avoidance behaviors, and hypervigilance or related emotionally troubling experiences. When



overtly present, PTSD induces considerable emotional, social, occupational, and interpersonal dysfunctions. Psychotherapy is a commonly recommended initial intervention. There are a wide variety of techniques available. Psychotherapy can also be utilized as a preventative measure when intervention is available in the immediate aftermath of exposure to a potentially precipitating event. Most combat veterans with PTSD at Veterans Administration medical centers in the United States are prescribed pharmacotherapy. Different antidepressant, antipsychotic, adrenergic, and anticonvulsant medications are most commonly utilized. Optimal intervention for patients experiencing PTSD often includes prolonged follow-up that applies both talk and drug therapies in a supportive environment. This narrative review describes psychotherapeutic and pharmacologic approaches to treat PTSD.

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<https://doi.org/10.1371/journal.pone.0250779>

### **The risk factors for insomnia and sleep-disordered breathing in military communities: A meta-analysis.**

Huang, Y., Xu, J., Zheng, S., Xu, S., Wang, Y., Du, J., Xiao, L., Zhang, R., Wang, H., Tang, Y., & Su, T.

PLoS ONE

2021 May 6; 16(5): e0250779

#### **Background:**

Many reviews and meta-analyses had been conducted to investigate risk factors for sleep disorders in the general population. However, no similar research has been performed in the military population though insomnia and sleep-disordered breathing are quite prevalent in that population.

#### **Objectives:**

To investigate risk factors for insomnia and sleep-disordered breathing in military personnel.

#### **Methods:**

A systematic literature search was performed from inception to March 2021 and 6496 records were produced. Two authors independently screened records for eligibility. Results were presented as odds ratios, and a random-effect model was used to pool results. Data analysis was performed respectively according to military personnel type

(i.e., veteran, active-duty personnel). Risk factors were sorted into three categories: sociodemographic, army-specific, and comorbidity. This meta-analysis was registered in PROSPERO before data analysis (registration No: CRD42020221696).

#### Results:

Twenty-seven articles were finally included in the quantitative analysis. For sleep-disordered breathing in active-duty personnel, four sociodemographic (i.e., overweight/obesity, higher body mass index, male gender, >35 years old) and one comorbidity (i.e., depression) risk factors were identified. For insomnia in active-duty personnel, four sociodemographic (i.e., aging, alcohol dependence, white race, and female gender), two army-specific (i.e., deployment experience, combat experience), and four comorbidity (i.e., depression, post-traumatic stress disorder, traumatic brain injury, and anxiety) risk factors were identified. For insomnia in veterans, one army-specific (i.e., combat experience) and one comorbidity (i.e., post-traumatic stress disorder) risk factor was identified.

#### Conclusions:

Several risk factors were identified for insomnia and sleep-disordered breathing in the current meta-analysis. Risk factors for veterans and active-duty personnel were partially different. Research on sleep breathing disorders remains limited, and more convincing evidence would be obtained with more relevant studies in the future.

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<https://doi.org/10.1177/0095327X211044526>

### **Sexual Arenas, Alcohol (Ab)use, and Predatory Leadership: Facilitators of US Military Sexual Violence.**

Connie Buscha

Armed Forces & Society

First Published September 24, 2021

Scholars argue that, historically, military women have not been considered equals to men in kinship and, therefore, have and will likely continue to experience more violence and greater fear of violence. The All-Volunteer Force (AVF) may even foster military sexual violence through sexual arenas in work-home spaces, alcohol (ab)use fueling sexual encounters between colleagues, and predatory leadership. This exploratory, grounded theory study captures insights of women veterans (n = 20) entering service

between 1964 and 2016. Full inclusion is alleged, yet military women are objectified and “othered,” targets of sex-based attention, predation, and violence. From these data, military sexual violence (MSV) characterizes the AVF. To mitigate this, a renewed commitment to the US military’s historical ideal of altruistic care is necessary to realize the full inclusion of women and reduce if not eliminate military sexual violence.

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<https://doi.org/10.1111/fare.12591>

### **“We'll just draw the curtains!”: Military wives’ postures toward predeployment emotional preparation.**

Bryan M. Cafferky, Carmenoemi Angela D. Reyes, Sarah L. Beaver, Lin Shi

Family Relations

First published: 21 September 2021

#### **Objective**

This research explored how 13 military wives emotionally prepared for deployments, and how their preparation affected the degree of emotional difficulty experienced on deployment day.

#### **Background**

Previous research has identified that military wives emotionally detach or withdraw in order not to become emotionally overwhelmed leading up to deployment, but this may affect their deployment-day experience.

#### **Method**

A grounded theory approach to analyze semistructured interviews yielded emergent themes regarding how these military wives perceived the efficacy of emotionally preparing for deployment and their accompanying preparatory approaches.

#### **Results**

When preparing for deployment, these wives primarily adopted either a protective emotional preparation (PEP) approach (characterized by tactics of emotionally retreating, psyching yourself out, and/or circumventing emotional conversations) or a connective emotional preparation (CEP) approach (characterized by preemptive preparation, relying on husbands’ initiative, sharing quality time, or some sort of spiritual connection).

## Conclusion

These PEP and CEP approaches seemed to influence the degree of emotional difficulty the wives reported experiencing on the day of deployment (traumatic vs. terribly difficult).

## Implications

This PEP–CEP framework could help facilitate informed decisions about emotional preparation and Morse's emotional cycle of deployment. Implications and suggestions for policy and clinical considerations are discussed, including those pertaining to CFLEs, military organizations, and mental health professionals.

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<https://doi.org/10.1093/milmed/usab380>

## **Optimizing Performance and Mental Skills With Mindfulness-Based Attention Training: Two Field Studies With Operational Units.**

Thomas H Nassif, PhD, MS, USA, Amanda L Adrian, PhD, Ian A Gutierrez, PhD, Alexis C Dixon, MPH, Scott L Rogers, JD, Amishi P Jha, PhD, Amy B Adler, PhD

## Military Medicine

Published: 24 September 2021

## Introduction

Mental skills such as focusing attention and managing emotions are essential for optimal performance in high-stress occupations. Studies with military samples have demonstrated that mindfulness training (MT) led to improved computer-based cognitive performance.

## Materials and Methods

To examine the impact of MT on operational performance, mental skills, and psychological health, a short-form program, Mindfulness-Based Attention Training (MBAT), was delivered to active duty soldiers as part of two randomized trials. Participants in study 1 (n = 121) and study 2 (n = 77) were randomized to one of three conditions: MT with proctored practice, MT with unproctored practice, or a waitlist control. Weekly 2-hour MBAT sessions were offered to participants in both MT conditions for 4 weeks. Beyond these sessions, participants also engaged in

mindfulness practice that was proctored (within the occupational context) or unproctored (left up to the individual) for four subsequent weeks.

## Results

Overall, the frequency of mindfulness practice was generally associated with better performance and improvements in mental skills. In study 1, those who practiced 3 or more days per week performed better on marksmanship under physical stress and reported fewer attentional lapses, less emotion regulation difficulties, greater mental toughness, and higher self-reported mindfulness compared to those who did not practice. In study 2, the frequency of mindfulness practice was associated with fewer attentional lapses and emotion regulation difficulties.

## Conclusions

Consistent with prior findings, results suggest that regular engagement in MT practice may help to optimize operational performance and improve mental skills in military cohorts.

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<https://doi.org/10.1016/j.jpsychires.2021.09.037>

## **The role of inhibitory processes in the relationship between subsyndromal PTSD symptoms and aggressive behaviour.**

E Lawrence-Wood, J Baur, A Lawrence, D Forbes, A McFarland

Journal of Psychiatric Research

Volume 143, November 2021, Pages 357-363

The issue of aggressive behaviours among military populations is important for a number of reasons, including the potential associated occupational, social and functional impacts. Controlled aggressive behaviour is an adaptive requirement of some military roles, however, this aggression can become maladaptive when uncontrolled, or contextually inappropriate. Elevated aggression among deployed veterans has been identified in a number of studies, although the reasons for it are not well understood. Deployed populations have elevated levels of stress and trauma exposure, have higher rates of childhood and other lifetime trauma exposures and have a heightened risk for subsyndromal or full PTSD. Both trauma exposure and PTSD have been found to be associated with executive function deficits, and increased anger and aggressive behaviours. The purpose of this paper was to explore the contribution of both early

PTSD symptoms and cognitive disinhibition in predicting increased aggressive behaviour following deployment in a healthy active serving cohort. After controlling for pre-deployment PTSD symptoms and cognitive function, there were significant main effects of both PTSD symptoms and cognitive function on increased aggression at post-deployment. Furthermore, the positive association between PTSD symptoms and post-deployment aggression was moderated by response inhibition deficits in the domains of false positive errors as well as faster reaction times. Subsidiary analyses showed that the effects of increased reaction time in particular increased the likelihood of PTSD symptoms being coupled with increased aggression. These findings highlight the potential effects of repeated occupational stress exposure and point to possible cognitive adaptations and long-term risk for disorder.

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<https://doi.org/10.1016/j.beth.2021.09.001>

**An ecological momentary intervention study of emotional responses to smartphone-prompted CBT skills practice and the relationship to clinical outcomes.**

Emily E. Bernstein, Kate H. Bentley, Matthew K. Nock, Michelle B Stein, ... Evan M. Kleiman

Behavior Therapy

Available online 24 September 2021

**Highlights**

- Independent practice of cognitive behavioral therapy skills improves outcomes.
- Patients reported modest reductions in negative affect after skills practice.
- Immediate reductions were largely unrelated to clinical outcomes.
- Outcomes were predicted by skills-related improvements in affect after a delay.

**Abstract**

The practice of therapeutic skills outside of sessions in which they are learned is one presumed key component of cognitive behavioral therapy (CBT). Yet, our understanding of how skills practice relates to clinical outcomes remains limited. Here, we explored patients' emotional responses to CBT skills practices in a pilot study pairing smartphone app-delivered skills reminders and guided practice (ecological momentary intervention [EMI]) using ecological momentary assessment (EMA). Participants (n = 25) were adults recently hospitalized for a suicide attempt or severe suicidal thinking. They received

brief inpatient CBT (1 to 3 sessions covering core CBT skills from the Unified Protocol), followed by one month of EMI and EMA after discharge. On average, participants reported modest reductions in negative affect after skills use (i.e., immediate responses; median time elapsed = 4.30 minutes). Additionally, participants tended to report less negative affect when the timepoint preceding the current assessment included EMI skills practice, rather than EMA alone (i.e., delayed responses; median time elapsed between prompts = 2.17 hours). Immediate effects were unrelated to longer-term clinical outcomes, whereas greater delayed effects were associated with lower symptom severity at follow-up. Future studies should further examine how CBT skills use in daily life may alleviate symptoms.

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<https://doi.org/10.1186/s12913-021-07035-6>

## **Physical functioning and mental health treatment initiation and retention for veterans with posttraumatic stress disorder: A prospective cohort study.**

Wei Duan-Porter, David B. Nelson, Kristine E. Ensrud & Michele R. Spont

BMC Health Services Research

Published: 23 September 2021

### **Background**

Most US adults with posttraumatic stress disorder (PTSD) do not initiate mental health treatment within a year of diagnosis. Increasing treatment uptake can improve health and quality of life for those with PTSD. Individuals with PTSD are more likely to report poor physical functioning, which may contribute to difficulty with treatment initiation and retention. We sought to determine the effects of poor physical functioning on mental health treatment initiation and retention for individuals with PTSD.

### **Methods**

We used data for a national cohort of veterans in VA care; diagnosed with PTSD in June 2008-July 2009; with no mental health treatment in the prior year; and who responded to baseline surveys on physical functioning and PTSD symptoms (n = 6,765). Physical functioning was assessed using Veterans RAND 12-item Short Form Health Survey, and encoded as limitations in physical functioning and role limitations due to physical health. Treatment initiation (within 6 months of diagnosis) was determined using VA data and categorized as none (reference), only medications, only

psychotherapy, or both. Treatment retention was defined as having  $\geq 4$  months of appropriate antidepressant or  $\geq 8$  psychotherapy encounters.

## Results

In multinomial models, greater limitations in physical functioning were associated with lower odds of initiating only psychotherapy (OR 0.82 [95 % CI 0.68, 0.97] for limited a little and OR 0.74 [0.61, 0.90] for limited a lot, compared to reference “Not limited at all”). However, it was not associated with initiation of medications alone (OR 1.04 [0.85, 1.28] for limited a little and OR 1.07 [0.86, 1.34] for limited a lot) or combined with psychotherapy (OR 1.03 [0.85, 1.25] for limited a little and OR 0.95 [0.78, 1.17] for limited a lot). Greater limitations in physical functioning were also associated with lower odds of psychotherapy retention (OR 0.69 [0.53, 0.89] for limited a lot) but not for medications (e.g., OR 0.96 [0.79, 1.17] for limited a lot). Role limitations was only associated with initiation of both medications and psychotherapy, but there was no effect gradient (OR 1.38 [1.03, 1.86] for limitations a little or some of the time, and OR 1.18 [0.63, 1.06] for most or all of the time, compared to reference “None of the time”). Accounting for chronic physical health conditions did not attenuate associations between limitations in physical functioning (or role limitations) and PTSD treatment; having more chronic conditions was associated with lower odds of both initiation and retention for all treatments (e.g., for 2 + conditions OR 0.53 [0.41, 0.67] for initiation of psychotherapy).

## Conclusions

Greater limitations in physical functioning may be a barrier to psychotherapy initiation and retention. Future interventions addressing physical functioning may enhance uptake of psychotherapy.

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

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## Links of Interest

Peer support specialist shares his recovery story to help other Veterans

<https://blogs.va.gov/VAntage/95597/peer-support-specialist-shares-his-recovery-story-to-help-other-veterans/>

Continuing to Serve: VA's PTSD residential treatment programs

<https://blogs.va.gov/VAntage/95529/continuing-to-serve-vas-ptsd-residential-treatment-programs/>

USU Co-leads Largest NCAA-DOD Concussion Study in History

<https://www.health.mil/News/Articles/2021/10/08/USU-co-leads-next-phase-of-largest-NCAA-DOD-concussion-study-in-history>

Following Report, DOD to Redouble Suicide Prevention Efforts

<https://www.defense.gov/News/News-Stories/Article/Article/2794601/following-report-dod-to-redouble-suicide-prevention-efforts/>

It's time to focus on treating 'invisible wounds' of veterans, advocates say  
(Commentary)

<https://www.militarytimes.com/opinion/commentary/2021/10/14/its-time-to-focus-on-treating-invisible-wounds-of-veterans-advocates-say/>

What stresses out Army drill sergeants?

<https://www.militarytimes.com/news/your-army/2021/10/15/what-stresses-out-army-drill-instructors/>

Honored service dog helps Army veteran with PTSD, isolation

<https://www.stripes.com/veterans/2021-10-18/Honored-service-dog-helps-Army-veteran-with-PTSD-isolation-3281104.html>

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## Resource of the Week: [Veterans Benefits Guide](#)

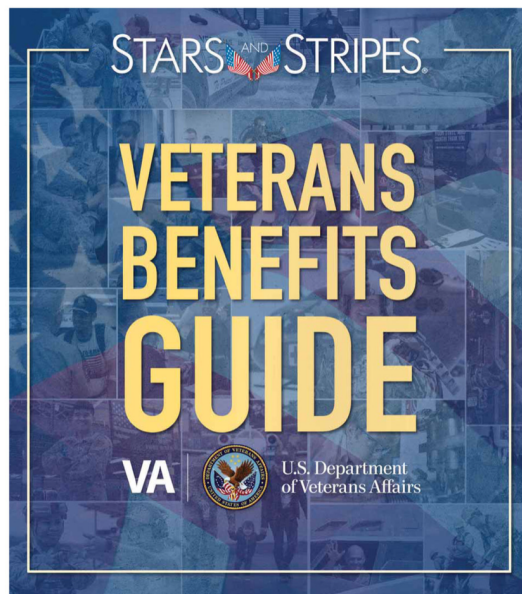
From *Stars and Stripes* and the Veterans Benefits Administration (VBA). From [press release](#):

The Veterans Benefits Guide answers most of the commonly asked questions for a variety of benefits and services, including:

- Compensation
- Life insurance
- Pension and fiduciary services
- Education and training programs
- Economic development and employment
- Home loan guaranty programs and housing assistance
- Mental health resources

It also features a welcome message from Principal Deputy Under Secretary for Benefits, Mike Frueh, explaining why he believes all service members, Veterans, caregivers, survivors and their families should learn about what VBA has to offer and why they should take advantage of it.

In addition, the articles include links to helpful resources, such as program eligibility information, yearly benefit program reports, application directions, VBA contact information and much more.



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