

# CDP

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## Research Update -- October 28, 2021

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- Resource of the Week: APA Guidelines for Psychological Practice with Sexual Minority Persons

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<https://doi.org/10.1080/21635781.2021.1982086>

## **A Randomized Controlled Trial of an Online Acceptance and Commitment Therapy-Based Intervention for Chronic Pain for Military and Police.**

Jeremiah N. Buhler, Pamela L. Holens & Donald Sharpe

Military Behavioral Health

Published online: 05 Oct 2021

Chronic pain is a serious health issue worldwide and is a prominent issue in military and police populations. Chronic pain sufferers often find it difficult to attend in-person treatment sessions for a variety of reasons. Utilizing the internet may allow for greater accessibility to interventions that cater to their specific needs. This randomized controlled trial (RCT) evaluated the efficacy of an 8-week online ACT-based intervention for chronic pain within a military and police outpatient sample. A total of 29 patients with chronic pain were randomly assigned to treatment or waitlist control conditions, and completed pain-related measures pretreatment, post-treatment, and 3-month follow-up. Positive outcomes for pain acceptance, fear of movement/re-injury, and pain disability in favor of the treatment condition were found, with interaction effects ranging from moderate to large (i.e.,  $\eta^2 = 0.11-0.32$ ). Improvements in pain-related variables were maintained at the 3-month follow-up. Baseline PTSD and depression scores were not found to be meaningful predictors of changes in primary outcome variables from pre- to post-treatment. We conclude that an online ACT-based intervention can be effective for military and police suffering from chronic pain, though limitations to the study suggest further research is warranted.

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<https://doi.org/10.1017/S1352465821000187>

## **The barriers, benefits and training needs of clinicians delivering psychological therapy via video.**

Buckman, J., Saunders, R., Leibowitz, J., & Minton, R.

**Background:**

Due to the COVID-19 pandemic, mental health services have had to offer psychological therapy via video with little time to prepare or mitigate potential problems. Identifying the barriers, benefits and training needs highlighted by clinicians may support the effective delivery of care.

**Method:**

Changes in the mode therapy sessions were delivered in during 2020 were assessed in two high-volume psychological therapies services. Sixty-six therapists completed a survey about their experiences of delivering therapy via video.

**Results:**

The lockdown in March 2020 precipitated a dramatic shift from face-to-face to telephone and video-delivered sessions. Most clinicians (89%) found video-based sessions acceptable. Barriers to effective delivery included technological issues, problems with online platforms, and feeling more tired after sessions. Benefits included generalised learning from behavioural work, improvements in efficiency and in the therapeutic relationship, particularly in comparison with telephone-based sessions. Tutorials and support guides were recommended to maximise use of sessions via video.

**Conclusions:**

Video-delivered therapy was liked by clinicians and preferred to telephone-based sessions. Issues with platforms, internet connections and access for patients need addressing, local troubleshooting guides, video-based tutorials and greater support for low-intensity therapists to maximise uptake of video sessions where appropriate, may be beneficial.

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<https://doi.org/10.1080/15299732.2021.1989110>

**Elucidating the Association Between Military Sexual Trauma Types and Different Types of Risky Behaviors.**

Shannon R. Forkus , M.A., Nicole H. Weiss , Ph.D., Svetlana Goncharenko , M.A.,  
Melissa R. Schick , M.A. ORCID Icon, Lindsey L. Monteith , Ph.D. & Ateka A. Contractor

Military sexual harassment (MSH) and assault (MSA) are associated with serious mental and physical health outcomes among military personnel and veterans. However, less is known about how these experiences relate to risky, impulsive, and health-compromising behaviors. The goal of the current study was to assess MSH and MSA in relation to a wide range of risky behaviors. Participants were 512 veterans in the community (M age = 41.36, 71.3% male, 71.3% white) who completed an online survey via Amazon's Mechanical Turk (MTurk). Compared to veterans who reported MSH only or no history of MST, veterans with a MSA history reported greater past-month risky behavior engagement, both overall and for specific behaviors, including problematic use of alcohol, drugs, gambling, technology, risky sexual behaviors, eating behaviors, illegal behaviors, reckless spending, physically aggressive behaviors, verbally aggressive behaviors, property destruction, reckless driving, non-suicidal self-injury, and suicidal behavior. Our findings emphasize the importance of differentiating between MSH and MSA when detecting and intervening with veterans at risk for engaging in risky behaviors.

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<https://doi.org/10.1080/15299732.2021.1989121>

### **Influence of Personality Traits on Post-Traumatic Cognitions of Sexual Assault.**

Matthew M. Yalch, Kayleigh N. Watters & Alana R. Gallagher

Sexual assault is a common form of trauma that is associated with psychological distress for many people who experience it. One factor that influences the degree to which sexual assault survivors exhibit distress is the cognitions they form related to the assault in its aftermath. The more times the assault happens, the more disruptive are the post-traumatic cognitions, although both the frequency of sexual assault and nature of post-traumatic cognitions differ by gender. Another factor that may influence post-traumatic cognitions is personality, which emerging research suggests has an influence on post-traumatic response in general and post-traumatic cognitions in particular. However, there is little research on the influence of personality on post-traumatic cognitions related to sexual assault specifically. In this study, we examine the

association between personality traits (Agreeableness, Conscientiousness, Extraversion, Neuroticism, and Openness) and post-traumatic cognitions of sexual assault in a sample of sexual assault survivors recruited from Amazon's Mechanical Turk (N = 303) using a Bayesian approach to multiple regression. Results suggest that although the influence of traits varied depending on the post-traumatic cognition under analysis and the sex of the sexual assault survivor, Neuroticism was the primary predictor of post-traumatic cognitions over and above sexual assault frequency, although this applied more for men than for women. Study findings clarify previous research on the role of personality traits in post-traumatic response and suggest directions for future research and clinical intervention.

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<https://doi.org/10.1080/15299732.2021.1934937>

### **The Role of Anger in Traumatic Harm and Recovery for Sexual Violence Survivors.**

Danielle S. Berke, Jessica R. Carney & Leslie Lebowitz

Journal of Trauma & Dissociation

Published online: 10 Jun 2021

Sexual violence is a strong predictor of posttraumatic stress disorder (PTSD). Sexual violence survivors presenting for PTSD treatment may experience and express a range of distressing emotions. An extensive body of research guides clinical conceptualization and targeting of fear responses in PTSD treatment. Models to guide clinicians in working with posttraumatic anger, in contrast, are scarce. To address this gap, we: 1) provide a review of the theoretical and empirical literature on sexual violence, anger, and trauma recovery among sexual violence survivors; 2) integrate this literature with social functionalist theories of anger; and 3) discuss implications of this integration for adaptively leveraging anger in psychological treatment.

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<https://doi.org/10.1002/jts.22738>

### **Narrating life in the military: Links between veterans' narrative processing of service experiences and their posttraumatic stress symptoms and well-being.**

Peter C. Tappenden, Rebecca L. Shiner, Fanyi Mo

Journal of Traumatic Stress

First published: 15 October 2021

Military veterans frequently experience traumatic, highly stressful events; thus, it is especially important for them to find positive ways of making meaning from these experiences. The present study used the methods of narrative personality psychology to investigate the associations between veterans' narrative processing of highly stressful and significant events from their military service and postdischarge functioning, including posttraumatic stress symptoms (PTSS). United States military veterans (N = 154; M age = 64.28 years, 86.4% men, 57.8% deployed) completed an online survey in which they wrote narratives about one "highly stressful" and one "key scene" military service memory and completed questionnaires to assess PTSS, symptoms of depression and anxiety, functional impairment, and well-being. Narratives were coded for personal growth from the experience, themes of agency and interpersonal communion, affective tone, and coherence. In the highly stressful narratives, small-to-moderate negative associations emerged between both growth and agency and PTSS, depression and anxiety, and functional impairment; growth was also modestly positively associated with well-being. In contrast, affective tone and communion were each only associated modestly with one outcome, and coherence with none, and narrative processing of the key scene narrative was not linked with any mental health outcomes. These findings suggest that (1) the theory and methods of narrative identity research are relevant for studying trauma narratives, and (2) veterans who narrate themselves as growing from and exerting control over their most stressful service experiences may achieve better mental health and day-to-day functioning.

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<https://doi.org/10.1080/21635781.2021.1977204>

### **Risk-Taking and Suicidal Behaviors among Army National Guard Soldiers.**

James Griffith

Military Behavioral Health

Published online: 25 Sep 2021

A major concern of military leaders, health scientists, and policymakers has been increased suicides among U.S. military personnel. Few studies have examined how

risk-taking conveys suicide risk. The present study examined survey data (12,612 soldiers in 180 company-sized units) obtained from an under-studied military population, the Army National Guard (ARNG). One-fifth to one-third of the soldiers reported risk-taking behaviors, such as alcohol misuses, unauthorized work absences, criminal behaviors, and unsafe sex practices. Risk-taking behaviors were simultaneously related to suicidal thoughts, plans, and attempts, namely: unauthorized work absences (Odds-Ratio = 6.38, 95% CI 4.06-10.02), alcohol misuses (6.12, 4.56-8.20), such as driving under the influence (DUI), committing illegal acts while drinking, etc., and criminal behaviors (3.00, 2.05-4.39) to suicide thoughts; unauthorized work absences (7.63, 4.28-13.59), alcohol misuses (4.36, 2.73-6.96), and criminal behaviors (4.30, 2.60-7.11) to suicide plans; and unauthorized work absences (41.40, 19.40-88.38) and criminal behaviors (6.10, 2.95-12.60), and unsafe sex practices (2.37, 1.29-4.35) to suicide attempts. Risk-taking behaviors that showed stronger associations with suicide risk are interpreted as likely reducing inhibitions against violence and self-harm, namely, criminal behaviors and unauthorized work absences with alcohol misuses. Several practical implications of risk-taking findings are offered for suicide prevention.

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<https://doi.org/10.1080/21635781.2021.1973624>

### **Expert Opinion on Managing Suicide Risk in Deployed Settings.**

Abby Adler Mandel, Barbara Stanley, Kaitlin Dent, Shari Jager-Hyman, Marjan Ghahramanlou-Holloway & Gregory K. Brown

Military Behavioral Health  
Published online: 14 Sep 2021

This study aimed to: (1) determine the perceived effectiveness of buddy watch, weapon removal, and medical evacuations (MEDEVAC) for managing suicide-related events during deployment, (2) evaluate the involvement of leaders, behavioral health providers (BHPs), and chaplains in implementing these strategies, and (3) develop recommendations based on feedback from key stakeholders. A total of 74 Army support staff (80% male, 61% aged 30–44) who had encountered another service member that died by suicide, attempted suicide, or thought about suicide during deployment participated in an anonymous, online survey. Fisher's exact test was used to compare responses between leaders, BHPs, and chaplains. Overall, survey participants supported the use of buddy watch (79%) and MEDEVAC (94%) as effective strategies for managing suicide risk during deployment, while support for weapon removal was



mixed (leaders: 50%, BHPs: 92%, chaplains: 88%; Fisher exact test = 10.43,  $p = .01$ ). Leaders and BHPs were endorsed as important personnel involved in making decisions regarding the use of buddy watch (78%, 77%, respectively), weapon removal (84%, 69%, respectively), and MEDEVAC (73%, 84%, respectively). It is recommended that buddy watch, weapon removal, and MEDEVAC be used in a deployed setting when determined by each service member's unique set of risk factors.

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<https://doi.org/10.1080/21635781.2021.1953644>

### **The Role of Posttraumatic Stress Symptoms and Negative Affect in Predicting Substantiated Intimate Partner Violence Incidents Among Military Personnel.**

Valerie A. Stander, Kelly A. Woodall, Sabrina M. Richardson, Cynthia J. Thomsen, Joel S. Milner, James E. McCarroll, David S. Riggs, Stephen J. Cozza & for the Millennium Cohort Research Team

Military Behavioral Health

Published online: 02 Aug 2021

Increasing rates of posttraumatic stress disorder (PTSD) in military populations during recent conflicts have sparked concerns regarding the incidence of other commonly associated problems, such as intimate partner violence (IPV). From a clinical perspective, it is important to understand patterns of PTSD symptomology that may indicate heightened risk for such aggression. To address this, among a longitudinal cohort of U.S. military personnel, we evaluated the association of PTSD symptom clusters and comorbid conditions as predictors of any subsequent Department of Defense Family Advocacy Program incidents of IPV meeting full definitional criteria for physical or psychological abuse. Results suggested that general symptoms of negative affect common in PTSD (e.g., anger/irritability, sleep disruption) and comorbid alcohol dependence were stronger predictors of IPV than trauma-specific PTSD symptomology (e.g., reexperiencing, hypervigilance). Clinical implications and recommendations for future research are discussed.

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<https://doi.org/10.1080/21635781.2021.1935365>

## **Emotional Distress, Neurobehavioral Symptoms, and Social Functioning among Treatment Seeking Service Members with TBI and PTSD Symptoms.**

Larissa L. Tate, Maegan M. Paxton Willing, Louis M. French, Wendy A. Law, Katherine W. Sullivan & David S. Riggs

Military Behavioral Health

Published online: 18 Jun 2021

This study examined the combined effects of traumatic brain injury (TBI) history and posttraumatic stress disorder (PTSD) symptoms on social functioning in treatment-seeking active duty service members. We sought to determine whether objective cognitive performance, self-reported neurobehavioral symptoms, and emotional distress would be associated with more social functioning difficulties. Additionally, we hypothesized self-reported neurobehavioral symptoms would mediate both the relationships between emotional distress and social functioning, and between cognitive performance and social functioning. The study was part of a larger clinical project conducted at two military hospitals. We analyzed smaller datasets of baseline data from two groups: service members with history of TBI and/or PTSD (n = 71) and those with responses considered “valid” (n = 39). A significant predictive relationship among cognitive performance, neurobehavioral symptoms, and emotional distress on social functioning was found in the full sample. Further, neurobehavioral symptoms completely mediated the relationship between emotional distress and social functioning, but not between cognitive performance and social functioning. In the subsample, the overall regression was significant, but individual independent predictors were not. Findings suggest emotional distress and self-reported neurobehavioral symptoms are key considerations in treatment as a means of improving functioning in social domains and prioritizing treatment goals.

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<https://doi.org/10.1080/21635781.2021.1939816>

## **The Impact of Civic Service on Disability Identity Outcomes in United States Veterans Who Served in Iraq and Afghanistan.**

Molly Meissen & Monica M. Matthieu

Military Behavioral Health

Published online: 18 Jun 2021

For many veterans, reintegrating into civilian life is complicated by an acquired or exacerbated physical disability. Veteran-directed services that are inclusive of and impactful for disabled veterans are limited. Pre-and post-data on 6 psychosocial outcomes resulting from a 26-week stipend-supported civic service and leadership program for post-9/11 era Veterans (N = 346) were analyzed. Veterans with physical disabilities (n = 181) reported significant increases in all measured outcomes. Women had significantly greater increases in purpose in life (b = 3.60, p < 0.05) and decreases in depressive symptoms (b = -.53, p < 0.04) than men. Civic service has a positive impact on post-9/11 veterans with physical disabilities reintegrating into civilian life.

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<https://doi.org/10.1080/21635781.2021.1927918>

### **Understanding the Unique Effects of Identity in Adjustment Among Veterans, Military Behavioral Health.**

Alan Meca, Kelsie K. Allison, Kenneth L. Ayers, Kyla Carr, Sean Cox, Adrian J. Bravo, Rachel Davies & Michelle L. Kelley

Military Behavioral Health

Published online: 15 Jun 2021

Reintegration to civilian life among service members can be understood through the lens of a transformation in an individual's identity structure. However, limited research has examined the unique impact of military, U.S., and personal identity on mental health and substance use among veterans. The goal of the present study was to examine the relationship between personal, military and U.S. identity dimensions (i.e., commitment, affirmation, and centrality) on substance use and mental health symptoms (i.e., posttraumatic stress, suicidal ideation, anxiety, and depression) in a sample of U.S. military veterans. Within our sample of military veterans (n = 195), a plurality were female (53.3%), White (73.3%), and veterans of the Navy (45.1%) who reported a mean age of 35.12 years (SD = 9.60). Results indicated personal identity commitment, and U.S. affirmation were associated with lower levels of substance use and symptoms of PTSD, suicidal ideation, anxiety, and depression. Military identity centrality was associated with higher levels of PTSD symptoms. Taken together, our findings provide preliminary cross-sectional support for the role that personal, military and U.S. identity

play in mental health. Future longitudinal research is necessary to establish the directional relationship between identity (across various domains) and mental health and substance abuse across the transition to civilian life.

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<https://doi.org/10.1080/21635781.2021.1927916>

### **Effect of a Behavioral Intervention on Outcomes for Caregivers of Veterans with PTSD.**

Jennifer Lynn Martindale-Adams, Jeffrey Zuber, Marshall J Graney, Robert Burns & Linda Olivia Nichols

Military Behavioral Health  
Published online: 27 May 2021

Caregivers of the approximately 9 million individuals in the US with Posttraumatic Stress Disorder (PTSD) face burdens that may seem overwhelming. In 2017, VA implemented the first national clinical program for caregivers of veterans with PTSD. Previous interventions have focused on caregivers more as adjuncts of persons with PTSD or included PTSD caregivers with other types of military/veteran caregivers. The REACH VA behavioral intervention, 4 one-hour sessions during 2 to 3 months, focusing on caregiver coping and managing PTSD-related concerns, was delivered centrally by telephone. In a pre/post intervention design, the 161 caregivers experienced statistically significant improvement in burden, depression, anxiety, frustrations, general stress, time providing care, number of and bother about troubling behaviors, and safety risks. Pre and post intervention improvements in burden and anxiety were also clinically significant. Reducing caregivers' psychological distress can improve ability to provide care and positively affect health and safety of persons with PTSD. With REACH, VA has made major steps to support caregivers of veterans. The positive results of this implementation may also serve as a model to support PTSD caregivers in the general population.

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<https://doi.org/10.1177/0095327X211046976>

### **Risk Factors Explaining Military Deaths From Suicide, 2008–2017: A Latent Class Analysis.**

Landes SD, Wilmoth JM, London AS, Landes AT

Armed Forces & Society

Article first published online: September 25, 2021

Military suicide prevention efforts would benefit from population-based research documenting patterns in risk factors among service members who die from suicide. We use latent class analysis to analyze patterns in identified risk factors among the population of 2660 active-duty military service members that the Department of Defense Suicide Event Report (DoDSER) system indicates died by suicide between 2008 and 2017. The largest of five empirically derived latent classes was primarily characterized by the dissolution of an intimate relationship in the past year. Relationship dissolution was common in the other four latent classes, but those classes were also characterized by job, administrative, or legal problems, or mental health factors. Distinct demographic and military-status differences were apparent across the latent classes. Results point to the need to increase awareness among mental health service providers and others that suicide among military service members often involves a constellation of potentially interrelated risk factors.

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<https://doi.org/10.1007/s11920-021-01276-2>

### **Women's Mental Health in the U.S. Military — Where Are We Now? A Review of Recent Research.**

Paulette T. Cazares, Evan Caporaso, Danielle Rumsey, Francine Segovia, Abigail Yablonsky, Lyndse Anderson & Genelle Weits

Current Psychiatry Reports

Published: 29 September 2021

#### **Purpose of Review**

The field of women's mental health has grown in the military healthcare system, which has begun to acknowledge and address the sex-specific differences in mental health for service women. The purpose of this review is to examine recent research in active duty populations addressing perinatal mental health, post-traumatic stress disorder (PTSD), depression, and gender isolation.

## Recent Findings

Within the examined literature focused on active duty populations, analyses by sex and gender continue to exist as notable gaps, and a majority of studies reviewed either do not aim to examine sex or gender-based differences, and/or do not analyze data with an eye towards these paradigms. Within perinatal mental health, the lack of studies led to an inability to make any notable conclusions. PTSD was the area with the most robust publications focused on active duty women, studies of major depression showed significant occupational impact, and the area of gender isolation continues to grow as a promising field with practical implications.

## Summary

We discuss current promising research and advance ideas for future research trajectories that will provide clinicians, policy makers, and scientists with more data to support improved mental healthcare for both military women and men.

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<https://doi.org/10.1007/s40501-021-00251-1>

## **Treating PTSD in the Context of Concurrent Suicide Risk: Current Evidence and Navigating Complicating Factors.**

Ryan Holliday, Nicholas Holder, Amy M. Williams & Lindsey L. Monteith

Current Treatment Options in Psychiatry

Published: 28 September 2021

## Purpose of Review

There are a number of evidence-based therapies for posttraumatic stress disorder (PTSD; e.g., cognitive processing therapy; prolonged exposure therapy). Many patients with PTSD present to treatment at elevated risk for suicide. In such circumstances, navigating evidence-based treatment for PTSD can be challenging, requiring nuanced approaches to ensure optimal therapeutic outcome while ensuring patient safety.

## Recent Finding

This manuscript describes the evidence for treating PTSD in the context of elevated risk for suicide. Methods of navigating clinical complexity (e.g., multimorbidity, psychosocial stressors) while maintaining fidelity to evidence-based protocols are discussed.

## Summary

We conclude by noting gaps in understanding, as well as necessary future research directions to ensure optimal care for this clinical population.

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<https://doi.org/10.1016/j.addbeh.2021.107126>

## **Craving and emotional responses to trauma and cannabis cues in trauma-exposed cannabis users: Influence of PTSD symptom severity.**

Pablo Romero-Sanchiz, Ioan T. Mahu, Sean P. Barrett, Joshua P. Salmon, ... Sherry H. Stewart

Addictive Behaviors

Volume 125, February 2022

### Highlights

- Cue-exposure paradigm was used to measure craving and affect to personalized cues.
- Trauma cues provoked higher total and relief craving than cannabis and neutral cues.
- Higher PTSD symptom severity predicted higher negative affect responses to all cues.
- Trauma cue exposure enhanced link of PTSD symptom severity to compulsivity craving.
- Trauma cues might promote cannabis use via conditioned craving and self-medication.

### Abstract

Conditioned craving to trauma cues and avoidance learning have both been implicated in the high concurrence of trauma-related distress and substance misuse. Using a cue-exposure paradigm involving personalized trauma, cannabis, and neutral cues, we examined if conditioned craving and/or elevated negative affect to trauma cues are mechanisms linking PTSD and cannabis use disorder. Fifty-one trauma-exposed cannabis users were randomly presented the three cue types. Craving and emotional responses were evaluated after each cue using the Marijuana Craving Questionnaire–Short Form (Heishman et al., 2001) and the Positive and Negative Affect Schedule (Watson et al., 1988). Relief cannabis craving (compulsivity and emotionality) was significantly higher after trauma than cannabis and neutral cues ( $p$ 's < 0.001) and was

also higher among those with more severe PTSD symptoms ( $p$ 's < 0.05). The relationship between PTSD symptom severity and cannabis craving was stronger after trauma than cannabis cues for the compulsivity component of craving ( $p$  < .05). Relief craving was also higher after the cannabis cue than after the neutral cue (expectancy and purposefulness;  $p$  < .001). Negative affect was significantly higher: after trauma than cannabis and neutral cues ( $p$ 's < 0.001); and among those with more severe PTSD symptoms ( $p$  < .005). Positive affect was significantly lower after trauma than cannabis cues ( $p$  < .05). Trauma cue exposure might promote cannabis misuse through conditioned craving as well as the desire to relieve negative affect. Conditioned cannabis craving involving an uncontrollable compulsion to use cannabis in response to trauma reminders appears particularly likely among cannabis users with more severe PTSD symptoms.

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

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

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

Social Psychiatry and Psychiatric Epidemiology  
2021 Nov; 56(11): 2107-2116

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

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

**Results:** Findings thus far have applied a pre-, peri-, post-deployment framework, identifying factors throughout the life course associated with mental disorders, including childhood events and more recent events, both during and outside of deployment. An estimated 61% of participants had at least one mental disorder in their lifetime, the



majority of which initiated prior to military service. Psychiatric comorbidity was common, as were alcohol use and stressful events. Latent class growth analyses revealed four distinct trajectory paths of both posttraumatic stress and depression symptoms across four years. Only 37% of soldiers with probable past-year mental disorders accessed mental health services in the subsequent year, with substance use disorders least likely to be treated.

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

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<https://doi.org/10.1016/j.jbtep.2021.101666>

### **Reductions in guilt cognitions following prolonged exposure and/or sertraline predict subsequent improvements in PTSD and depression.**

Allard, C. B., Norman, S. B., Straus, E., Kim, H. M., Stein, M. B., Simon, N. M., Rauch, S., & PROGrESS Study Team

Journal of Behavior Therapy and Experimental Psychiatry  
2021 Dec; 73: 101666

#### Background and objectives:

Reduction of trauma related negative cognitions, such as guilt, is thought to be a mechanism of change within PTSD treatments like prolonged exposure (PE). Research suggests PE can directly address guilt cognitions. However, whether pharmacotherapies for PTSD can remains unclear.

#### Methods:

Data from a randomized controlled trial of PE plus placebo (PE + PLB), sertraline plus enhanced medication management (SERT + EMM), and their combination (PE + SERT) in 195 Veterans from recent wars was analyzed.

#### Results:

The unadjusted means and mixed-effects model showed guilt decreased significantly over the follow-up time as expected; however, contrary to our hypothesis, PE conditions were not associated with greater reductions in guilt than the SERT + EMM condition. As

hypothesized, week 12 reduction in guilt predicted post-treatment (weeks 24-52) reduction in PTSD and depression, but not impairments in function.

Limitations:

Generalizability of findings is limited by the sample being comprised of combat Veterans who were predominantly male, not on SSRI at study entry, willing to be randomized to therapy or medication, and reporting low levels of guilt. To reduce differences in provider attention, SERT + EMM was administered over 30 min to include psychoeducation and active listening; it is unknown if this contributed to effects on guilt.

Conclusions:

PE + PLB, SERT + EMM, and PE + SERT were equally associated with reduction in trauma related guilt. Reducing trauma related guilt may be a pathway to reducing PTSD and posttraumatic depression symptoms. Further study is needed to determine how best to treat trauma related guilt and to understand the mechanisms by which guilt improves across different treatments for PTSD.

Trial registration:

ClinicalTrials.gov NCT01524133.

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<https://doi.org/10.1016/j.ijpsycho.2021.01.001>

**Psychometric properties of the late positive potential in combat-exposed veterans.**

Macatee, R. J., Burkhouse, K. L., Afshar, K., Schroth, C., Aase, D. M., Greenstein, J. E., Proescher, E., & Phan, K. L.

International Journal of Psychophysiology  
2021 Mar; 161: 13-26

Trauma exposure is prevalent, associated with multiple forms of psychopathology, and thought to alter the neurobiological substrates of threat processing. The late positive potential (LPP) is an event-related potential (ERP) that may be a clinically useful probe of the neurobiology of threat processing. Despite evidence that combat-exposed veterans exhibit aberrant threat modulation of the LPP, no studies to date have tested the psychometric properties of the LPP in combat trauma-exposed, symptomatic veterans. The primary aim of the current study was to evaluate the reliability (internal

consistency, retest reliability) and convergent validity of LPP modulation by threatening faces and scenes in two common tasks among combat-exposed veterans. Participants included 82 combat-exposed veterans who completed face-matching and emotion regulation tasks during EEG recording at baseline and twelve weeks. Internal consistencies of the early LPP time windows (<1000 ms) were acceptable in both tasks, whereas they were poor in late time windows (>1000 ms). Twelve-week retest reliabilities were fair for the early window LPPs to threatening scenes and fear faces, as well as in the late time window for fear faces. Reliabilities were better for individual condition compared to difference scores. Finally, LPPs modulated by threatening scenes and faces were unrelated. Together, these results suggest that the LPPs to threatening scenes and faces reflect distinct forms of threat processing in combat-exposed veterans, and their reliabilities for the early window indicate potential clinical utility in this population.

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<https://doi.org/10.1038/s41372-021-00994-y>

### **A different kind of battle: the effects of NICU admission on military parent mental health.**

Anchan, J., Jones, S., Aden, J., Ditch, S., Fagiana, A., Blauvelt, D., Gallup, M. C., & Carr, N.

Journal of Perinatology  
2021 Aug; 41(8): 2038-2047

#### **Objective:**

To determine the incidence of mental health symptoms in military families after prolonged NICU admission.

#### **Study design:**

Prospective cohort study of military-affiliated NICU parents participating in serial electronic surveys, which included validated screening tools for acute stress (ASD), post-traumatic stress (PTSD), and depression disorders.

#### **Results:**

Among 106 military parents surveyed after NICU admission, 24.5% screened positive for ASD and 28.3% for depression. 77 (72.6%) parents continued participation beyond discharge, with 7.8% screening positive for PTSD and 15.6% for late depression.

Positive ASD correlated with later symptoms of PTSD (OR 8.4 [2.4-30]) and early depression with both PTSD symptoms (OR 5.7 [1.7-18.8]) and late depression (OR 8.4 [2.4-30]) after discharge. Secondary analysis determined these findings were independent of deployment and other military related factors.

**Conclusion:**

This study highlights the potential mental health burden experienced by military-affiliated NICU parents. Early ASD and depression screening may identify parents at risk for mental health symptoms after discharge.

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<https://doi.org/10.1080/13557858.2018.1494823>

**Mental health care utilization and stigma in the military: comparison of Asian Americans to other racial groups.**

Chu, K. M., Garcia, S., Koka, H., Wynn, G. H., & Kao, T. C.

Ethnicity & Health

2021 Feb; 26(2): 235-250

**Objective:**

To investigate race disparities in the US Military among Asian, White, Black, Native American and Other, seeking mental health care in the context of stigma defined by perceived damage to career.

**Design:**

Using 2008 survey data taken from US military personnel, mental disorders including depression, generalized anxiety disorder, suicidal ideation, suicidal attempt and post-traumatic stress disorder serious psychological distress (as defined in Kessler - 6), as well as seeking mental health care in past 12 months and stigma were dichotomized and weighted logistic regression models were used.

**Results:**

A significant race disparity existed in seeking mental health care when data were stratified by stigma and depression adjusted for demographic variables. Compared to Asians with depression that perceived stigma, Blacks were more likely to seek mental health care (OR with 95% confidence interval for Asians: 3.97[2.21, 7.15], Black: 9.25[6.02, 14.20],  $p < .005$ ) adjusting for demographic variables. Similar results held for

other mental disorders with the exception of suicide attempts and serious psychological distress. Compared to Asians with serious psychological distress who did not perceive stigma, only Whites were more likely to seek mental health care (OR for Asians: 3.27[2.15, 4.97], White: 6.47[4.60, 9.11],  $p < .005$ ). Among those without a mental health disorder, regardless of the presence or absence of perceived stigma, there was no disparity between any two race groups in seeking mental health care.

Conclusion:

Among individuals having perceived stigma with mental health disorders, Asian American active-duty personnel may be less likely to use mental health care when compared to non-Asian peers.

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<https://doi.org/10.1016/j.cct.2021.106583>

**STRONG STAR and the Consortium to Alleviate PTSD: Shaping the future of combat PTSD and related conditions in military and veteran populations.**

Alan L. Peterson, Stacey Young-McCaughan, John D. Roache, Jim Mintz, ... Terence M. Keane

Contemporary Clinical Trials  
Volume 110, November 2021

The STRONG STAR Consortium (South Texas Research Organizational Network Guiding Studies on Trauma and Resilience) and the Consortium to Alleviate PTSD are interdisciplinary and multi-institutional research consortia focused on the detection, diagnosis, prevention, and treatment of combat-related posttraumatic stress disorder (PTSD) and comorbid conditions in military personnel and veterans. This manuscript outlines the consortia's state-of-the-science collaborative research model and how this can be used as a roadmap for future trauma-related research. STRONG STAR was initially funded for 5 years in 2008 by the U.S. Department of Defense's (DoD) Psychological Health and Traumatic Brain Injury Research Program. Since the initial funding of STRONG STAR, almost 50 additional peer-reviewed STRONG STAR-affiliated projects have been funded through the DoD, the U.S. Department of Veterans Affairs (VA), the National Institutes of Health, and private organizations. In 2013, STRONG STAR investigators partnered with the VA's National Center for PTSD and were selected for joint DoD/VA funding to establish the Consortium to Alleviate PTSD. STRONG STAR and the Consortium to Alleviate PTSD have assembled a critical mass

of investigators and institutions with the synergy required to make major scientific and public health advances in the prevention and treatment of combat PTSD and related conditions. This manuscript provides an overview of the establishment of these two research consortia, including their history, vision, mission, goals, and accomplishments. Comprehensive tables provide descriptions of over 70 projects supported by the consortia. Examples are provided of collaborations among over 50 worldwide academic research institutions and over 150 investigators.

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<https://doi.org/10.1001/jamanetworkopen.2021.26626>

## **Pre-enlistment Anger Attacks and Postenlistment Mental Disorders and Suicidality Among US Army Soldiers.**

Smith DM, Meruelo A, Campbell-Sills L, et al.

JAMA Network Open

September 27, 2021

### Key Points

#### Question

Is a history of anger attacks before enlistment associated with new onset and persistence of mental disorders and suicidality after enlistment among new US Army soldiers?

#### Findings

In a cohort study of 38 507 new soldiers, a pre-enlistment history of impairing anger attacks (ie, attacks causing life interference) was significantly associated with postenlistment onset of major depression, generalized anxiety disorder (GAD), panic disorder, and suicidal ideation. These associations were partly explained by psychiatric comorbidity; however, impairing anger attacks were independently associated with new onset of GAD and suicidal ideation.

#### Meaning

These findings suggest that detection of impairing anger attacks could aid in assessing elevated risk of developing anxiety disorders, depression, and suicidality after enlistment.

## Abstract

### Importance

Anger is linked to adverse outcomes in military populations; however, whether pre-enlistment anger attacks are associated with postenlistment mental disorders and suicidality is unknown.

### Objective

To explore the associations of pre-enlistment anger attacks with postenlistment mental health.

### Design, Setting, and Participants

In this observational cohort study, the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) New Soldier Study (NSS) surveyed soldiers entering basic training from April 2011 to November 2012, with a subsample recruited for wave 1 of the STARRS Longitudinal Study (STARRS-LS) (conducted September 2016 to April 2018). Participants were recruited from 3 US Army installations for the NSS survey. Those who were subsequently contacted for STARRS-LS completed the follow-up survey via web or telephone. Prospective analyses were based on a weighted NSS subsample included in wave 1 of STARRS-LS. Data were analyzed from May 22, 2020, to March 17, 2021.

### Exposures

History of anger attacks at baseline (NSS). Survey responses were used to classify new soldiers as having nonimpairing anger attacks (>2 attacks without interference in work or personal life), impairing anger attacks (>2 attacks with interference in work or personal life), or no significant history of anger attacks.

### Main Outcomes and Measures

Baseline analyses examined sociodemographic and clinical correlates of a history of anger attacks. Prospective logistic regression models estimated associations of baseline history of anger attacks with new onset and persistence of posttraumatic stress disorder, major depressive disorder (MDD), generalized anxiety disorder (GAD), panic disorder, mania/hypomania, substance use disorder, suicidal ideation, and suicide attempt at wave 1 of STARRS-LS.

### Results

Of the 38 507 baseline participants (83.0% male and 17.0% female; mean [SD] age, 20.97 [3.57] years), 6216 were selected for and completed wave 1 of the STARRS-LS. Baseline prevalence (SE) of nonimpairing and impairing anger attacks was 8.83% (0.16%) and 5.75% (0.15%), respectively. Prospective models showed that impairing

anger attacks were associated with new onset of MDD (adjusted odds ratio [AOR], 1.98; 95% CI, 1.31-2.99), GAD (AOR, 2.39; 95% CI, 1.66-3.45), panic disorder (AOR, 2.02; 95% CI, 1.34-3.05), and suicidal ideation (AOR, 2.11; 95% CI, 1.45-3.07). When baseline psychiatric comorbidity was controlled for, impairing attacks remained associated with onset of GAD (AOR, 1.75; 95% CI, 1.19-2.58) and suicidal ideation (AOR, 1.62; 95% CI, 1.09-2.42). Anger attacks were not significantly associated with persistence of pre-enlistment mental disorders.

### Conclusions and Relevance

The findings of this study suggest that a pre-enlistment history of impairing anger attacks may be associated with elevated risk of developing GAD, MDD, and suicidality after enlistment. Detection of impairing anger attacks could aid in assessing psychiatric risk in new soldiers.

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<https://doi.org/10.1017/S1352465821000382>

## **Anger and predictors of drop-out from PTSD treatment of veterans and first responders.**

Hinton, E., Steel, Z., Hilbrink, D., & Berle, D.

Behavioural and Cognitive Psychotherapy

Published online by Cambridge University Press: 27 September 2021

### Background:

Drop-out is an important barrier in treating post-traumatic stress disorder (PTSD) with consequences that negatively impact clients, clinicians and mental health services as a whole. Anger is a common experience in people with PTSD and is more prevalent in military veterans. To date, no research has examined if anger may predict drop-out in military veterans or first responders.

### Aims:

The present study aimed to determine the variables that predict drop-out among individuals receiving residential treatment for PTSD.

### Method:

Ninety-five military veterans and first responders completed pre-treatment measures of PTSD symptom severity, depression, anxiety, anger, and demographic variables.



Logistic regression analyses were used to determine if these variables predicted drop-out from treatment or patterns of attendance.

#### Results:

Female gender was predictive of drop-out. However, when analysed by occupation female gender was predictive of drop-out among first responders and younger age was predictive of drop-out in military participants. Anger, depression, anxiety and PTSD symptom severity were not predictive of drop-out in any of the analyses. No variables were found to predict attendance patterns (consistent or inconsistent) or early versus late drop-out from the programme.

#### Conclusion:

These results suggest that although anger is a relevant issue for treating PTSD, other factors may be more pertinent to drop-out, particularly in this sample. In contrast with other findings, female gender was predictive of drop-out in this study. This may indicate that in this sample, there are unique characteristics and possible interacting variables that warrant exploration in future research.

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#### Links of Interest

A New Change to Hiring Rules Makes It Easier for Military Spouses to Land Federal Jobs

<https://www.military.com/daily-news/2021/10/21/opm-rule-change-military-spouses-predicted-be-game-changer.html>

No longer a boys club: Iowa National Guard sees 1st enlisted female infantry soldier

<https://www.wqad.com/article/news/national/military-news/iowa-national-guard-first-enlisted-female-infantry-soldier/>

The Phases of Relationship Breakups

<https://www.militaryonesource.mil/family-relationships/relationships/relationship-challenges-and-divorce/stages-of-a-breakup/>

Program focused on women vets health care could become mandatory for transitioning troops

<https://www.militarytimes.com/education-transition/2021/10/26/program-focused-on-women-vets-health-care-could-become-mandatory-for-transitioning-troops/>

Study reveals PTSD carries stigma for veterans, whether or not they suffer from it  
<https://www.kxxv.com/hometown/study-reveals-ptsd-carries-stigma-for-veterans-whether-or-not-they-suffer-from-it>

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**Resource of the Week: [APA Guidelines for Psychological Practice with Sexual Minority Persons](#)**

Approved as APA Policy by the Council of Representatives, February 26-28, 2021.

Sexual minority persons are a diverse population inclusive of lesbian, gay, bi+ (e.g., bisexual, pansexual, queer, fluid), and asexual sexual orientations<sup>1</sup>. The Guidelines for Psychological Practice with Sexual Minority Persons provide psychologists with: (1) a frame of reference for affirmative psychological practice (e.g., intervention, testing, assessment, diagnosis, education, research, etc.) with sexual minority clients across the lifespan, and (2) knowledge and referenced scholarship in the areas of affirmative intervention, assessment, identity, relationships, diversity, education, training, advocacy, and research. These guidelines also recognize that some sexual minority persons possess diverse gender identities and expressions (e.g., transgender, gender nonbinary or gender fluid).

These practice guidelines are a third iteration, built upon the Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients (American Psychological Association's [APA] Division 44/Committee on Sexual Orientation and Gender Diversity Joint Task Force on Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients, 2000) and the revised Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients (APA's Division 44/Committee on Lesbian, Gay, Bisexual, and Transgender Concerns Guidelines Revision Task Force, 2012). These practice guidelines were created by the process outlined by the Criteria for Practice Guideline Development and Evaluation (APA, 2002), and consistent with the APA's (2017) Ethical Principles of Psychologists and Code of Conduct (including 2010 and 2016 amendments).

# APA GUIDELINES for Psychological Practice with Sexual Minority Persons

APA TASK FORCE ON PSYCHOLOGICAL PRACTICE WITH SEXUAL MINORITY PERSONS

APPROVED BY APA COUNCIL OF REPRESENTATIVES  
FEBRUARY 2021



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