

CDP



Research Update --November 2 , 2021

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- Post-9/11 military veterans' adjustment to civilian life over time following separation from service.
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- Resource of the Week -- Reserve Component Personnel Issues: Questions and Answers (Congressional Research Service)

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

**STRONG STAR Consortium and the Consortium to Alleviate PTSD (2021).
STRONG STAR and the Consortium to Alleviate PTSD: Shaping the future of
combat PTSD and related conditions in military and veteran populations.**

Peterson, A. L., Young-McCaughan, S., Roache, J. D., Mintz, J., Litz, B. T., Williamson, D. E., Resick, P. A., Foa, E. B., McGeary, D. D., Dondanville, K. A., Taylor, D. J., Wachen, J. S., Fox, P. T., Bryan, C. J., McLean, C. P., Pruiksma, K. E., Yarvis, J. S., Niles, B. L., Abdallah, C. G., Averill, L. A., ...

Contemporary Clinical Trials

2021 Nov; 110: 106583

The STRONG STAR Consortium (South Texas Research Organizational Network Guiding Studies on Trauma and Resilience) and the Consortium to Alleviate PTSD are interdisciplinary and multi-institutional research consortia focused on the detection, diagnosis, prevention, and treatment of combat-related posttraumatic stress disorder (PTSD) and comorbid conditions in military personnel and veterans. This manuscript outlines the consortia's state-of-the-science collaborative research model and how this can be used as a roadmap for future trauma-related research. STRONG STAR was initially funded for 5 years in 2008 by the U.S. Department of Defense's (DoD) Psychological Health and Traumatic Brain Injury Research Program. Since the initial funding of STRONG STAR, almost 50 additional peer-reviewed STRONG STAR-affiliated projects have been funded through the DoD, the U.S. Department of Veterans Affairs (VA), the National Institutes of Health, and private organizations. In 2013, STRONG STAR investigators partnered with the VA's National Center for PTSD and were selected for joint DoD/VA funding to establish the Consortium to Alleviate PTSD. STRONG STAR and the Consortium to Alleviate PTSD have assembled a critical mass of investigators and institutions with the synergy required to make major scientific and public health advances in the prevention and treatment of combat PTSD and related conditions. This manuscript provides an overview of the establishment of these two research consortia, including their history, vision, mission, goals, and accomplishments. Comprehensive tables provide descriptions of over 70 projects supported by the consortia. Examples are provided of collaborations among over 50 worldwide academic research institutions and over 150 investigators.

<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/10.1080/08995605.2021.1984126>

Effects of training service dogs on service members with PTSD: A pilot-feasibility randomized study with mixed methods.

Preetha A. Abraham, Josh B. Kazman, Joshua A. Bonner, Meg D. Olmert, Rick A. Yount & Patricia A. Deuster

Military Psychology

Published online: 19 Nov 2021

This pilot-feasibility randomized control trial examined effects of an adjunctive short-term service dog training program (SDTP) for service members in out-patient treatment for PTSD. Twenty-nine volunteer participants were randomly assigned to either the SDTP (n = 12) or waitlist (n = 17); 20 participants were available for post-treatment evaluation. SDTP protocol consisted of six structured one-hour sessions with a dog-trainer conducted over two weeks, intended to train a service dog to help a fellow Veteran. SMs completed symptom questionnaires (PTSD, insomnia, stress, depression, anxiety), and the SDTP group completed a post-intervention quantitative interview. Most effect sizes demonstrated moderate symptom reductions, both between-groups and within the SDTP group. Between-group effects were strongest for intrusive thoughts (Hedge's $g = -0.66$; 95%CI: $-1.72, 0.23$) and overall PTSD symptoms ($g = -0.45$; 95%CI: $-1.47, 0.45$); within-SDTP group effects were strongest for stress ($d = -1.31$, 95%CI: $-2.17, -0.42$), intrusive thoughts ($d = -0.78$, 95%CI: $-1.55, 0.01$) and hypervigilance ($d = -0.77$, 95%CI: $-1.48, -0.04$). Qualitative analyses indicated participants found SDTP in some ways challenging yet beneficial in multiple aspects of personal and social lives. Future work should examine optimal treatment parameters (e.g., duration, "dosing") when training dogs as an adjunct to other PTSD treatment.

<https://doi.org/10.1080/08995605.2021.1986344>

Coming home: A feasibility study of self-guided dialogues to facilitate soldiers' social interactions and integration.

Milstein, Mayra Guerrero, Roman Palitsky, Leslie Robinson & Adriana Espinosa

Military Psychology

Published online: 22 Nov 2021

The success of service members' transition from military to civilian life is an ongoing concern for their personal well-being, for their families, and for our communities. There is a need for interventions to promote improved social integration. This one-arm feasibility study examined the ease of use, satisfaction, and desire for social interaction in response to the Warrior Spirit/Mission Homefront (WS/MH) self-guided dialogue program, which facilitates conversations among small groups of fellow service members

through gamified activities (N = 299 service members). Through the use of a specially designed card deck and game, service members answer questions written to elicit responses about themselves and their military service. WS/MH dialogs and discussions model how persons can speak about deployment and military service with others. These discussions facilitate the articulation of experiences across a range of difficulties – according to persons’ own comfort threshold – in order to cultivate language that can translate to conversations with which to reconnect with family and community. The activity demonstrated high satisfaction, and yielded the anticipated increases in positive emotion ($p = .013$) and desire for social interaction ($p = .001$) in pre-post comparisons. Satisfaction was associated with change in positive emotions and change in willingness to talk with others. This provides initial evidence of good feasibility and satisfaction with WS/MH, as a promising and readily scalable tool in the ongoing efforts to improve service members’ and Veterans’ social interactions, belongingness and emotional well-being as they come home.

<https://doi.org/10.1002/jts.22575>

Posttraumatic Stress Disorder Symptom Clusters in Service Members Predict New-Onset Depression Among Military Spouses.

Walter, K. H., LeardMann, C. A., Carballo, C. E., McMaster, H. S., Donoho, C. J., & Stander, V.

Journal of Traumatic Stress
2021 Feb; 34(1): 229-240

Military operations in Iraq and Afghanistan have brought increased attention to posttraumatic stress disorder (PTSD) among service members and, more recently, its impact on spouses. Existing research has demonstrated that PTSD among service members is associated with depression among military spouses. In the current study, we extended these findings by using data from service member-spouse dyads enrolled in the Millennium Cohort Family Study for which the service member had evidence of PTSD ($n = 563$). Prospective analyses identified the association between PTSD symptom clusters reported by the service member and new-onset depression among military spouses. Over the 3-year study period, 14.4% of these military spouses met the criteria for new-onset depression. In adjusted models, service member ratings of symptoms in the effortful avoidance cluster, odds ratio (OR) = 1.61, 95% CI [1.03, 2.50], predicted an increased risk of new-onset depression among military spouses, whereas

reexperiencing symptoms, adjusted OR = 0.57; 95% CI [0.32, 1.01], were marginally protective. These findings suggest that PTSD symptom clusters in service members differentially predict new-onset depression in military spouses, which has implications for treatment provision.

<https://doi.org/10.1176/appi.ajp.2021.20111570>

Predictors of Suicide Attempt Within 30 Days After First Medically Documented Suicidal Ideation in U.S. Army Soldiers.

Mash, H., Ursano, R. J., Kessler, R. C., Naifeh, J. A., Fullerton, C. S., Aliaga, P. A., Riggs-Donovan, C. A., Dinh, H. M., Vance, M. C., Wynn, G. H., Zaslavsky, A. M., Sampson, N. A., Kao, T. C., & Stein, M. B.

The American Journal of Psychiatry
2021 Nov; 178(11): 1050-1059

Objective:

The authors sought to identify predictors of imminent suicide attempt (within 30 days) among U.S. Army soldiers following their first documented suicidal ideation.

Methods:

Using administrative data from the Army Study to Assess Risk and Resilience in Servicemembers, the authors identified 11,178 active-duty Regular Army enlisted soldiers (2006-2009) with medically documented suicidal ideation and no prior medically documented suicide attempts. The authors examined risk factors for suicide attempt within 30 days of first suicidal ideation using logistic regression analyses, including sociodemographic and service-related characteristics, psychiatric diagnoses, physical health care visits, injuries, and history of family violence or crime perpetration or victimization.

Results:

Among soldiers with first documented suicidal ideation, 830 (7.4%) attempted suicide, 46.3% of whom (N=387) attempted suicide within 30 days (rate, 35.4 per 1,000 soldiers). Following a series of multivariate analyses, the final model identified females (odds ratio=1.3, 95% CI=1.0, 1.8), combat medics (odds ratio=1.6, 95% CI=1.1, 2.2), individuals with an anxiety disorder diagnosis prior to suicidal ideation (odds ratio=1.3, 95% CI=1.0, 1.6), and those who received a sleep disorder diagnosis on the same day

as the recorded suicidal ideation (odds ratio=2.3, 95% CI=1.1, 4.6) as being more likely to attempt suicide within 30 days. Black soldiers (odds ratio=0.6, 95% CI=0.4, 0.9) and those who received an anxiety disorder diagnosis on the same day as suicidal ideation (odds ratio=0.7, 95% CI=0.5, 0.9) were less likely.

Conclusions:

Suicide attempt risk is highest in the first 30 days following ideation diagnosis and is more likely among women, combat medics, and soldiers with an anxiety disorder diagnosis before suicidal ideation and a same-day sleep disorder diagnosis. Black soldiers and those with a same-day anxiety disorder diagnosis were at decreased risk. These factors may help identify soldiers at imminent risk of suicide attempt.

<https://doi.org/10.1371/journal.pone.0253207>

Phenotypes of caregiver distress in military and veteran caregivers: Suicidal ideation associations.

Delgado, R. E., Peacock, K., Wang, C. P., & Pugh, M. J.

PLoS One

2021 Jun 11; 16(6): e0253207

The United States (US) has been at war for almost two decades, resulting in a high prevalence of injuries and illnesses in service members and veterans. Family members and friends are frequently becoming the caregivers of service members and veterans who require long-term assistance for their medical conditions. There is a significant body of research regarding the physical, emotional, and social toll of caregiving and the associated adverse health-related outcomes. Despite strong evidence of the emotional toll and associated mental health conditions in family caregivers, the literature regarding suicidal ideation among family caregivers is scarce and even less is known about suicidal ideation in military caregivers. This study sought to identify clusters of characteristics and health factors (phenotypes) associated with suicidal ideation in a sample of military caregivers using a cross-sectional, web-based survey. Measures included the context of caregiving, physical, emotional, social health, and health history of caregivers. Military caregivers in this sample (n = 458) were mostly young adults (M = 39.8, SD = 9.9), caring for complex medical conditions for five or more years. They reported high symptomology on measures of pain, depression, and stress. Many (39%) experienced interruptions in their education and 23.6% reported suicidal ideation since

becoming a caregiver. General latent variable analyses revealed three distinct classes or phenotypes (low, medium, high) associated with suicidality. Individuals in the high suicidality phenotype were significantly more likely to have interrupted their education due to caregiving and live closer (within 25 miles) to a VA medical center. This study indicates that interruption of life events, loss of self, and caring for a veteran with mental health conditions/suicidality are significant predictors of suicidality in military caregivers. Future research should examine caregiver life experiences in more detail to determine the feasibility of developing effective interventions to mitigate suicide-related risk for military caregivers.

<https://doi.org/10.1002/jts.22609>

The Impact of Hazardous Drinking Among Active Duty Military With Posttraumatic Stress Disorder: Does Cognitive Processing Therapy Format Matter?

Straud, C. L., Dondanville, K. A., Hale, W. J., Wachen, J. S., Mintz, J., Litz, B. T., Roache, J. D., Yarvis, J. S., Young-McCaughan, S., Peterson, A. L., Resick, P. A., & STRONG STAR Consortium

Journal of Traumatic Stress
2021 Feb; 34(1): 210-220

This study was a secondary data analysis of clinical trial data collected from 268 active duty U.S. military service members seeking cognitive processing therapy (CPT) for posttraumatic stress disorder (PTSD) at Fort Hood, Texas, related to combat operations following September 11, 2001. Our primary aim was to evaluate changes in PTSD symptom severity and alcohol misuse as a function of baseline hazardous drinking and treatment format (i.e., group or individual). At baseline and posttreatment, PTSD was assessed using the PTSD Symptom Scale-Interview Version and PTSD Checklist for DSM-5. Hazardous drinking was categorically defined as an Alcohol Use Disorder Identification Test total score of 8 or higher. Employing intent-to-treat, mixed-effects regression analysis, all groups reported reduced PTSD symptom severity, Hedges' g s = -0.33 to -1.01, except, unexpectedly, nonhazardous drinkers who were randomized to group CPT, Hedges' g = -0.12. Hazardous drinkers who were randomized to individual therapy had larger reductions in PTSD symptoms than nonhazardous drinkers who were randomized to group CPT, Hedges' g = -0.25. Hazardous drinkers also reported significant reductions in alcohol misuse, regardless of treatment format, Hedges' g s = -0.78 to -0.86. This study builds upon an emerging literature suggesting that individuals

with PTSD and co-occurring alcohol use disorder can engage successfully in CPT, which appears to be an appropriate treatment for these individuals whether it is delivered individually or in a group format. However, as a portion of participants remained classified as hazardous drinkers at posttreatment, some individuals may benefit from integrated treatment.

<https://doi.org/10.1037/pag0000640>

Prospective effects of PTSD and attachment on subjective age among veterans and their wives.

Levin, Y., Mikulincer, M., & Solomon, Z.

Psychology and Aging
2021 Nov; 36(7) :870-882

The goal of the present study was to assess the trauma-induced experience of subjective aging for trauma survivors and their spouses in relation to the bidirectional effects of posttraumatic stress disorder (PTSD) and attachment insecurities. One hundred and seventy Israeli combat veterans from the 1973 Yom Kippur War and their wives reported their subjective age (SA), 35 and 42 years after the war (T1, T2). We conducted actor-partner interdependence cross-lagged models between spouses' SA and examined the associations between T1 PTSD, T1 attachment anxiety and avoidance, and spouses' T2 SA, while controlling for chronological age. The results indicated that the wives' T1 SA positively contributed to the veterans' T2 SA and the veterans' T1 SA positively contributed to the wives' T2 SA. Veterans' T1 attachment avoidance prospectively contributed to their higher T2 SA. Wives' PTSD severity and attachment anxiety at T1 prospectively contributed to their higher T2 SA. Wives' T1 attachment avoidance contributed to their lower T2 SA. Wives' attachment anxiety and health problems at T1 prospectively contributed to veterans' reports of higher T2 SA. This study emphasizes the dyadic processes that underly trauma-related aging. The impact of dyadic processes should not be overlooked in research and clinical interventions. Specifically, effective trauma interventions during old age should take into account the impact that spouses have on trauma survivors' mental states and aging processes. (PsycInfo Database Record (c) 2021 APA, all rights reserved).

<https://doi.org/10.1002/jclp.23154>

Self-efficacy and coping style in Iraq and Afghanistan-era veterans with and without mild traumatic brain injury and posttraumatic stress disorder.

Sakamoto, M. S., Merritt, V. C., Jurick, S. M., Crocker, L. D., Hoffman, S. N., & Jak, A. J.

Journal of Clinical Psychology
2021 Oct; 77(10): 2306-2322

Objective:

To examine self-efficacy and coping style in combat-exposed Veterans with and without mild traumatic brain injury (mTBI) history and posttraumatic stress disorder (PTSD).

Methods:

Veterans (N = 81) were categorized into four groups: comorbid mTBI and PTSD (n = 23), PTSD-only (n = 16), mTBI-only (n = 25), and combat-exposed controls (n = 17). Outcomes included the Self-Efficacy for Symptom Management Scale and the Brief Coping Orientation to Problems Experienced.

Results:

Significant group effects were found on self-efficacy and coping style, even when adjusting for total mTBIs and psychiatric comorbidities. Post-hoc analyses revealed that the comorbid and PTSD-only groups generally had lower self-efficacy than the mTBI-only and control groups and that the PTSD-only group used less action-focused coping than the mTBI-only and control groups.

Conclusion:

Our results suggest that self-efficacy and coping style vary as a function of mTBI history and PTSD status and that it may be important to integrate these malleable factors into interventions for this population.

<https://doi.org/10.1002/jclp.23150>

Meaningful military engagement among male and female post-9/11 veterans: An examination of correlates and implications for resilience.

Journal of Clinical Psychology
2021 Oct; 77(10) :2167-2186

Objective:

Post-9/11 military deployment is commonly reported as stressful and is often followed by psychological distress after returning home. Yet veterans also frequently report experiencing meaningful military engagement (MME) that may buffer detrimental effects of military stressors. Focusing on the under-investigated topic of association of MME with post-deployment psychological adjustment, this study tests gender differences in MME and post-deployment outcomes.

Method:

This cross-sectional study examined the relationship of MME with deployment stressors, subsequent psychological distress (posttraumatic stress symptoms (PTSS) and depression), and gender among 850 recent-era U.S. veterans (41.4% female).

Results:

On average, both male and female veterans reported high MME. Greater MME was associated with less PTSS and depression following combat and general harassment, and more depression after sexual harassment. For men only, MME associated with less PTSS after sexual harassment.

Conclusions:

MME is high among post-9/11 veterans, but its stress-buffering effects depend on gender and specific stressor exposure.

<https://doi.org/10.1037/ccp0000691>

Estimating prevalence of PTSD among veterans with minoritized sexual orientations using electronic health record data.

Shipherd, J. C., Lynch, K., Gatsby, E., Hinds, Z., DuVall, S. L., & Livingston, N. A.

Journal of Consulting and Clinical Psychology
2021; 89(10), 856–868

Objective:

Questionnaire studies show people with minoritized sexual orientations (MSOs) face

increased risk for conditions including posttraumatic stress disorder (PTSD). This study replicated Harrington et al.'s (2019) electronic health record probabilistic algorithm to evaluate lifetime PTSD prevalence in Veterans Health Administration (VHA)-using veterans.

Method:

In 115,853 MSO veterans and a 1:3 matched (on sex assigned at birth, and age at and year of first VHA visit) sample of non-MSO veterans. Each veteran was given a probability of “likely PTSD” (0.0–1.0) and thresholds (e.g., 0.7) applied to minimize false positive classifications.

Results:

Veterans with MSO were 2.35 times, CI [2.33, 2.38], more likely to have “likely PTSD” than veterans with non-MSO. The prevalence of “likely PTSD” using the rule-based International Classification of Diseases (ICD) approach was 40.8% among the MSO group compared to 22.0% among the non-MSO group after excluding those with bipolar or schizophrenia diagnoses and those with limited VHA engagement. Without those exclusions, prevalence was slightly higher in both groups (46.1% vs. 24.3%, respectively; prevalence ratio: 1.90). Despite increased prevalence of exposure to military sexual trauma (MST; MSO = 20.7%; non-MSO = 8.3%) and double “likely PTSD” among MSO veterans, they were less likely to have a service-connected PTSD disability than their matched non-MSO (MSO = 78.1%; non-MSO = 87.6%) comparators.

Conclusions:

VHA-using veterans with MSO were twice as likely to have “likely PTSD” and exposure to MST than veterans with non-MSO. Veterans with MSO were less likely to be service connected for PTSD than non-MSO counterparts. (PsychInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1080/08995605.2021.1976544>

Suicidal ideation, suicide attempts, and suicide death among Veterans and service members: A comprehensive meta-analysis of risk factors.

Katherine Musacchio Schafer, Mary Duffy, Grace Kennedy, Lauren Stentz, Jagger Leon, Gabriela Herrerias, Summer Fulcher & Thomas E. Joiner

Suicide is the tenth leading cause of death in America. Particularly at risk, Veterans are 1.5 times more likely to die by suicide than non-Veterans, and the suicide rate among service members has risen over the last decade. In the present study, we (1) assessed risk factors for suicidal ideation, suicide attempts, and suicide death within and between Veterans and service members, (2) identified the most commonly studied and (3) the strongest risk factors for suicide-related outcomes among Veterans and service members, and (4) compared overall and risk factor-specific meta-analytic prediction of suicide-related outcomes in Veterans and service members, as determined in the present meta-analysis, to that of the general population. Authors harvested longitudinal effects predicting suicidal ideation, suicide attempts, or suicide deaths in Veterans or service members until May 1, 2020. Traumatic Brain Injury, substance/alcohol use disorders, prior Self-Injurious Thoughts and Behavior, PTSD, and depressive symptoms were among the most commonly studied risk factors. Anger/aggression was particularly strong risk factors, providing a source for future study and intervention efforts. When combined, risk factors conferred similar risk for suicide attempts and suicide death among Veterans, service members, and the general population. However, when analyzing p-values, factors conferred significantly more risk of suicidal ideation among Veterans and service members as compared to the general population. That is, p-values for risk factors were lower in an absolute sense but not necessarily to a statistically significant degree.

<https://doi.org/10.1080/08995605.2021.1987084>

Movement behaviors associated with mental health among US military service members.

Lilian G. Perez, Lu Dong, Robin Beckman & Sarah O. Meadows

Compared to the general adult population, military service members experience an excess burden of mental health problems (e.g., posttraumatic stress disorder, PTSD). Physical activity, screen time, and sleep (i.e., movement behaviors) are independently associated with mental health, but their combined effects are poorly understood,

particularly in military populations. We analyzed data from active component service members in the national 2018 Health Related Behaviors Survey (N = 17,166). Weighted gender-stratified logistic regression models examined the associations of meeting recommended/healthy levels of moderate-to vigorous physical activity (MVPA), screen time, and sleep duration – separately and in combination (none, some, all) – with PTSD, suicide ideation, and serious psychological distress. In both men and women, meeting sleep recommendations was associated with reduced odds of each outcome. Meeting MVPA recommendations was associated with lower odds of serious psychological distress only in men (OR = 0.76, 95% CI: 0.58–1.00). No/low screen time was associated with lower odds of suicide ideation only in women (OR = 0.66, 95% CI: 0.45–0.95). The odds of all three outcomes were lower in those who reported some or all (vs. none) recommended/healthy movement behaviors, with the lowest odds found in the “all” group, suggesting a possible dose-response relationship. Findings can help inform multiple behavior change interventions to improve service members’ psychological fitness and military readiness.

<https://doi.org/10.1002/cpp.2693>

Dropout in brief psychotherapy for Major Depressive Disorder: Randomized Clinical Trial.

Rosiene da Silva Machado, Igor Soares Vieira, Thaise C. Mondin, Carolina Rheingantz Scaini, Mariane Lopez Molina, Karen Jansen, Luciano Dias de Mattos Souza, Malu Ribeiro Duarte, Mario Simjanoski, Ricardo Azevedo da Silva

Clinical Psychology & Psychotherapy

First published: 22 November 2021

The aim of this paper is to analyze the factors associated with the dropout from brief psychotherapy for adults with Major Depressive Disorder (MDD) treated at a mental health outpatient clinic. This is a randomized clinical trial with two models of psychotherapy: Cognitive Behavioral Therapy (CBT) and Supportive Expressive Dynamic Psychotherapy (SEDP). MDD and Anxiety Disorders were evaluated through the Mini International Neuropsychiatric Interview - Plus. The Personality Disorders were evaluated by the Millon Clinical Multiaxial Inventory-III. The severity of depressive symptoms was measured using the Beck Depression Inventory-II and resilience through Resilience Scale. Of the 215 participants, 41.9% abandoned psychotherapy (n=90), and, of these, 54.4% (n=49) abandoned after the fourth session. The proportion of

psychotherapy dropout was higher among those with non-white skin color, belonging to economic classes C and D, who had children and whose depressive symptoms were moderate. Presence of obsessive-compulsive personality trait was protective against dropout. The damage caused by this abrupt interruption is evident for all those involved in the psychotherapeutic process, so the clinician should pay attention to the predictors found in this study in order to develop strategies that promote therapeutic adherence.

<https://doi.org/10.1111/jsr.13369>

Grumpy face during adult sleep: A clue to negative emotion during sleep?

Jean-Baptiste Maranci, Alexia Aussel, Marie Vidailhet, Isabelle Arnulf

Journal of Sleep Research

First published: 29 April 2021

Negative facial expressions and frowns have been studied (albeit more rarely than smiles) in fetus' and neonate' sleep, but they have not been investigated during adult sleep. Video polysomnography (including corrugator muscle electromyography and face-focussed video) was used to study negative facial expressions in sleeping adults, including healthy subjects and patients with/out parasomnia. Frowns were observed during sleep in 89/91 (97.8%) adults during normal (29 healthy subjects) and abnormal sleep (29 patients without parasomnia, 15 patients with disorders of arousal and 18 patients with rapid eye movement [REM] sleep behaviour disorder [RBD]). In healthy subjects, the following events occurred in decreasing frequency: isometric corrugator activations, brief frowns, and then prolonged frowns and raised eyebrows (both similarly rare). Frowns predominated in REM sleep, and had a lower frequency in non-REM sleep. In healthy subjects, frowns were elementary and not associated with other face movements to the point of composing negative expressions. In contrast, frowns were occasionally associated with overt negative facial expressions in REM sleep in patients with RBD and a young patient with night terrors. They included mostly painful expressions and rarely sadness and anger in connection with apparently negative behaviours (shouts, painful moaning, and speeches). Frowns persist during normal sleep (mostly in REM sleep) in adults, but overt negative facial expressions are restricted to patients with parasomnia. Whether elementary frowns translate a negative dream emotion should be determined, but overt negative facial expressions during RBD could be used as a direct access to dream emotions.

<https://doi.org/10.1111/jsr.13397>

Self-reported sleep and sleep deficiency: Results from a large initiative of sailors attached to U.S. Navy warships.

Dale W. Russell, Rachel R. Markwald, Jason T. Jameson

Journal of Sleep Research
First published: 29 June 2021

Chronic insufficient sleep is known to lead to a broad range of negative consequences (e.g. poor health and cognitive performance). While insufficient sleep and associated fatigue are present in many diverse populations, it is of special concern in high-risk military environments, where a mishap can result in catastrophic outcomes. Although many studies have been conducted to characterise sleep in general military populations, relatively few have been conducted using a large representative sample of sailors assigned to United States Naval warships. The present cross-sectional study characterises self-reported sleep parameters in sailors (N = 11,738) and explores the role of possible contributors to insufficient sleep. The results indicate that sailors, across a variety of different subgroups, do not obtain the amount of sleep that they report requiring for feeling well-rested. Of the many potential factors thwarting sleep, workload and an uncomfortable mattress are the most promising candidates to target for improvement.

<https://doi.org/10.1002/jts.22761>

Posttraumatic stress disorder and relationship functioning: Examining gender differences in treatment-seeking veteran couples.

Kayla Knopp, Elizabeth R. Wrape, Rachel McInnis, Chandra E. Khalifian, Katerine Rashkovsky, Shirley M. Glynn, Leslie A. Morland

Journal of Traumatic Stress
First published: 20 November 2021

Posttraumatic stress disorder (PTSD) symptoms are robustly associated with intimate relationship dysfunction among veterans, but most existing research has focused on male veterans and their female partners. Links between PTSD and relationship functioning may differ between female-veteran couples and male-veteran couples. The current study used actor–partner interdependence models (APIMs) to test the associations between PTSD symptoms (i.e., veteran self-report or significant others' collateral-report) and each partner's reports of six domains of relationship functioning, as well as whether these links were moderated by the gender composition of the couple. Data were from 197 mixed-gender couples (N = 394 individuals) who completed baseline assessments for a larger randomized controlled trial of a couple-based PTSD treatment. Significant others' collateral PTSD reports were associated with their own ratings of relationship satisfaction, negotiation, psychological aggression, sexual pleasure, and sexual desire frequency, $|\beta|s = .19-.67$, and with veterans' ratings of negotiation and sexual desire frequency, $|\beta|s = .20-.48$. In contrast, veterans' self-reported PTSD symptoms were only associated with their own ratings of psychological aggression, $\beta = .16$. Gender moderated the associations between significant others' collateral PTSD reports and five of the six outcome variables; findings from exploratory subgroup analyses suggested links between reported PTSD symptoms and relationship functioning were generally more maladaptive for male-veteran couples, whereas female veterans showed more neutral or even helpful impacts of higher partner-perceived PTSD symptoms. These findings have implications for clinicians treating relational impacts of PTSD and emphasize the need for further research with female-veteran couples.

<https://doi.org/10.1002/jts.22729>

Secondary individual outcomes following multicouple group therapy for posttraumatic stress disorder: An uncontrolled pilot study with military dyads.

Alexandra Macdonald, Steffany J. Fredman, Daniel J. Taylor, Kristi E. Pruiksma, Tabatha H. Blount, Brittany N. Hall-Clark, Brooke A. Fina, Katherine A. Dondanville, Jim Mintz, Brett T. Litz, Stacey Young-McCaughan, Yunying Le, August I. C. Jenkins, Candice M. Monson, Jeffrey S. Yarvis, Terence M. Keane, Alan L. Peterson, for the Consortium to Alleviate PTSD

Journal of Traumatic Stress

First published: 20 November 2021

Cognitive-behavioral conjoint therapy (CBCT) for posttraumatic stress disorder (PTSD) has demonstrated efficacy for improving PTSD and comorbid symptoms and relationship adjustment. To enhance treatment efficiency and scalability, we developed a 2-day, abbreviated, intensive, multicouple group version of CBCT for PTSD (AIM-CBCT for PTSD). Prior work demonstrated that AIM-CBCT for PTSD was associated with reductions in PTSD and comorbid symptoms in a sample of 24 post-9/11 active duty military or veteran couples who received the treatment in a retreat format over a single weekend. The current study investigated secondary outcomes regarding trauma-related cognitions, psychosocial impairment, and insomnia. For trauma-related cognitions, reductions were nonsignificant and small at 1-month follow-up, $d_s = -0.14$ to -0.32 . However, by 3-month follow-up, there were significant, medium effect size reductions in total trauma-related cognitions, $d = -0.68$, and negative views of self and others, $d_s = -0.64$ and -0.57 , respectively, relative to baseline. There was also a nonsignificant, small-to-medium effect-size reduction in self-blame, $d = -0.43$, $p = .053$, by 3-month follow-up. For psychosocial impairment, there were significant and medium-to-large and large effect size reductions by 1- and 3-month follow-ups, $d_s = -0.73$ and -0.81 , respectively. There were nonsignificant, small effect size reductions in insomnia at both 1- and 3-month follow-ups relative to baseline, $d_s = -0.30$ and -0.34 , respectively. These findings suggest that AIM-CBCT for PTSD is associated with reductions in maladaptive posttraumatic cognitions and psychosocial impairment but that adjunctive interventions may be needed to address insomnia.

<https://doi.org/10.1002/jts.22757>

Effect of patient characteristics on posttraumatic stress disorder treatment retention among veterans: A systematic review.

Margaret A. Maglione, Christine Chen, Meghan Franco, Mahlet Gizaw, Nima Shahidinia, Sangita Baxi, Susanne Hempel

Journal of Traumatic Stress

First published: 20 November 2021

To identify baseline patient characteristics (i.e., demographic and psychological factors, military background) associated with better posttraumatic stress disorder (PTSD) treatment retention among veterans, we conducted a systematic review. After an electronic database search for studies of PTSD treatment in veterans, two reviewers independently screened the literature for eligibility, abstracted study-level information,

and assessed risk of bias. As most studies used multivariate models to assess multiple potential predictors of retention simultaneously, the results were described narratively. The GRADE approach, adapted for prognostic literature, was used to assess the overall quality of evidence (QoE). In total, 19 studies reported in 25 publications met the inclusion criteria (n = 6 good quality, n = 9 fair quality, n = 4 poor quality). Definitions of treatment completion and dropout varied, and some studies lumped different therapy approaches together. Older age and higher treatment expectations were associated with better retention (moderate QoE). In 5 of 6 studies, baseline PTSD severity was not associated with retention, and the remaining study reported an association between better retention and more severe PTSD symptoms; the presence of more co-occurring psychiatric disorders was associated with better retention (moderate QoE). QoE was low or insufficient to support conclusions for any other characteristics due to inconsistent results, imprecision, potential publication bias, possible study population overlap, study limitations, or lack of studies. More research is needed regarding the associations between modifiable factors (e.g., motivation, barriers, expectations) and retention, and consistent definitions of treatment completion and minimally adequate treatment should be adopted throughout the field.

<https://doi.org/10.1002/jts.22758>

Associations between residual hyperarousal and insomnia symptoms in veterans following a 2-week intensive outpatient program for posttraumatic stress disorder.

Kaloyan S. Tanev, Elyse A. Lynch, Allyson M. Blackburn, Douglas Terry, Elizabeth M. Goetter, Edward C. Wright, Carina Gupta, Cory E. Stasko, Tom Spencer

Journal of Traumatic Stress

First published: 22 November 2021

Many returning military service members and veterans who were deployed following the September 11, 2001, terrorist attacks (9/11) suffer from posttraumatic stress disorder (PTSD) and insomnia. Although intensive treatment programs for PTSD have shown promise in the treatment of PTSD symptoms, recent research has demonstrated that sleep disturbance shows little improvement following intensive trauma-focused treatment. The aim of the present study was to evaluate changes in self-reported insomnia symptoms among veterans and service members following participation in a 2-week intensive program for PTSD. We further aimed to investigate if residual PTSD

symptoms, specifically hyperarousal, were associated with residual insomnia symptoms. Participants (N = 326) completed self-report assessments of insomnia, PTSD symptoms, and depressive symptoms at pre- and posttreatment. At pretreatment, 73.9% of participants (n = 241) met the criteria for moderate or severe insomnia, whereas at posttreatment 67.7% of participants (n = 203) met the criteria. Results of paired t tests demonstrated statistically significant differences between pre- and posttreatment Insomnia Severity Index scores; however, the effect size was small, $d = 0.34$. Analyses revealed that posttreatment hyperarousal symptoms were associated with posttreatment insomnia. These findings suggest that although an intensive program for service members and veterans with PTSD may significantly reduce insomnia symptoms, clinically meaningful residual insomnia symptoms remain. Further research is warranted to elucidate the association between residual hyperarousal and insomnia symptoms following intensive trauma-focused treatment.

<https://pubmed.ncbi.nlm.nih.gov/34806854/>

Is suicide a social phenomenon during the COVID-19 pandemic? Differences by birth cohort on suicide among active component Army soldiers, 1 January 2000-4 June 2021.

Schaughency, K. C., Watkins, E. Y., & Preston, S. L., 3rd

MSMR

2021 Sep 1; 28(9): 8-12

This study explored rates of death by suicide by birth cohort including Baby Boomers (1946-1964), Generation X (1965-1980), Millennials (1981-1996), and Generation Z (1997-2012), among active component U.S. Army soldiers during 1 January 2000-4 June 2021. From 1 January 2008 through 4 June 2021, the most likely cluster of suicides, although not statistically significant, was identified between March 2020 and June 2021, which coincided with the coronavirus disease 2019 (COVID-19) pandemic. Since the onset of the COVID-19 pandemic, the Army has observed 55%-82% increases in suicide rates among Millennials, Generation Z, and Generation X compared to 1 year before the pandemic. The largest proportional increase in rates affected the members of Generation X, but the highest rates both before and after the onset of the pandemic affected those in Generation Z. Discussion of the findings introduces theories that have been used to explain psychological states that may predispose to suicidal behavior and posits ways in which Army leaders and

organizations may be able to reduce suicide risk among soldiers. The limitations of the study and possible additional inquiries are described.

<https://doi.org/10.1016/j.cct.2021.106564>

Written exposure therapy for posttraumatic stress symptoms and suicide risk: Design and methodology of a randomized controlled trial with patients on a military psychiatric inpatient unit.

Marx, B. P., Fina, B. A., Sloan, D. M., Young-McCaughan, S., Dondanville, K. A., Tyler, H. C., Blankenship, A. E., Schrader, C. C., Kaplan, A. M., Green, V. R., Bryan, C. J., Hale, W. J., Mintz, J., Peterson, A. L., & STRONG STAR Consortium

Contemporary Clinical Trials
2021 Nov; 110: 106564

Studies of active duty service members have shown that military personnel who screen positive for posttraumatic stress disorder (PTSD) are more than twice as likely to make a suicide attempt. Evidence-based PTSD treatments can reduce suicidal ideation; however, it can be challenging to provide evidence-based, trauma-focused, PTSD treatment to high-risk patients on an acute psychiatric inpatient unit because the priority of care is stabilization. Treatment for PTSD requires more time and resources than are typically afforded during inpatient hospitalizations. Written Exposure Therapy is an evidence-based, five-session, trauma-focused treatment for PTSD that may overcome the implementation challenges of providing PTSD treatment in an acute inpatient psychiatric treatment setting. This paper describes the design, methodology, and protocol of a randomized clinical trial. The goal of the study is to determine if five 60-min sessions of Written Exposure Therapy enhanced with Crisis Response Planning for suicide risk reduces the presence, frequency, and severity of suicidal ideation, suicidal behavior, rehospitalization, and non-suicidal, self-injurious behaviors. The study also will determine if Written Exposure Therapy for Suicide reduces posttraumatic stress symptom severity among military service members, veterans, and other adult military beneficiaries admitted to an acute psychiatric inpatient unit for comorbid suicide ideation or attempt and PTSD symptoms compared with Treatment as Usual. The study is designed to enhance the delivery of care for those in acute suicidal crisis with comorbid PTSD symptoms.

<https://doi.org/10.1080/13811118.2020.1765927>

Antecedents of Suicide Among Active Military, Veteran, and Nonmilitary Residents of the Commonwealth of Virginia: The Role of Intimate Partner Problems.

Lane, R., Robles, P., Brondolo, E., Jansson, A., & Diduk-Smith, R. M.

Archives of Suicide Research
Oct-Dec 2021; 25(4): 790-809

Intimate partner problems increase suicide risk, particularly among active service members and veterans. Age, marital status and military service status may modify the role of intimate partner problems in suicide. Methods: Participants included 6255 men who died by suicide at 18 years of age and older and who actively, previously, or never served in the military. Reports of intimate partner problems prior to suicide were documented by the Virginia Department of Health. Results: Unmarried active service members, above middle age, were more likely than veterans and individuals without prior military service to have associated reports of intimate partner problems. Conclusion: Life stages and relationship context may influence the role of intimate partner problems as a risk factor for suicide.

<https://doi.org/10.1177/1524838019897338>

Military Sexual Trauma and Risky Behaviors: A Systematic Review.

Forkus, S. R., Weiss, N. H., Goncharenko, S., Mammay, J., Church, M., & Contractor, A. A.

Trauma, Violence & Abuse
2021 Oct; 22(4): 976-993

Introduction: Military sexual trauma (MST) is a serious and pervasive problem among military men and women. Recent findings have linked MST with various negative outcomes including risky, self-destructive, and health-compromising behaviors.

Objective:

The current review summarizes the existing literature on the association between MST and risky behaviors among military men and women who have served in the U.S. Armed Forces.

Method:

We systematically searched five electronic databases (PubMed, EMBASE, PSYCINFO, PILOTS, and CINAHL Plus) using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.

Results:

Of the initial 2,021 articles, 47 met the inclusion criteria. Reviewed studies revealed three patterns of findings: (1) largely studied and consistent (i.e., suicidal behaviors, disordered eating), (2) mixed and in need of future research (i.e., alcohol and drug use, smoking), and (3) underexamined (i.e., sexual behaviors, illegal/aggressive behaviors) or completely neglected (e.g., problematic technology use, gambling).

Discussion:

The current systematic review advances literature by providing strong support for an association between MST and a wide range of risky behaviors. Moreover, it highlights important areas for future research.

<https://doi.org/10.1177/0886260519900937>

Traumatic Childhood Experiences and Posttraumatic Stress Disorder Among Veterans in Substance Use Disorder Treatment.

Young, L. B., Timko, C., Pulido, R. D., Tyler, K. A., Beaumont, C., & Grant, K. M.

Journal of Interpersonal Violence
2021 Dec; 36(23-24): NP12665-NP12685

Posttraumatic stress disorder (PTSD) dramatically increases the risk of both substance use disorder (SUD) and suicide in veterans. Military-related trauma, however, may not be the only or most significant trauma experienced by veterans. Trauma exposure is high among those joining the military. This study sought to identify the prevalence of five types of childhood trauma (emotional, physical, and sexual abuse and emotional and physical neglect) and three adult trauma symptom clusters (intrusive thoughts,

avoidance, and hyperarousal) among veterans seeking SUD treatment and to clarify the associations between types of trauma and specific symptom clusters. Veterans at three Veterans Affairs (VA) SUD treatment facilities in the Midwest completed surveys at treatment entry (n1 = 195) and at 6-month follow-up (n2 = 138). Measures included the Childhood Trauma Questionnaire-Short Form and the PTSD Checklist, either a military or a civilian version, depending on whether the most traumatic event occurred in or out of the military. The prevalence of childhood trauma was high, ranging from 40.5% experiencing physical abuse down to 22.8% experiencing sexual abuse. At baseline, 60.2% of the military trauma group met criteria for PTSD, compared with 33.9% of the civilian trauma group, a significant difference, $\chi^2(1, N = 195) = 14.46, p < .01$. Childhood emotional and physical abuse were moderately associated with intrusion and hyperarousal in the military trauma group, but in the civilian trauma group a broader spectrum of childhood traumas were associated with a broader array of symptom clusters, including avoidance. At follow-up, symptoms improved and were less associated with childhood trauma. These findings illuminate the persistence of effects of childhood trauma and recommend more targeted PTSD treatments.

<https://doi.org/10.1016/j.pbb.2021.173206>

The effects of caffeinated products on sleep and functioning in the military population: A focused review.

Chaudhary, N. S., Taylor, B. V., Grandner, M. A., Troxel, W. M., & Chakravorty, S.

Pharmacology, Biochemistry, and Behavior
2021 Jul; 206: 173206

Military personnel rely on caffeinated products such as coffee or energy drinks (ED) to maintain a maximal level of vigilance and performance under sleep-deprived and combat situations. While chronic caffeine intake is associated with decreased sleep duration and non-restful sleep in the general population, these relationships are relatively unclear in the military personnel. We conducted a focused review of the effects of caffeinated products on sleep and the functioning of military personnel. We used a pre-specified search algorithm and identified 28 peer-reviewed articles published between January 1967 and July 2019 involving military personnel. We classified the findings from these studies into three categories. These categories included descriptive studies of caffeine use, studies evaluating the association between caffeinated products and sleep or functioning measures, and clinical trials assessing the effects of

caffeinated products on functioning in sleep-deprived conditions. Most of the studies showed that military personnel used at least one caffeine-containing product per day during active duty and coffee was their primary source of caffeine. Their mean caffeine consumption varied from 212 to 285 mg/day, depending on the type of personnel and their deployment status. Those who were younger than 30 years of age preferred ED use. Caffeine use in increasing amounts was associated with decreased sleep duration and increased psychiatric symptoms. The consumption of caffeinated products during sleep deprivation improved their cognitive and behavioral outcomes and physical performance. Caffeine and energy drink consumption may maintain some aspects of performance stemming from insufficient sleep in deployed personnel, but excessive use may have adverse consequences.

<https://doi.org/10.1002/jclp.23144>

Post-9/11 military veterans' adjustment to civilian life over time following separation from service.

Park, C. L., Sacco, S. J., Finkelstein-Fox, L., Sinnott, S. M., Scoglio, A., Lee, S. Y., Gnall, K. E., Mazure, C., Shirk, S. D., Hoff, R. A., & Kraus, S. W.

Journal of Clinical Psychology
2021 Sep; 77(9): 2077-2095

Objectives:

US military veterans face many challenges in transitioning to civilian life; little information is available regarding veterans' reintegration experiences over time. The current study characterized veterans' postdeployment stressful life events and concurrent psychosocial wellbeing over one year and determined how stressors and wellbeing differ by demographic factors.

Methods:

Recent Post-911 veterans (n = 402) were assessed approximately every three months for 1 year. Participants were 60% men, primarily White (78%), and 12% Latinx; the average age was 36 years.

Results:

The frequency of stressful events decreased over time but was higher for men and minority-race veterans (independent of time since separation). Veterans reported high

mean levels of posttraumatic stress disorder, anxiety, and insomnia symptoms, which improved slightly over time. Minority-race and Latinx veterans had higher symptom levels and slower rates of symptom reduction.

Conclusion:

Veterans remain distressed in their overall transition to civilian life. Interventions to promote resilience and help veterans manage readjustment to civilian life appear urgently needed.

<https://doi.org/10.1177/0886260519889944>

An Examination of Stalking Experiences During Military Service Among Female and Male Veterans and Associations With PTSD and Depression.

Lucas, C. L., Cederbaum, J. A., Kintzle, S., & Castro, C. A.

Journal of Interpersonal Violence
2021 Nov; 36(21-22) :NP11894-NP11915

Stalking is associated with mental health concerns, although little is known about the influence of stalking and mental health concerns among veterans. This study evaluated stalking experienced during military service in two community-based, nonclinical samples of veterans (N = 1,980). Models explored (a) types of stalking, (b) characteristics of veterans who experienced stalking, and (c) the associations between stalking with posttraumatic stress disorder (PTSD) and depression. Types of stalking varied by sex; female veterans were significantly more likely to experience stalking than male veterans (58.5% vs. 34.6%, $p < .001$, respectively). Female veterans reported unwanted messages, emails, or phone calls (37.2%), and male veterans experienced someone showing up unannounced or uninvited (23.5%) most frequently. Stalking experiences also differed by age with female and male veterans 18 to 39 years old significantly more likely to have experienced stalking ($p < .001$ and $p < .001$, respectively) than veterans over age 40. Associations between prior stalking experiences and mental distress were found for both female and male veterans. Both female and male veterans who experienced stalking were significantly more likely to have probable PTSD (odds ratio [OR] = 1.88, 95% confidence interval [CI] = [1.04, 3.39] and OR = 3.08, 95% CI = [2.27, 4.18], respectively) and depression (OR = 2.54, 95% CI = [1.38, 4.58] and OR = 2.78, 95% CI = [2.05, 3.79], respectively). These findings highlight (a) the rates of stalking experienced during military service, (b) the need for

assessment of stalking to inform treatment, and (c) lay the foundation for the Department of Defense (DoD) to further evaluate stalking among military populations.

<https://doi.org/10.1016/j.jagp.2021.10.011>

Post-traumatic Stress Disorder in Older U.S. Military Veterans: Prevalence, Characteristics, and Psychiatric and Functional Burden.

Moye, J., Kaiser, A. P., Cook, J., & Pietrzak, R. H.

The American Journal of Geriatric Psychiatry
2021 Oct 30; S1064-7481(21)00520-0

Objective:

To characterize the prevalence, characteristics, and comorbidities of subthreshold and full post-traumatic stress disorder (PTSD) in older U.S. military veterans.

Design and setting:

A nationally representative web-based survey of older U.S. military veterans who participated in the National Health and Resilience in Veterans Study (NHRVS) between November 18, 2019 and March 8, 2020.

Participants:

U.S. veterans aged 60 and older (n = 3,001; mean age = 73.2, SD: 7.9, range: 60-99).

Measurements:

PTSD was assessed using the PTSD Checklist for DSM-5. Self-report measures assessed sociodemographic characteristics, trauma exposures, suicidal behaviors, psychiatric and substance use disorders, as well as mental, cognitive, and physical functioning. Multivariable analyses examined correlates of subthreshold and full PTSD.

Results:

The vast majority of the sample (n = 2,821; 92.7%) reported exposure to one or more potentially traumatic events. Of those exposed to such events, 262 (9.6%, 95% confidence interval [CI]: 8.4%-10.9%) and 68 (1.9%, 95% CI: 1.3%-2.6%) screened positive for subthreshold and full PTSD, respectively. The prevalence of subthreshold and full PTSD was significantly higher in female veterans and veterans who use VA as their primary healthcare. Subthreshold and full PTSD groups endorsed more adverse

childhood experiences and total traumas than the no/minimal PTSD symptom group, the most common traumatic experiences endorsed were combat exposure, physical or sexual assault, and life-threatening illness or injury. Veterans with subthreshold and full PTSD were also more likely to screen positive for depression, substance use disorders, suicide attempts, nonsuicidal self-injury, and suicidal ideation, and reported lower mental, cognitive, and physical functioning.

Conclusion:

Subthreshold PTSD and full PTSD are prevalent and associated with substantial clinical burden in older U.S. veterans. Results underscore the importance of assessing both subthreshold and full PTSD in this population.

<https://doi.org/10.1037/ort0000530>

The longitudinal associations between attitudes to aging and attachment insecurities among combat veterans.

Avidor, S., Lahav, Y., & Solomon, Z.

The American Journal of Orthopsychiatry
2021; 91(2): 162-170

For combat veterans, the trauma of war can have lasting effects, that may later extend to attitudes toward one's own aging (ATOA). The present study sought to examine whether attachment insecurities may help to predict ATOA in later life, while also exploring the moderating role of combat exposure concerning the effects of attachment insecurities on subsequent ATOA. A cohort of 171 veterans of the Israeli 1973 Yom Kippur War (mean age = 68.4, SD = 5.1) were interviewed in 1991 (Time 1; T1) and again in 2018 (Time 2; T2). The present study examined the moderating role of combat exposure, within the associations between T1 attachment insecurities and T2 ATOA. A regression analysis revealed that T1 attachment insecurities, T2 health problems, and post-traumatic stress disorder (PTSD) symptoms predicted more negative T2 ATOA. A significant interaction was found between combat exposure and attachment avoidance, suggesting that the effect of attachment avoidance on ATOA was only significant among participants with high levels of combat exposure. The present findings point to the importance of attachment insecurities for ATOA among veterans, and to the role of combat exposure in moderating these associations. Results indicate possible avenues

of intervention and policy for those most vulnerable to negative ATOA. (PsycInfo Database Record (c) 2021 APA, all rights reserved).

<https://doi.org/10.1037/ort0000541>

What the public should know about veterans returning from combat deployment to support reintegration: A qualitative analysis.

Sayer, N. A., Orazem, R. J., Mitchell, L. L., Carlson, K. F., Schnurr, P. P., & Litz, B. T.

The American Journal of Orthopsychiatry
2021; 91(3): 398-406

Consensus reports have called for interventions to educate civilians about the reintegration challenges that veterans experience. The current study describes veterans' perspectives of what the public should know and what the public can do to help veterans reintegrate into civilian life. We conducted thematic analysis of written essays from a stratified random sample of 100 US veterans (half women, half deployed from National Guard or Reserves) from Afghanistan and Iraq military operations who had participated in the control writing condition from a randomized controlled trial of expressive writing to improve reintegration outcomes. Veterans described a military-civilian divide that makes reintegration difficult and recommended that the public help bridge this divide. The divide was attributable to the uniqueness of military culture and bonds, the personal changes associated with deployment, and the time it takes for veterans to reacclimate. Five themes captured what the public can do to foster veteran reintegration: understand deployment hardships; appreciate deployment accomplishments; assist veterans in getting professional help; listen, don't judge; and recognize that employment is critical to reintegration. Themes were present across groupings by gender, type of military service and screening status for posttraumatic stress disorder. Findings can inform interventions that target the public's understanding of and response to returning veteran. Consistent with an ecological model of reintegration, such interventions have the potential to foster successful reintegration. (PsycInfo Database Record (c) 2021 APA, all rights reserved).

<https://doi.org/10.1177/1049909121989021>

Behavioral Activation and Therapeutic Exposure vs. Cognitive Therapy for Grief Among Combat Veterans: A Randomized Clinical Trial of Bereavement Interventions.

Acierno, R., Kauffman, B., Muzzy, W., Tejada, M. H., & Lejuez, C.

The American Journal of Hospice & Palliative Care
2021 Dec; 38(12): 1470-1478

Approximately two-thirds of Operations Enduring Freedom, Iraqi Freedom, and New Veterans reported knowing someone who was killed or seriously injured, lost someone in their immediate unit, or personally saw dead or seriously injured Americans (Hoge et al., 2004; Thomas et al., 2010; Toblin et al., 2012). Thus, it is not surprising that prevalence of Persistent Complex Bereavement Disorder (PCBD) is high in these groups. Importantly, PCBD impact appears to be independent of both Post-Traumatic Stress Disorder (PTSD) and Major Depressive Disorder (Bonnano, 2007), 2 disorders that are also highly prevalent in these groups, thus tailored treatments for grief are indicated. The Department of Veterans Affairs suggests Cognitive Therapy for Grief as a first line psychotherapy, however treatments relatively more focused on behavior change and exposure to grief cues also may be useful for this population. To address this question, the present study used a randomized controlled trial to compare a 7-session program of Behavioral Activation and Therapeutic Exposure for Grief vs. Cognitive Therapy for Grief among 155 OIF/OEF/OND veterans. Both treatments produced significant treatment gains over baseline, and these improvements were maintained over 6-month followup; however no differences were observed between groups. Given equal efficacy, implications for matching treatment to patient characteristics are discussed.

<https://doi.org/10.1002/jts.22635>

Distinguishing the Effects of Life Threat, Killing Enemy Combatants, and Unjust War Events in U.S. Service Members.

Krauss, S. W., Zust, J., Frankfurt, S., Kumparatana, P., Riviere, L. A., Hocut, J., Sowden, W. J., & Adler, A. B.

Journal of Traumatic Stress
2021 Apr; 34(2): 357-366

Although previous studies have identified behavioral health risks associated with combat exposure, it is unclear which types of combat events are associated with these risks, particularly regarding contrasts among the risks associated with life-threatening experiences, killing combatants, and exposure to unjust war events, such as killing a noncombatant or being unable to help civilian women and children. In the present study, we examined surveys from 402 soldiers following deployment (i.e., baseline) and again 13 months later (i.e., Year 1). Regression analyses were conducted across a range of behavioral health (e.g., posttraumatic stress disorder, depression, suicide ideation, anxiety, somatic, insomnia, aggression) and benefit-finding measures, each controlling for two combat event categories while assessing the predictive utility of a third. The results suggested that life-threatening events were associated with poor behavioral health at baseline, relative risk (RR) = 10.00, but not at Year 1, RR = 2.67. At both baseline and Year 1, killing enemy combatants was not associated with behavioral health, RRs = 1.67-3.33, but was positively associated with benefit-finding, RRs = 26.67-40.00. Exposure to unjust war events was associated with a transdiagnostic pattern of behavioral health symptoms at baseline, RR = 40.00, and Year 1, RR = 23.33. Overall, the results suggest unjust war event exposure is particularly injurious, above and beyond exposure to other combat-related events. Future research can build on these findings to develop clearer descriptions of the combat events that might place service members at risk for moral injury and inform the development of assessment and treatment options.

<https://doi.org/10.1177/0886260519897333>

Examining the Impact of Sexual Revictimization in a Sample of Veterans Undergoing Intensive PTSD Treatment.

Tirone, V., Smith, D., Steigerwald, V. L., Bagley, J. M., Brennan, M., Van Horn, R., Pollack, M., & Held, P.

Journal of Interpersonal Violence
2021 Dec; 36(23-24): 10989-11008

Sexual revictimization refers to exposure to more than one incident of rape and is a known risk factor for poor mental health among civilians. This construct has been understudied among veterans. In addition, although individuals who have experienced

revictimization generally have greater symptom severity than those who have experienced one rape, it is unclear whether these differences persist following treatment. This study examined differences between veterans who reported histories of revictimization (n =111) or a single rape (n = 45), over the course of a 3-week intensive cognitive processing therapy (CPT)-based treatment program for veterans with posttraumatic stress disorder (PTSD). The sample consisted of predominately female (70.5%) post-9/11 veterans (82.7%). Self-reported PTSD and depression symptom severity were assessed regularly throughout the course of treatment. Controlling for non-interpersonal trauma exposure and whether veterans were seeking treatment for combat or military sexual trauma, sexual revictimization was generally associated with greater pretreatment distress and impairment. However, sexual revictimization did not impact rates of PTSD or depression symptom change over the course of intensive treatment, or overall improvement in these symptoms posttreatment. Our findings suggest that the rates of sexual revictimization are high among treatment-seeking veterans with PTSD. Although veteran survivors of sexual revictimization tend to enter treatment with higher levels of distress and impairment than their singly victimized peers, they are equally as likely to benefit from treatment.

Links of Interest

Veterans military sexual trauma disability claims still not being handled properly: watchdog

<https://www.militarytimes.com/veterans/2021/11/17/veterans-military-sexual-trauma-disability-claims-still-not-being-handled-properly-watchdog/>

Preventing suicides in military and veteran communities

<https://www.militarytimes.com/news/pentagon-congress/2021/11/17/preventing-suicides-in-military-and-veteran-communities/>

What should the Guard do to reduce suicides? More transparency, improved communication, better medication guidance among possible solutions.

<https://www.jsonline.com/in-depth/news/solutions/2021/11/18/resources-solutions-address-wisconsin-national-guard-suicides/6180730001/>

For Many Wounded Warriors, Not All Damage is Visible or Combat-Related

<https://health.mil/News/Articles/2021/11/23/For-Many-Wounded-Warriors-Not-All-Damage-is-Visible-or-Combat-Related>

More Protestants, fewer Catholics in Army's recent religious shifts

<https://www.armytimes.com/news/your-army/2021/11/30/more-protestants-fewer-catholics-in-armys-recent-religious-shifts/>

Resource of the Week -- [Reserve Component Personnel Issues: Questions and Answers](#)

Recently updated by the Congressional Research Service

This report provides insight to reserve component personnel issues through a series of questions and answers that address:

- How reserve component personnel are organized (questions 2 and 4);
- How many people are in each of the different categories of the reserve component (question 3);
- How reserve component personnel have been and may be used (questions 1, 5, 6, 7, 9, and 11);
- How reserve component personnel are compensated (questions 8 and 10);
- The types of legal protections that exist for reserve component personnel (question 12); and
- Recent changes in reserve component pay and benefits made by Congress (question 13).

Table I. Personnel Strength of the Ready Reserve

(Actual personnel strengths as of July 31, 2021)

	Selected Reserve	Individual Ready Reserve/ Inactive National Guard	Total Ready Reserve
Army National Guard	337,235	892	338,127
Army Reserve	185,680	79,034	264,714
Navy Reserve	57,186	38,299	95,485
Marine Corps Reserve	35,852	61,578	97,430
Air National Guard	107,737	0	107,737
Air Force Reserve	70,406	26,021	96,427
Coast Guard Reserve	6,250	1,683	7,933

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