

CDP



Research Update -- November 4, 2021

What's Here:

- Sleep Management in Posttraumatic Stress Disorder (PTSD): A Systematic Review. (RAND)
- Future Well-Being Among People Who Attempt Suicide and Survive: Research Recommendations.
- Sudden gains in two trauma-focused treatments for posttraumatic stress disorder.
- Race bias and gender bias in the diagnosis of psychological disorders.
- Improving sleep quality leads to better mental health: A meta-analysis of randomised controlled trials.
- Feasibility and acceptability of the mobile application for the prevention of suicide (MAPS).
- Moral Injury and the Psyche of Counterinsurgency.
- Neurobehavioral Symptoms in U.S. Special Operations Forces in Rehabilitation After Traumatic Brain Injury: A TBI Model Systems Study.
- Family planning in the U.S. military: The gendered experiences of servicewomen.
- Military families: the impacts of having a first child during service on military mothers.
- The Lived Experiences of Highly Mobile Military Adolescents in Search of Their Identity: An Interpretive Phenomenological Study.
- PTSD and parental functioning: The protective role of neighborhood cohesion among Black and White veterans.

- Suicide risk after suicide bereavement: The role of loss-related characteristics, mental health, and hopelessness.
- Change in Self-compassion, Psychological Inflexibility, and Interpersonal Courage in Intensive PTSD Treatment: A Latent Growth Curve Analysis.
- Mental health consequences of traumatic brain injury.
- Posttraumatic stress disorder and aggression among post-9/11 veterans: The role of shame.
- Attachment style moderates polygenic risk for incident posttraumatic stress in U.S. military veterans: A 7-year, nationally representative, prospective cohort study.
- Sex differences in predictors of recurrent major depression among current-era military veterans.
- Insomnia and suicide risk: A multi-study replication and extension among military and high-risk college student samples.
- Military sexual trauma and suicidal ideation in VHA-care-seeking OEF/OIF/OND veterans without mental health diagnosis or treatment.
- Autism-related traits and suicide risk among active duty U.S. military service members.
- The intersection of PTSD symptoms and firearm storage practices within a suicide prevention framework: Findings from a U.S. Army National Guard sample.
- Complementary and integrative health approaches to manage chronic pain in U.S. military populations: Results from a systematic review and meta-analysis.
- Association Between Responsibility for the Death of Others and Postdeployment Mental Health and Functioning in US Soldiers.
- Experiential avoidance is associated with medical and mental health diagnoses in a national sample of deployed Gulf War veterans.
- The Battle Against Mental Health Stigma: Examining How Veterans with PTSD Communicatively Manage Stigma.
- Links
- Resource of the Week: Military Medical Care: Frequently Asked Questions (CRS)

<https://doi.org/10.7249/RR4471>

Sleep Management in Posttraumatic Stress Disorder (PTSD): A Systematic Review.

Alicia Ruelaz Maher, Eric Apaydin, Lara Hilton, Christine Chen, Wendy M. Troxel, Owen Hall, Gulrez Shah Azhar, Jody Larkin, Aneesa Motala, Susanne Hempel

RAND Corporation
Sep 30, 2021

Posttraumatic stress disorder (PTSD) is a condition that can emerge after exposure to a traumatic event. It involves several symptoms, including distressing memories or dreams and/or dissociative reactions; psychological distress at exposure to trauma cues; physiologic reactions to cues; avoidance of stimuli associated with the event; negative alterations in cognitions and mood associated with the trauma; and alterations in arousal and reactivity, including sleep disturbance. The purpose of this systematic review is to synthesize the evidence from randomized controlled trials on the effects that interventions for adults with PTSD have on sleep outcomes.

The authors searched research databases and bibliographies of existing systematic reviews to identify pertinent trials published in English; literature was identified by the searches using predetermined eligibility criteria. The primary outcome domain included sleep quality, insomnia, and nightmares. Secondary outcomes were PTSD symptoms and adverse events. Risk of bias and the quality of evidence were assessed for each outcome. The identified interventions addressed pharmacological, psychological, behavioral, complementary, and integrative medicine treatments aimed at improving sleep or lessening other PTSD symptoms.

Interventions in general showed an effect on sleep. Interventions explicitly targeting sleep—particularly psychotherapy targeting sleep—showed larger effects on sleep than did interventions not targeting sleep. Heterogeneity was considerable, but sleep effect estimates were not systematically affected by trauma type, setting, or modality. Comparative effectiveness studies are needed to support the findings.

<https://doi.org/10.1016/j.beth.2021.01.008>

Future Well-Being Among People Who Attempt Suicide and Survive: Research Recommendations.

Bingjie Tong, Todd B. Kashdan, Thomas Joiner, Jonathan Rottenberg

Behavior Therapy

Volume 52, Issue 5, September 2021, Pages 1213-1225

Highlights

- Attempted suicide is associated with many negative outcomes.
- Little is known about more favorable outcomes after nonfatal suicide attempts.
- Research recommendations are provided for examining well-being among suicide attempt survivors.

Abstract

Over 48,000 people died by suicide in 2018 in the United States, and more than 25 times that number attempted suicide. Research on suicide has focused much more on risk factors and adverse outcomes than on protective factors and more healthy functioning. Consequently, little is known regarding relatively positive long-term psychological adaptation among people who attempt suicide and survive. We recommend inquiry into the phenomenon of long-term well-being after nonfatal suicide attempts, and we explain how this inquiry complements traditional risk research by (a) providing a more comprehensive understanding of the sequelae of suicide attempts, (b) identifying protective factors for potential use in interventions and prevention, and (c) contributing to knowledge and public education that reduce the stigma associated with suicide-related behaviors.

<https://doi.org/10.1016/j.beth.2021.08.003>

Sudden gains in two trauma-focused treatments for posttraumatic stress disorder.

Denise M. Sloan, Johanna Thompson-Hollands, Adele Hayes, Daniel J. Lee, ... Brian P. Marx

Highlights

- Sudden treatment gains in posttraumatic stress symptoms was examined.
- Sudden gains occurred in both treatment conditions.
- Patients who displayed sudden gains had better treatment outcome.
- Expressing more negative emotion in trauma narratives predicted sudden gains.
- Sudden gains may be helpful in predicting individual trauma-focused treatment response.

Abstract

In the current study, we examined the degree to which sudden gains (large, rapid, and stable symptom reduction in a one-session interval) predicted treatment outcome in adults randomized to two different trauma-focused treatments. Adults diagnosed with PTSD were randomized to either written exposure therapy (WET; $n = 63$), a brief, exposure-based treatment for posttraumatic stress disorder (PTSD), or the more time-intensive Cognitive Processing Therapy (CPT; $n = 63$). Findings showed that 20.6% of participants who received WET and 17.5% of participants who received CPT experienced sudden gains. Sudden gains occurred earlier in WET (M session=2.69, $SD = 0.75$) than in CPT (M session=5.64, $SD = 3.01$). However, there were no treatment condition differences in the magnitude of the sudden gains. Treatment outcomes were significantly better for those who experienced sudden gains compared with those who did not, regardless of treatment assignment. Exploratory analyses of participants' trauma narratives revealed that expressing more negative emotion predicted the occurrence of sudden gains in both treatment conditions. Negative beliefs about the self and others did not predict sudden gains. The findings are discussed in terms of how they may help identify individual early response patterns that predict outcomes in trauma-focused treatments.

<https://doi.org/10.1016/j.cpr.2021.102087>

Race bias and gender bias in the diagnosis of psychological disorders.

Howard N. Garb

Clinical Psychology Review

Volume 90, December 2021, 102087

Highlights

- Race bias was found for posttraumatic disorder (PTSD), eating disorders, and other disorders.
- Gender bias was found for childhood and adolescent disorders and personality disorders.
- Black cultural expressions of depression have a significant impact on how decisions are made.

Abstract

Bias is said to occur when validity is better for one group than another (e.g., when diagnoses are more valid for male or female clients). This article provides (a) a methodological critique of studies on race bias and gender bias in diagnosis and (b) a narrative review of results from studies with good internal validity. The results suggest that race bias occurs for the diagnosis of conduct disorder, antisocial personality disorder, comorbid substance abuse and mood disorders, eating disorders, posttraumatic stress disorder, and the differential diagnosis of schizophrenia and psychotic affective disorders. Other results suggest that gender bias occurs for the diagnosis of autism spectrum disorder, attention deficit hyperactivity disorder, conduct disorder, and antisocial and histrionic personality disorders. The way that symptoms are expressed (e.g., Black cultural expressions of depression) appears to have a significant effect on diagnoses. It may be possible to decrease bias by expanding the use of (a) mental health screening, (b) self-report measures including some psychological tests, (c) structured interviews, and (d) statistical prediction rules. Finally, evidence exists that (a) the diagnosis of personality disorders should be made using dimensional ratings and (b) training in cultural diversity and debiasing strategies should be provided to mental health professionals.

<https://doi.org/10.1016/j.smr.2021.101556>

Improving sleep quality leads to better mental health: A meta-analysis of randomised controlled trials.

Alexander J. Scott, Thomas L. Webb, Marrison Martyn-St James, Georgina Rowse, Scott Weich

Sleep Medicine Reviews

Volume 60, December 2021, 101556

The extent to which sleep is causally related to mental health is unclear. One way to test the causal link is to evaluate the extent to which interventions that improve sleep quality also improve mental health. We conducted a meta-analysis of randomised controlled trials that reported the effects of an intervention that improved sleep on composite mental health, as well as on seven specific mental health difficulties. 65 trials comprising 72 interventions and N = 8608 participants were included. Improving sleep led to a significant medium-sized effect on composite mental health ($g+ = -0.53$), depression ($g+ = -0.63$), anxiety ($g+ = -0.51$), and rumination ($g+ = -0.49$), as well as significant small-to-medium sized effects on stress ($g+ = -0.42$), and finally small significant effects on positive psychosis symptoms ($g+ = -0.26$). We also found a dose response relationship, in that greater improvements in sleep quality led to greater improvements in mental health. Our findings suggest that sleep is causally related to the experience of mental health difficulties. Future research might consider how interventions that improve sleep could be incorporated into mental health services, as well as the mechanisms of action that explain how sleep exerts an effect on mental health.

<https://doi.org/10.1080/08995605.2021.1962187>

Feasibility and acceptability of the mobile application for the prevention of suicide (MAPS).

Jennifer M. Primack, Melanie Bozzay, Jennifer Barredo, Michael Armey, Ivan W. Miller, Jason B. Fisher, Caroline Holman & Heather Schatten

Military Psychology

Published online: 28 Oct 2021

Rates of Veteran suicide continue to be unacceptably high. Suicidal ideation and behavior are contextually and situationally based, limiting the ability of traditional prevention and assessment strategies to prevent acute crises. The Mobile Application for the Prevention of Suicide (MAPS) is a novel, smartphone-based intervention strategy that utilizes ecological momentary assessment to identify suicide risk in the moment and delivers treatment strategies in real-time. The app is personalized to each patient, utilizes empirically intervention strategies, and is delivered adjunctively to Veterans Affairs (VA) treatment as usual. This article outlines the MAPS intervention and presents results of an open trial to assess its feasibility and acceptability. Eight

Veterans were recruited from a Veterans Affairs Medical Center (VAMC) psychiatric inpatient unit following hospitalization for either a suicide ideation or attempt. Veterans received MAPS for 2 weeks post-hospitalization. Veterans reported high levels of satisfaction with MAPS and all opted to extend their use of MAPS beyond the 2-week trial period. MAPS may be a useful adjunctive to treatment as usual for high-risk Veterans by allowing patients and their providers to better track suicide risk and deploy intervention strategies when risk is detected.

<https://doi.org/10.1177/02632764211039279>

Moral Injury and the Psyche of Counterinsurgency.

Kenneth MacLeish

Theory, Culture & Society

First Published September 27, 2021

Public and clinical interest in a condition called moral injury – psychological distress resembling posttraumatic stress disorder (PTSD) but said to originate from shame, guilt, or transgression in war experience – explicitly links moral, psychological, and political dimensions of war-making in the context of the US's post-9/11 wars. This article critically analyzes moral injury's politics of psychological suffering, which tends to treat morality as a universal and apolitical terrain, by reading it against soldier narratives of combat experience. American soldiers' accounts of US military violence in Iraq and Afghanistan suggest that embodied, affective, and technical dimensions of military experience constitute their own moral worlds that do not necessarily conform to moral injury's narratives of individual transgression. These accounts show that the US's counterinsurgency techniques produce Orientalist framings of threat and violence but also volatile and ambivalent battlefield moralities that critically comment on the ostensibly liberal and humane techniques of US war-making.

<https://doi.org/10.1093/milmed/usab347>

Neurobehavioral Symptoms in U.S. Special Operations Forces in Rehabilitation After Traumatic Brain Injury: A TBI Model Systems Study.

Amanda Garcia, PhD, Shannon R Miles, PhD, Tea Reljic, MPH, Marc A Silva, PhD, Kristen Dams-O'Connor, PhD, Heather G Belanger, PhD, Laura Bajor, DO, Risa Richardson, PhD

Military Medicine

Published: 30 September 2021

Introduction

Special Operations Forces (SOF) personnel are at increased risk for traumatic brain injury (TBI), when compared with conventional forces (CF). Prior studies of TBI in military samples have not typically investigated SOF vs. CF as specific subgroups, despite documented differences in premorbid resilience and post-injury comorbidity burden. The aim of the current study was to compare SOF vs. CF on the presence of neurobehavioral symptoms after TBI, as well as factors influencing perception of symptom intensity.

Materials and Methods

This study conducted an analysis of the prospective veterans affairs (VA) TBI Model Systems Cohort, which includes service members and veterans (SM/V) who received inpatient rehabilitation for TBI at one of the five VA Polytrauma Rehabilitation Centers. Of those with known SOF status (N = 342), 129 participants identified as SOF (average age = 43 years, 98% male) and 213 identified as CF (average age = 38.7 years, 91% male). SOF vs. CF were compared on demographics, injury characteristics, and psychological and behavioral health symptoms. These variables were then used to predict neurobehavioral symptom severity in univariable and multivariable analyses.

Results

SOF personnel reported significantly greater posttraumatic stress disorder (PTSD) symptoms but less alcohol and drug use than the CF. SOF also reported greater neurobehavioral symptoms. When examining those with TBIs of all severities, SOF status was not associated with neurobehavioral symptom severity, while race, mechanism of TBI, and PTSD symptoms were. When examining only those with mTBI, SOF status was associated with lower neurobehavioral symptoms, while PTSD severity, white race, and certain mechanisms of injury were associated with greater neurobehavioral symptoms.

Conclusions

Among those receiving inpatient treatment for TBI, SOF SM/V reported higher neurobehavioral and symptom severity. PTSD was the strongest predictor of neurobehavioral symptoms and should be considered an important treatment target in

both SOF and CF with co-morbid PTSD/TBI. A proactive human performance approach towards identification and treatment of psychological and neurobehavioral symptoms is recommended for SOF.

<https://doi.org/10.3138/jmvfh-2021-0015>

Family planning in the U.S. military: The gendered experiences of servicewomen.

Stephanie K. Erwin

Journal of Military, Veteran and Family Health

Published Online: October 01, 2021

Balancing family and work is always challenging for working women; however, military service presents especially nuanced and unique challenges to women serving in the U.S. military. Family planning, and in particular marriage and children, have distinct impacts on servicewomen's professional careers. Their chosen professions often intersect and detract from their family planning choices. Within a larger study of gendered experiences, women from all four branches of the U.S. military, representing a variety of familial statuses and occupations, noted the complex and challenging intersections of family and work they encountered over the course of their military careers. As in other professions, military women bear disproportionate familial burdens compared with their male counterparts, and challenges pertaining to marriage and children regularly affect their professional careers. However, the military presents heightened professional demands on family planning, including marital status, marital partners' professions, pregnancy, maternity, and parenthood. These additional challenges women in the military face regarding family planning often run counter to organizational efforts to encourage women's participation, promotion, and retention in the military.

<http://dx.doi.org/10.1136/bmjmilitary-2021-001928>

Military families: the impacts of having a first child during service on military mothers.

Williamson C, Baumann J, Murphy D

Introduction

The rights, roles and responsibilities of servicewomen in the UK Armed Forces has changed dramatically over time. Previously, service personnel were automatically discharged from the military if they became pregnant. As the percentage of servicewomen in the UK Armed Forces increases, having children during service is becoming more common and maternity policies are now in place. Having children during military service can impact on the health and well-being of servicewomen, including a greater risk of illness when returning to work.

Methods

A cross-sectional, self-report survey was used for data collection. The response rate was approximately 45%. Female Army veterans were recruited via a female military association. The survey collected data on parental status, the timing of their first child (during or after service), and several current mental and physical health and well-being outcomes.

Results

Of the 750 female Army veterans who completed the survey, 406 reported having children. Of those with children, 14.5% had their first child during service compared with 85.5% after service. The most frequently endorsed health outcomes were low social support, loneliness and common mental health difficulties. Participants who had their first child during military service were more likely to have left the service non-voluntarily.

Conclusions

This study provided insight into the impacts of having a first child during military service on servicewomen. Overall, female Army veterans who had their first child during service had poorer outcomes, including leaving service non-voluntarily. However, none of the health or well-being outcomes remained significant after adjusting the results. This study explored a widely under researched population and field of research. Future research should seek to expand on our findings and continue to explore the impacts of having a first child during military service for military mothers.

<https://doi.org/10.1177/07435584211006469>

The Lived Experiences of Highly Mobile Military Adolescents in Search of Their Identity: An Interpretive Phenomenological Study.

Thomas JS, Smart D, Severtsen B, Haberman MR

Health Education & Behavior
September 2021: 79-88

The challenges that military adolescents face, including frequent relocations, pose potential risks to their identity development. The central aim of this study is to understand the impact that frequent relocations have on the identity development of highly mobile military adolescents. Military adolescents between the ages of 16 and 18 years were interviewed. An interpretive phenomenological design was employed to inform the interview and analytic approach. An inductive approach using humanistic interpretation through Hermeneutic circles was conducted. Four overarching themes were identified, including self-perception in the world, building relationships, overwhelming emotions, and fostering healthy transitions. Several subthemes developed and gave rise to common adolescent experiences. Military adolescents facing frequent relocations experience a series of identity crises that are often masked in daily life and kept secret from peers and family. Healthy transitions require the adolescent and family to openly and repeatedly explore the impact of relocations on the inner and social life of adolescents. This study calls for future research on the military adolescent-provider relationship to explore how to better help meet the needs of this population from a health care standpoint.

<https://doi.org/10.1037/tra0001123>

PTSD and parental functioning: The protective role of neighborhood cohesion among Black and White veterans.

Franz, M. R., Sanders, W., Nillni, Y. I., Vogt, D., Matteo, R., & Galovski, T.

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

Objective:

Caregivers with a history of trauma exposure may struggle to parent effectively, particularly when symptoms of PTSD are prominent. Consequently, identifying factors that buffer associations between PTSD and poor parental functioning is critical to help trauma-exposed families thrive. One important source of resilience may spring from being part of a socially cohesive neighborhood that offers positive social connections and resources. The purpose of this study was to examine whether greater neighborhood cohesion buffers associations between PTSD and perceived parental functioning.

Method:

A diverse national sample of 563 Black and White veterans raising children in single or dual parent households completed questionnaires assessing PTSD symptoms and neighborhood cohesion at baseline, as well as parental functioning four months later.

Results:

Multigroup moderation analyses that controlled for crime index, income, and sex revealed that among single Black veterans, but not other groups, the relationship between higher PTSD and poorer parental functioning was weakened for veterans who reported higher neighborhood cohesion.

Conclusions:

Findings suggest that PTSD symptoms and neighborhood cohesion affect parenting differently across racial and family makeup configurations, and that higher neighborhood cohesion might be particularly useful in buffering the association between PTSD and parenting among single Black veterans. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1016/j.jpsychires.2021.09.056>

Suicide risk after suicide bereavement: The role of loss-related characteristics, mental health, and hopelessness.

R Grafiadeli, H Glaesmer, L Hofmann, T Schäfer, B Wagner

Journal of Psychiatric Research

Volume 144, December 2021, Pages 184-189

Background

Suicide bereavement is associated with increased risk for severe negative mental health outcomes and suicidality. The purpose of this study was to examine the association between mental health symptoms and suicidal ideation among suicide bereaved while taking multiple factors into account.

Methods

The sample consisted of N = 157 German suicide bereaved who were interested in receiving an online intervention. The Beck Scale for Suicide Ideation (BSS) was used to distinguish between participants with and without suicidal ideation. A hierarchical regression analysis determined the effect of the most common mental health symptoms on suicidal ideation: symptoms of depression (BDI-II), prolonged grief (ICG-D), post-traumatic stress (IES-R), and hopelessness (H-RB).

Results

No significant differences emerged for sociodemographic or loss-related characteristics between suicide bereaved individuals with and without suicidal ideation. Depressive symptom severity was associated with higher suicidal ideation. When controlling for hopelessness, the effect of depression decreased considerably, while hopelessness itself turned out to be the most important predictor variable.

Discussion

Increased levels of hopelessness commonly reported by suicide bereaved may represent a stronger risk factor for suicidal ideation than mental health disorders. Screening for and targeting hopelessness appears crucial for suicide prevention in this population.

<https://doi.org/10.1007/s12671-021-01759-6>

Change in Self-compassion, Psychological Inflexibility, and Interpersonal Courage in Intensive PTSD Treatment: A Latent Growth Curve Analysis.

Peter P. Grau, Timothy P. Melchert, Mauricio Garnier-Villarreal, Lynne M. Knobloch-Fedders & Chad T. Wetterneck

Mindfulness

Published: 30 September 2021

Objectives

Despite numerous advances in the understanding of the development and maintenance of posttraumatic stress disorder (PTSD), current research is often narrowly focused on symptom reduction. Despite this, the impact of PTSD also extends into areas such as interpersonal relationships, pursuit of valued activities, and self-acceptance. These processes appear to be especially relevant in chronic/complex PTSD but are rarely represented in controlled trials. As a result, there is a need to expand the focus of PTSD research beyond symptom reduction to include processes of well-being.

Methods

Using a latent growth curve analytical approach, this study examined the impact of change in self-compassion, psychological inflexibility, and interpersonal courage on PTSD symptom reduction, trauma-related shame, quality of life, and valued living for participants in an exposure-based PTSD partial hospitalization program ($n = 537$; 75% White; 83% female; mean age = 36).

Results

All key processes assessed except for interpersonal courage showed clinically meaningful change over the course of the program. For the PTSD and valued living three-piece spline model slopes, only the three self-compassion slopes were significant predictors ($p < .001$). The psychological inflexibility slope predicted the quality of life slope ($p < .001$), while the interpersonal courage slope predicted the trauma-related shame slope ($p < .001$).

Conclusions

Results supported the importance of broadening the focus of PTSD conceptualization, treatment, and outcome assessment to include processes such as psychological inflexibility, self-compassion, and interpersonal courage.

<https://doi.org/10.1016/j.biopsych.2021.09.024>

Mental health consequences of traumatic brain injury.

JR Howlett, LD Nelson, MB Stein

Biological Psychiatry

Available online 2 October 2021

Traumatic brain injury (TBI) is associated with a host of psychiatric and neurobehavioral problems. As mortality rates have declined for severe TBI, attention has turned to the cognitive, affective, and behavioral sequelae of injuries across the severity spectrum, which are often more disabling than residual physical effects. Moderate and severe TBI can cause personality changes including impulsivity, severe irritability, affective instability, and apathy. Mild TBI, once considered a largely benign phenomenon, is now known to be associated with a range of affective symptoms, with suicidality, and with worsening or new onset of several psychiatric disorders including posttraumatic stress disorder (PTSD) and major depressive disorder. Repetitive head impacts, often in athletic contexts, are now believed to be associated with a number of emotional and behavioral sequelae. The nature and etiology of mental health manifestations of TBI (including a combination of brain dysfunction and psychological trauma and interrelationships between cognitive, affective, and physical symptoms) are complex and have been a focus of recent epidemiologic and mechanistic studies. This paper will review the epidemiology of psychiatric and neurobehavioral problems after TBI in military, civilian, and athletic contexts.

<https://doi.org/10.1016/j.paid.2021.111267>

Posttraumatic stress disorder and aggression among post-9/11 veterans: The role of shame.

Rebecca J. Zakarian, Meghan E. McDevitt-Murphy

Personality and Individual Differences
Volume 185, February 2022, 111267

Posttraumatic stress disorder (PTSD) is often accompanied by elevated aggression. PTSD and combat exposure alone do not fully explain the reliable finding of heightened aggression among trauma-exposed veterans. Shame may be an important affective feature in this relationship. The present study examined the role of shame from a social hierarchy theoretical perspective in a sample of 52 combat veterans from the post-9/11 era. Correlational analyses indicated moderately strong positive relationships among PTSD, shame, and aggression. Trait shame was found to significantly mediate the relationship between total PTSD severity and physical aggression, but not other forms of aggression. For veterans within the context of a hierarchical military culture, separation from the military and PTSD diagnosis may be very salient markers of social loss and social exclusion. Aggression may operate to reduce the negative affective

experience associated with shame and to regain social standing. Findings implicate shame as an important emotional component in the relationship between PTSD and aggression.

<https://doi.org/10.1016/j.biopsych.2021.09.025>

Attachment style moderates polygenic risk for incident posttraumatic stress in U.S. military veterans: A 7-year, nationally representative, prospective cohort study.

Amanda J.F. Tamman, Frank R. Wendt, Gita A. Pathak, John H. Krystal, ... Robert H. Pietrzak

Biological Psychiatry
Available online 6 October 2021

Background

Posttraumatic stress disorder (PTSD) develops consequent to complex gene-environment interactions beyond the precipitating trauma. To date, however, no known study has used a prospective design to examine how polygenic risk scores (PRS) interact with social-environmental factors such as attachment style to predict PTSD development.

Methods

PRS were derived from a GWAS of PTSD symptoms (N=186,689, Million Veteran Program cohort). We evaluated combined effects of PRS and attachment style in predicting incident PTSD in a 7-year, nationally representative cohort of trauma-exposed, European-American (EA) U.S. military veterans without PTSD (N=1,083). We also conducted multivariate gene-by-environment interaction and drug repositioning analyses to identify loci that interact with multiple environmental factors and potential pharmacotherapies that may be repurposed for this disorder.

Results

Veterans with higher PTSD PRS were more likely to have an incident positive screen for PTSD over 7 years. A gene-environment interaction was also observed, such that higher PRS only predicted incident PTSD in veterans with an insecure attachment style, and not those with a secure attachment style. At an individual locus level, the strongest gene-environment interaction was observed for the rs4702 variant of the *FURIN* gene

with cumulative lifetime trauma burden. Drug repositioning revealed that genes implicated in the PRS are perturbed by the drug doxylamine.

Conclusions

Attachment style moderates polygenic risk for the development of PTSD in EA veterans. These findings may inform PTSD prevention and treatment for veterans with high polygenic risk for PTSD, and suggest a potential pharmacotherapeutic target for risk genes moderated by social-environmental factors.

<https://doi.org/10.1037/ser0000397>

Sex differences in predictors of recurrent major depression among current-era military veterans.

Curry, J. F., Shepherd-Banigan, M., Van Voorhees, E., Wagner, H. R., Kelley, M. L., Strauss, J., Naylor, J., Veterans Affairs Mid-Atlantic MIRECC Women Veterans Work Group, & Veterans Affairs Mid-Atlantic MIRECC Work Group

Psychological Services
2021 May; 18(2): 275-284

Although major depressive disorder (MDD) is a frequent diagnosis among women seeking care in the Veterans Health Administration, little is known about its course. For example, recurrence of MDD and its predictors have been investigated in civilians, but not among female veterans. Because female veterans differ from their civilian counterparts and from male veterans on demographic variables, including race, ethnicity, marital status, and educational level, it is important to identify factors affecting MDD course within this population. We investigated frequency and correlates of recurrent MDD among female veterans and their male counterparts. From a postdeployment research registry of 3,247 participants (660 women and 2,587 men), we selected those with a current episode of MDD (141 women and 462 men). For each sex, we compared those diagnosed with recurrent MDD with those experiencing a single episode on demographics, comorbid diagnoses, family history of mental illness, traumatic experiences, combat exposure, and social support. In contrast to findings in most civilian samples, recurrent MDD was significantly more frequent in female (70.2%) than in male (45.2%) depressed veterans, $\chi^2(1) = 26.96$, $p < .001$. In multivariable analyses, recurrence among women was associated with greater experiences of childhood abuse and more trauma during military service and with lower rates of

posttraumatic stress disorder. Among men, recurrence was associated with older age, family history of psychiatric hospitalization, more postmilitary trauma, and lifetime anxiety disorder and with lower likelihood of war zone deployment. Trauma was associated with recurrence in both sexes, but the features of traumatic events differed in women and men. (PsycInfo Database Record (c) 2021 APA, all rights reserved).

<https://doi.org/10.1016/j.sleep.2021.06.032>

Insomnia and suicide risk: A multi-study replication and extension among military and high-risk college student samples.

Tucker, R. P., Cramer, R. J., Langhinrichsen-Rohling, J., Rodriguez-Cue, R., Rasmussen, S., Oakey-Frost, N., Franks, C. M., & Cunningham, C.

Sleep Medicine
2021 Sep; 85: 94-104

Objective/background:

A clear link between insomnia concerns and suicidal ideation has been shown in a variety of populations. These investigations failed to use a theoretical lens in understanding this relationship. Research within the veteran population has demonstrated that feelings of thwarted belongingness (TB), but not perceived burdensomeness (PB), mediate the insomnia and suicidal ideation relationship. Using two high risk samples, the present investigation replicated and extended this line of inquiry to include interpersonal hopelessness about TB, a key component of the Interpersonal Psychological Theory of Suicide.

Methods/results/conclusions:

Using medical record review and survey data, study 1 replicated the finding that TB is a stronger explanatory factor of the insomnia to suicidal ideation/suicide risk relationship in a sample of N = 200 treatment-seeking active-duty personnel. Study 2 found that insomnia symptoms had an indirect effect on suicidal ideation through TB and PB but not interpersonal hopelessness in a sample of N = 151 college students with a history of suicidal thoughts and/or behaviors. TB was the only mediator of the insomnia-suicide attempt likelihood link and insomnia to clinically significant suicide risk screening status. Limitations include cross-sectional design of both studies and the lack of formal diagnoses of insomnia. Implications and future research directions are discussed.

<https://doi.org/10.1016/j.psychres.2021.114089>

Military sexual trauma and suicidal ideation in VHA-care-seeking OEF/OIF/OND veterans without mental health diagnosis or treatment.

Decker, S. E., Ramsey, C. M., Ronzitti, S., Kerns, R. D., Driscoll, M. A., Dziura, J., Skanderson, M., Bathulapalli, H., Brandt, C. A., Haskell, S. G., & Goulet, J. L.

Psychiatry Research
2021 Sep; 303: 114089

Sexual trauma is a suicide risk factor. While military sexual trauma (MST) is frequently associated with suicidal ideation (SI) in women and men veterans who served in recent conflicts, less is known about MST's relationship to SI in veterans who have no documented mental health concerns. Of the 1.1 million post-9/11 veterans enrolled in the Veterans Healthcare Administration (VHA) we examined 41,658 (12.3% women, 87.7% men) without evidence of mental health diagnosis or treatment and who were screened for MST and SI using the standard VHA clinical reminders between 2008 and 2013. Relative risk estimates were generated using separate models for women and men. MST was reported by 27.9% of women and 2.9% of men; SI by 14.7% and 16.5%, respectively. The adjusted relative risk of MST on SI was 1.65 (95% CI 1.35, 2.00) in women, and 1.49 (95% CI 1.26, 1.75) in men. In this sample of veterans without evidence of mental health diagnosis or treatment, MST was associated with a high risk of SI in both genders. Positive MST screening should prompt SI screening and risk management if indicated, and further study of barriers to mental healthcare among MST survivors at risk for suicide is warranted.

<https://doi.org/10.1037/ser0000418>

Autism-related traits and suicide risk among active duty U.S. military service members.

Stanley, I. H., Day, T. N., Gallyer, A. J., Shelef, L., Kalla, C., Gutierrez, P. M., & Joiner, T. E.

Psychological Services
2021 Aug; 18(3): 377-388

Suicide rates within the U.S. military are elevated. The interpersonal theory of suicide, supported within military samples, suggests that social disconnectedness confers risk for suicide. Autism spectrum disorder (ASD) is characterized by symptoms-difficulties in social communication/interaction (SCI) and restricted and repetitive behaviors (RRBs)-that contribute to social disconnectedness. To our knowledge, no study has examined ASD-related traits and suicide risk among active duty U.S. military service members. Participants included 292 active duty U.S. military service members (M [SD] age = 28.67 [7.40] years, 68.5% male, 78.1% White). The Autism Spectrum Quotient, Repetitive Behaviours Questionnaire-2 for Adults, Self-Injurious Thoughts and Behaviors Interview-Short Form, and Interpersonal Needs Questionnaire assessed for SCI difficulties, RRBs, suicidal symptoms, and interpersonal theory of suicide constructs (i.e., perceived burdensomeness, thwarted belongingness), respectively. Elevated levels of SCI difficulties and RRBs were associated with increased odds of reporting suicidal thoughts and behaviors occurring since joining the military, controlling for the number of years of service and suicidal symptoms occurring prior to joining the military. Perceived burdensomeness and thwarted belongingness statistically accounted for the relationship between ASD-related traits and suicidal ideation occurring since joining the military; a rival mediator, emotion dysregulation, was not a significant mediator. Among active duty U.S. military service members, greater ASD-related traits were associated with an increased likelihood of reporting suicidal thoughts and behaviors occurring since joining the military. Clinical efforts targeting perceived burdensomeness and thwarted belongingness might reduce suicide risk among military service members with elevated ASD-related traits. (PsyInfo Database Record (c) 2021 APA, all rights reserved).

<https://doi.org/10.1037/ser0000410>

The intersection of PTSD symptoms and firearm storage practices within a suicide prevention framework: Findings from a U.S. Army National Guard sample.

Stanley, I. H., & Anestis, M. D.

Psychological Services
2021 Aug; 18(3): 335-344

Soldiers in the U.S. Army National Guard are at elevated risk for suicide compared to soldiers in the other components. Most suicides by military service members, including members of the U.S. Army National Guard, are enacted with personal firearms. The unsafe storage of firearms is associated with increased risk for death by suicide. Therefore, efforts to elucidate modifiable factors associated with unsafe firearm storage have the potential to inform military suicide prevention efforts. PTSD hyperarousal symptoms are characterized in part by a heightened sense of being "on guard" for potential dangers and might contribute to an increased likelihood of storing firearms unsafely. This study sought to examine if more severe PTSD hyperarousal symptoms are associated with greater unsafe firearm storage practices. Participants were 327 U.S. Army National Guard personnel (M [SD]age = 26.90 [7.45] years; 93.3% male; 77.8% White/Caucasian). Firearm storage practices were assessed via a structured questionnaire. PTSD symptoms (reexperiencing, avoidance, numbing, hyperarousal) were assessed via the PTSD Checklist-Military Version (PCL-M). Logistic regression analyses were utilized. Elevated PTSD hyperarousal symptoms were significantly associated with storing firearms loaded and/or in nonsecure locations, even after controlling for the effects of the other PTSD symptom clusters. Sensitivity analyses revealed that the pattern of findings remained consistent among participants with a deployment history and when controlling for the effects of agitation symptoms. Findings of this study suggest that U.S. Army National Guard personnel who experience elevated PTSD hyperarousal symptoms are more likely to store their firearms unsafely. Implications for military suicide prevention are discussed. (PsychoInfo Database Record (c) 2021 APA, all rights reserved).

<https://doi.org/10.1037/ser0000417>

Complementary and integrative health approaches to manage chronic pain in U.S. military populations: Results from a systematic review and meta-analysis.

Donahue, M. L., Dunne, E. M., Gathright, E. C., DeCosta, J., Balletto, B. L., Jamison, R. N., Carey, M. P., & Scott-Sheldon, L.

Psychological Services
2021 Aug; 18(3): 295-309

The objective of this study was to examine the efficacy of complementary and integrative health (CIH) approaches for reducing pain intensity (primary outcome) and depressive symptoms (secondary outcome) as well as improving physical functioning

(secondary outcome) among U.S. military personnel living with chronic pain. Studies were retrieved from bibliographic databases, databases of funded research, and reference sections of relevant articles. Studies that (a) evaluated a CIH approach to promote chronic pain management among military personnel, (b) used a randomized controlled trial design, and (c) assessed pain intensity were included. Two coders extracted data from each study and calculated effect sizes. Discrepancies between coders were resolved through discussion. Comprehensive searches identified 12 studies (k = 15 interventions) that met inclusion criteria. CIH practices included cognitive-behavioral therapies (k = 5), positive psychology (k = 3), yoga (k = 2), acupuncture (k = 2), mindfulness-based interventions (k = 2), and biofeedback (k = 1). Across these studies, participants who received the intervention reported greater reductions in pain intensity ($d+ = 0.44$, 95% CI [0.21, 0.67], k = 15) compared to controls. Statistically significant improvements were also observed for physical functioning ($d+ = 0.36$, 95% CI [0.11, 0.61], k = 11) but not for depressive symptoms ($d+ = 0.21$, 95% CI [-0.15, 0.57], k = 8). CIH approaches reduced pain intensity and improved physical functioning. These approaches offer a nonpharmacological, nonsurgical intervention for chronic pain management for military personnel. Future studies should optimize interventions to improve depressive symptoms in military populations experiencing chronic pain. (Psycho Database Record (c) 2021 APA, all rights reserved).

<https://doi.org/10.1001/jamanetworkopen.2021.30810>

Association Between Responsibility for the Death of Others and Postdeployment Mental Health and Functioning in US Soldiers.

Khan, A. J., Campbell-Sills, L., Sun, X., Kessler, R. C., Adler, A. B., Jain, S., Ursano, R. J., & Stein, M. B.

JAMA Network Open
2021 Nov 1; 4(11) :e2130810

Importance:

Rates of suicidal thoughts and behaviors (STBs) in US soldiers have increased sharply since the terrorist attacks on September 11, 2001, and postdeployment posttraumatic stress disorder (PTSD) remains a concern. Studies show that soldiers with greater combat exposure are at an increased risk for adverse mental health outcomes, but little

research has been conducted on the specific exposure of responsibility for the death of others.

Objective:

To examine the association between responsibility for the death of others in combat and mental health outcomes among active-duty US Army personnel at 2 to 3 months and 8 to 9 months postdeployment.

Design, setting, and participants:

This cohort study obtained data from a prospective 4-wave survey study of 3 US Army brigade combat teams that deployed to Afghanistan in 2012. The sample was restricted to soldiers with data at all 4 waves (1-2 months predeployment, and 2-3 weeks, 2-3 months, and 8-9 months postdeployment). Data analysis was performed from December 12, 2020, to April 23, 2021.

Main outcomes and measures:

Primary outcomes were past-30-day PTSD, major depressive episode, STBs, and functional impairment at 2 to 3 vs 8 to 9 months postdeployment. Combat exposures were assessed using a combat stress scale. The association of responsibility for the death of others during combat was tested using separate multivariable logistic regression models per outcome adjusted for age, sex, race and ethnicity, marital status, brigade combat team, predeployment lifetime internalizing and externalizing disorders, and combat stress severity.

Results:

A total of 4645 US soldiers (mean [SD] age, 26.27 [6.07] years; 4358 men [94.0%]) were included in this study. After returning from Afghanistan, 22.8% of soldiers (n = 1057) reported responsibility for the death of others in combat. This responsibility was not associated with any outcome at 2 to 3 months postdeployment (PTSD odds ratio [OR]: 1.23 [95% CI, 0.93-1.63]; P = .14; STB OR: 1.19 [95% CI, 0.84-1.68]; P = .33; major depressive episode OR: 1.03 [95% CI, 0.73-1.45]; P = .87; and functional impairment OR: 1.12 [95% CI, 0.94-1.34]; P = .19). However, responsibility was associated with increased risk for PTSD (OR, 1.42; 95% CI, 1.09-1.86; P = .01) and STBs (OR, 1.55; 95% CI, 1.03-2.33; P = .04) at 8 to 9 months postdeployment. Responsibility was not associated with major depressive episode (OR, 1.30; 95% CI, 0.93-1.81; P = .13) or functional impairment (OR, 1.13; 95% CI, 0.94-1.36; P = .19). When examining enemy combatant death only, the pattern of results was unchanged for PTSD (OR, 1.44; 95% CI, 1.10-1.90; P = .009) and attenuated for STBs (OR, 1.46; 95% CI, 0.97- 2.20; P = .07).

Conclusions and relevance:

This cohort study found an association between being responsible for the death of others in combat and PTSD and STB at 8 to 9 months, but not 2 to 3 months, postdeployment in active-duty soldiers. The results suggest that delivering early intervention to those who report such responsibility may mitigate the subsequent occurrence of PTSD and STBs.

<https://doi.org/10.1016/j.jpsychires.2021.07.033>

Experiential avoidance is associated with medical and mental health diagnoses in a national sample of deployed Gulf War veterans.

Patel, T. A., Hair, L. P., Meyer, E. C., DeBeer, B. B., Beckham, J. C., Pugh, M. J., Calhoun, P. S., & Kimbrel, N. A.

Journal of Psychiatric Research
2021 Oct; 142: 17-24

A substantial minority of deployed Gulf War veterans developed posttraumatic stress disorder (PTSD), depression, and several chronic illnesses. Although military combat and exposure to certain nuclear, biological, and chemical agents (NBCs) increase risk for post-deployment health problems, they do not fully explain many Gulf War veteran health diagnoses and are not viable treatment targets. Experiential avoidance (EA; one's unwillingness to remain in contact with unpleasant internal experiences) is a modifiable psychosocial risk factor associated with PTSD and depression in veterans as well as pain and gastrointestinal diseases in the general population. In this study, we recruited a national sample of deployed Gulf War veterans (N = 454) to test the hypothesis that greater EA would be significantly associated with higher lifetime odds of PTSD, depression, "Gulf War Illness" (GWI/CMI), and other chronic illnesses common in this veteran cohort. Participants completed a self-report battery assessing demographic, military-related, and health-related information. Multivariate analyses showed that after adjusting for age, sex, race, combat exposure, and NBC exposure, worse EA was associated with higher lifetime odds of PTSD, depression, GWI/CMI, gastrointestinal problems, irritable bowel syndrome, arthritis, fibromyalgia, and chronic fatigue syndrome (ORs ranged 1.25 to 2.89; effect sizes ranged small to large), but not asthma or chronic obstructive pulmonary disease. Our findings suggest medical and mental health providers alike should assess for EA and potentially target EA as part of a

comprehensive, biopsychosocial approach to improving Gulf War veterans' health and wellbeing. Study limitations and future research directions are also discussed.

<https://doi.org/10.1080/10410236.2020.1754587>

The Battle Against Mental Health Stigma: Examining How Veterans with PTSD Communicatively Manage Stigma.

Roscoe R. A.

Health Communication
2021 Oct; 36(11): 1378-1387

Veterans experiencing combat-related PTSD often refrain from seeking mental health services due to the stigma attached, which can lead to extreme and life-threatening consequences including depression, substance abuse, and suicide. Attaining a better understanding of coping mechanisms is important because it has the ability to help veterans better manage their stigma in the future and potentially help them survive PTSD and the stigma associated with it. Thus, the current study uses stigma management communication theory to uncover the ways in which veterans with PTSD communicatively manage their stigmatized identity. In-depth one-on-one interviews with United States veterans show that veterans with PTSD manage stigma using all six major strategies of stigma management communication. Some veterans managed stigma by blending contradictory strategies together. In addition, new stigma management communication strategies appeared. Not only do these results offer advancement for communication theory, but they could aid in the development of military training, military policy, mental health assessments, interventions, and destigmatizing campaigns.

Links of Interest

Army Enlistment Waivers in the Age of Legal Marijuana
<https://www.rand.org/blog/rand-review/2021/10/army-enlistment-waivers-in-the-age-of-legal-marijuana.html>

Study finds some veterans experience distress related to past trauma exposure as they near end of life

<https://www.newswise.com/articles/study-finds-some-veterans-experience-distress-related-to-past-trauma-exposure-as-they-near-end-of-life>

Helping aging Veterans live longer, more productive lives

<https://blogs.va.gov/VAntage/96170/helping-aging-veterans-live-longer-more-productive-lives/>

Veterans with Concussion, TBI Issues Can Earn \$325 Just to Sleep

<https://www.military.com/daily-news/2021/10/29/veterans-concussion-tbi-issues-can-earn-325-just-sleep.html>

Staff Perspective: Chronic Pain - What Do Race, Ethnicity, Gender or Age Have to do with the Care Received?

<https://deploymentpsych.org/blog/staff-perspective-chronic-pain-what-do-race-ethnicity-gender-or-age-have-do-care-received>

Staff Perspective: “It’s all in your head” – Temporomandibular Joint Pain

<https://deploymentpsych.org/blog/staff-perspective-“it’s-all-your-head”---temporomandibular-joint-pain>

Staff Perspective: Fighting Fibromyalgia with Military-Connected Patients

<https://deploymentpsych.org/blog/staff-perspective-fighting-fibromyalgia-military-connected-patients>

New policy protects sexual assault survivors from being charged with ‘minor’ infractions

<https://www.militarytimes.com/news/pentagon-congress/2021/11/01/new-policy-protects-sexual-assault-survivors-from-being-charged-with-minor-infractions/>

Local woman on a mission to help fellow military spouses in Virginia in newly created role

<https://www.wavy.com/news/military/local-woman-on-a-mission-to-help-fellow-military-spouses-in-virginia-in-newly-created-role/>

New White House suicide prevention plan for troops, vets emphasizes gun safety

<https://www.militarytimes.com/veterans/2021/11/02/embargoed-until-1030am-nov-2-new-white-house-suicide-prevention-plan-for-troops-vets-emphasizes-gun-safety/>

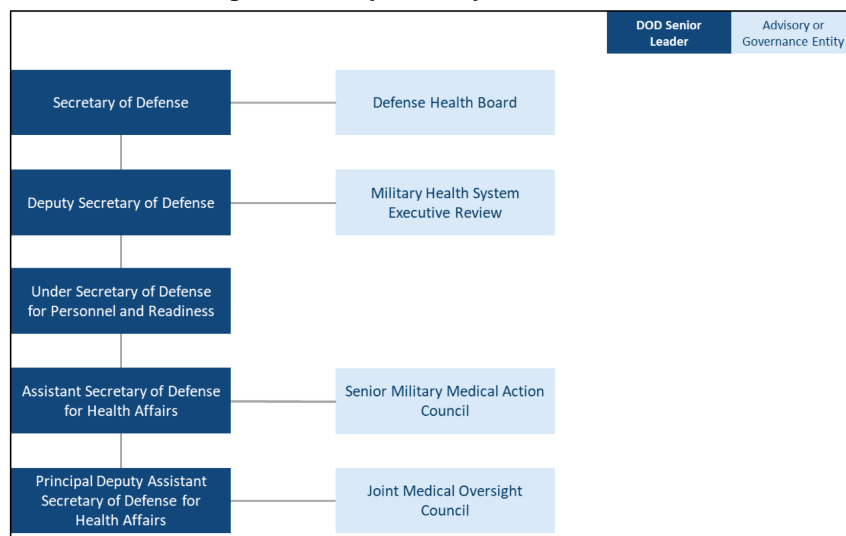
New Website and App Seek to Streamline Army’s Exceptional Family Member Program
<https://www.military.com/daily-news/2021/11/02/new-website-and-app-seek-streamline-armys-exceptional-family-member-program.html>

Resource of the Week -- [Military Medical Care: Frequently Asked Questions](#)

Recently updated by the Congressional Research Service:

Military medical care is a congressionally authorized entitlement that has expanded in Analyst in Defense Health size and scope since the late 19th century. Chapters 55 and 56 of Title 10, U.S. Code Care Policy entitle certain health benefits to military personnel, retirees, and their families. These health benefits are administered by a Military Health System (MHS). The primary objectives of the MHS, which includes the Defense Department’s hospitals, clinics, and medical personnel, are (1) to maintain the health of military personnel so they can carry out their military missions, and (2) to be prepared to deliver health care during wartime. Health care services are delivered through either Department of Defense (DOD) medical facilities, known as military treatment facilities (MTFs), as space is available, or through networks of participating civilian health care providers. As of 2020, the MHS operates 721 MTFs, employs nearly 61,000 civilians and 78,000 military personnel, and serves 9.6 million beneficiaries across the United States and in overseas locations.

Figure 1. Military Health System Governance



Source: CRS graphic based on email communication with DOD officials, August 25, 2021.

Shirl Kennedy, BS, MA

Research Editor

Henry M. Jackson Foundation employee collaborating with Center for Deployment
Psychology

Office: (727) 537-6160

Email: shirley.kennedy.ctr@usuhs.edu