

# CDP

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## Research Update -- February 17, 2022

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- Resource of the Week: Emerging Evidence about Transition Employment Support (Institute for Veterans and Military Families at Syracuse University and the Clearinghouse for Military Family Readiness at Penn State University)

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<https://doi.org/10.1001/jamanetworkopen.2021.48150>

## **Association of Traumatic Brain Injury With Mortality Among Military Veterans Serving After September 11, 2001.**

Howard JT, Stewart IJ, Amuan M, Janak JC, Pugh MJ

JAMA Network Open

February 11, 2022

### Key Points

#### Question

Is exposure to traumatic brain injury associated with excess mortality after service in US veterans after the September 11, 2001, terrorist attacks (9/11), and what are the mortality rates among post-9/11 veterans compared with the total US population?

#### Findings

In this cohort study of data on 2 516 189 military veterans, post-9/11 military veterans experienced excess all-cause and cause-specific mortality compared with the total US population. The numbers of excess deaths were greater among those exposed to traumatic brain injury.

#### Meaning

These results suggest that post-9/11 military veterans have higher mortality, especially among veterans exposed to traumatic brain injury compared with the general US population and that a focus on what puts veterans at risk for increased mortality is warranted.

### Abstract

#### Importance

Emerging evidence suggests that harmful exposures during military service, such as traumatic brain injury (TBI), may contribute to mental health, chronic disease, and mortality risks.

#### Objective

To assess the mortality rates and estimate the number of all-cause and cause-specific excess deaths among veterans serving after the September 11, 2001, terrorist attacks (9/11) with and without exposure to TBI.

## Design, Setting, and Participants

This cohort study analyzed administrative and mortality data from January 1, 2002, through December 31, 2018, for a cohort of US military veterans who served during the Global War on Terrorism after the 9/11 terrorist attacks. Veterans who served active duty after 9/11 with 3 or more years of care in the Military Health System or had 3 or more years of care in the Military Health System and 2 or more years of care in the Veterans Health Administration were included for analysis. The study used data from the Veterans Affairs/Department of Defense Identity Repository database, matching health records data from the Military Health Service Management Analysis and Reporting tool, the Veterans Health Administration Veterans Informatics and Computing Infrastructure, and the National Death Index. For comparison with the total US population, the study used the Centers for Disease Control and Prevention WONDER database. Data analysis was performed from June 16 to September 8, 2021.

## Exposure

Traumatic brain injury.

## Main Outcomes and Measures

Multivariable, negative binomial regression models were used to estimate adjusted all-cause and cause-specific mortality rates for the post-9/11 military veteran cohort, stratified by TBI severity level, and the total US population. Differences in mortality rates between post-9/11 military veterans and the total US population were used to estimate excess deaths from each cause of death.

## Results

Among 2 516 189 post-9/11 military veterans (2 167 736 [86.2%] male; and 45 324 [1.8%] American Indian/Alaska Native, 160 178 [6.4%], Asian/Pacific Islander, 259 737 [10.3%] Hispanic, 387 926 [15.4%] non-Hispanic Black, 1 619 834 [64.4%] non-Hispanic White, and 43 190 [1.7%] unknown), 17.5% had mild TBI and 3.0% had moderate to severe TBI; there were 30 564 deaths. Adjusted, age-specific mortality rates were higher for post-9/11 military veterans than for the total US population and increased with TBI severity. There were an estimated 3858 (95% CI, 1225-6490) excess deaths among all post-9/11 military veterans. Of these, an estimated 275 (95% CI, -1435 to 1985) were not exposed to TBI, 2285 (95% CI, 1637 to 2933) had mild TBI, and 1298 (95% CI, 1023 to 1572) had moderate to severe TBI. Estimated excess deaths were predominantly from suicides (4218; 95% CI, 3621 to 4816) and accidents (2631; 95% CI, 1929 to 3333). Veterans with moderate to severe TBI accounted for 33.6% of total excess deaths, 11-fold higher than would otherwise be expected.

## Conclusions and Relevance

This military veteran cohort experienced more excess mortality compared with the total US population than all combat deaths from 9/11/01 through 9/11/21, concentrated among individuals exposed to TBI. These results suggest that a focus on what puts veterans at risk for accelerated aging and increased mortality is warranted.

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<https://doi.org/10.1002/cpp.2722>

## **Associations Among Clinical Variables and Anger Differ by Early Life Adversity Among Post-9/11 Veterans.**

Anna G. Etchin, Vincent Corbo, Emma Brown, Catherine B. Fortier, Jennifer R. Fonda, William P. Milberg, Alyssa Currao, Regina E. McGlinchey

Clinical Psychology & Psychotherapy

First published: 06 February 2022

Maladaptive anger and aggression are common in United States military veterans and increases risk for impaired social relationships and functioning, justice-involvement, and violence. Early life (before age 18) adversity predisposes veterans to later life psychopathology, though the link to increased later life anger is unclear. We analyzed cross-sectional data of 158 post-9/11 veterans from the Translational Research Center for Traumatic Brain Injury and Stress Disorders study with and without a history of early life adversity ( $n$ 's = 109 and 49, respectively). We explored the relationship among major clinical variables and current veteran anger (Dimensions of Anger Reactions) and whether the associations with these variables differed among participants with and without a history of retrospective self-reported early life adversity (Childhood Trauma Questionnaire). In the overall sample, posttraumatic stress disorder (PTSD) and depression severities had the strongest associations with current veteran anger ( $\beta$ s = 0.261 and 0.263;  $p$ -values = .0022 and .0103, respectively). In the subsample without early life adversity, only PTSD severity was significantly associated with anger ( $\beta$  = 0.577,  $p$  = .0004). In the early life adversity subsample, this strong association weakened and was no longer significant ( $\beta$  = 0.168,  $p$  = .1007); instead, anxiety and depression severities showed moderate associations with anger ( $\beta$ s = 0.243 and 0.287,  $p$ -values = 0.0274 and 0.0130, respectively). Findings suggest that clinicians should screen veterans with history of early life adversity for depression and anxiety when anger is present.

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<https://doi.org/10.1002/da.23240>

## **The role of depression in the maintenance of gains after a prolonged exposure intensive outpatient program for posttraumatic stress disorder.**

Mark S. Burton, Barbara O. Rothbaum, Sheila A. M. Rauch

Depression & Anxiety

First published: 14 January 2022

### Background

Intensive outpatient programs (IOPs) for trauma-focused therapy, such as prolonged exposure (PE), have the potential to deliver highly effective treatment, quickly and with minimal dropout. Identifying factors that predict maintenance of gains after treatment can help triage individuals who may need additional services.

### Methods

Growth mixture modeling (GMM) was used to identify classes of posttraumatic stress disorder (PTSD) and depression symptom trajectories across the year following a 2-week IOP, delivering daily PE for PTSD for post-9/11 Veterans. Predictors of trajectories were examined.

### Results

Three classes of trajectories best-fit the data for PTSD and depression symptoms. Two classes made up the majority of the sample (85%) and both maintained significantly reduced PTSD symptoms across the year following therapy. For a minority of the sample (14.6%), PTSD symptoms rebounded after treatment. These individuals were highly likely to be categorized in the persistent depression class.

### Conclusions

IOP-delivered PE is effective, and gains are largely maintained. The minority of patients who do not maintain their gains as robustly are likely to report persistent depressive symptoms in treatment and higher PTSD symptoms on a self-report measure.

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<https://doi.org/10.1002/jts.22800>

**Estimating posttraumatic stress disorder severity in the presence of differential item functioning across populations, comorbidities, and interview measures: Introduction to Project Harmony.**

Antonio A. Morgan-López, Denise A. Hien, Tanya C. Saraiya, Lissette M. Saavedra, Sonya B. Norman, Therese K. Killeen, Tracy L. Simpson, Skye Fitzpatrick, Katherine L. Mills, Lesia M. Ruglass, Sudie E. Back, Teresa López-Castro, the Consortium on Addiction, Stress and Trauma (CAST)

Journal of Traumatic Stress

First published: 05 February 2022

Multiple factor analytic and item response theory studies have shown that items/symptoms vary in their relative clinical weights in structured interview measures for posttraumatic stress disorder (PTSD). Despite these findings, the use of total scores, which treat symptoms as though they are equally weighted, predominates in practice, with the consequence of undermining the precision of clinical decision-making. We conducted an integrative data analysis (IDA) study to harmonize PTSD structured interview data (i.e., recoding of items to a common symptom metric) from 25 studies (total N = 2,568). We aimed to identify (a) measurement noninvariance/differential item functioning (MNI/DIF) across multiple populations, psychiatric comorbidities, and interview measures simultaneously and (b) differences in inferences regarding underlying PTSD severity between scale scores estimated using moderated nonlinear factor analysis (MNLFA) and a total score analog model (TSA). Several predictors of MNI/DIF impacted effect size differences in underlying severity across scale scoring methods. Notably, we observed MNI/DIF substantial enough to bias inferences on underlying PTSD severity for two groups: African Americans and incarcerated women. The findings highlight two issues raised elsewhere in the PTSD psychometrics literature: (a) bias in characterizing underlying PTSD severity and individual-level treatment outcomes when the psychometric model underlying total scores fails to fit the data and (b) higher latent severity scores, on average, when using DSM-5 (net of MNI/DIF) criteria, by which multiple factors (e.g., Criterion A discordance across DSM editions, changes to the number/type of symptom clusters, changes to the symptoms themselves) may have impacted severity scoring for some patients.

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<https://doi.org/10.1080/21635781.2021.2006833>

## **Exploring Gender and Symptom Differences in Perceived Barriers to Mental Health Care among Actively Serving Military Personnel.**

Shannon Gottschall & Isabelle Richer

Military Behavioral Health

Published online: 03 Feb 2022

Despite efforts over past years to reduce barriers to seeking military mental health care and supports, there are still service members who do not access care due to perceived barriers. This study aimed to increase understanding of the different types of barriers across groups defined by gender and mental health symptomatology. Multivariable logistic regressions examined perceived unmet needs and barriers to care in a representative sample of actively serving Canadian Armed Forces (CAF) members who completed the Health and Lifestyle Information Survey (HLIS) 2013/2014. The most commonly reported barriers were attitudinal barriers reflecting stigma and negative attitudes toward treatment. Results indicated that women were more likely to report accessibility barriers (e.g., scheduling, childcare issues) than men. Differences were also observed across members suffering from different mental health symptoms. For example, members who reported post-traumatic stress disorder (PTSD) symptoms were less likely to report attitudinal barriers compared to members without probable PTSD. Additionally, education and base size were associated with perceived barriers. These results suggest that tailored policies and strategies may help to increase access and mitigate barriers to mental health care based on gender and the type of mental health issue experienced by military personnel.

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<https://doi.org/10.1016/j.beth.2022.01.014>

## **Impact of treatment setting and format on symptom severity following cognitive processing therapy for posttraumatic stress disorder (PTSD).**

Craig J. Bryan, Hilary A. Russell, AnnaBelle O. Bryan, David C. Rozek, ... Anu Asnaani

Behavior Therapy

Available online 7 February 2022



## Highlights

- Weekly CPT and daily CPT with and without recreational therapy were compared.
- PTSD symptoms significantly reduced in all groups.
- Daily CPT with recreational therapy had higher PTSD symptoms during follow-up.
- Recreational therapy was not associated with better treatment outcomes.

## Abstract

Preliminary data suggests cognitive processing therapy (CPT) significantly reduces posttraumatic stress disorder (PTSD) symptom severity among military personnel and veterans when delivered over 12 days and combined with daily recreational activities (Bryan et al., 2018). The present study aimed to examine how therapy pace (i.e., daily versus weekly sessions) and setting (i.e., clinic versus recreational) impacts change in PTSD symptom severity. Forty-five military personnel and veterans diagnosed with PTSD chose to receive CPT (1) daily at a recreational facility with recreational programming, (2) daily on a university campus without recreational programming, and (3) weekly on a university campus without recreational programming. PTSD symptom severity was assessed with the Clinician Administered PTSD Scale for DSM-5 (CAPS-5) and the Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5). Reductions in CAPS-5 and PCL-5 scores were large and statistically significant across all three settings (Cohen's  $d$ s > 2.1). As compared to reductions in CAPS-5 and PCL-5 scores in daily therapy at a recreational facility (CAPS-5:  $d=1.63-2.40$ ; PCL-5:  $d=1.99-2.17$ ), reductions in CAPS-5 and PCL-5 scores were significantly larger in daily therapy on campus (CAPS-5:  $t(80)=-2.9$ ,  $p=.005$ ,  $d=2.23-2.69$ ; PCL-5:  $t(78)=2.6$ ,  $p=.010$ ,  $d=2.54-4.43$ ) but not weekly therapy on campus (CAPS-5:  $t(80)=0.2$ ,  $p=.883$ ,  $d=1.04-2.47$ ; PCL-5:  $t(78)=1.0$ ,  $p=.310$ ,  $d=1.77-3.44$ ). Participants receiving daily therapy on campus and weekly therapy on campus also had higher rates of clinically significant improvement and good end-state functioning. Results support the effectiveness of CPT across multiple treatment settings and formats and suggest that daily CPT may be less effective when delivered in combination with recreational activities.

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<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.**

Stacey Young-McCaughan, Alan L. Peterson, Jim Mintz, Willie J. Hale, Katherine A. Dondanville, Elisa V. Borah, Tabatha H. Blount, Abby E. Blankenship, Brooke A. Fina, Brittany N. Hall-Clark, Ann Marie Hernandez, Vanessa M. Jacoby, Steffany L. Malach, Jacob M. Williams, Katherine E. Compton, Mona O. Bingham, Catherine A. Vriend, Alice W. Inman, Antoinette Brundige, Sonya M. Arzola, M. Danet Lapid-Bluhm, Douglas E. Williamson, Brett T. Litz, Elizabeth A. Hembree, John D. Roache, Daniel J. Taylor, Kristi E. Pruiksma, Adam M. Borah & Jeffrey S. Yarvis

Cognitive Behavioral 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],  $\geq 25$ ) 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.

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<https://doi.org/10.1093/milmed/usab490>

**The Primary Care Management of Headache: Synopsis of the 2020 U.S. Department of Veterans Affairs and U.S. Department of Defense Clinical Practice Guideline.**

Jason J Sico, MD, MHS, FAHA, FACP, FAAN, FANA, FAHS, Franz Macedo, DO, Jeffrey Lewis, MD, PhD, Christopher Spevak, MD, MPH, JD, Rebecca Vogsland, DPT, OCS, Aven Ford, MD, Karen Skop, DPT, James Sall, PhD, FNP-BC 11

Military Medicine

Published: 12 January 2022

### Introduction

In June of 2020, the U.S. DVA and DoD approved a new joint clinical practice guideline for assessing and managing patients with headache. This guideline provides a framework to evaluate, treat, and longitudinally manage the individual needs and preferences of patients with headache.

### Methods

In October of 2018, the DVA/DoD Evidence-Based Practice Work Group convened a guideline development panel that included clinical stakeholders and conformed to the National Academy of Medicine's tenets for trustworthy clinical practice guidelines.

### Results

The guideline panel developed key questions, systematically searched and evaluated the literature, created a 1-page algorithm, and advanced 42 recommendations using the Grading of Recommendations Assessment, Development, and Evaluation system.

### Conclusion

This synopsis summarizes the key features of the guideline in three areas: prevention, assessing and treating medication overuse headache, and nonpharmacologic and pharmacologic management of headache.

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<https://doi.org/10.1037/cps0000033>

### **To support and defend: A eusociality-based account of suicide in U.S. military service members and first responders.**

Ringer, F. B., Rogers, M. L., Podlogar, M. C., Chu, C., Gai, A. R., & Joiner, T.

Clinical Psychology: Science and Practice  
(2021) 28(4), 380–390

Humans are eusocial, a term used to describe “colony life” systems in highly social species. Eusocial features include specialized defense and cooperative care of the young, self-sacrificial characteristics that aid in the survival of the extended community. A eusociality-based perspective on suicide views suicide as a dysfunction of the self-

sacrificial aspect of eusociality. We consider a eusociality-based conceptualization of suicide in military personnel and first responders, groups that may be characterized as eusocial defenders. Military personnel, veterans, and first responders display unique factors that may be associated with increased suicide risk and exhibit consistent behavioral, environmental, and temperamental traits. We conceptualize these traits considering a eusociality-based view and draw out implications for suicide prevention among military and first responder populations. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

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<https://doi.org/10.1089/tmj.2021.0294>

## **Teletherapy Versus In-Person Psychotherapy for Depression: A Meta-Analysis of Randomized Controlled Trials.**

Annaleis K. Giovanetti, Stephanie E.W. Punt, Eve-Lynn Nelson, and Stephen S. Ilardi

Telemedicine and e-Health

Online Ahead of Print: January 10, 2022

### Introduction:

The recent surge in telehealth service delivery represents a promising development in the field's ability to address access gaps in health care across underserved populations. Telehealth also carries the potential to help reduce the societal burden of mental illnesses such as major depression, which often go untreated. There is now a sufficiently large corpus of randomized controlled trials to examine the comparative effectiveness of teletherapy and in-person services meta-analytically.

### Methods:

We searched the PubMed, PsycINFO, and Cochrane Central Register of Controlled Trials (CENTRAL) databases for articles from January 1, 2000 to February 1, 2021 to identify randomized head-to-head trials of video-based versus in-person delivery of psychotherapy to reduce depressive symptoms. We conducted a random-effects meta-analysis to evaluate potential differences in efficacy rates. We calculated and meta-analyzed odds ratios to examine differential attrition rates between video and in-person conditions. Finally, we conducted subgroup analyses based on the primary treatment focus (depression or another condition) of each trial.

## Results:

Primary study analyses yielded evidence that video-based psychotherapy is roughly comparable in efficacy with in-person psychotherapy for reducing depressive symptoms ( $g = 0.04$ , 95% confidence interval [CI =  $-0.12$  to  $0.20$ ],  $p = 0.60$ ,  $I^2 = 5\%$ ). Likewise, attrition rates between the two conditions were not significantly different (odds ratio =  $1.07$ , 95% CI = [ $0.78$  to  $1.49$ ],  $p = 0.63$ ,  $I^2 = 25\%$ ). Finally, we did not observe significant subgroup differences in either efficacy ( $p = 0.38$ ) or attrition ( $p = 0.94$ ).

## Conclusions:

The present findings suggest that video-based teletherapy may be a feasible and effective alternative to in-person services for reducing depressive symptoms. Continued research on the effectiveness of telehealth in clinically depressed samples, and further elucidation of the access barriers entailed by each delivery modality, can help the field better determine which patients will derive the greatest benefit from each mode of intervention.

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<https://doi.org/10.1016/j.ejim.2022.01.021>

## **COVID-19 Infection Survivors and the Risk of Depression and Anxiety Symptoms: A Nationwide Study of Adults in the United States.**

Jagdish Khubchandani, James H. Price, Sushil Sharma, Fern J. Webb

European Journal of Internal Medicine

Published: January 11, 2022

A multi-component online questionnaire was deployed via Amazon mTurk and community networks throughout the U.S. using emails and social media sites in May 2021 after approval from the Institutional Review Board. After reading an informed consent form, individuals who were 18 years of age or older and resided in the U.S. could participate in the study. The first section of the survey asked participants about history of COVID-19 infection with response options 'yes' vs. 'no' for infection history. To assess psychological distress in the study population, the valid and reliable Patient Health Questionnaire-4 (PHQ-4) tool was used to assess clinical levels of depression (PHQ-2), anxiety (GAD-2), and moderate to severe psychological distress symptoms (i.e., symptoms of both depression and anxiety) [[7]]. Cronbach alphas for scales were computed from the final sample of respondents in this study, and the internal consistency reliability was found to be acceptable for PHQ-2 ( $\alpha=0.69$ ), GAD-2

(alpha=0.72), and PHQ-4 (alpha=0.81). The final section of the study questionnaire asked participants about their sociodemographic information.

A total of 3,633 participants responded to the questionnaire and were predominantly White (61%), males (61%), married (63%), working full time (79%), urban dwellers (57%), and with a bachelor's degree or higher (65%) [Table. 1]. Almost a quarter of the participants reported a history of COVID-19 infection (23%) and more than a third had symptoms of depression (47%), anxiety (40%), or both depression and anxiety (38%). Those who had symptoms of depression were statistically significantly more likely to be Hispanics (58%), White (52%), aged 18-25 years (50%), married (50%) or divorced/separated (46%), living in rural areas (56%), earning \$30,001-\$60,000 annually (53%), and had a history of COVID-19 infection (64%). Symptoms of anxiety were significantly more likely to be reported by Whites (46%), Hispanics (45%), aged 18-25 years (43%), married (42%), living in rural areas (49%), earning \$30,001-\$60,000 per year (45%), and those had a history of COVID-19 infection (63%). Similarly, psychological distress (i.e., symptoms of both depression and anxiety) were more likely to be reported by Whites, Hispanics, younger (18–25-year-old), married, earning \$30,001-\$60,000 per year, living in rural areas, or those with a history of COVID-19 infection (60%)

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<https://doi.org/10.1177/21677026211057554>

## **Moral Injury, Traumatic Stress, and Threats to Core Human Needs in Health-Care Workers: The COVID-19 Pandemic as a Dehumanizing Experience.**

Sarah L. Hagerty, Leanne M. Williams

Clinical Psychological Science  
First Published January 10, 2022

The pandemic has threatened core human needs. The pandemic provides a context to study psychological injury as it relates to unmet basic human needs and traumatic stressors, including moral incongruence. We surveyed 1,122 health-care workers from across the United States between May 2020 and August 2020. Using a mixed-methods design, we examined moral injury and unmet basic human needs in relation to traumatic stress and suicidality. Nearly one third of respondents reported elevated symptoms of psychological trauma, and the prevalence of suicidal ideation among health-care workers in our sample was roughly 3 times higher than in the general population. Moral

injury and loneliness predict greater symptoms of traumatic stress and suicidality. We conclude that dehumanization is a driving force behind the psychological injury resulting from moral incongruence in the context of the pandemic. The pandemic most frequently threatened basic human motivations at the foundational level of safety and security relative to other higher order needs.

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<https://doi.org/10.1080/15402002.2021.2024193>

## **Exploring Predictors of Sleep State Misperception in Women with Posttraumatic Stress Disorder.**

Kimberly A. Arditte Hall, Kimberly B. Werner, Michael G. Griffin & Tara E. Galovski

Behavioral Sleep Medicine

Published online: 10 Jan 2022

### Objectives

Insomnia is a common symptom of posttraumatic stress disorder (PTSD) that is resistant to first-line cognitive behavioral interventions. However, research suggests that, among individuals with PTSD, self-reported sleep impairment is typically more severe than what is objectively observed, a phenomenon termed sleep state misperception. Relatively little research has examined which individuals with PTSD are most likely to exhibit sleep state misperception. This study explored clinical predictors of sleep state misperception in a sample of 43 women with PTSD and clinically significant sleep impairment.

### Method

During a baseline assessment, participants' PTSD symptoms were assessed using a clinical interview and their sleep was assessed using the Pittsburgh Sleep Quality Index (PSQI). Objective sleep, self-reported sleep, and PTSD symptoms were then assessed over a 1-week period using actigraphy and daily diaries.

### Results

Consistent with previous research, women in the study exhibited total sleep time (TST), sleep efficiency (SE), and sleep onset latency (SOL) sleep state misperception. For TST and SE, but not SOL, discrepancies between actigraphy and the PSQI were associated with each clinician-rated PTSD symptom cluster, whereas discrepancies between actigraphy and daily diary were only associated with clinician-rated reexperiencing



symptoms. The only self-reported PTSD symptom that was uniquely associated with sleep state misperception was nightmares. This association was no longer significant after controlling for sleep-related anxiety.

#### Conclusions

Results suggest that women with more severe reexperiencing symptoms of PTSD, particularly nightmares, may be more likely to exhibit TST and SE sleep state misperception, perhaps due to associated sleep-related anxiety.

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<https://doi.org/10.1080/00918369.2021.2015952>

### **Lesbian Gay Bisexual Transgender and Queer Health-Care Experiences in a Military Population.**

Pedro N. Oblea, PhD, Ashley R. Adams , BA, Elizabeth D. Nguyen-Wu , PhD, Joshua S. Hawley-Molloy , MD, Kimberly Balsam , PhD, Terry A. Badger , PhD, Amanda R. Witwer , BA & Joel Cartwright , PhD

Journal of Homosexuality  
Published online: 10 Jan 2022

This study aimed to understand the experiences of lesbian, gay, bisexual, transgender, and queer of former military service members. Data for this analysis was collected from the two open-ended survey questions as part of a larger online survey. The analysis was performed using the web-based data analysis application Dedoose. Eighty-eight qualitative responses were used. Analysis of the responses revealed five main themes: (1) identity, (2) negative experiences, (3) impact of experiences, (4) policy, and (5) positive experiences. These findings can influence future military research by focusing on the effects of the Don't Ask Don't Tell policy, negative and positive experiences, and the impact of those experiences.

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<https://doi.org/10.1186/s12888-021-03622-3>

**You can't un-ring the bell": a mixed methods approach to understanding veteran and family perspectives of recovery from military-related posttraumatic stress disorder.**



Kate St. Cyr, Jenny J. W. Liu, Heidi Cramm, Anthony Nazarov, Renee Hunt, Callista Forchuk, Erisa Deda & J. Don Richardson

BMC Psychiatry

Published: 14 January 2022

## Background

Military-related posttraumatic stress disorder (PTSD) is a complex diagnosis with non-linear trajectories of coping and recovery. Current approaches to the evaluation of PTSD and treatment discontinuation often rely on biomedical models that dichotomize recovery based on symptom thresholds. This approach may not sufficiently capture the complex lived experiences of Veterans and their families. To explore conceptualizations of recovery, we sought perspectives from Veterans and their partners in a pilot study to understand: 1) how Veterans nearing completion of treatment for military-related PTSD and their partners view recovery; and 2) the experience of progressing through treatment towards recovery.

## Methods

We employed a concurrent mixed methods design. Nine Veterans nearing the end of their treatment at a specialized outpatient mental health clinic completed quantitative self-report tools assessing PTSD and depressive symptom severity, and an individual, semi-structured interview assessing views on their treatment and recovery processes. Veterans' partners participated in a separate interview to capture views of their partners' treatment and recovery processes. Descriptive analyses of self-report symptom severity data were interpreted alongside emergent themes arising from inductive content analysis of qualitative interviews.

## Results

While over half of Veterans were considered "recovered" based on quantitative assessments of symptoms, individual reflections of "recovery" were not always aligned with these quantitative assessments. A persistent narrative highlighted by participants was that recovery from military-related PTSD was not viewed as a binary outcome (i.e., recovered vs. not recovered); rather, recovery was seen as a dynamic, non-linear process. Key components of the recovery process identified by participants included a positive therapeutic relationship, social support networks, and a toolkit of adaptive strategies to address PTSD symptoms.

## Conclusions

For participants in our study, recovery was seen as the ability to navigate ongoing

issues of symptom management, re-engagement with meaningful roles and social networks, and a readiness for discontinuing intensive, specialized mental health treatment. The findings of this study highlight important considerations in balancing the practical utility of symptom severity assessments with a better understanding of the treatment discontinuation-related needs of Veterans with military-related PTSD and their families, which align with a contemporary biopsychosocial approach to recovery.

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<https://doi.org/10.1016/j.avb.2022.101721>

### **Military veteran involvement with the criminal justice system: A systematic review.**

Kweilin T. Lucas, Catherine D. Marcum, Paul A. Lucas, Jessica Blalock

Aggression and Violent Behavior  
Available online 14 January 2022

#### Highlights

- Based on the criteria used for the systematic review, 20 studies were deemed appropriate for review.
- Results from the systematic review indicated there were three categories of correlates of veteran interaction with the criminal justice system.
- The systematic review indicated there is a need for early intervention programming for at-risk discharged veterans.

#### Abstract

Justice-involved veterans face heightened risk for mental health issues, substance abuse and correlated interaction with the criminal justice system, given the nature of their military service. The purpose of this study is to provide a systematic review of the research involving the correlates of veterans involvement with the criminal justice system, as to date, there are no related publications performing the same task. Results from the systematic review indicated there were three categories of correlates of veteran interaction with the criminal justice system: incarceration, law enforcement, and criminal offending. The systematic review indicated there is a need for early intervention programming for at-risk discharged veterans.

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<https://doi.org/10.1016/j.psychres.2022.114394>

## **Heightened autonomic reactivity to negative affective stimuli among active duty soldiers with PTSD and opioid-treated chronic pain.**

CE Bedford, Y Nakamura, WR Marchand, EL Garland

Psychiatry Research  
Volume 309, March 2022

### Highlights

- Negative affective reactivity is a hallmark of chronic pain and PTSD.
- We found exaggerated sympathetic responses among soldiers with pain and PTSD.
- This physiological reactivity may increase soldiers' risk of opioid misuse.

### Abstract

Within military populations, chronic pain conditions and posttraumatic stress disorder (PTSD) frequently co-occur, however, little research has examined the psychophysiological correlates of this comorbidity among active-duty soldiers. The current study examined physiological reactivity to negative affective stimuli among 30 active duty soldiers with chronic pain conditions treated with long-term opioid therapy. Participants completed a diagnostic interview and self-report measures. Then, their heart rate and skin temperature were recorded during an affective picture-viewing task. Soldiers with PTSD exhibited greater increases in the ratio of low-to-high frequency heart rate variability (LF/HF HRV) while viewing negative affective images than soldiers without PTSD. PTSD symptom severity was positively associated with LF/HF HRV reactivity and negatively associated with skin temperature reactivity. Additionally, opioid craving was associated with LF/HF HRV and skin temperature reactivity among soldiers with PTSD. Taken together, the results of the present study provide evidence for heightened sympathetic nervous system reactivity among soldiers with comorbid chronic pain and PTSD, underscoring the importance of intervening on potential risk factors for these conditions.

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<https://doi.org/10.1037/pst0000376>

**Risk management in dialectical behavior therapy: Treating life-threatening behaviors as problems to be solved.**

Alba, M. C., Bailey, K. T., Coniglio, K. A., Finkelstein, J., & Rizvi, S. L.

Psychotherapy

Advance online publication

Dialectical behavior therapy (DBT) is an empirically supported behavioral treatment for individuals with borderline personality disorder who frequently exhibit life-threatening behavior, such as suicide attempts, nonsuicidal self-injury urges and actions, and suicidal ideation. We provide an overview of the theoretical framework by which DBT conceptualizes these life-threatening behaviors and the principles by which safety planning measures are implemented and maintained throughout treatment. The importance of orienting clients to treatment and obtaining their commitment to decrease life-threatening behavior is reviewed. Relevant strategies associated with risk management and assessment, such as the diary card, chain analysis, solution analysis, phone coaching, and consultation team, are described. The overview concludes with a case example to illustrate the application of these techniques with a DBT client with a long-standing history of engaging in life-threatening behaviors. (PsychoInfo Database Record (c) 2022 APA, all rights reserved)

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<https://doi.org/10.1037/ort0000596>

### **Conceptualizations of suicide and suicide-related stigma in Latino communities in the United States.**

Brewer, K. B., Washburn, M., Gearing, R. E., Yu, M., Torres-Hostos, L. R., Giraldo-Santiago, N., & Cabrera, A.

American Journal of Orthopsychiatry

Advance online publication

Suicide continues to be a significant public health concern impacting all cultural and ethnic groups in the United States. Although prior studies indicate that Latino individuals die by suicide at lower rates than their non-Hispanic White or Asian peers, recent data in this area indicate that suicide rates for Latino individuals are rising. Currently, little is known about how Latino individuals perceive those who are experiencing suicidal ideation and the factors that are associated with stigma toward people contemplating self-harm. To address this gap, a convenience sample of 248 adults in the United

States identifying as Latino participated in an experimental vignette study investigating their perceptions of persons experiencing suicidal ideation. Results show that generation of immigration significantly predicted various domains of stigma toward individuals with suicidal ideation. Older participants and participants with more children were associated with higher levels of stigma. The gender or age of the person experiencing suicidal ideation did not impact the levels of stigma across domains. Results indicate a need to increase the overall health literacy in relation to suicide within Latino communities, particularly in relation to early identification of suicidal ideation. Implications for future research and practice with Latino communities are offered. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

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<https://doi.org/10.1080/13811118.2021.2022049>

## **A Systematic Review of Behavior-Outcome Psychological Assessments as Correlates of Suicidality.**

Mark J. Rzeszutek, Anthony DeFulio & Grace E. Sylvester

Archives of Suicide Research  
Published online: 13 Jan 2022

### **Aim**

Identifying correlates of suicidality is an important goal for suicide researchers because these correlates may predict suicidal behaviors. Psychological tasks that assess sensitivity to the outcomes of actions (i.e., consequence-based learning) have been commonly used by researchers seeking to identify correlates of suicidality. This is likely due to the straightforward integration of the tasks within most theoretical frameworks for understanding suicidality. Contextual factors have been shown to have a substantial effect on responding in behavior-outcome tasks. However, the direct relevance of these factors as determinants of behavior in suicide research is not clear. Thus, the purpose of this review was to assess the role of context in tasks involving behavior-outcome relations in suicide research.

### **Methods**

Four databases were searched using terms from general learning theory. Articles that featured evaluation of tasks with hypothetical or real outcomes to differentiate suicidality were included.

## Results

Eighty-two studies met inclusion criteria. Across studies there were 27 different tasks. Most instances of tasks across studies involved rewards (76.9%), while others emphasized punishment (15.7%), social (5.6%), or virtual suicide (1.8%) outcomes. Differentiation of suicidality was detected by 43.4%, 64.7%, 83.3%, and 50% of tasks featuring reward, punishment, social contexts, and virtual suicide respectively. All but five studies were retrospective.

## Conclusion

Tasks that more closely mimic contexts and outcomes related to suicide appear to produce more pronounced differentiation of people with suicidality from people without suicidality. The lack of prospective designs is an important limitation of the literature.

## Highlights

- Tasks that involve punishment or social outcomes better discriminate suicidality
- Reward-based tasks are overused in suicide research.
- The conditioning hypothesis of suicidality is closely aligned with the literature.
- Only 5 of 82 studies incorporated prospective measures.

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## Links of Interest

'Tactical Napping' and Other Tips to Sleep Well On Deployment

<https://health.mil/News/Articles/2022/02/09/Tactical-Napping-and-Other-Tips-to-Sleep-Well-On-Deployment>

Better sleep can help Veterans with PTSD

<https://blogs.va.gov/VAntage/98979/better-sleep-can-help-veterans-with-ptsd/>

'I really don't want to be the last African-American secretary of defense'

<https://www.militarytimes.com/news/pentagon-congress/2022/02/10/i-really-dont-want-to-be-the-last-african-american-secretary-of-defense/>

US military camouflage: The differences between soldiers, sailors, airmen, Marines, and others

<https://taskandpurpose.com/video/military-camouflage-uniforms-explained/>

Leaving the military? How civilian non-profits can help you

<https://www.militarytimes.com/education-transition/2022/02/13/leaving-the-military-how-civilian-non-profits-can-help-you/>

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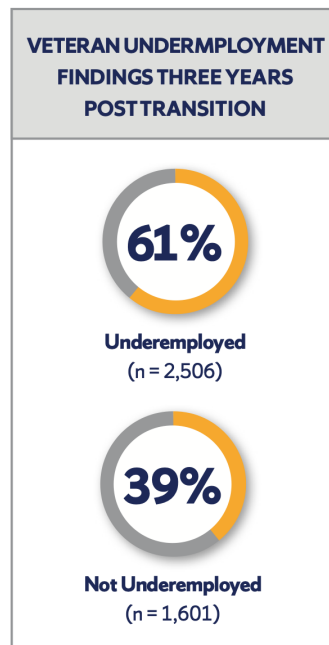
**Resource of the Week: [Emerging Evidence about Transition Employment Support](#)**

Recent policy brief from the [Institute for Veterans and Military Families at Syracuse University](#) and the [Clearinghouse for Military Family Readiness at Penn State University](#).

The efficacy of public and private sector initiatives supporting veteran and military spouse employment has been a hot topic over the last couple of weeks.

...

Drawing upon analyses from The Veterans Metrics Initiative, the joint brief highlights employment program components (e.g., networking, resume writing, job training) most likely leading to improved employment outcomes.



*“This brief is based on insights extracted from research from the Veterans Metrics Initiative funded by the Henry M. Jackson Foundation.”*

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