

CDP



Research Update -- January 20, 2022

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- Accessibility to Medication for Opioid Use Disorder After Interventions to Improve Prescribing Among Nonaddiction Clinics in the US Veterans Health Care System.
- Treatment of anger problems in previously deployed post-911 veterans: A randomized controlled trial.
- Variability in the stability of personality traits across a single combat deployment.
- Competence in delivering Cognitive Processing Therapy and the therapeutic alliance both predict PTSD symptom outcomes.
- Links of Interest

- Resource of the Week – Today's Army Spouse Experiences In Garrison: Problem Solving, Resource Use, and Connections to the Army Community (RAND)

<https://doi.org/10.1080/16506073.2021.2001689>

Testing the role of aerobic exercise in the treatment of posttraumatic stress disorder (PTSD) symptoms in U.S. active duty military personnel: a pilot study.

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Cognitive Behaviour Therapy
Published online: 10 Jan 2022

The purpose of this pilot study was to determine if the efficacy of imaginal exposure for symptoms of posttraumatic stress disorder (PTSD) could be improved by adding aerobic exercise. We hypothesized that aerobic exercise would enhance the efficacy of exposure therapy. Active duty service members with clinically significant symptoms of posttraumatic stress (PTSD Checklist—Stressor-Specific Version, [PCL-S], ≥ 25) were randomized into one of four conditions: exercise only; imaginal exposure only; imaginal exposure plus exercise; no exercise/no exposure therapy (control). Participants (N = 72) were primarily male, Army, noncommissioned officers ranging in age from 22 to 52. PTSD symptom severity decreased over time ($p < .0001$); however, there were no significant differences between the experimental conditions. The prediction that imaginal exposure augmented with aerobic exercise would be superior to either imaginal exposure alone or aerobic exercise alone was not supported, suggesting that engaging in exercise and imaginal exposure simultaneously may not be any better than engaging in either activity alone. A better understanding of individually administered and combined exercise and exposure therapy interventions for PTSD is warranted.

<https://doi.org/10.1007/s11325-021-02550-6>

We live and die by the sun: motor vehicle fatalities and circadian timing in the USA 2001 to 2018.

Rodolfo Soca, Charles Mounts, Lacie Hediger & Carla York

Sleep and Breathing

Published: 09 January 2022

Background

Motor vehicle accidents continue to be one of the leading causes of morbidity and mortality across the world. The distribution of accidents during the 24-h period exhibits a known pattern which includes three well-defined peaks during day, with circadian factors exerting significant influence. Time zones standardize time for large geographic areas and create misalignment between the natural position of the sun, or “solar” time, and the time imposed by the time zone, or “social” time. The light/dark cycle that is created by the sun is the main zeitgeber of the circadian system and it is unknown if this affects the pattern of accidents that is observed in different areas of a given time zone (Eastern portion vs Western portion).

Methods

We analyzed public data from the Fatality Analysis Reporting System from 2001 to 2018 to compare the pattern of accidents from Eastern portions of the time zone to those from the Western portions.

Results

The accident curves on both sides of the time zones were shifted, or out of phase, showing a shift of approximately 45 min between accident patterns.

Conclusion

This shift in patterns suggests that solar time, rather than clock time, is the most important factor in the pattern of accidents.

<https://doi.org/10.1002/ajmg.b.32868>

Polygenic risk for major depression is associated with lifetime suicide attempt in US soldiers independent of personal and parental history of major depression.

Stein, M. B., Jain, S., Campbell-Sills, L., Ware, E. B., Choi, K. W., He, F., Ge, T., Gelernter, J., Smoller, J. W., Kessler, R. C., & Ursano, R. J.

American Journal of Medical Genetics. Part B, Neuropsychiatric Genetics
2021 Dec; 186(8): 469-475

Suicide is a major public health problem. The contribution of common genetic variants for major depressive disorder (MDD) independent of personal and parental history of MDD has not been established. Polygenic risk score (using PRS-CS) for MDD was calculated for US Army soldiers of European ancestry. Associations between polygenic risk for MDD and lifetime suicide attempt (SA) were tested in models that also included parental or personal history of MDD. Models were adjusted for age, sex, tranche (where applicable), and 10 principal components reflecting ancestry. In the first cohort, 417 (6.3%) of 6,573 soldiers reported a lifetime history of SA. In a multivariable model that included personal [OR = 3.83, 95% CI:3.09-4.75] and parental history of MDD [OR = 1.43, 95% CI:1.13-1.82 for one parent and OR = 1.64, 95% CI:1.20-2.26 for both parents), MDD PRS was significantly associated with SA (OR = 1.22 [95% CI:1.10-1.36]). In the second cohort, 204 (4.2%) of 4,900 soldiers reported a lifetime history of SA. In a multivariable model that included personal [OR = 3.82, 95% CI:2.77-5.26] and parental history of MDD [OR = 1.42, 95% CI:0.996-2.03 for one parent and OR = 2.21, 95% CI:1.33-3.69 for both parents) MDD PRS continued to be associated (at $p = .0601$) with SA (OR = 1.15 [95% CI:0.994-1.33]). A soldier's PRS for MDD conveys information about likelihood of a lifetime SA beyond that conveyed by two predictors readily obtainable by interview: personal or parental history of MDD. Results remain to be extended to prospective prediction of incident SA. These findings portend a role for PRS in risk stratification for suicide attempts.

<https://doi.org/10.1017/S0033291721000210>

Posttraumatic stress disorder: from gene discovery to disease biology.

Polimanti, R., & Wendt, F. R.

Psychological Medicine
2021 Oct; 51(13): 2178-2188

Posttraumatic stress disorder (PTSD) is a complex mental disorder afflicting approximately 7% of the population. The diverse number of traumatic events and the wide array of symptom combinations leading to PTSD diagnosis contribute substantial heterogeneity to studies of the disorder. Genomic and complimentary-omic investigations have rapidly increased our understanding of the heritable risk for PTSD. In this review, we emphasize the contributions of genome-wide association, epigenome-wide association, transcriptomic, and neuroimaging studies to our understanding of PTSD etiology. We also discuss the shared risk between PTSD and other complex traits derived from studies of causal inference, co-expression, and brain morphological similarities. The investigations completed so far converge on stark contrasts in PTSD risk between sexes, partially attributed to sex-specific prevalence of traumatic experiences with high conditional risk of PTSD. To further understand PTSD biology, future studies should focus on detecting risk for PTSD while accounting for substantial cohort-level heterogeneity (e.g. civilian v. combat-exposed PTSD cases or PTSD risk among cases exposed to specific traumas), expanding ancestral diversity among study cohorts, and remaining cognizant of how these data influence social stigma associated with certain traumatic events among underrepresented minorities and/or high-risk populations.

<https://doi.org/10.1037/ccp0000577>

A comparison of the effects of sudden gains and depression spikes on short- and long-term depressive symptoms in a randomized controlled trial of behavioral activation and cognitive behavioural therapy.

O'Mahen, H. A., Hayes, A., Harries, C., Ladwa, A., Mostazir, M., Ekers, D., McMillan, D., Richards, D., & Wright, K.

Journal of Consulting and Clinical Psychology
(2021) 89(12), 957–969

Objective:

The aim of this study was to examine the effects of sudden gains and depression spikes in a randomized controlled trial of cognitive behavioral therapy (CBT) and behavioral activation (BA) for depression (COBRA trial).

Method:

This is a secondary analysis of 300 adults with major depressive disorder (MDD) who

received CBT (n = 156) or BA (n = 144) (Richards et al., 2016). The Patient Health Questionnaire (PHQ-9) and Structured Clinical Interview Schedule (SCID) were used to measure depression symptoms at 6-, 12-, and 18-month follow-up.

Results:

One-hundred and ten (37%) individuals experienced sudden gains, and 77 (26%) experienced depression spikes. There were no differences in rates of gains or spikes between treatments. Individuals with sudden gains had lower PHQ-9 scores across follow-up and were less likely to meet SCID criteria than those without a sudden gain. Generalized estimating equation (GEE) models demonstrated that individuals who had a sudden gain and were in CBT had lower PHQ-9 scores at 6 and 18 months than those in BA. Conversely, individuals who had a depression spike and were in CBT had higher PHQ-9 scores across follow-up compared to those without a depression spike and also a greater chance of meeting SCID criteria for MDD at 18 months than those who received BA.

Conclusions:

The short- and long-term impact of discontinuous change varied by type of treatment package. Identifying strategies within treatment packages and client processes that are associated with gains and spikes may help to inform treatment planning and clinical decision-making. (PsyInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1037/ccp0000703>

Dose of psychotherapy and long-term recovery outcomes: An examination of attendance patterns in alcohol use disorder treatment.

Pfund, R. A., Hallgren, K. A., Maisto, S. A., Pearson, M. R., & Witkiewitz, K.

Journal of Consulting and Clinical Psychology
(2021) 89(12), 1026–1034

Objectives:

The purpose of this study was to examine associations between psychotherapy session attendance, alcohol treatment outcomes, and Alcoholics Anonymous (AA) attendance.

Method:

Using data from Project MATCH, repeated measures latent class analyses of

psychotherapy session attendance were conducted among participants in the outpatient arm who were randomly assigned to complete 12-session cognitive-behavioral therapy (CBT; n = 301), 12-session twelve-step facilitation (TSF; n = 335), or 4-session motivational enhancement therapy (MET; n = 316). Associations between psychotherapy attendance classes, heavy drinking, alcohol-related consequences, psychosocial functioning, and AA attendance were examined at posttreatment (97% retention), 1-year posttreatment (92% retention), and 3-years posttreatment (85% retention).

Results:

In general, participants who attended all 12 CBT/TSF sessions had significantly fewer heavy drinking days and alcohol-related consequences at all posttreatment time points than participants who attended 0–2 CBT/TSF sessions. Participants who attended all four MET sessions generally had significantly fewer heavy drinking days and alcohol-related consequences at posttreatment and 1-year posttreatment than participants who attended 0–1 MET sessions. Participants who attended more TSF and MET sessions generally attended more AA meetings, and participants who attended less CBT sessions generally attended fewer AA meetings.

Conclusions:

With some exceptions, attending all sessions in CBT, TSF, and MET was related to the most favorable heavy drinking and alcohol-related consequences outcomes. Alcoholics' Anonymous and other mutual help groups may be attended differently based on the form and dose of psychotherapy (PsycInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1080/08995605.2021.1981709>

Special Operations Cognitive Agility Training (SOCAT) for Special Operations Forces and spouses.

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Increasingly complex and unpredictable personnel and operational demands require Special Operations Forces (SOF) members and their families to remain flexible, adaptive, and resilient within ever-changing circumstances. To mitigate the impact of these stressors on psychological health and fitness, researchers and educators at the Uniformed Services University of the Health Sciences (USUHS) developed Special Operations Cognitive Agility Training (SOCAT), a cognitive performance optimization program supported by the United States Special Operations Command (USSOCOM) Preservation of the Force and Family (POTFF). The goal of SOCAT is to enhance cognitive agility, defined as the ability to deliberately adapt cognitive processing strategies in accordance with dynamic shifts in situational and environmental demands, in order to facilitate decision making and adapt to change. Overall, SOCAT emphasizes optimal cognitive performance across different contexts – as well as across various stages of the military lifecycle – to serve as a buffer against biopsychosocial vulnerabilities, environmental and social stressors, military operational demands, and behavioral health problems, including suicide. This paper reviews foundational research behind SOCAT, mechanisms through which SOCAT is anticipated to build psychological resilience, and describes the process of developing and tailoring SOCAT for active duty SOF members and spouses. Limitations and future directions, including an ongoing, randomized controlled program evaluation, are discussed.

<https://doi.org/10.1002/jts.22785>

A prospective examination of health care costs associated with posttraumatic stress disorder diagnostic status and symptom severity among veterans.

Kelly L. Harper, Samantha Moshier, Stephanie Ellickson-Larew, Martin S. Andersen, Blair E. Wisco, Colin T. Mahoney, Terence M. Keane, Brian P. Marx

Journal of Traumatic Stress

First published: 14 January 2022

Posttraumatic stress disorder (PTSD) is associated with increased health care costs; however, most studies exploring this association use PTSD diagnostic data in administrative records, which can contain inaccurate diagnostic information and be confounded by the quantity of service use. We used a diagnostic interview to determine

PTSD diagnostic status and examined associations between PTSD symptom severity and health care costs and utilization, extracted from Veteran Health Administration (VHA) administrative databases. Using a nationwide longitudinal sample of U.S. veterans with and without PTSD (N = 1,377) enrolled in VHA health care, we determined the costs and utilization of mental health and non-mental health outpatient, pharmacy, and inpatient services for 1 year following cohort enrollment. Relative to veterans without PTSD, those with PTSD had higher total health care, B = 0.47; mental health clinic care, B = 0.72; non-mental health clinic care, B = 0.30; and pharmacy costs, B = 0.72, ps < .001. More severe PTSD symptoms were associated with mental health clinic care costs, B = 0.12; non-mental health clinic care costs, B = 0.27; and higher odds of inpatient, B = 0.63, and emergency service use, B = 0.39, p < .001–p = .012. These findings indicate that veterans' PTSD status, determined by a clinician-administered semistructured diagnostic interview, was associated with higher health care costs and increased use of mental health and non-mental health clinic services. The findings also suggest that more severe PTSD is associated with increased costs and utilization, including costly emergency and inpatient utilization.

<https://doi.org/10.1016/j.janxdis.2021.102510>

An investigation into the bidirectional relationship between post-traumatic stress disorder and suicidal ideation: A nine year study.

Katherine Musacchio Schafer, Kevin J. Clancy, Thomas Joiner

Journal of Anxiety Disorders
Volume 85, January 2022

Suicide is the second leading cause of death in adolescents; a frequent precursor of suicide is suicidal ideation (SI). Literature indicates that Post-Traumatic Stress Disorder (PTSD) and SI are robust cross-sectional correlates of one another, with PTSD often being conceptualized as a risk factor (i.e., conferring risk) for SI. Indeed, PTSD is a well-established risk factor for SI; however, SI is an understudied risk factor for PTSD. It is possible that, yet unknown if, PTSD and SI promote each other over time in a bidirectional fashion. We investigated the bidirectional longitudinal associations between PTSD and SI in a large, diverse sample, who at baseline were adolescents. Participants were interviewed between 1995 and 1998 and again between 2004 and 2008. We hypothesized that PTSD and SI would be cross-sectionally, longitudinally, and bidirectionally related and that the number of traumas endorsed at baseline would be

positively associated with PTSD and SI at baseline and follow-up. Indeed, PTSD and SI were cross-sectionally correlated at baseline, but not follow-up. PTSD predicted SI over nine years; however, SI during adolescence did not predict PTSD in adulthood. Finally, poly-trauma endorsed at baseline was associated with increased risk of SI, but not PTSD, over nine years.

<https://doi.org/10.1093/milmed/usab496>

General Perspective on the U.S. Military Conflicts in Iraq and Afghanistan After 20 Years.

Alan L Peterson, PhD, USAF, BSC (Ret.)

Military Medicine

Published: 26 November 2021

It has been 20 years since the September 11, 2001 terrorist attacks on America. The ongoing military conflicts in this region are the longest sustained conflicts in U.S. history. Almost 3 million military personnel have deployed, with over 7,000 fatalities and more than 53,000 wounded in action. The most common psychological health condition associated with combat deployments is PTSD. No data exist to compare the prevalence of PTSD across war eras. Therefore, a potential proxy for PTSD risk is the number of combat-related deaths, because this figure has been consistently tracked across U.S. military conflicts. This commentary includes a table of death statistics from major military conflicts, which shows that fewer military personnel have deployed, been killed, sustained wounds, and, one might conclude, suffered from PTSD than any other major U.S. military conflict in history. Advances in the military equipment, tactics, and healthcare programs perhaps mitigated casualties and suffering among Iraq/Afghanistan veterans compared to previous wars. The estimated causality differences across various military conflicts are not meant to minimize the significant contributions and sacrifices made by this new generation of military warriors but to help us gain perspective on military conflicts over the past century as we recognize the 20th anniversary of 9/11.

<https://doi.org/10.1016/j.beth.2021.11.004>

Online telehealth delivery of group mental health treatment is safe, feasible and increases enrollment and attendance in post-9/11 U.S. Veterans.

CB Fortier, A Currao, A Kenna, S Kim, BM Beck, D Katz, C Hursh, JR Fonda

Behavior Therapy

Available online 25 November 2021

Highlights

- Interventions that lower barriers for Veterans to engage in care are needed.
- Online group mental health treatment is safe and feasible in Veterans.
- Higher enrollment and attendance online resulted in greater treatment dose.
- Online delivery can reach Veterans typically not engaged in VA care.
- Online delivery was well tolerated by Veterans with greatest mental health needs.

Abstract

Post-9/11 Veterans are clinically complex with multiple co-occurring health conditions that lead to increased morbidity and mortality, risk for suicide, and decreased quality of life, but underutilization and resistance to treatment remain significant problems. Increased isolation and decreased community and social support due to coronavirus disease (COVID-19) has exacerbated mental health risk. This study evaluated the safety and feasibility of home-based telemental health group workshops to improve reintegration and social connection in post-9/11 U.S. military personnel. 74 (61M/13F) post-9/11 U.S. military Veterans were randomized to receive 12 sessions of STEP-Home cognitive behavioral group workshop or Present Centered Group Therapy. Treatment was delivered either in person (traditional medical center setting, treatment as usual; TAU) or via home-based synchronous videoconferencing (VC). The change to VC occurred due to social distancing guidelines during COVID-19. Mean age was 41.0 years (SD=11.5; range 24-65). 45 (36M/9F) participated in VC and 29 (25M/4F) in TAU. Demographics were similar across treatment milieu. There were no differences in therapist treatment adherence for TAU versus VC. Therapist satisfaction was higher for TAU groups (q -value<.05). Veterans showed higher enrollment, attendance, group cohesion, and Veteran-to-Veteran support for VC compared to TAU (q -values<.05). Safety procedures were successfully implemented via VC. Results demonstrate the safety, feasibility, and high satisfaction of group telemental health in U.S. Veterans. Higher enrollment and treatment adherence for telemental health delivery resulted in a greater likelihood of receiving an effective treatment dose than TAU. Strong group cohesion and Veteran-to-Veteran support was achievable via telehealth. Telemental

health offers convenient, efficient, and cost-effective care options for Veterans and may be particularly helpful for patients with high psychiatric burden.

<https://doi.org/10.1016/j.dadr.2021.100010>

Rates and predictors of psychotherapy receipt among U.S. veterans with comorbid posttraumatic stress disorder and substance use disorders.

R Grekin, KM Bohnert, PP Grau, D Ganoczy, RK Sripada

Highlights

- Approximately 20–30% of veterans with PTSD have a comorbid SUD, and up to 75% of veterans with a SUD also have PTSD.
- In this study, only 13.41% of veterans received an adequate dose of PTSD or SUD treatment.
- Older age, service-connected disability, and psychiatric comorbidities were associated with decreased odds of treatment.
- Specific types of SUDs, including alcohol, cocaine, and opioid use disorders, along with receipt of diagnosis in a PTSD or SUD clinic, were associated with increased odds of treatment.

Abstract

Introduction

Veterans with comorbid posttraumatic stress disorder (PTSD) and substance use disorder (SUD) have complex needs and often do not receive adequate mental health treatment. The purpose of this study was to examine rates and predictors of PTSD-only, SUD-only, or PTSD and SUD psychotherapy receipt among newly diagnosed Veterans with PTSD and SUD.

Design and setting

An administrative dataset including Veterans Health Administration (VHA) users.

Participants

The sample comprised 32,779 United States Veterans with a new PTSD and a new SUD diagnosis in fiscal year 2015.

Measurement

Multinomial logistic regression was used to identify predictors of receipt of any and

adequate psychotherapy for PTSD, SUD, or PTSD and SUD across settings. Binomial logistic regression was used to identify predictors of PTSD psychotherapy among those who received any psychotherapy.

Findings

A total of 13,824 (42.17%) Veterans in this sample received any PTSD- or SUD-related therapy in the year following diagnosis. Low rates of veterans received an adequate dose of PTSD-related psychotherapy (6.58%), SUD-related psychotherapy (7.72%), or both PTSD and SUD-related psychotherapy (<1%) In adjusted models, older age, service-connected disability, and psychiatric comorbidities were associated with decreased odds of treatment. Specific types of SUDs, including alcohol, cocaine, and opioid use disorders, along with receipt of diagnosis in a PTSD or SUD clinic, were associated with increased odds of treatment.

Conclusions

Low rates of PTSD and SUD related psychotherapy highlight a need to better engage and retain Veterans with these disorders in care. Predictors of decreased treatment utilization, such as older age, service connection, and bipolar and major depressive disorders, may inform efforts by the VHA to further target and engage Veterans with indicated treatments.

<https://doi.org/10.1037/tra0001157>

Relentless, aggressive, and pervasive: Exploring gender minimization and sexual abuse experienced by women ex-military veterans.

McCormack, L., & Bennett, N. L.

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

Objective:

Contextually embedded and sanctioned gender minimization and sexual abuse toward female personnel within the military appears widespread. Left unabated, mental health complications of female personnel will challenge care responsibilities for military organizations.

Method:

Interview data from six ex-military women that sought positive and negative interpretations of gender minimization and sexual abuse while in the military was analyzed using interpretative phenomenological analysis.

Results:

Analysis revealed two superordinate themes: (a) Immature Culture, and (b) Ejection and Growth. These overarched four subordinate themes that explored fostered patriarchy and male privilege in the military. Participants expressed experiencing relentless belittling that eroded early adolescent goals of success and aborted their ability to thrive psychologically. By association, interpersonal violence compounded by organizational complicity triggered internalized shame and narcissistic defenses. Discharging from the military is remembered as a painful, isolated struggle for these participants as they sought to make sense of their fragmented identities as women. With time, all participants acknowledged pride in skills achieved during military life, and the strength to speak out against embedded organizational abuse. A persistent ruminative struggle to make sense of complex systemic biases against women that allowed organizational abuse to flourish facilitated posttraumatic growth.

Conclusions:

For these participants, personal experiences of gender minimization and sexual abuse in the military incubated a betrayal of hope and moral safety. As women, they felt violated at an organizational level seemingly orchestrated by male privilege and patriarchy. Clinical priorities include reparative validation and holistic trauma support underpinned by trauma and posttraumatic growth frameworks. (PsyInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1111/jmft.12574>

Accepting influence in military couples: Implications for couples' communication and family satisfaction.

Clairee Peterson MS, Mallory Lucier-Greer Ph.D

Journal of Marital and Family Therapy

First published: 29 November 2021

In popular relationship resources, accepting influence is regarded as a couple-level process vital for relational satisfaction. However, empirical research has demonstrated inconsistent evidence for these suppositions, with several studies identifying no associations between accepting influence and relationship outcomes, and, furthermore, several gaps in the literature remain with regard to our knowledge on accepting influence (e.g., little identified research on military couples or family outcomes). To address these gaps, a measure of perceptions of one's partner accepting influence was retrospectively created to examine accepting influence in Army couples (N = 244). With theoretical underpinnings from family systems theory, this study used an actor-partner interdependence approach to investigate the associations between partners' accepting influence and couple communication satisfaction and satisfaction with the family. Service members' perceptions of their partners' accepting influence were associated with their own outcomes, whereas civilian spouses' perceptions of partners' accepting influence were related to both partners' outcomes. Results suggest accepting influence may be an intervention point to improve couple and family outcomes.

<https://doi.org/10.1037/tra0001098>

Sleep disorder symptoms and massed delivery of prolonged exposure for posttraumatic stress disorder: Nodding off but not missing out.

Sherrill, A. M., Patton, S. C., Bliwise, D. L., Yasinski, C. W., Maples-Keller, J., Rothbaum, B. O., & Rauch, S. A. M.

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

Objective:

The impact of disrupted sleep on the effectiveness of prolonged exposure (PE) therapy for posttraumatic stress disorder (PTSD) is not well understood. Researchers have suggested that comorbid sleep disorders contribute to nonresponse by impairing therapeutic mechanisms such as emotional processing of trauma memories and extinction in cued fear conditioning. Several studies indicate daytime sleepiness, insomnia, and nightmares are correlated with PTSD symptom severity. However, a recent randomized controlled trial found that these sleep disorder symptoms did not affect PTSD symptom change over the course of massed PE (i.e., daily sessions across 2 weeks).

Method:

The current study used an ecologically valid clinical sample to examine whether daytime sleepiness, insomnia, and nightmares interfere with the slope of symptom change in massed PE.

Results:

Results indicate that all 3 sleep disorder symptoms correlate with PTSD symptom severity on the first day of treatment but were not associated with symptom change.

Conclusions:

These findings are consistent with the expectation that the daily structure of massed PE may enhance treatment engagement in patients who are typically drowsy or not well-rested, thus facilitating fear extinction. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1037/rep0000422>

Anxiety symptoms and disorders in the first year after sustaining mild traumatic brain injury.

Lamontagne, G., Belleville, G., Beaulieu-Bonneau, S., Souesme, G., Savard, J., Sirois, M.-J., Giguère, M., Tessier, D., Le Sage, N., & Ouellet, M.-C.

Rehabilitation Psychology
Advance online publication

Purpose/Objective:

The goals of the present study were (a) to document the prevalence of anxiety-related disorders and anxiety symptoms at 4, 8, and 12 months postinjury in individuals with mild traumatic brain injury (mTBI) while considering preinjury history of anxiety disorders and (b) to verify whether the presence of anxiety in the first months after mTBI was associated with more symptoms present 1 year after the injury.

Research Method/Design:

One hundred and twenty participants hospitalized after an accident and having sustained mTBI were assessed at 4, 8, and 12 months postaccident with the Mini-International Neuropsychiatric Interview, the Hospital Anxiety and Depression Scale,

and questionnaires assessing fatigue, irritability, perceived stress, cognitive difficulties, depression, insomnia, and pain.

Results:

At 4 months, 23.8% of participants presented with at least one anxiety-related disorder compared with 15.2% at 8 months and 11.2% at 12 months. Overall, 32.5% presented with at least one anxiety disorder over the first 12 months post-mTBI. Participants with a history of anxiety (20.5%) were significantly more anxious after their accident. Individuals who were anxious 4 months after the accident presented with more symptoms in different areas 12 months postinjury compared with nonanxious individuals.

Conclusions/Implications:

The present results highlight that anxiety should be evaluated and managed carefully as it appears to be a key factor in the persistence of other mTBI-related symptoms.

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<https://doi.org/10.1037/tra0001119>

Do older veterans experience change in posttraumatic cognitions following treatment for posttraumatic stress disorder?

Wells, S. Y., Walter, K. H., Dedert, E. A., Strasshofer, D. R., Schnitzer, J. S., Thorp, S. R., Morland, L. A., & Glassman, L. H.

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

Objective:

It is unclear whether PTSD treatments improve negative posttraumatic cognitions (NPCs) and if changes in NPCs mediate treatment outcomes in older veterans. The current study examined if prolonged exposure therapy (PE) and relaxation therapy (RT) reduce NPCs over time in older adult veterans with PTSD.

Method:

This study analyzed data from a randomized controlled trial of 86 older male veterans with PTSD randomized to PE or RT. The Posttraumatic Cognitions Inventory (PTCI; Foa et al., 1999), which includes a total score and three subscales, Negative Cognitions of

the Self (Self), Negative Cognitions of the World (World), and Self-Blame (Blame), was used to assess NPCs at pretreatment, posttreatment, and 6-month follow-up.

Results:

Changes in NPCs differed by treatment condition. Veterans who received PE had significantly reduced overall NPCs and NPCs about the self at posttreatment, but these NPCs were no longer significantly different from baseline at the follow-up assessment. In contrast, NPCs about the world and self-blame did not significantly change following PE. NPCs did not change following RT. Effects of PE on decreased 6-month follow-up clinician-rated PTSD symptoms were conveyed through intervening effects of decreased posttreatment PTCI total scores, suggesting the utility of targeting posttraumatic cognitions as a mechanism of long-term PTSD symptom reduction.

Conclusions:

Given that reductions in overall negative cognitions are associated with lower clinician-administered PTSD scores 6 months after PE, clinicians could consider monitoring changes in these cognitions over the course of treatment. RT is not a recommended treatment approach to target NPCs in older adults with PTSD. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1177/00332941211048473>

Complementary and Integrative Health Interventions for Insomnia in Veterans and Military Populations.

Julie K. Staples, Courtney Gibson, Madeline Uddo

Psychological Reports

First Published December 2, 2021

Insomnia can be a serious problem diminishing quality of life for Veterans and military populations with and without posttraumatic stress disorder (PTSD). Sleep disturbances are one of the symptoms of PTSD but even after evidence-based PTSD treatments, insomnia symptoms often remain. The primary approaches for treating insomnia are cognitive behavioral therapy for insomnia (CBT-I) and pharmacotherapy. However, each of these treatments has drawbacks. Complementary and Integrative Health (CIH) approaches such as mindfulness meditation, mantram meditation, yoga, and tai chi may provide alternative treatments for insomnia in military populations. This paper provides a

brief review of studies on CIH interventions for sleep disturbances in Veterans. It also proposes possible mechanisms by which CIH practices may be effective, including increasing hippocampal volume and gamma-aminobutyric acid (GABA). Finally, the acceptability of CIH approaches among Veterans is discussed.

<https://doi.org/10.1186/s40479-021-00167-5>

A systematic review of dialectical behavior therapy mobile apps for content and usability.

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Borderline Personality Disorder and Emotion Dysregulation
Published: 03 December 2021

Background

The gap between treatment need and treatment availability is particularly wide for individuals seeking Dialectical Behavior Therapy (DBT), and mobile apps based on DBT may be useful in increasing access to care and augmenting in-person DBT. This review examines DBT based apps, with a specific focus on content quality and usability.

Methods

All apps referring to DBT were identified in Google Play and iOS app stores and were systematically reviewed for app content and quality. The Mobile App Rating Scale (MARS) was used to evaluate app usability and engagement.

Results

A total of 21 free to download apps were identified. The majority of apps (71%) included a component of skills training, five apps included a diary card feature. Most (76.19%) apps were designed to function without help from a therapist. The average user “star” rating was 4.39 out of 5. The mean overall MARS score was 3.41, with a range of 2.15 to 4.59, and 71.43% were considered minimally ‘acceptable,’ as defined by a score of 3 or higher. The average star rating was correlated with the total MARS score ($r = .51$, $p = .02$). Estimates of app usage differed substantially between popular and unpopular apps, with the three most popular apps accounting for 89.3% of monthly active users.

Conclusions

While the present study identified many usable and engaging apps in app stores designed based on DBT, there are limited apps for clinicians. DBT based mobile apps should be carefully developed and clinically evaluated.

<https://doi.org/10.1037/tra0001182>

Predicting secondary posttraumatic stress symptoms among spouses of veterans: Veteran's distress or spouse's perception of that distress?

Dekel, R., Solomon, Z., & Horesh, D.

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

Objective: There is a relatively wide consensus that veterans' posttraumatic stress symptoms (PTSS) may lead to the development of secondary traumatization (ST) among their spouses. However, there is limited knowledge about the way the ST develops over time, as well as its predictors. The current longitudinal study examined ST trajectories among spouses of Israeli war veterans with PTSS, as well as the contribution of veterans' PTSS and wives' assessment of veterans' PTSS to these trajectories.

Method:

Data were collected from both spouses at 3 time points, 30, 35–37, and 42 years after the 1973 Yom Kippur War (2003, 2008–2010, and 2015, respectively).

Results:

Using multiple-group Latent Class Growth Analysis (LCGA), we identified 4 distinct ST trajectories. The majority of wives (68%) were in the resilient group, 12% were in the recovery group, approximately 10% were in the chronic PTSS group and another 10% were in the delayed-onset group. Multinomial regressions revealed that veterans' PTSS predicted the 4 different trajectories among their wives. In addition, wives in the recovery and chronic groups who perceived their veteran husbands' PTSS to be higher also reported higher ST.

Conclusions:

This study highlights the complexity of the development of ST trajectories over time. Findings supports the idea of PTSS contagion, and reveals the contributing role of both objective and perceived levels of veterans' PTSS in ST. Therefore, implementing interventions aimed at alleviating both individual and couple-level distress may be warranted. (PsyInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1111/sltb.12822>

Risk factors for suicide attempts among U.S. military veterans: A 7-year population-based, longitudinal cohort study.

Brandon Nichter PhD, Murray B. Stein MD, MPH, Lindsey L. Monteith PhD, Sarah Herzog PhD, Ryan Holliday PhD, Melanie L. Hill PhD, Sonya B. Norman PhD, John H. Krystal MD, Robert H. Pietrzak PhD, MPH

Suicide and Life-Threatening Behavior

First published: 06 December 2021

Background

Population-based data on risk factors for suicide attempts among veterans remains limited.

Methods

A national probability sample of 2307 veterans was followed over the course of four timepoints spanning seven years to examine how a range of baseline risk factors predict incident suicide attempt. Suicide attempt data were aggregated into a single follow-up timepoint.

Results

Sixty-two veterans (3.1%) reported attempting suicide during the 7-year period. The strongest risk factors for suicide attempts were higher baseline levels of loneliness, lower baseline levels of adaptive psychosocial traits (e.g., dispositional gratitude), baseline thoughts of self-harm, and greater post-baseline trauma exposures (12.3%–41.3% of explained variance). Veterans with multiple co-occurring risk factors were at greatest risk for attempts; of veterans with 0, 1, 2, 3, and all 4 of these factors, the predicted probability of suicide attempt was 2.0%, 5.3%, 13.5%, 30.4%, and 55.0%, respectively.

Conclusions

Baseline loneliness, dispositional gratitude, thoughts of self-harm, and new-onset traumas emerged as the strongest risk factors for suicide attempts among veterans, underscoring the potential importance of targeting these factors in prevention efforts. Veterans with multiple co-occurring risk factors have substantially greater risk for suicide attempts, suggesting that examination of multiple coinciding vulnerability factors may help improve suicide risk prediction models.

<https://doi.org/10.1001/jamanetworkopen.2021.37238>

Accessibility to Medication for Opioid Use Disorder After Interventions to Improve Prescribing Among Nonaddiction Clinics in the US Veterans Health Care System.

Hawkins, E. J., Malte, C. A., Gordon, A. J., Williams, E. C., Hagedorn, H. J., Drexler, K., Blanchard, B. E., Burden, J. L., Knoepfel, J., Danner, A. N., Lott, A., Liberto, J. G., & Saxon, A. J.

JAMA Network Open
December 6, 2021

Key Points

Question

Was a multifaceted implementation intervention associated with increased access to medications for opioid use disorder (MOUD) in clinics not specializing in addiction treatment?

Findings

A quality improvement implementation initiative across 35 nonaddiction clinics (primary care, pain, and mental health) seeing a total of 7488 patients in 18 Veterans Affairs facilities was associated with increased prescribing of specific MOUD.

Meaning

These results suggest that a multifaceted implementation initiative that engages clinicians in general clinical settings may increase access to MOUD.

Abstract

Importance

With increasing rates of opioid use disorder (OUD) and overdose deaths in the US, increased access to medications for OUD (MOUD) is paramount. Rigorous effectiveness evaluations of large-scale implementation initiatives using quasi-experimental designs are needed to inform expansion efforts.

Objective

To evaluate a US Department of Veterans Affairs (VA) initiative to increase MOUD use in nonaddiction clinics.

Design, Setting, and Participants

This quality improvement initiative used interrupted time series design to compare trends in MOUD receipt. Primary care, pain, and mental health clinics in the VA health care system (n = 35) located at 18 intervention facilities and nonintervention comparison clinics (n = 35) were matched on preimplementation MOUD prescribing trends, clinic size, and facility complexity. The cohort of patients with OUD who received care in intervention or comparison clinics in the year after September 1, 2018, were evaluated. The preimplementation period extended from September 1, 2017, through August 31, 2018, and the postimplementation period from September 1, 2018, through August 31, 2019.

Exposures

The multifaceted implementation intervention included education, external facilitation, and quarterly reports.

Main Outcomes and Measures

The main outcomes were the proportion of patients receiving MOUD and the number of patients per clinician prescribing MOUD. Segmented logistic regression evaluated monthly proportions of MOUD receipt 1 year before and after initiative launch, adjusting for demographic and clinical covariates. Poisson regression models examined yearly changes in clinician prescribing over the same time frame.

Results

Overall, 7488 patients were seen in intervention clinics (mean [SD] age, 53.3 [14.2] years; 6858 [91.6%] male; 1476 [19.7%] Black, 417 [5.6%] Hispanic; 5162 [68.9%] White; 239 [3.2%] other race [including American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander, and multiple races]; and 194 [2.6%] unknown) and 7558 in comparison clinics (mean [SD] age, 53.4 [14.0] years; 6943 [91.9%] male; 1463 [19.4%] Black; 405 [5.4%] Hispanic; 5196 [68.9%] White; 244 [3.2%] other race; 250

[3.3%] unknown). During the preimplementation year, the proportion of patients receiving MOUD in intervention clinics increased monthly by 5.0% (adjusted odds ratio [AOR], 1.05; 95% CI, 1.03-1.07). Accounting for this preimplementation trend, the proportion of patients receiving MOUD increased monthly by an additional 2.3% (AOR, 1.02; 95% CI, 1.00-1.04) during the implementation year. Comparison clinics increased by 2.6% monthly before implementation (AOR, 1.03; 95% CI, 1.01-1.04), with no changes detected after implementation. Although preimplementation-year trends in monthly MOUD receipt were similar in intervention and comparison clinics, greater increases were seen in intervention clinics after implementation (AOR, 1.04; 95% CI, 1.01-1.08). Patients treated with MOUD per clinician in intervention clinics saw greater increases from before to after implementation compared with comparison clinics (incidence rate ratio, 1.50; 95% CI, 1.28-1.77).

Conclusions and Relevance

A multifaceted implementation initiative in nonaddiction clinics was associated with increased MOUD prescribing. Findings suggest that engagement of clinicians in general clinical settings may increase MOUD access.

<https://doi.org/10.1002/da.23230>

Treatment of anger problems in previously deployed post-911 veterans: A randomized controlled trial.

M. Tracie Shea, Robert L. Stout, Madhavi K. Reddy, Elizabeth Sevin, Candice Presseau, Jennifer Lambert, Amy Cameron

Depression & Anxiety

First published: 08 December 2021

Background

Problems with anger and aggression affect many veterans who have deployed to a warzone, resulting in serious impairment in multiple aspects of functioning. Controlled studies are needed to improve treatment options for these veterans. This randomized controlled trial compared an individually delivered cognitive behavioral therapy adapted from Novaco's Anger Control Therapy to a manualized supportive therapy to control for common therapeutic factors.

Methods

Ninety-two post-9/11 veterans deployed during Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), or Operation New Dawn (OND) with moderate to severe anger problems were randomized to receive the cognitive behavioral intervention (CBI) or the supportive intervention (SI). Anger, aggression, multiple areas of functioning and quality of life were assessed at multiple time points including 3- and 6-month follow-up.

Results

Hierarchical linear modeling (HLM) analyses showed significant treatment effects favoring CBI for anger severity, social and interpersonal functioning, and quality of life. The presence of a PTSD diagnosis did not affect outcomes.

Conclusions

CBI is an effective treatment for OEF/OIF/OND veterans with anger problems following deployment, regardless of PTSD diagnosis.

<https://doi.org/10.1080/08995605.2021.2003147>

Variability in the stability of personality traits across a single combat deployment.

Michael N. Dretsch, Benjamin Trachik, Maura Taylor, Roman Kotov & Robert Krueger

Military Psychology

Published online: 17 Dec 2021

This study assessed changes in measures of personality traits across a 12-month combat deployment in a sample of conventional US Army soldiers. Results revealed Impulsive Sensation-Seeking (ImpSS) and Sociability (Sy) decreased significantly, whereas Neuroticism–Anxiety (N-Anx) increased. Changes in ImpSS scores were mainly attributed to age, but were inversely related to increases in traumatic stress symptoms. Combat exposure, concussion, age, education, and changes in traumatic stress scores all independently contributed to changes in N-Anx scores. Changes in Sy were not associated with any of the data available from pre-deployment or deployment measures. Changes in Aggression–hostility (Agg-Hos) and Activity (Act) across the deployment were not significant. The findings suggest significant variability in the stability of personality traits when exposed to combat stress and injury while deployed, which may be influenced by factors such as age and education.

<https://doi.org/10.1016/j.beth.2021.12.003>

Competence in delivering Cognitive Processing Therapy and the therapeutic alliance both predict PTSD symptom outcomes.

JR Keefe, S Hernandez, C Johaneck, MSH Landy, I Sijercic, P Schnaider, AC Wager, JEM Lane, CM Monson, SW Stirman

Behavior Therapy

Available online 18 December 2021

Highlights

- More CPT competent delivery was associated with lower next-session PTSD symptoms.
- Stronger observer-rated alliance was associated with lower PTSD symptoms.
- CPT competence was more predictive of outcomes when alliance was also strong.
- Training in competence and alliance formation in CPT may improve outcomes.

Abstract

Cognitive Processing Therapy (CPT) is efficacious in treating PTSD, but there remains a need to improve outcomes for individuals who do not fully respond to treatment. Differences between patient-therapist dyads in the fidelity (i.e., adherence and competence) of CPT delivery and the quality of the therapeutic relationship may partly explain differential levels of symptom improvement. Sessions were sampled from a randomized trial comparing different consultation conditions in training therapists new to CPT. Among 69 patients, one session from sessions 1-3 and one session from sessions 4-7 were reliably rated for adherence and competence using the CPT Therapist Adherence and Competence Scale, and for therapeutic alliance using the Working Alliance Inventory-Observer scale. Mixed models, including detrending using a fixed effect of session, predicted self-reported Posttraumatic Stress Disorder Checklist (PCL-IV) scores in one session using process scores from the previous session. The statistical interaction between fidelity and alliance scores to predict outcome was also examined. Alliance had significant, positive correlations ($r_s = 0.18-0.21$) with same-session adherence and competence. Higher competence scores and higher therapeutic alliance scores in one session were independently associated with lower PCL-IV scores in the subsequent session. Adherence scores, which tended to be very high with relatively less variability, did not significantly relate to subsequent-session PCL-IV

scores. Competence significantly interacted with alliance, such that sessions high in both competence and alliance predicted especially lower subsequent-session PCL-IV scores. A strong therapeutic alliance may have a synergistic, salutary effect with the competent delivery of CPT.

Links of Interest

Veterans can now identify as transgender, nonbinary on their VA medical records
<https://www.stripes.com/veterans/2022-01-12/veterans-affairs-transgender-nonbinary-medical-records-4272256.html>

These female vets were ready for civilian life. It was harder than they thought. Now, they're involved in veterans' organizations to help other women like them
<https://www.thelily.com/these-female-vets-were-ready-for-civilian-life-it-was-harder-than-they-thought/>

What Happened to Military Recruiting and Retention of Enlisted Personnel in 2020 During the COVID-19 Pandemic?
https://www.rand.org/pubs/research_reports/RRA1092-1.html

Pentagon Quietly Looking into How Nonbinary Troops Could Serve Openly
<https://www.military.com/daily-news/2022/01/18/pentagon-quietly-looking-how-nonbinary-troops-could-serve-openly.html>

Feared Increase in Suicides Among Troops After Afghanistan Exit Hasn't Materialized
<https://www.military.com/daily-news/2022/01/18/feared-increase-suicides-among-troops-after-afghanistan-exit-hasnt-materialized.html>

Resource of the Week – [Today's Army Spouse Experiences In Garrison: Problem Solving, Resource Use, and Connections to the Army Community](#)

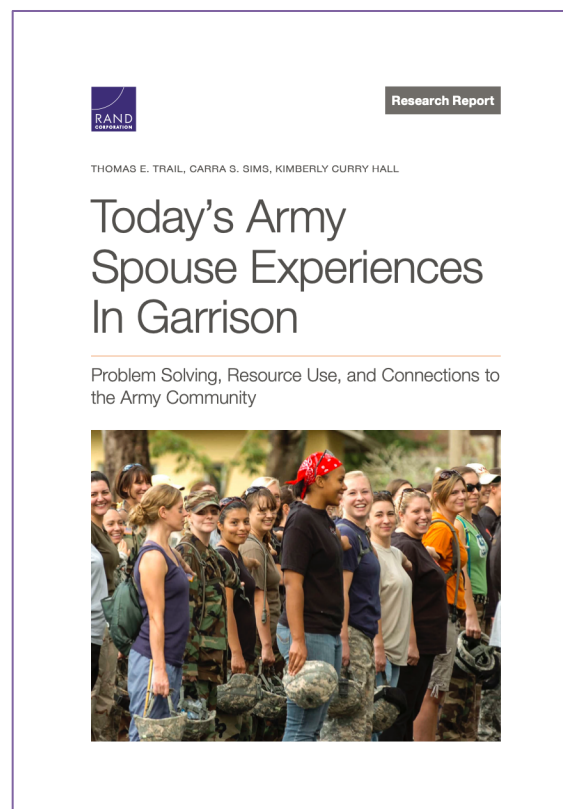
New, from the RAND Corporation:

The U.S. Army provides many resources to help soldiers and their families cope with major life events associated with Army service, such as moves associated with new assignments or deployments, as well as resources that can help meet the daily needs of

military families. These resources are available to all Army families, and they are administered at the local level through community-based services or Army garrisons, but families can have difficulties finding and accessing those resources.

The authors examine the experiences of Army spouses in navigating the resource system to find the help they need. Because the Army community can serve an important role for Army families, the authors focus on whether these experiences vary across garrisons and according to the connections that spouses make with each other and the Army community as a whole, as well as how these connections foster better resource navigation and resource use.

Through previously collected survey data and recent qualitative interviews, the authors explore the experiences of Army spouses in navigating the resources available to them, thereby illuminating the challenges that many spouses face. The authors note that spouses typically learn about resources through word-of-mouth recommendations from other Army spouses rather than through program outreach efforts, and they suggest that the Army could do more to both get the word out about available assistance resources and highlight the "one-stop shopping" features of existing but underutilized resources, such as Army Community Service and Military OneSource.



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