

CDP



Research Update -- November 11, 2021

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<https://doi.org/10.1017/S1754470X21000295>

Dialectical behaviour therapy skills group including stigma management: a pilot with sexual and gender minority veterans.

Skerven, K., Mirabito, L., Kirkman, M., & Shaw, B.

The Cognitive Behaviour Therapist

Published online by Cambridge University Press: 02 November 2021

Abstract

As a principle-driven treatment, dialectical behaviour therapy (DBT) offers concepts and strategies that can be flexibly applied to address unique types of invalidation, such as stigma experienced by marginalized groups. A pilot DBT skills training group that included material on using skills to dialectically manage the effects of stigma was conducted with four sexual and gender minority (SGM) veterans. The group included standard DBT skills along with explicitly teaching about stigma commonly faced by SGM individuals and ways to apply DBT skills to the experiences of stigma. This pilot group was conducted to determine the acceptability of such a group as well as its effects on symptoms (depression, emotion regulation), use of DBT skills in daily living, and the psychological burden of stigma-related experiences. The group was well-received by participants; outcomes suggest promising trends in reducing psychological distress and increasing use of DBT skills to cope. Implications for clinical practice using a dialectical approach to stigma management and future directions are provided.

Key learning aims

- (1) Readers will learn about how dialectical behaviour therapy can be used to help sexual and gender minority clients effectively manage the effects of minority stress.
- (2) Readers will learn how taking a dialectical perspective on managing minority stress can be effective.
- (3) Readers will learn how delivering dialectical behaviour therapy in a manner contextualized within the clients' experience can be effective in managing mental health symptoms.

<https://www.doi.org/10.1017/S1754470X21000283>

Exploring CBT therapists' experience of feeling of safety within self-practice/self-reflection: An interpretative phenomenological analysis.

Mackenzie, M., & O'Mahony, J.

The Cognitive Behaviour Therapist

Published online by Cambridge University Press: 02 November 2021

Abstract

Self-practice/self-reflection (SP/SR) is an experiential training strategy implemented to develop the skills of CBT therapists through the self-application of CBT techniques and subsequent reflection on the experience in relation to clinical practice. Outcome studies report significant personal and professional benefits from SP/SR but engagement studies suggest that CBT therapists' experience is mixed. In order to inform the design and implementation of SP/SR within CBT, this study aims to explore CBT therapists' experience of feeling of safety (FOS) within SP/SR. FOS has been identified as an important engagement factor. Three CBT therapists were interviewed using semi-structured interviews. The data, which took the form of verbatim transcripts, were subjected to interpretative phenomenological analysis. Four superordinate themes relating to participants' experience of FOS within SP/SR emerged: FOS and its absence as embodied and non-verbal, role of the instructor, awareness of others and venturing beyond safety. Ensuing recommendations for instructors include proactive use of interventions within SP/SR which directly impact embodied FOS, monitoring the wellbeing and engagement of participants through awareness of physical cues and employment of measures designed to promote a sense of equality among group members. Areas of future research include exploration of factors which influence FOS, investigation of the effect on FOS of pre-existing relationships within the SP/SR group and review of interventions which are currently used by SP/SR instructors to promote FOS.

Key learning aims

- (1) To explore the lived experience of FOS within SP/SR as experienced by CBT therapists.
- (2) To identify factors which influence CBT therapists' experience of FOS within SP/SR.
- (3) To identify practical recommendations for use in SP/SR instruction which will promote participants' FOS.

<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.

<https://doi.org/10.1002/jts.22731>

Age differences in allostatic load among veterans: The importance of combat exposure.

Jennifer R. Piazza, Scott D. Landes, Robert S. Stawski

Journal of Traumatic Stress

First published: 12 October 2021

The current study examined age differences in allostatic load among nonveterans, noncombat veterans, and combat veterans. Participants included 280 individuals from the Midlife Development in the United States (MIDUS) survey, including 164 veterans ($n = 48$ combat veterans; $n = 116$ noncombat veterans) and 116 nonveterans. Age differences in allostatic load were similar among nonveterans and noncombat veterans, $B = 0.002$, $SE = .011$, $p = .878$, with older adults showing higher levels of allostatic load than their comparatively younger counterparts. Among combat veterans, however, a different pattern emerged. In this group, levels of allostatic load were similar across age, seemingly due to higher levels of allostatic load among younger combat veterans, $B = -0.029$, $SE = .014$, $p = .031$, $\eta^2 = .022$. Results reveal the importance of considering combat exposure when examining health outcomes of military veterans, particularly in the context of age.

<https://doi.org/10.1002/jts.22744>

The effect of perceived life stress on posttraumatic stress disorder treatment outcome.

Mark S. Burton, Elizabeth H. Marks, Michele A. Bedard-Gilligan, Norah C. Feeny, Lori A. Zoellner

Journal of Traumatic Stress

First published: 31 October 2021

Life stress following trauma exposure is a consistent predictor of the development of posttraumatic stress disorder (PTSD). However, there is a dearth of research on the effect of life stress on PTSD treatment outcomes. The current study examined the effects of pretreatment levels of perceived life stress on treatment outcome in a sample

of 200 individuals with PTSD who were randomized to receive either prolonged exposure (PE) therapy or sertraline as part of a clinical trial. Life stress over the year prior to treatment significantly interacted with treatment type to predict higher residual PTSD symptom severity, as assessed using the PTSD Symptom Scale–Interview, among participants who received sertraline but not those who received PE, $\beta = .24$, $p = .017$, $\Delta R^2 = .03$. These findings were similar for self-reported depression severity, $\beta = .27$, $p = .008$, $\Delta R^2 = .04$. Adherence to either PE homework or sertraline compliance did not mediate this association nor did life stress predict treatment retention for either treatment arm. Higher levels of perceived life stress may serve as a prescriptive predictor of PTSD treatment outcome, with PE remaining efficacious regardless of heightened pretreatment life stress. These findings encourage clinician confidence when providing PE to individuals with higher levels of life stress. Future researchers should examine the impact of PTSD treatment on perceived and objective measures of life stress to improve treatment for individuals who experience chronic stress.

<https://doi.org/10.1080/08995605.2021.1982631>

The effects of grit and resilience on moral competence following simulated combat exposure.

Vasiliki Georgoulas-Sherry & Hanna G. Hernandez

Military Psychology

Published online: 05 Nov 2021

Individuals exposed to combat-like environments are often challenged with moral conflict. The scientific investigation of moral competence on adverse environments is limited, although soldier narratives have shown how, in combat, military personnel must face challenging moral dilemmas. Additionally, the impact of grit and resilience on moral competence following combat-like environments is unknown.

Recruiting 107 participants from a private US Military university, this study investigated the impact of moral competence, including the moderating effects of grit and resilience, following exposure to combat-like environments. To simulate a combat-like environment, participants were placed in either an immersive (i.e., Bravemind) or non-immersive (i.e., Virtual Battlespace 3) environment. Self-reported resilience, grit, and moral competence were measured using Resilience Scale for Adults, the Grit Scale, and the Moral Competence Test, respectively. Findings showed that following exposure

to simulated combat-like environments, moral competence scores were higher in participants exposed to combat-like environments. Furthermore, results revealed a main effect of grit on moral competence, suggesting that grit could have functioned as a buffer following simulated combat. These findings can provide a richer understanding of how, following combat-like environments, moral competence can be impacted and how grit and resilience can help protect the ability to successfully face moral dilemmas.

<https://doi.org/10.1080/08995605.2021.1976040>

Relationship of rumination and self-compassion to posttraumatic stress symptoms among Veterans.

Abigail E. Ramon, Kyle Possemato & Dessa Bergen-Cico

Military Psychology

Published online: 05 Nov 2021

Past research demonstrates interrelationships amongst rumination, self-compassion, and posttraumatic stress disorder (PTSD) symptoms. However, little research has considered rumination and self-compassion together in relation to PTSD in clinical populations. In this cross-sectional study, we examined the unique effect of self-compassion on PTSD beyond the effect of rumination. Secondly, we examined if rumination mediates the effect of self-compassion on PTSD. Participants included 52 US military Veterans (73.1% male) enrolled in a community support program for PTSD who completed self-report measures of study variables at one time point. Hierarchical regression results showed rumination was related to higher PTSD scores ($f^2 = .12$; small ES) in step one, and the addition of self-compassion in step two was related to lower PTSD scores ($f^2 = .10$; small ES) and explained a unique 9% of the variance. In contrast to previous research, results showed self-compassion mediated the relationship between rumination and PTSD, with a significant indirect effect (ab) of .20 (95% confidence interval [CI] = .028 to .457). Findings suggest the explanatory value of self-compassion for PTSD after accounting for rumination and may also reflect a process where rumination about behaviors one regrets gives rise to uncompassionate responding, which then contributes to greater PTSD.

<https://doi.org/10.1080/08995605.2021.1974807>

Trajectories of depression symptoms during the process of deployment in military couples.

Elizabeth C. Coppola, Sharon L. Christ, David Topp, Kenona Southwell, Keisha Bailey & Shelley MacDermid Wadsworth

Military Psychology

Published online: 05 Nov 2021

Informed by life course theory, we estimated depression symptom trajectories for couples throughout a deployment cycle using data from a longitudinal study of National Guard couples (n= 339). One-third of couples served as a comparison group by participating in data collection after their deployments were canceled. We proposed that 1) service members and partners would display multiple trajectories of depression symptoms that differ as a function of role (i.e., service member or at-home partner) and exposure to deployment; 2) trajectory patterns would be associated with indicators of human capital; 3) service members' and partners' depression symptoms would be linked to each other. We found that depressive symptom trajectories varied by exposure to deployment and role, and that higher levels of human capital were mostly associated with lower depressive symptoms, although we did not find support for partner interdependence. Results were considered in the context of life course theory and emotional cycles of deployment.

<https://doi.org/10.1001/jamanetworkopen.2021.32548>

Attitudes and Intentions of US Veterans Regarding COVID-19 Vaccination.

Jasuja GK, Meterko M, Bradshaw LD, et al.

JAMA Network Open

November 3, 2021

Key Points

Question

What are veterans' attitudes and intentions associated with COVID-19 vaccination?

Findings

In this survey study of 1178 US veterans in March 2021, 71% of veterans reported being vaccinated against COVID-19. Fears about side effects and worry about the newness of vaccines were the primary reasons given for not getting vaccinated, reflecting vaccine skepticism and deliberation.

Meaning

These findings suggest that targeting veterans' concerns around the adverse effects and safety of COVID-19 vaccines through conversations with trusted Veterans Health Administration health care practitioners is key to increasing vaccine acceptance.

Abstract

Importance

Compared with the general population, veterans are at high risk for COVID-19 and have a complex relationship with the government. This potentially affects their attitudes toward receiving COVID-19 vaccines.

Objective

To assess veterans' attitudes toward and intentions to receive COVID-19 vaccines.

Design, Setting, and Participants

This cross-sectional web-based survey study used data from the Department of Veterans Affairs (VA) Survey of Healthcare Experiences of Patients' Veterans Insight Panel, fielded between March 12 and 28, 2021. Of 3420 veterans who were sent a link to complete a 58-item web-based survey, 1178 veterans (34%) completed the survey. Data were analyzed from April 1 to August 25, 2021.

Exposures

Veterans eligible for COVID-19 vaccines.

Main Outcomes and Measures

The outcomes of interest were veterans' experiences with COVID-19, vaccination status and intention groups, reasons for receiving or not receiving a vaccine, self-reported health status, and trusted and preferred sources of information about COVID-19 vaccines. Reasons for not getting vaccinated were classified into categories of vaccine deliberation, dissent, distrust, indifference, skepticism, and policy and processes.

Results

Among 1178 respondents, 974 (83%) were men, 130 (11%) were women, and 141

(12%) were transgender or nonbinary; 58 respondents (5%) were Black, 54 veterans (5%) were Hispanic or Latino, and 987 veterans (84%) were non-Hispanic White. The mean (SD) age of respondents was 66.7 (10.1) years. A total of 817 respondents (71%) self-reported being vaccinated against COVID-19. Of 339 respondents (29%) who were not vaccinated, those unsure of getting vaccinated were more likely to report fair or poor overall health (32 respondents [43%]) and mental health (33 respondents [44%]) than other nonvaccinated groups (overall health: range, 20%-32%; mental health: range, 18%-40%). Top reasons for not being vaccinated were skepticism (120 respondents [36%] were concerned about side effects; 65 respondents [20%] preferred using few medications; 63 respondents [19%] preferred gaining natural immunity), deliberation (74 respondents [22%] preferred to wait because vaccine is new), and distrust (61 respondents [18%] did not trust the health care system). Among respondents who were vaccinated, preventing oneself from getting sick (462 respondents [57%]) and contributing to the end of the COVID-19 pandemic (453 respondents [56%]) were top reasons for getting vaccinated. All veterans reported the VA as 1 of their top trusted sources of information. The proportion of respondents trusting their VA health care practitioner as a source of vaccine information was higher among those unsure about vaccination compared with those who indicated they would definitely not or probably not get vaccinated (18 respondents [26%] vs 15 respondents [15%]). There were no significant associations between vaccine intention groups and age ($\chi^2_4 = 5.90$; $P = .21$) or gender ($\chi^2_2 = 3.99$; $P = .14$).

Conclusions and Relevance

These findings provide information needed to develop trusted messages used in conversations between VA health care practitioners and veterans addressing specific vaccine hesitancy reasons, as well as those in worse health. Conversations need to emphasize societal reasons for getting vaccinated and benefits to one's own health.

<https://doi.org/10.1136/bmjopen-2021-049370>

Decision (not) to disclose mental health conditions or substance abuse in the work environment: a multiperspective focus group study within the military.

Bogaers, R., Geuze, E., van Weeghel, J., Leijten, F., Rüsçh, N., van de Mheen, D., Varis, P., Rozema, A., & Brouwers, E.

BMJ Open

2021 Oct 27; 11(10): e049370

Objectives:

Many workers in high-risk occupations, such as soldiers, are exposed to stressors at work, increasing their risk of developing mental health conditions and substance abuse (MHC/SA). Disclosure can lead to both positive (eg, support) and negative (eg, discrimination) work outcomes, and therefore, both disclosure and non-disclosure can affect health, well-being and sustainable employment, making it a complex dilemma. The objective is to study barriers to and facilitators for disclosure in the military from multiple perspectives.

Design:

Qualitative focus groups with soldiers with and without MHC/SA and military mental health professionals. Sessions were audiotaped and transcribed verbatim. Content analysis was done using a general inductive approach.

Setting:

The study took place within the Dutch military.

Participants:

In total, 46 people participated in 8 homogeneous focus groups, including 3 perspectives: soldiers with MHC/SA (N=20), soldiers without MHC/SA (N=10) and military mental health professionals (N=16).

Results:

Five barriers for disclosure were identified (fear of career consequences, fear of social rejection, lack of leadership support, lack of skills to talk about MHC/SA, masculine workplace culture) and three facilitators (anticipated positive consequences of disclosure, leadership support, work-related MHC/SA). Views of the stakeholder groups were highly congruent.

Conclusions:

Almost all barriers (and facilitators) were related to fear for stigma and discrimination. This was acknowledged by all three perspectives, suggesting that stigma and discrimination are considerable barriers to sustainable employment and well-being. Supervisor knowledge, attitudes and behaviour were critical for disclosure, and supervisors thus have a key role in improving health, well-being and sustainable employment for soldiers with MHC/SA. Furthermore, adjustments could be made by the military on a policy level, to take away some of the fears that soldiers have when disclosing MHC/SA.

<https://doi.org/10.1111/sltb.12778>

Social closeness and support are associated with lower risk of suicide among U.S. Army soldiers.

Dempsey, C. L., Benedek, D. M., Nock, M. K., Zuromski, K. L., Brent, D. A., Ao, J., Aliaga, P. A., Heeringa, S. G., Kessler, R. C., Stein, M. B., & Ursano, R. J.

Suicide & Life-Threatening Behavior
2021 Oct; 51(5): 940-954

Objective:

We tested the aspects of social support, unit cohesion, and religiosity hypothesized to be protective factors for suicide among U.S. service members.

Methods:

This case-control study compared U.S. Army soldiers who died by suicide while on active duty (n = 135) to controls of two types: those propensity score-matched on known sociodemographic risk factors (n = 128); and those controls who had thought about, but not died by, suicide in the past year (n = 108). Data included structured interviews of next of kin (NOK) and Army supervisors (SUP) for each case and control soldier. Logistic regression analyses were used to examine predictors of suicide.

Results:

Perceived social closeness and seeking help from others were associated with decreased odds of suicide, as reported by SUP (OR = 0.2 [95% CI = 0.1, 0.5]) and NOK (OR = 0.4 [95% CI = 0.2, 0.8]). Novel reports by SUP informants of high levels of unit cohesion/morale decreased odds of suicide (OR = 0.1 [95% CI = 0.0, 0.2]). Contrary to study hypotheses, no religious affiliation was associated with lower odds of suicide (OR = 0.3 [95% CI = 0.2, 0.6]).

Conclusions:

Perceived social closeness and unit/group cohesion are associated with lower odds of suicide. These results point toward social intervention strategies as testable components of suicide prevention programs.

<https://doi.org/10.1111/sltb.12788>

Masculinity's association with the interpersonal theory of suicide among military personnel.

Daruwala, S. E., Houtsma, C., Martin, R., Green, B., Capron, D., & Anestis, M. D.

Suicide & Life-Threatening Behavior
2021 Oct; 51(5): 1026-1035

Objective:

Given that the majority of those who die by suicide are male, masculine traits have been examined as a potential link to the development of capability for suicide. However, research has not examined if such traits influence suicidal desire (i.e., thwarted belongingness, perceived burdensomeness). This study examined the influence of stereotypically masculine traits of stoicism, sensation seeking, physical aggression, verbal aggression, and self-reliance on all three components of the Interpersonal Theory of Suicide within a sample of male and female service members.

Methods:

A total of 953 service members were recruited as part of a larger study.

Results:

Sensation seeking and stoicism were positively associated with capability for suicide. With regard to suicidal desire, self-reliance and verbal aggression were positively associated with both perceived burdensomeness and thwarted belongingness. Stoicism was positively associated with thwarted belongingness.

Conclusions:

Findings suggest that different masculine traits are associated with the three components of the Interpersonal Theory of Suicide in various ways. Stoicism may be an especially important masculine trait that influences a component of suicidal desire and capability for suicide.

<https://doi.org/10.1111/sltb.12771>

Financial costs to the U.S. Army for suicides by newly enlisted Soldiers.

Schaughency, K., Watkins, E. Y., Barnes, S., Smith, J. D., Forrest, L. J., Christopher, P. K., Anke, K. M., Sikka, R., Pecko, J. A., & Cox, K. L.

Suicide & Life-Threatening Behavior
2021 Oct; 51(5): 907-915

Objective:

To estimate the financial burden to the U.S. Army of suicide by enlisted Soldiers during their first year of service.

Methods:

This analysis included new Army enlisted Soldiers who started initial entry training from October 2012 through September 2016 and subsequently died by suicide within their first year of service. Outpatient and inpatient direct medical, direct nonmedical, recruiting, and training costs to the Army were calculated.

Results:

During the 48-month observational study period, 29 Soldiers died by suicide within their respective first year of service. The described financial costs accrued by the Army as a result of these deaths were \$152,271-with an average of \$6,091 per healthcare utilizer. Recruiting and training costs were \$1,115,860 for all suicide cases.

Conclusion:

Average direct cost per healthcare utilizer increased during a Soldier's first year of service. This may be associated with the transition through different phases of training and to the first operational duty station.

Public health implications:

Results obtained through this cost-of-illness analysis may serve as baseline metrics to inform future cost-effectiveness studies.

<https://doi.org/10.1037/ser0000539>

Transcending self therapy: Four-session individual integrative cognitive-behavioral treatment: A case report.

Polak, K., Reisweber, J., & Meyer, B. L.

Psychological Services
2021 Nov 4

Effective treatments for Substance Use Disorders (SUDs) are of critical importance, particularly among veterans. We present a successful application of Transcending Self Therapy: Four-Session Individual Integrative Cognitive Behavioral Treatment (Individual TST-I-CBT), that helped a male combat veteran with Alcohol Use Disorder, Severe, and PTSD enter recovery and reduce depressive symptoms. Session 1 focused on problem solving and behaviors; Session 2 centered on checking and changing thoughts; Session 3 emphasized behaviors, thoughts, and coping; and Session 4 consisted of review and finalizing the recovery plan. After the second Individual TST-I-CBT session, he was abstinent from alcohol use and remained abstinent throughout the remainder of treatment. At the end of treatment, his depressive symptoms declined substantially from pretreatment (from severe to low), his desire to stop using alcohol was 10/10, and his confidence in his ability to stop using alcohol was 10/10. He demonstrated personal growth and accomplishments throughout the course of treatment, such as improving his self-concept and relationships; living in accordance with his values; developing the passionate pursuit of being a productive member of society by holding a job; looking for a job; and taking steps to continue his education. Accordingly, he accomplished all of his identified treatment goals. This case suggests Individual TST-I-CBT is a potentially effective adjunctive treatment for SUD. (PsyInfo Database Record (c) 2021 APA, all rights reserved).

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

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

McFarlane Ao, A. C., & Graham, D. K.

Journal of Psychiatric Research
2021 Nov; 143: 388-394

This study examined the prevalence of somatic symptoms in post-traumatic stress disorder (PTSD) in a population-based military sample (N = 14,445). Descriptive statistics explored somatic symptom endorsement in the entire sample. A latent class analyses was conducted on participants with a posttraumatic stress checklist (PCL) score ≥ 29 (n = 2433), with class differentiated by somatic symptom

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

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

Binge drinking following residential treatment for posttraumatic stress disorder among veterans with and without alcohol use disorder.

Meshberg-Cohen, S., Gross, G. M., Kachadourian, L. K., & Harpaz-Rotem, I.

Journal of Psychiatric Research
2021 Nov; 143: 202-208

Posttraumatic stress disorder (PTSD) is complicated by high rates of problematic drinking and comorbid alcohol use disorder (AUD). This study examined veterans seeking residential PTSD treatment, comparing those with and without AUD, to determine whether trauma type and/or PTSD symptom changes during treatment were associated with binge drinking at 4-month follow-up. Analyses compared characteristics of veterans (N = 758) in residential treatment, as well as associations of demographic, trauma, and alcohol-related variables, with binge drinking episodes at follow-up. Results showed no differences in PTSD symptom improvements based on AUD diagnosis. Among AUD-diagnosed veterans, 21.3% endorsed binge drinking 4 or more (14.3% endorsed 9 or more) days, while 10.8% of veterans without AUD endorsed binge

drinking 4 or more (5.2% endorsed 9 or more) days at follow-up. Among AUD-diagnosed veterans, while PTSD symptom improvements were not associated with binge drinking outcomes, drinking days at admission and military sexual trauma (MST) predicted a greater likelihood of binge drinking. Among veterans without AUD, drinking days at admission, PTSD symptom increases, being unmarried, 'other' race, and less education, were associated with a higher likelihood of binge drinking, while MST and combat exposure predicted a lower likelihood of binge drinking. In conclusion, drinking days at admission is a predictor of binge drinking following treatment; thus, alcohol use should be assessed at intake and addressed among those who endorse drinking to reduce the likelihood of alcohol resumption following residential treatment. Furthermore, among AUD-diagnosed veterans, despite PTSD symptom decreases during treatment, MST predicted a greater likelihood of 9 or more binge drinking days at follow-up.

<https://doi.org/10.1016/j.jpsychires.2021.09.021>

Effects of blast exposure on psychiatric and health symptoms in combat veterans.

Martindale, S. L., Ord, A. S., Rule, L. G., & Rowland, J. A.

Journal of Psychiatric Research
2021 Nov; 143: 189-195

Blast exposure is common among service members, but the chronic psychiatric effects associated with blast exposure are not well-characterized independent of a resulting mild traumatic brain injury (TBI). This analysis evaluated whether blast exposure severity was independently associated with or exacerbated symptom report beyond posttraumatic stress disorder (PTSD) and mild TBI. Participants were Iraq and Afghanistan combat veterans (N = 275; 86.55% male), 71.27% with history of blast exposure, 29.82% current diagnosis of PTSD, and 45.45% with mild TBI. All participants completed diagnostic interviews for PTSD, lifetime TBI, and lifetime blast exposure. Self-reported psychiatric and health outcomes included posttraumatic stress symptoms, depressive symptoms, neurobehavioral symptoms, sleep quality, pain interference, and quality of life. Blast severity was associated with PTSD (B = 2.00), depressive (B = 0.76), and neurobehavioral (B = 1.69) symptoms beyond PTSD diagnosis and mild TBI history. Further, blast severity accounted entirely (i.e., indirect/mediation effect) for the association between TBI and posttraumatic stress (B = 1.62), depressive (B = 0.61), and neurobehavioral (B = 1.38) symptoms. No interaction effects were present.

Exposure to blast is an independent factor influencing psychiatric symptoms in veterans beyond PTSD and mild TBI. Results highlight that blast exposure severity may be a more relevant risk factor than deployment mild TBI in combat veterans and should be considered in the etiology of psychiatric symptom presentation and complaints. Further, severity of psychological distress due to the combat environment may be an explanatory mechanism by which blast exposure mediates the relationship between mild TBI and symptom outcomes.

<https://doi.org/10.1186/s40621-021-00352-8>

Clinical strategies for reducing firearm suicide.

Pallin, R., Barnhorst, A.

Injury Epidemiology

Published: 04 October 2021

Suicide is complex, with psychiatric, cultural, and socioeconomic roots. Though mental illnesses like depression contribute to risk for suicide, access to lethal means such as firearms is considered a key risk factor for suicide, and half of suicides in the USA are by firearm. When a person at risk of suicide has access to firearms, clinicians have a range of options for intervention. Depending on the patient, the situation, and the access to firearms, counseling on storage practices, temporary transfer of firearms, or further intervention may be appropriate. In the USA, ownership of and access to firearms are common and discussing added risk of access to firearms for those at risk of suicide is not universally practiced. Given the burden of suicide (particularly by firearm) in the USA, the prevalence of firearm access, and the lethality of suicide attempts with firearms, we present the existing evidence on the burden of firearm suicide and what clinicians can do to reduce their patients' risk. Specifically, we review firearm ownership in the USA, firearm injury epidemiology, risk factors for firearm-related harm, and available interventions to reduce patients' risk of firearm injury and death.

<https://doi.org/10.1037/rep0000392>

Predicting veteran health-related quality of life following mild traumatic brain injury.

Sakamoto, M. S., Delano-Wood, L., Schiehser, D. M., & Merritt, V. C.

Rehabilitation Psychology
Advance online publication

Purpose/Objective:

To examine health-related quality of life (HR-QOL) in Veterans with and without a history of mild traumatic brain injury (mTBI) and investigate correlates and predictors of HR-QOL within the mTBI sample.

Research Method/Design:

Participants (N = 144) included 81 Veterans with a history of mTBI and 63 Veteran controls (VCs) without a history of mTBI. Primary outcomes of interest were the 8 subscales of the 36-Item Short Form Survey (SF-36). Participants also completed questionnaires measuring combat exposure, depressive and posttraumatic stress disorder (PTSD) symptoms, and neurobehavioral symptoms.

Results:

ANCOVAs adjusting for age found that, relative to VCs, the mTBI group demonstrated poorer HR-QOL across all SF-36 subscales (p 's = $\leq .001$ – $.006$; $\eta^2 = .05$ – $.21$). After adjusting for age, combat exposure, and depressive and PTSD symptoms, the mTBI group endorsed poorer HR-QOL on the Physical Role Functioning, General Health, and Social Functioning subscales (p 's = $.011$ – $.032$; $\eta^2 = .03$ – $.05$). Within the mTBI sample, employment status, lifetime number of mTBIs, depression, PTSD, and neurobehavioral symptoms collectively predicted all 8 SF-36 subscales (p 's < $.001$), accounting for 29–65% of the total variance. Although depression and neurobehavioral symptoms tended to be the strongest predictors of HR-QOL, lifetime number of mTBIs and employment status were also important predictors of specific HR-QOL domains.

Conclusions:

Results suggest that, above and beyond depression, PTSD, and combat exposure, history of remote mTBI contributes to aspects of HR-QOL—particularly in perceptions of physical health and social functioning. Furthermore, different combinations of predictor variables are associated with different HR-QOL domains, highlighting the need for multimodal treatments within this vulnerable population. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1093/milmed/usab419>

Military Pain Medicine: Sustaining the Fighting Force.

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Military Medicine

Published: 06 October 2021

Active duty military service members (ADSMs) suffer disproportionately from chronic pain. In the USA, military pain physicians serve an important role in the treatment of pain conditions in addition to the maintenance of the fighting force. Expanding roles for pain physicians, including novel therapies, consulting roles for opioid policy, and usefulness in a deployed setting create enormous value for military pain physicians. Ongoing force structure changes, including proposed reduction in the U.S. Military's healthcare workforce may significantly impact pain care and the health of the fighting forces. Military pain physicians support a variety of different roles in the military healthcare system. Ultimately, maintaining a robust faculty of pain physicians allows for both preservation of the fighting forces and a ready medical force.

<https://doi.org/10.1371/journal.pone.0257539>

Cigarette smoking patterns among U.S. military service members before and after separation from the military.

Nieh C, Mancuso JD, Powell TM, Welsh MM, Gackstetter GD, Hooper TI

PLoS ONE

Published: October 4, 2021

U.S. military Service members have consistently smoked more than the general population and the prevalence of smoking is even higher among U.S. veterans. Our study examined cigarette smoking patterns among Service members before and after military separation to better understand the disproportionate rate of smoking among veterans. Data from the Millennium Cohort Study were used. All study participants were in the military at baseline and some transitioned from the military to civilian life during the observation period. We investigated any impact of military separation on smoking,

as well as other potential risk factors for smoking. Overall, we observed higher smoking prevalence among veterans than Service members. Additionally, we found that Service members smoked more while approaching their separation from the military. Longitudinal analysis revealed military separation was not a risk factor for smoking, as we had hypothesized. Baseline smoking was the most influential predictor of current smoking status. Other significant factors included alcohol consumption, life stressors, and mental health conditions, among others. Military separation was not a risk factor for smoking. However, Service members in the process of transitioning out of the military, as well as high alcohol consumers and Service members with mental health conditions, may be at higher risk of smoking. Including smoking prevention/cessation programs in pre-separation counseling sessions and developing smoking screening and cessation programs targeting specific high-risk subgroups may reduce smoking among Service members and veterans.

<https://doi.org/10.1037/tra0001149>

PTSD, depression, and suicidality among survivors of childhood sexual trauma (CST), military sexual trauma (MST), and sexual revictimization (CST + MST).

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

Objective:

Research to date has not examined how childhood sexual trauma (CST) followed by sexual trauma during military service (MST) relates to posttraumatic stress disorder (PTSD), depression, and suicidality among women and men. Given the strong association between MST in particular, and these serious posttraumatic outcomes, the current study sought to address this gap.

Method:

The current study compared the mental health concerns of 268 treatment-seeking veterans who were survivors of CST, MST, or both (CST + MST). We hypothesized that MST would be associated with greater severity of symptoms compared with CST and that those who experienced sexual revictimization (CST + MST) would report more severe symptoms than veterans who experienced CST or MST alone.

Results:

Veteran men presented with significantly higher suicidality but not higher PTSD or

depression scores than women. Controlling for gender, MST survivors had significantly higher PTSD and depression symptom severity scores, but not suicidality, than CST survivors. PTSD, depression, and suicidality scores were significantly higher for the CST + MST group than for CST only survivors, but did not significantly differ from survivors of MST alone.

Conclusion:

Findings support the more severe clinical impact of CST + MST-specific sexual revictimization compared with CST-only among military men and women, but also suggest that MST alone can have negative consequences similar to revictimization. While results point to the need to consider context and trauma history in future trauma research and clinical applications, they should be interpreted in light of our sample demographics, which were representative of the southwest U.S. veteran population. (PsychoInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1007/s12671-021-01713-6>

Investigating the Impact of Peer-Trainer Delivered Mindfulness Training on Cognitive Abilities and Psychological Health.

Ekaterina Denkova, Jordan Barry, Lindsey Slavin, Anthony P. Zanesco, Scott L. Rogers & Amishi P. Jha

Mindfulness

Published: 07 October 2021

Objectives

Mindfulness training (MT) has emerged as a promising tool to promote cognitive functioning and psychological health. As a result, demand for scalable dissemination of MT is increasing across many time-pressured settings. One such setting is the military family. Military spouses face numerous challenges and yet there is a paucity of evidence-based training programs available that are tailored to promote their cognitive functioning and psychological health.

Methods

In the present study, we examined the impact of a 4-week MT program contextualized for military spouses and delivered via a peer train-the-trainer approach by fellow military spouse instructors (SIs). SIs first participated in an MT teaching practicum to learn how

to deliver the program. They then delivered the MT program to military spouse participants (MT group, n = 48). The MT group was tested before (T1) and after (T2) the training interval and compared to a no-training control group (NTC group, n = 58) that did not receive MT but completed both testing sessions.

Results

Compared to the NTC group, the MT group showed benefits on measures of cognitive abilities, psychological health, and well-being. Particularly, benefits were reflected in the decrease over time (T1 to T2) in daily cognitive failures and depressive symptoms. Furthermore, correlation analyses revealed that greater MT practice corresponded with greater improvements in objective attentional performance.

Conclusions

These findings provide initial evidence for the beneficial effects of a tailored MT program when delivered by peer trainers.

<https://doi.org/10.1080/10522158.2021.1974141>

Evidence-based social work outreach to military leaders to facilitate intimate partner violence and child maltreatment identification and referral: an evaluation.

Danielle M. Mitnick, Richard E. Heyman, Amy M. Smith Slep, Michael L. Lorber & Ashley L. Dills

Journal of Family Social Work
Published online: 07 Oct 2021

The effects of family maltreatment on the military are far-reaching and well documented, with implications that include the deterioration of mission readiness and an increase in distractibility for all involved. Congress has mandated each service agency to take steps in preventing partner and child maltreatment, including outreach – enlisting military leaders to identify, respond to, and mitigate risk factors for maltreatment in their active duty (AD) members – but the success and impact of these efforts have gone mostly unexamined. This article explores the implementation and evaluation of a new Air Force (AF) family maltreatment training based on empirical and military-specific evidence of prevalence, risk and protective factors, and the impact on military families. This project sought to optimize and standardize such trainings across bases in an interactive manner. As expected, the training led to significantly greater knowledge about family

maltreatment, significantly lower belief in the justification of both IPV and parent–child aggression, significantly lower belief in the effectiveness of parent–child aggression to solve problems, significantly increased self-efficacy to help prevent and address family maltreatment on the base, and marginally significantly more positive beliefs about Family Advocacy Program (FAP). Additionally, satisfaction with the training was very high.

<https://doi.org/10.1007/s10880-021-09826-9>

The Impact of Brief Interventions on Functioning Among those Demonstrating Anxiety, Depressive, and Adjustment Disorder Symptoms in Primary Care: The Effectiveness of the Primary Care Behavioral Health (PCBH) Model.

Kevin M. Wilfong, Jeffrey L. Goodie, Justin C. Curry, Christopher L. Hunter & Phillip C. Kroke

Journal of Clinical Psychology in Medical Settings
Published: 09 October 2021

Limited scalability combined with limited opportunities for patients to receive evidence-based interventions in traditional behavioral health treatment models for anxiety and depression creates a gap in access to adequate care. Primary Care Behavioral Health (PCBH) is one model of treatment in which behavioral health consultants (BHC) work directly within primary care settings, but there is limited evidence regarding the effectiveness of this model of care. The functional outcomes and appointment characteristics of Beneficiaries (N = 5402) within the military healthcare system were assessed. The study sample was predominately Caucasian, female, military dependents seen for 2 to 4 appointments. A reliable change index revealed that 17.2% showed reliable improvement and 2.4% showed reliable deterioration ($p < .05$). Of individuals with a severe Behavioral Health Measure-20 score at baseline, 81.5% showed some improvement at their final appointment, with 33% demonstrating reliable improvement. A mixed model analysis was used to determine the predictive value of appointment characteristics. All relations were significant ($p < .001$), except the between-subjects effect of appointment duration. Appointment duration revealed individuals reported worse functioning at the start of atypically long appointments. Individuals with generally longer intervals between appointments reported worse functioning, but an atypically long interval predicted better functioning at the following appointment. As it relates to number of appointments, individuals with more total

appointments reported worse functioning outcomes, with generally better functioning across appointments. Overall, these data support the effectiveness of time-limited care provided through the PCBH model.

<https://doi.org/10.1080/21635781.2021.1982088>

Effects of Sleep Deprivation in Military Service Members on Cognitive Performance: A Systematic Review.

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Military Behavioral Health

Published online: 10 Oct 2021

The U.S. military has a greater risk for insufficient daily sleep than the U.S. population. No systematic review exists exploring the effects of sleep deprivation on cognitive performance in the U.S. military population. The purpose of this review was to examine the current evidence for the impacts of sleep deprivation on cognitive performance in the U.S. military population. A search was conducted for articles within EBSCOHost and PubMed published between 1990 and 2020. Titles and abstracts were screened. Studies performed in a U.S. military population where researchers assessed the cognitive performance of participants in a sleep deprived state were included for final review. Twelve publications (11 cohort studies, and 1 cross-sectional study) were identified. Findings across these Level 2b studies suggest that cognitive performance is negatively impacted by increased sleep deprivation. More specifically, reaction times, cognitive processing speed, decreased accuracy in response, and efficient and moral decision making were most significantly affected by decreased sleep. Sleep deprivation is a known problem in the military population and has adverse effects on cognitive performance. Future studies to further address the identified specific cognitive deficits, and effective strategies for increasing sleep duration may positively impact cognitive performance within a military population.

Links of Interest

Finding Direction Despite Difficulties

<https://www.maketheconnection.net/read-stories/finding-direction-despite-difficulties/>

#Live Whole Health #95 – Acupressure for getting into the flow

<https://blogs.va.gov/VAntage/96696/live-whole-health-95-acupressure-for-getting-into-the-flow/>

Innovative Bystander Training Aims to Reduce Harassment of Women Veterans

https://www.mirecc.va.gov/visn5/newsletter/Fall_2021_Volume_22_Issue_2/Article_2.asp

The Ketamine Cure

The once-taboo drug has been repurposed to treat depression and is even available for delivery. But how safe is it?

<https://www.nytimes.com/2021/11/04/well/ketamine-therapy-depression.html>

Dr. Aaron T. Beck, Developer of Cognitive Therapy, Dies at 100

<https://www.nytimes.com/2021/11/01/health/dr-aaron-t-beck-dead.html>

Veterans vote, volunteer more than their civilian peers: survey

<https://www.militarytimes.com/military-honor/salute-veterans/2021/11/08/veterans-vote-volunteer-more-than-their-civilian-peers-survey/>

Military Surgeons Are Losing Medical Skills, Study Says. Could Off-Base Care Be Why?

<https://www.military.com/daily-news/2021/11/08/military-surgeons-are-losing-medical-skills-study-says-could-off-base-care-be-why.html>

Discharge upgrades for PTSD: Fulfilling Lincoln's promise to care for all who have borne the battle (Commentary)

<https://www.militarytimes.com/opinion/commentary/2021/11/08/discharge-upgrades-for-ptsd-fulfilling-lincolns-promise-to-care-for-all-who-have-borne-the-battle/>

Resource of the Week: [Evidence-Based Therapy at the VA](#)

Evidence-based therapies (EBTs) have been shown to improve a variety of mental health conditions and overall well-being. These treatments are tailored to

each Veteran's needs, priorities, values, preferences, and goals for therapy. EBTs often work quickly and effectively, sometimes within a few weeks or months, depending on the nature or severity of your symptoms. Work with your VA provider to choose the treatment options that work best for you. To learn more about EBTs offered at VA and the mental health conditions they are used to treat, explore the information below.



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