

CDP



Research Update -- December 16, 2021

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- Resource of the Week: APA Inclusive Language Guidelines (American Psychological Association)

<https://doi.org/10.1002/cpp.2698>

Increases in Positive Emotions as Precursors to Therapeutic Change.

Galen D. McNeil, Rena L. Repetti

Clinical Psychology & Psychotherapy

First published: 03 December 2021

Increases in positive emotions may not only be indicators of progress in therapy, but precursors to that improvement. Conducted in a psychology training clinic, this naturalistic, repeated-measures study tracked changes over the course of therapy in 34 clients' emotional experience and two of the primary targets of clinical interventions, symptom distress and relationship functioning. During treatment, positive emotions increased, negative emotions decreased and improvements were seen in therapeutic outcomes. Positive and negative emotions were correlated, as were changes in positive and negative emotions. However, despite this association, increases in positive emotions were a significant predictor of concurrent improvements in symptom distress and relationship functioning, even when decreases in negative emotions were included in the same model. Additionally, positive emotions not only predicted change in these treatment outcomes over the same time period, they also predicted future change. This study contributes to research on the critical role positive emotions play in psychotherapy and may encourage the development of interventions focusing on increasing positive emotions. These findings highlight the distinct functioning of positive emotions separate from negative and the value of attending to positive emotions during therapy.

<https://doi.org/10.1002/jts.22770>

Premorbid traumatic stress and veteran responses to the COVID-19 pandemic.

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Journal of Traumatic Stress

First published: 03 December 2021

The COVID-19 pandemic has had unprecedented effects on lifestyle stability and physical and mental health. We examined the impact of preexisting posttraumatic stress disorder (PTSD), alcohol use disorder (AUD), and depression on biopsychosocial responses to the pandemic, including psychiatric symptoms, COVID-19 exposure, and housing/financial stability, among 101 U.S. military veterans enrolled in a longitudinal study of PTSD, a population of particular interest given veterans' trauma histories and defense-readiness training. Participants (83.2% male, 79.2% White, Mage = 59.28 years) completed prepandemic, clinician-administered psychiatric diagnostic interviews and a phone-based assessment between May and September 2020 using a new measure, the Rapid Assessment of COVID-19–Related Experiences (RACE), which was used to assess pandemic responses and its effects on mental and physical health; COVID-19 diagnosis and testing were also extracted from electronic medical records. Multivariate regressions showed that, controlling for demographic characteristics, prepandemic PTSD, $\beta = .332$; $p = .003$, and AUD symptoms, $\beta = .228$; $p = .028$, were associated with increased pandemic-related PTSD symptoms. Prepandemic AUD was associated with increased substance use during the pandemic, $\beta = .391$; $p < .001$, and higher rates of self-reported or medical record–based COVID-19 diagnosis, $\beta = .264$; $p = .019$. Minority race was associated with pandemic-related housing/financial instability, $\beta = -.372$; $p < .001$, raising concerns of population inequities. The results suggest that preexisting PTSD and AUD are markers for adverse pandemic-related psychiatric outcomes and COVID-19 illness. These findings carry implications for the importance of targeting prevention and treatment efforts for the highest-risk individuals.

<https://doi.org/10.1001/jamanetworkopen.2021.36113>

Association Between Social Media Use and Self-reported Symptoms of Depression in US Adults.

Perlis, R. H., Green, J., Simonson, M., Ognyanova, K., Santillana, M., Lin, J., Quintana, A., Chwe, H., Druckman, J., Lazer, D., Baum, M. A., & Della Volpe, J.

JAMA Network Open
2021 Nov 1; 4(11): e2136113

Importance:

Some studies suggest that social media use is associated with risk for depression, particularly among children and young adults.

Objective:

To characterize the association between self-reported use of individual social media platforms and worsening of depressive symptoms among adults.

Design, setting, and participants:

This survey study included data from 13 waves of a nonprobability internet survey conducted approximately monthly between May 2020 and May 2021 among individuals aged 18 years and older in the US. Data were analyzed in July and August 2021.

Main outcomes and measures:

Logistic regression was applied without reweighting, with a 5 point or greater increase in 9-item Patient Health Questionnaire (PHQ-9) score as outcome and participant sociodemographic features, baseline PHQ-9, and use of each social media platform as independent variables.

Results:

In total, 5395 of 8045 individuals (67.1%) with a PHQ-9 score below 5 on initial survey completed a second PHQ-9. These respondents had a mean (SD) age of 55.8 (15.2) years; 3546 respondents (65.7%) identified as female; 329 respondents (6.1%) were Asian, 570 (10.6%) Black, 256 (4.7%) Hispanic, 4118 (76.3%) White, and 122 (2.3%) American Indian or Alaska Native, Pacific Islander or Native Hawaiian, or other. Among eligible respondents, 482 (8.9%) reported 5 points or greater worsening of PHQ-9 score at second survey. In fully adjusted models for increase in symptoms, the largest adjusted odds ratio (aOR) associated with social media use was observed for Snapchat (aOR, 1.53; 95% CI, 1.19-1.96), Facebook (aOR, 1.42; 95% CI, 1.10-1.81), and TikTok (aOR, 1.39; 95% CI, 1.03-1.87).

Conclusions and relevance:

Among survey respondents who did not report depressive symptoms initially, social media use was associated with greater likelihood of subsequent increase in depressive symptoms after adjustment for sociodemographic features and news sources. These data cannot elucidate the nature of this association, but suggest the need for further study to understand how social media use may factor into depression among adults.

<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.

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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.

<http://doi.org/10.21061/jvs.v7i3.261>

Patriotism as a Construct for Understanding Military Service Among LGBTQ+ Veterans: A Call for Research Grounded in Institutional Oppression.

Vanessa Meade

Journal of Veterans Studies
2021; 7(3), 38–45

LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, with the + including Two-Spirit, Intersex, Asexual, and additional sexual orientations and gender identities) people have always had an important role in military service in the United States. However, this service has never received broad-based recognition and was, too often, criminalized. Since the repeal of the Don't Ask Don't Tell Policy that went into effect in 2011, and the recent second revocation of the ban of transgender personnel serving in the military in January 2021, very little research has occurred with LGBTQ+ veterans. There is a compelling need to explore LGBTQ+ veterans' experiences and their complicated relationship, both historically and currently, with military service. This article explores patriotism as a construct to discuss the LGBTQ+ military veterans' experience, how their experiences are overlooked in veterans' literature, and how military service affects LGBTQ+ veterans in a country with a long history of oppression and discrimination against LGBTQ+ people. It also provides a framework useful in exploring patriotism and other issues from the LGBTQ+ perspective and how their experiences in the military shape their lives now as veterans.

<http://doi.org/10.21061/jvs.v7i3.272>

Latinx Veterans, Outsider Patriotism and the Motives Behind Minoritized Military Service.

Anita Casavantes Bradford

Journal of Veterans Studies
2021; 7(3), 4–22

For many Americans, the figure of the veteran—usually imagined as a straight, white, native-born cisgender male—embodies a profoundly resonant patriotic ideal. However, although the working class and veterans of color who make up the majority of the US Armed Forces’ enlisted ranks themselves generally acknowledge that a range of motives inspired the decision to enlist, the scholarship to date on veterans and patriotism, which focuses primarily on white former servicemembers, does not. As a first step toward filling this gap, this essay proposes a new scholarly conversation about the relationship between patriotism and military service for Latinx veterans. Using a “veteran-centric” methodology that brings together theoretical insights from critical race and ethnic studies, interpretative phenomenological analysis, and narrative inquiry, it analyzes the narratives of eighteen diverse Latinx veterans in order to offer preliminary reflections on why they decide to enlist and how they understand patriotism in relation to their service. Concluding that Latinx military service is simultaneously pragmatic, personal, and patriotic, this study also suggests that Latinx veterans articulate a particular form of “outsider patriotism” that reflects their uneasy location in the borderlands between idealized notions of white/U.S. born/cisgender male veterans as the highest embodiment of patriotism, and racialized notions of all Latinx people as “foreigners” and “illegals” who reject American values and threaten the nation’s economy and security. Pointing toward the need for sustained future research on this topic, this essay seeks to inspire other military-connected scholars to think more critically about the relationship between minoritized military service and the political, social, and economic inequalities of contemporary US society, while challenging them to expand the ways we theorize patriotism to include the voces perdidas of BIPOC, immigrant, refugees, LGBTQ/Trans and other marginalized peoples.

<https://doi.org/10.1016/j.smr.2021.101563>

Prevalence of insomnia and insomnia symptoms following mild-Traumatic Brain Injury: a systematic review and meta-analysis.

M. Montgomery, S. Baylan, M.Gardani

Sleep Medicine Reviews

Available online 2 November 2021

leep is commonly disrupted following mild traumatic brain injury (mTBI), however there is a lack of consensus in the existing literature regarding the prevalence of insomnia/insomnia symptoms after injury. The aim of this review was to conduct a

systematic review and meta-analysis of insomnia and insomnia symptoms prevalence following mTBI.

Full-text articles published in English in peer-reviewed journals including adults with a clinical or self-reported mild traumatic brain injury diagnosis, were eligible for inclusion. Studies that assessed insomnia/insomnia symptoms after injury were included.

Of the 2091 records identified, 20 studies were included in the review. 19 of these were meta-analysed (n=95,195), indicating high heterogeneity among studies. Subgroup analyses indicated pooled prevalence estimates of post-mTBI insomnia disorder of 27.0% (95% CI 6.49-54.68) and insomnia symptoms of 71.7% (95% CI 60.31-81.85).

The prevalence of insomnia is significantly higher in individuals who have sustained mild traumatic brain injury compared to prevalence estimates reported in the general population but high heterogeneity and methodological differences among studies make it difficult to provide reliable prevalence estimates. Future research should continue to advance our understanding of the onset, progression and impact of post-mild traumatic brain injury insomnia to promote the recovery and wellbeing of affected individuals.

<http://doi.org/10.21061/jvs.v7i3.260>

Patriotism: The Price Paid by the African American Soldier.

Tina B. Craddock

Journal of Veterans Studies
2021; 7(3), 23–37

General George S. Patton Jr. noted that the highest obligation and privilege of citizenship is that of bearing arms for one's country. From William Carney of the 54th Massachusetts, who carried the regimental colors during the Battle of Ft. Wagoner, to the Harlem Hellfighters of WWI, the Buffalo soldiers of WWII, and to the eventual desegregation of the military, servicemen and women of color have fought for the right to serve their country. The ideology of patriotism, especially in the contemporary Black soldier, is deeply rooted on the foundational principles of those who served before them: the love of a country that has not always loved them, a willingness to make the ultimate sacrifice, and a desire to serve something greater than themselves. For soldiers of color, something as seemingly simple as serving their country has been anything but

simple and has often come at a greater personal sacrifice than their White counterpart. This work will examine patriotism in servicemen and women of color, through the lens of veteran studies, by utilizing a qualitative approach that will allow the voices of those who served and sacrificed to be heard. Veterans who served in the various branches of the military during 20th and 21st century, including serving in combat and war zones, participated in interviews to preserve their stories. Topics included what the term patriotism meant to them; whether they thought that definition has changed over time and why; who or what most impacted their decision to serve their country; how their family and loved ones were impacted by their decisions to serve; their perception of how they were treated, as soldiers, by fellow servicemembers and society; and their perception of the current political climate of our country and how that may shape the next generation of Black soldiers.

<https://doi.org/10.1037/tra0001144>

Prospective mental health effects of intimate partner stalking among women veterans.

Davin, K. R., Dardis, C. M., Barth, M. R., & Iverson, K. M.

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

Objective:

Women veterans are disproportionately affected by intimate partner violence (IPV). Within the civilian literature, intimate partner stalking (IPS) is a common, uniquely deleterious form of IPV; the present study seeks to prospectively examine the psychological effects of IPS among women veterans.

Method:

Women veterans (n = 266) were recruited using the KnowledgePanel, a probability-based survey panel; participants completed surveys at time 1 (T1) and at time 2 (T2) follow-up 18 months later. Women responded to questionnaires assessing IPV and IPS experiences, and symptoms of posttraumatic stress disorder (PTSD), depression, and anxiety.

Results:

At T1, 54.5% of women reported lifetime IPV, of whom 64.1% reported IPS; at T2,

49.2% reported past-year IPV, of whom 7.6% experienced past-year IPS. Bivariately, women in the T1 IPS group reported higher T2 PTSD, depression, and anxiety symptoms than the T1 IPV only and no IPV groups. In a multivariate model, there remained indirect effects of T1 IPS on T2 PTSD symptoms, when other forms of violence (i.e., T1 and T2 IPV, MST, IPS) were controlled.

Conclusions:

When added to models including other forms of IPV, women who experienced IPS reported increased risk for PTSD symptoms, which predicted heightened PTSD symptoms over time. Providers treating women veterans should assess for experiences of IPS as an additional form of IPV and address PTSD to prevent the development of subsequent comorbid psychopathology. (PsyInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1186/s12888-021-03565-9>

Psychiatric symptoms and moral injury among US healthcare workers in the COVID-19 era.

Doron Amsalem, Amit Lazarov, John C. Markowitz, Aliza Naiman, Thomas E. Smith, Lisa B. Dixon & Yuval Neria

BMC Psychiatry
21, 546 (2021)

Background

Emerging cross-sectional data indicate that healthcare workers (HCWs) in the COVID-19 era face particular mental health risks. Moral injury – a betrayal of one's values and beliefs, is a potential concern for HCWs who witness the devastating impact of acute COVID-19 illness while too often feeling helpless to respond. This study longitudinally examined rates of depression, generalized anxiety disorder (GAD), posttraumatic stress disorder (PTSD), and moral injury among United States HCWs in the COVID-19 era. We anticipated finding high levels of clinical symptoms and moral injury that would remain stable over time. We also expected to find positive correlations between clinical symptoms and moral injury.

Methods

This three-wave study assessed clinical symptoms and moral injury among 350 HCWs

at baseline, 30, and 90 days between September and December 2020. Anxiety, depression, PTSD, and moral injury were measured using the Generalized Anxiety Disorder-7 (GAD-7), Patient Health Questionnaire-9 (PHQ-9), Primary Care PTSD Screen (PC-PTSD), and Moral Injury Events Scale (MIES).

Results

Of the 350 HCWs, 72% reported probable anxiety, depression, and/or PTSD disorders at baseline, 62% at day 30, and 64% at day 90. High level of moral injury was associated with a range of psychopathology including suicidal ideation, especially among healthcare workers self-reporting COVID-19 exposure.

Conclusions

Findings demonstrate broad, persisting, and diverse mental health consequences of the COVID-19 pandemic among United States HCWs. This study is the first to longitudinally examine the relationships between moral injury and psychopathology among HCWs, emphasizing the need to increase HCWs' access to mental healthcare.

<https://doi.org/10.1037/fsh0000637>

Depression complexity prevalence and outcomes among veterans affairs patients in integrated primary care.

Campbell, D. G., Lombardero, A., English, I., Waltz, T. J., Hoggatt, K. J., Simon, B. F., Lanto, A. B., Simon, A., Rubenstein, L. V., & Chaney, E. F.

Families, Systems, & Health

Advance online publication

Introduction: The Veterans Health Administration (VA) Primary Care-Mental Health Integration (PC-MHI) initiative targets depression (MDD), anxiety/posttraumatic stress disorder (PTSD) and alcohol misuse (AM) for care improvement. In primary care, case finding often relies on depression screening. Whereas clinical practice guidelines solely inform management of depression, minimal information exists to guide treatment when psychiatric symptom clusters coexist. We provide descriptive clinical information for care planners about VA PC patients with depression alone, depression plus alcohol misuse, and depression with complex psychiatric comorbidities (PTSD and/or probable bipolar disorder). **Method:** We examined data from a VA study that used a visit-based sampling procedure to screen 10,929 VA PC patients for depression; 761 patients with

probable major depression completed baseline measures of health and care engagement. Follow-up assessments were completed at 7 months. Results: At baseline, 53% of patients evidenced mental health conditions in addition to depression; 10% had concurrent AM, and 43% had psychiatrically complex depression (either with or without AM). Compared with patients with depression alone or depression with AM, those with psychiatrically complex depression evinced longer standing and more severe mood disturbance, higher likelihood of suicidal ideation, higher unemployment, and higher levels of polypharmacy. Baseline depression complexity predicted worse mental health status and functioning at follow-up. Discussion: A substantial proportion of VA primary care patients with depression presented with high medical multimorbidity and elevated safety concerns. Psychiatrically complex depression predicted lower treatment effectiveness, suggesting that PC-MHI interventions should co-ordinate and individualize care for these patients. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

<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/10.1016/j.cpr.2021.102111>

More treatment but no less depression: The treatment-prevalence paradox.

Johan Ormel, Steven D. Hollon, Ronald C. Kessler, Pim Cuijpers, Scott M. Monroe

Clinical Psychology Review

Available online 11 December 2021

Treatments for depression have improved, and their availability has markedly increased since the 1980s. Mysteriously the general population prevalence of depression has not decreased. This “treatment-prevalence paradox” (TPP) raises fundamental questions about the diagnosis and treatment of depression. We propose and evaluate seven explanations for the TPP. First, two explanations assume that improved and more widely available treatments have reduced prevalence, but that the reduction has been offset by an increase in: 1) misdiagnosing distress as depression, yielding more “false positive” diagnoses; or 2) an actual increase in depression incidence. Second, the remaining five explanations assume prevalence has not decreased, but suggest that: 3) treatments are less efficacious and 4) less enduring than the literature suggests; 5) trial efficacy doesn't generalize to real-world settings; 6) population-level treatment impact differs for chronic-recurrent versus non-recurrent cases; and 7) treatments have some iatrogenic consequences. Any of these seven explanations could undermine treatment impact on prevalence, thereby helping to explain the TPP. Our analysis reveals that there is little evidence that incidence or prevalence have increased as a result of error or fact (Explanations 1 and 2), and strong evidence that (a) the published literature overestimates short- and long-term treatment efficacy, (b) treatments are considerably less effective as deployed in “real world” settings, and (c) treatment impact differs substantially for chronic-recurrent cases relative to non-recurrent cases. Collectively, these 4 explanations likely account for most of the TPP. Lastly, little research exists on iatrogenic effects of current treatments (Explanation 7), but further exploration is critical.

<https://doi.org/10.5664/jcsm.9764>

The negative health effects of having a combination of snoring and insomnia.

Shadi Amid Hägg, MD , Elena Ilieva, MD , Mirjam Ljunggren, MD, PhD , Karl A. Franklin, MD, PhD , Roelinde Middelveld, PhD , Bo Lundbäck, MD, PhD , Christer Janson, MD, PhD , Eva Lindberg, MD, PhD

Journal of Clinical Sleep Medicine
Published Online: November 10, 2021

STUDY OBJECTIVES:

Insomnia and snoring are common sleep disorders. The aim was to investigate the association of having a combination of insomnia symptoms and snoring with comorbidity and daytime sleepiness.

METHODS: The study population comprised 25,901 participants (16-75 years, 54.4% women) from four Swedish cities, who answered a postal questionnaire that contained questions on snoring, insomnia symptoms (difficulties initiating and/or maintaining sleep and/or early morning awakening), smoking, educational level, and respiratory and non-respiratory disorders.

RESULTS:

Snoring was reported by 4,221 (16.2%), while 9,872 (38.1%) reported ≥ 1 insomnia symptom. A total of 2,150 (8.3%) participants reported both insomnia symptoms and snoring. The association with hypertension (adj. OR 1.4, 95% CI: 1.2–1.6), chronic obstructive pulmonary disease (COPD) (adj. OR 1.8, 95% CI: 1.3–2.4), asthma (adj. OR 1.9; 95% CI: 1.6–2.3), daytime sleepiness (adj. OR 7.9, 95% CI 7.1–8.8) and the use of hypnotics (adj. OR 7.5, 95% CI: 6.1–9.1) was highest for the group with both insomnia symptoms and snoring.

CONCLUSIONS:

Participants with both snoring and insomnia run an increased risk of hypertension, COPD, asthma, daytime sleepiness and the use of hypnotics. It is important to consider snoring in patients seeking medical assistance for insomnia and, vice versa, in patients with snoring inquiring about insomnia.

<https://doi.org/10.5664/jcsm.9796>

Cannabis use as a moderator of cognitive behavioral therapy for insomnia.

Mary Beth Miller, PhD , Ryan W. Carpenter, PhD , Lindsey K. Freeman, MS , Ashley F. Curtis, PhD , Ali M. Yurasek, PhD , Christina S. McCrae, PhD

Journal of Clinical Sleep Medicine

Published Online: December 7, 2021

STUDY OBJECTIVES:

Cannabis use is common among young adults and has been proposed as a potential treatment for insomnia. However, controlled studies examining the impact of cannabis use on insomnia symptoms are rare. This secondary analysis of published trial data tested cannabis use during cognitive behavioral treatment for insomnia (CBT-I) as a moderator of treatment efficacy.

METHODS:

Young adults (ages 18-30 years) who reported past-month binge drinking (4/5+ drinks for women/men) and met DSM-5 and research diagnostic criteria for Insomnia Disorder were randomized to CBT-I (n=28) or sleep hygiene (SH; n=28). Interaction effects were tested using multilevel models. Outcomes included insomnia severity, actigraphy-assessed sleep efficiency, diary-assessed sleep quality, drinking quantity, and alcohol-related consequences.

RESULTS:

Twenty-six participants (46%; 12 SH and 14 CBT-I) reported using cannabis during the treatment phase of the study, on an average of 23% of treatment days (range=3-100%). Relative to those who did not use cannabis, participants who used cannabis during treatment reported heavier drinking and more frequent cigarette use. Approximately 1 in 4 cannabis users (27%) reported using cannabis to help with sleep; however, cannabis and non-cannabis users did not differ in use of alcohol as a sleep aid. Controlling for sex, race, drinking quantity, cigarette use, symptoms of depression, and symptoms of anxiety, use of cannabis during treatment did not moderate CBT-I effects on insomnia severity ($b = -.002$, $p = .99$) or other outcomes (all $p > .20$).

CONCLUSIONS:

CBT-I is effective in reducing insomnia symptoms among young adult drinkers with insomnia, regardless of cannabis use.

CLINICAL TRIAL REGISTRATION:Registry: ClinicalTrials.gov; Identifier: NCT03627832

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

Expert Opinion on Managing Suicide Risk in Deployed Settings.

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

Military Behavioral Health

Published online: 14 Sep 2021

This study aimed to: (1) determine the perceived effectiveness of buddy watch, weapon removal, and medical evacuations (MEDEVAC) for managing suicide-related events during deployment, (2) evaluate the involvement of leaders, behavioral health providers (BHPs), and chaplains in implementing these strategies, and (3) develop recommendations based on feedback from key stakeholders. A total of 74 Army support staff (80% male, 61% aged 30–44) who had encountered another service member that died by suicide, attempted suicide, or thought about suicide during deployment participated in an anonymous, online survey. Fisher's exact test was used to compare responses between leaders, BHPs, and chaplains. Overall, survey participants supported the use of buddy watch (79%) and MEDEVAC (94%) as effective strategies for managing suicide risk during deployment, while support for weapon removal was mixed (leaders: 50%, BHPs: 92%, chaplains: 88%; Fisher exact test = 10.43, $p = .01$). Leaders and BHPs were endorsed as important personnel involved in making decisions regarding the use of buddy watch (78%, 77%, respectively), weapon removal (84%, 69%, respectively), and MEDEVAC (73%, 84%, respectively). It is recommended that buddy watch, weapon removal, and MEDEVAC be used in a deployed setting when determined by each service member's unique set of risk factors.

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

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

James Griffith

Military Psychology

Published online: 25 Sep 2021

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

<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

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/10.1080/21635781.2021.2000905>

Chronic Pain, PTSD and Moral Injury in Military Veterans: Suffering and the Compromised Self.

Louise Morgan & Dominic Aldington

Veterans with chronic pain may face complex additional challenges, notably the potentially high rate of comorbid post-traumatic stress disorder. Linked to this is the developing concept of moral injury, essentially feelings of guilt and shame associated with transgressing one's moral beliefs. Work has begun to explore moral injury in the context of psychological trauma, however it has not to date been considered in relation to chronic pain. As the moral injury concept is still developing, this paper explores what is known about the roles of guilt and shame in psychological trauma and chronic pain, and aims to set this in a military context, to begin to understand clinical implications and to make recommendations for further research. A search of the literature reveals that guilt and shame in psychological trauma and chronic pain are not well understood, and

research has predominantly focused on these as consequences, rather than as potential contributory elements. Literature is currently separated, focusing either on PTSD or on chronic pain, and we suggest a more integrated approach is required.

<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.

<http://doi.org/10.21061/jvs.v7i3.262>

Barriers to Community Treatment for Opioid Use Disorders among Rural Veterans.

Filteau, M. R., Green, B., & Jones, K.

Journal of Veterans Studies
2021; 7(3), 83–94

The Veterans Health Administration (VHA) has instituted several national initiatives to increase access to medication for opioid use disorder (MOUD) throughout rural America. The expansion of the MISSION Act's community care model may prove beneficial, but barriers still constrain widespread community treatment for veterans. The present study illuminates several previously unidentified barriers facing community-based providers who aim to provide MOUD to rural veterans. The primary means of data collection for this study included in-depth interviews with fifty-three non-VHA MOUD providers, thirty-one staff at non-VHA community-based organizations serving veterans, and five VHA behavioral health employees affiliated with the Montana VHA's substance use disorder program. Staff at non-VHA community-based organizations serving veterans refer veterans to the VHA for MOUD and express a low literacy level about non-VHA MOUD providers. VHA employees favor the VHA for MOUD and lack a network of collaboration with providers at non-VHA community care clinics. Attitudinal and structural barriers constrain veterans' treatment options within community settings by creating a vacuum of care in the community, whereby all veterans are funneled to the VHA for MOUD. In Montana, only 6 veterans receive MOUD from non-VHA providers, and this reliance on the VHA's MOUD program constrains access to treatment and the quality-of-care veterans receive.

<https://doi.org/10.1097/PRA.0000000000000586>

Therapeutic Risk Management and Firearm-related Lethal Means Safety.

Simonetti, Joseph A. MD, MPH; Wortzel, Hal S. MD; Matarazzo, Bridget B. PsyD

Journal of Psychiatric Practice
November 2021 - Volume 27 - Issue 6 - p 456-465

Safety planning to reduce suicide or other-directed violence risk involves efforts toward "making the environment safe," including working collaboratively with at-risk patients to encourage voluntary changes in their firearm storage decisions [ie, lethal means safety (LMS) counseling]. This column provides a conceptual framework and real-world

evidence to support the delivery of LMS counseling to at-risk patients, as well as guidance on asking about firearm access and making individualized safety recommendations. It also reviews important elements related to documenting LMS discussions and legal considerations related to these conversations.

<https://doi.org/10.1016/j.janxdis.2021.102496>

PTSD symptom heterogeneity and alcohol-related outcomes in U.S. military veterans: Indirect associations with coping strategies.

Alexandra N. Palmisano, Sonya B. Norman, Kaitlyn E. Panza, Ismene L. Petrakis, Robert H. Pietrzak

Journal of Anxiety Disorders
Volume 85, January 2022

Introduction

This study investigated the role of coping strategies in mediating the relationship between the 7-factor model of posttraumatic stress disorder (PTSD) symptoms and alcohol misuse in veterans.

Methods

Data were analyzed from 615 veterans from a nationally representative study of U.S. veterans who met criteria for probable full or subthreshold PTSD. Path analyses examined the role of self-sufficient, socially-supported, and avoidant coping strategies in mediating associations between PTSD symptom clusters and alcohol use disorder (AUD), alcohol consumption, and alcohol-related consequences.

Results

Negative affect PTSD symptoms were associated with AUD through increased use of avoidant coping. Additionally, dysphoric arousal PTSD symptoms were associated with AUD; avoidant coping was associated with AUD and increased alcohol consumption; self-sufficient coping was associated with reduced AUD likelihood anhedonia symptoms with decreased use of self-sufficient coping; and negative affect with decreased use of socially-supported coping and increased use of avoidant coping.

Conclusions

Results underscore the importance of avoidant coping strategies as potential mediators

of the relation between PTSD symptoms and AUD. Interventions designed to mitigate engagement in avoidant coping strategies, and to bolster engagement in self-sufficient and socially-supported strategies may help reduce alcohol misuse in veterans with full or subthreshold PTSD.

<https://doi.org/10.1017/S1368980021004584>

Risk Factors for Veteran Food Insecurity: Findings from a National US Department of Veterans Affairs Food Insecurity Screener.

Cohen, A. J., Dosa, D. M., Rudolph, J. L., Halladay, C. W., Heisler, M., & Thomas, K. S.

Public Health Nutrition
2021 Nov 8; 1-26

Objective:

Food insecurity is associated with numerous adverse health outcomes. The US Veterans Health Administration (VHA) began universal food insecurity screening in 2017. This study examined prevalence and correlates of food insecurity among Veterans screened.

Design:

Retrospective cross-sectional study using VHA administrative data. Multivariable logistic regression models were estimated to identify sociodemographic and medical characteristics associated with a positive food insecurity screen.

Setting:

All US VA medical centers (n=161).

Participants:

All Veterans screened for food insecurity since screening initiation (July 2017-December 2018).

Results:

Of 3,304,702 Veterans screened for food insecurity, 44,298 were positive on their initial screen (1.3% of men; 2.0% of women). Food insecurity was associated with identifying as non-Hispanic Black or Hispanic. Veterans who were non-married/partnered, low-income Veterans without VA disability-related compensation, and those with housing

instability had higher odds of food insecurity, as did Veterans with a BMI<18.5, diabetes, depression, and post-traumatic stress disorder. Prior military sexual trauma was associated with food insecurity among both men and women. Women screening positive, however, were eight times more likely than men to have experienced military sexual trauma (48.9% vs 5.9%).

Conclusions:

Food insecurity was associated with medical and trauma-related comorbidities as well as unmet social needs including housing instability. Additionally, Veterans of color and women were at higher risk for food insecurity. Findings can inform development of tailored interventions to address food insecurity such as more frequent screening among high-risk populations, onsite support applying for federal food assistance programs, and formal partnerships with community-based resources.

<https://doi.org/10.1016/j.addbeh.2021.107177>

Posttraumatic stress and substance use among military veterans: Associations with distress intolerance and anxiety sensitivity.

Anka A. Vujanovic, Shelby J. McGrew, Jessica L. Walton, Amanda M. Raines

Addictive Behaviors

Available online 9 November 2021

Highlights

- PTSD symptoms and substance use among veterans were examined.
- Anxiety sensitivity (AS) and distress intolerance (DI) were evaluated as mediators.
- PTSD severity was related to alcohol use severity through AS but not DI.
- PTSD severity was related to drug use severity through DI but not AS.
- PTSD is differentially linked to alcohol or substance use via AS and DI, respectively.

The co-occurrence of posttraumatic stress disorder (PTSD) and substance use disorders (SUD) is highly prevalent among military veterans and represents a difficult-to-treat comorbidity. Distress intolerance (DI; i.e., the perceived inability to tolerate negative emotional states) and anxiety sensitivity (AS, i.e., the fear of anxiety-related sensations) are two promising targetable mechanisms with potential to predict and

improve treatment outcomes for veterans with PTSD/SUD. We hypothesized that PTSD symptom severity would be related to (a) alcohol use severity and (b) drug use severity through DI and AS, evaluated concurrently. Participants included 120 military veterans (98.3% male; Mage = 41.41, SD = 10.77) presenting for psychological services at a Veterans Affairs PTSD/SUD clinic. Results indicated that PTSD symptom severity was related to alcohol use severity through AS, but not DI; and PTSD symptom severity was related to drug use severity through DI, but not AS. Clinical and research implications are discussed.

<https://doi.org/10.1080/21635781.2021.2000904>

Evaluation of a Military Informed Care Training with Private Sector Healthcare Providers.

Elisa Borah, Valerie Rosen, Jessica Fink & Christopher Paine

Military Behavioral Health

13 Nov 2021

Military cultural competence that supports military-informed care (MIC) of veterans and service members is a necessity for healthcare systems to effectively care for 22 million veterans who receive healthcare outside of the Department of Veterans Affairs (VA). This study evaluated a 2-hour military informed care training with 77 healthcare providers that was developed based on input from veteran patients. Changes in knowledge, attitudes and skills were assessed with the Assessment of Military Cultural Competence (AMCC). Trainees showed improvements in knowledge ($t(73) = 17.19$, $p < .000$), attitudes and skills. Respondents' attitudes improved regarding whether the respondent's cultural background influences their delivery of care, $t(75) = -3.24$, $p = .002$, whether a patient's military or cultural background can impact their perception of care, $F(1, 147) = 5.26$, $p = .023$, whether the respondent's cultural beliefs can be at odds with other cultures or the military, $F(1, 148) = 11.66$, $p = .001$, and whether the military is a culture, $t(76) = -3.70$, $p < .000$. Trainees' skills improved in two of four areas, including looking up unfamiliar cultural phrases or military terms $F(1, 150) = 4.13$, $p = .044$, and screening for diseases/disorders based on prevalence within a culture or within the military, $F(1, 150) = 18.22$, $p < .001$.

Links of Interest

Why Less Sunlight in the Wintertime Can Put You at Risk of Depression

<https://www.health.mil/News/Articles/2021/12/07/Why-Less-Sunlight-in-the-Wintertime-Can-Put-You-at-Risk-of-Depression>

Concussion Linked to Depression, Anxiety and PTSD, Studies Show

<https://health.mil/News/Articles/2021/09/28/Mild-TBI-may-be-linked-to-Depression-Anxiety-and-PTSD-Studies-Show>

Ask the Doc: How Do I Get Rid of the 'Dark Cloud' Over My Holidays?

<https://health.mil/News/Articles/2021/12/13/Ask-the-Doc-How-Do-I-Get-Rid-of-the-Dark-Cloud-Over-My-Holidays>

Your Pain on a Scale of 1-10? Check Out a New DOD Way to Evaluate Pain

<https://health.mil/news/articles/2021/09/17/dvprs-pain-scale>

Resource of the Week: [APA Inclusive Language Guidelines](#)

From the American Psychological Association:

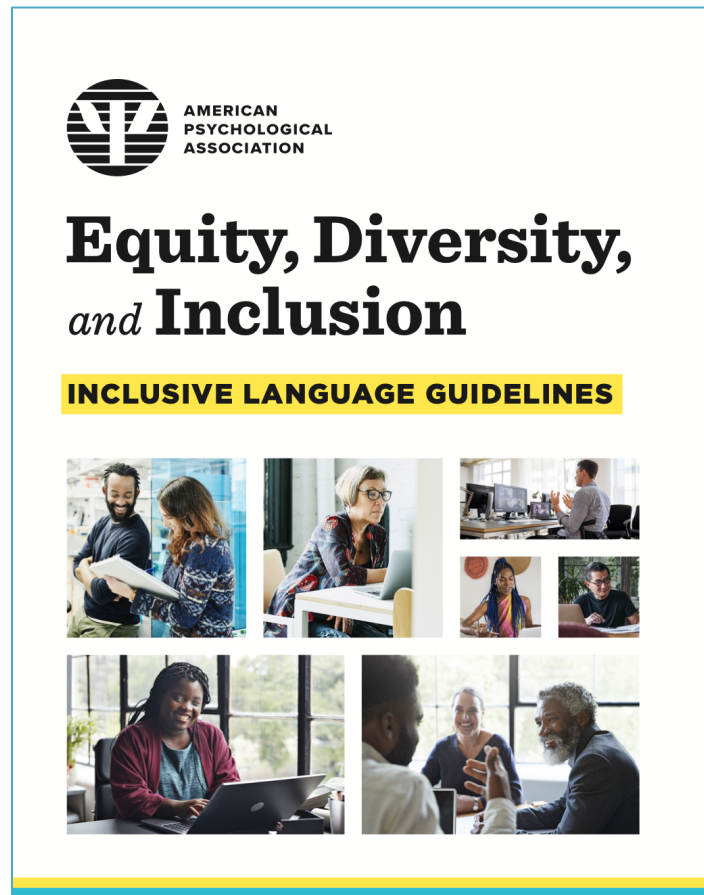
For the first time, APA is systematically and institutionally examining, acknowledging, and charting a path forward to address its role in racism and other forms of destructive social hierarchies including, but not limited to, sexism, ableism, ageism, heterosexism, classism, and religious bigotry. The organization is assessing the harms and is committing to true change. This requires avoiding language that perpetuates harm or offense toward members of marginalized communities through our communications.

As we strive to further infuse principles of equity, diversity, and inclusion (EDI) into the fabric of society, those committed to effecting change must acknowledge language as a powerful tool that can draw us closer together or drive us further apart. Simply put, words matter. The words we use are key to creating psychologically safe, inclusive, respectful, and welcoming environments.

These guidelines aim to raise awareness, guide learning, and support the use of culturally sensitive terms and phrases that center the voices and perspectives of those who are often marginalized or stereotyped. They also explain the origins

for problematic terms and phrases and offer suitable alternatives or more contemporary replacements. This document will be flexible and iterative in nature, continuing to evolve as new terminology emerges or current language becomes obsolete.

By embracing inclusive language and encouraging others to do the same, we firmly believe that we will not only communicate effectively with more people, but also better adapt to a diversifying society and globe.



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