

# CDP



## Research Update -- March 10, 2022

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- The Culture of Alcohol in the U.S. Military: Correlations With Problematic Drinking Behaviors and Negative Consequences of Alcohol Use.
- Longitudinal Patterns of Alcohol Use Following Traumatic Brain Injury in an Active Duty and Young Veteran Military Sample.
- Military mental health professionals' suicide risk assessment and management before and after experiencing a patient's suicide.
- Links of Interest
- Resource of the Week: Resources available to Veterans experiencing emotional distress due to recent world events (VA)

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<https://doi.org/10.7249/RR4191>

## **Predictors of PTSD Treatment Retention and Response: A Systematic Review.**

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

RAND Corporation  
2022

This systematic review synthesizes the evidence on pretreatment patient characteristics and program features associated with treatment retention, response, and remission in military populations with posttraumatic stress disorder (PTSD). The authors searched numerous databases and bibliographies of systematic reviews and retrieved full texts of all studies on the efficacy or effectiveness of PTSD interventions in military population; two reviewers screened texts for relevant outcomes and reports of predictors. Reviewers abstracted data and assessed each study's risk of bias. Results from studies reporting on the same potential predictor and outcome were pooled via meta-analysis where possible. Results of multivariate models were described narratively.

Eighty-four articles reporting on 70 studies met inclusion criteria; 21 were rated good quality, 33 were rated fair, and 16 were rated poor, using the Quality in Prognostics Studies (QUIPS) instrument. Quality of evidence was low or insufficient for most patient and treatment characteristics due to inconsistent results, imprecision, potential publication bias, and study limitations.

High-quality evidence indicates that length of stay is the strongest predictor of treatment response and that more severe PTSD is associated with lower response. Moderate-quality evidence indicates that older age is associated with better retention, that worse baseline mental health and more combat experience are associated with lower response to treatment, and that individual therapy (versus group therapy) is associated with greater response. Low-quality evidence supports a negative association of participation in atrocities with treatment response. Predictors of remission were rarely assessed.

### **Key Findings**

- Evidence suggests that older age, being married, higher treatment expectations, having more severe PTSD at baseline, and additional mental health

comorbidities are associated with longer length of treatment and that depression and service-connected disability are associated with worse retention.

- Few treatment characteristics were assessed in more than one study, but there is some evidence that health facility distance from patients is inversely associated with treatment retention.
- Evidence indicates that higher levels of education, being employed, being married, more social support, and having better baseline mental and physical health are associated with better patient response, and that depression, anger, higher PTSD severity at baseline, and higher levels of combat exposure lead to lower response.
- Patients who attended more treatment sessions had greater response, and individual therapy was found statistically superior to group therapy, but evidence suggests that there is no significant difference between in-person versus telehealth delivery of treatment or virtual reality exposure versus standard prolonged exposure.
- Better social function and physical health are significantly associated with remission, while co-occurring psychiatric diagnosis has a significant negative association, but evidence was rated insufficient for these predictors due to lack of study replication.

#### Recommendations

- Patients with service-connected disability could be identified at admission and focused efforts to retain them implemented.
- The relationship between patient pain and response to PTSD treatment is an important area for future study, as no studies in this area were identified.
- No studies of therapeutic alliance met inclusion criteria; more research in this area is suggested.
- Longitudinal analyses of VA data regarding PTSD remission after treatment are strongly suggested to shed light on this important area.

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<https://doi.org/10.1016/j.smr.2022.101620>

#### **Approaches to the assessment of adherence to CBT-I, predictors of adherence, and the association of adherence to outcomes: A systematic review.**

Alix Mellor, Eleni Kavaliotis, Luis Mascaro, Sean P.A. Drummond

Sleep Medicine Reviews  
Available online 3 March 2022

This systematic review (PROSPERO registration CRD42020158010) aimed to: 1) assess how adherence to cognitive behavioural therapy for insomnia (CBT-I) has been measured; 2) evaluate predictors of adherence; and 3) determine whether treatment outcome is associated with adherence. Inclusion criteria included: adults with insomnia; an intervention of CBT-I, including sleep restriction and/or stimulus control; a reported measure of adherence; and written in English. Searches of eight databases returned 2038 publications as of April 2021. The final sample included 102 papers. Publication quality and risk of bias were assessed using Joanna Briggs institute tools. Studies assessed either global adherence or adherence to specific components of CBT-I via questionnaires, sleep diaries, interviews or actigraphy. Twenty-eight papers examined predictors of adherence. Better pre- and post-session sleep, greater psychosocial support, increased self-efficacy, and fewer dysfunctional beliefs about sleep predicted greater adherence. Twenty-eight papers examined whether adherence predicted treatment outcomes. Only insomnia severity index scores post-treatment were consistently predicted by adherence, and only by a few measures of adherence. Overall, there was very little consistency in how adherence was measured, and in predictors and outcome variables assessed. A standardised method for assessing specific adherence constructs is indicated, to fully understand the role of adherence in CBT-I.

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<https://www.doi.org/10.1001/jamainternmed.2022.0033>

**Mindfulness-Oriented Recovery Enhancement vs Supportive Group Therapy for Co-occurring Opioid Misuse and Chronic Pain in Primary Care: A Randomized Clinical Trial.**

Garland, E. L., Hanley, A. W., Nakamura, Y., Barrett, J. W., Baker, A. K., Reese, S. E., Riquino, M. R., Froeliger, B., & Donaldson, G. W.

JAMA Internal Medicine  
February 28, 2022

## Key Points

### Question

Does a mindfulness-based intervention reduce comorbid chronic pain and opioid misuse in the primary care setting more than supportive psychotherapy?

### Findings

In this randomized clinical trial that included 250 adults with both chronic pain and opioid misuse, 45.0% of participants receiving Mindfulness-Oriented Recovery Enhancement (MORE) were no longer misusing opioids after 9 months of follow-up compared with 24.4% of participants receiving supportive group psychotherapy. Participants receiving MORE also reported significant improvements in chronic pain symptoms compared with those receiving supportive psychotherapy.

### Meaning

In this study, MORE appeared to be an efficacious treatment for opioid misuse among adults with chronic pain.

## Abstract

### Importance

Successful treatment of opioid misuse among people with chronic pain has proven elusive. Guidelines recommend nonopioid therapies, but the efficacy of mindfulness-based interventions for opioid misuse is uncertain.

### Objective

To evaluate the efficacy of Mindfulness-Oriented Recovery Enhancement (MORE) for the reduction of opioid misuse and chronic pain.

### Design, Setting, and Participants

This interviewer-blinded randomized clinical trial enrolled patients from primary care clinics in Utah between January 4, 2016, and January 16, 2020. The study included 250 adults with chronic pain receiving long-term opioid therapy who were misusing opioid medications.

### Interventions

Treatment with MORE (comprising training in mindfulness, reappraisal, and savoring positive experiences) or supportive group psychotherapy (control condition) across 8 weekly 2-hour group sessions.

### Main Outcomes and Measures

Primary outcomes were (1) opioid misuse assessed by the Drug Misuse Index (self-

report, interview, and urine screen) and (2) pain severity and pain-related functional interference, assessed by subscale scores on the Brief Pain Inventory through 9 months of follow-up. Secondary outcomes were opioid dose, emotional distress, and ecological momentary assessments of opioid craving. The minimum intervention dose was defined as 4 or more completed sessions of MORE or supportive group psychotherapy.

## Results

Among 250 participants (159 women [63.6%]; mean [SD] age, 51.8 [11.9] years), 129 were randomized to the MORE group and 121 to the supportive psychotherapy group. Overall, 17 participants (6.8%) were Hispanic or Latino, 218 (87.2%) were White, and 15 (6.0%) were of other races and/or ethnicities (2 American Indian, 3 Asian, 1 Black, 2 Pacific Islander, and 7 did not specify). At baseline, the mean duration of pain was 14.7 years (range, 1-60 years), and the mean (SD) morphine-equivalent opioid dose was 101.0 (266.3) mg (IQR, 16.0-90.0 mg). A total of 203 participants (81.2%) received the minimum intervention dose (mean [SD], 5.7 [2.2] sessions); at 9 months, 92 of 250 participants (36.8%) discontinued the study. The overall odds ratio for reduction in opioid misuse through the 9-month follow-up period in the MORE group compared with the supportive psychotherapy group was 2.06 (95% CI, 1.17-3.61;  $P = .01$ ). At 9 months, 36 of 80 participants (45.0%) in the MORE group were no longer misusing opioids compared with 19 of 78 participants (24.4%) in the supportive psychotherapy group. Mixed models demonstrated that MORE was superior to supportive psychotherapy through 9 months of follow-up for pain severity (between-group effect: 0.49; 95% CI, 0.17-0.81;  $P = .003$ ) and pain-related functional interference (between-group effect: 1.07; 95% CI, 0.64-1.50;  $P < .001$ ). Participants in the MORE group reduced their opioid dose to a greater extent than those in the supportive psychotherapy group. The MORE group also had lower emotional distress and opioid craving.

## Conclusions and Relevance

In this randomized clinical trial, among adult participants in a primary care setting, the MORE intervention led to sustained improvements in opioid misuse and chronic pain symptoms and reductions in opioid dosing, emotional distress, and opioid craving compared with supportive group psychotherapy. Despite attrition caused by the COVID-19 pandemic and the vulnerability of the sample, MORE appeared to be efficacious for reducing opioid misuse among adults with chronic pain.

## Trial Registration

ClinicalTrials.gov Identifier: [NCT02602535](https://clinicaltrials.gov/ct2/show/study/NCT02602535)

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<https://doi.org/10.1002/jts.22802>

## **The impact of neurotoxicant exposures on posttraumatic stress disorder trajectories: The Ft. Devens Gulf War Veterans Cohort.**

Clara G. Zundel, Kathryn Price, Claudia M. Grasso, Avron Spiro III, Timothy Heeren, Kimberly Sullivan, Maxine H. Krenzel

Journal of Traumatic Stress

First published: 12 February 2022

Gulf War veterans (GWVs) were exposed to neurotoxicants, including sarin nerve gas, anti-nerve agent pills, pesticides, oil well fires, and fumes from unvented tent heaters, all of which have been associated with subsequent adverse health. Posttraumatic stress disorder (PTSD) symptoms have also been associated with GW deployment; however, associations between exposures and PTSD symptoms have not been investigated. We assessed PTSD symptom trajectories and associations with neurotoxicant exposures in Ft. Devens Cohort (FDC) veterans (N = 259) who endorsed trauma exposure during deployment and completed the PTSD Checklist at three follow-ups (1992–1993, 1997–1998, 2013–2017). Results indicate that among veterans with more severe initial PTSD symptoms, symptoms remained significantly higher across follow-ups,  $B_s = -1.489-1.028$ , whereas among those with low initial PTSD symptoms, symptom severity increased significantly over time,  $B_s = 1.043-10.304$ . Additionally, neurotoxicant exposure was associated with a significant increase in PTSD symptoms,  $B_s = -1.870-9.003$ . Significant interactions between time and exposures were observed for PTSD symptom clusters, suggesting that among participants with high initial PTSD symptom, unexposed veterans experienced symptom alleviation, whereas exposed veterans' PTSD symptoms remained high. In GWVs with low initial PTSD symptoms, both unexposed and exposed veterans experienced PTSD symptom exacerbations over time; however, this occurred at a faster rate among exposed veterans. These findings suggest that in the years following deployment, GWVs who were exposed to both traumatic events and neurotoxicants may experience more severe and chronic PTSD symptoms than those without neurotoxicant exposures.

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<https://doi.org/10.1080/08995605.2022.2028532>

## **The influence of romantic relationships in assessment of suicide risk in U.S. Army Soldiers.**



Samantha A. Chalker, Chandra E. Khalifian, Robert Milano, Jacqueline Dende & David A. Jobes

Military Psychology

Published online: 01 Mar 2022

Even though suicide theories highlight the importance of interpersonal connection, little is known about how romantic relationships impact suicide risk among military personnel seeking treatment for suicidal thoughts and behaviors. Data were drawn from active-duty U.S. Soldier participants with suicidal ideation engaged in a suicide-focused treatment – the Collaborative Assessment and Management of Suicidality (CAMS). This exploratory study used a mixed-methods approach to examine two aims: (a) frequencies in which romantic relationships were endorsed in the context of the initial the Suicide Status Form (SSF; the multipurpose clinical tool used in CAMS) and (b) if having endorsed romantic relationships were implicated in their suicidal thoughts and self-inflicted injuries regardless of intent (i.e., non-suicidal self-injury and suicide attempts). We found that 76% of participants mentioned a romantic partner in at least one qualitative assessment item on the SSF. More specifically, 22.6% identified their romantic relationship as a reason for living or a reason for dying, and half of those participants indicated that their romantic relationship was both a reason for living and dying. Soldier participants who identified a current romantic relationship problem, were significantly more likely to have made a self-inflicted injury regardless of intent in their lifetime. Overall, suicidal thoughts and behaviors are intertwined with romantic relationship dynamics, and suicide-focused interventions may benefit from directly addressing these relationship issues with active-duty Soldiers.

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<https://doi.org/10.1080/08995605.2021.2025012>

### **Stereotyping of student service members and Veterans on a university campus in the U.S.**

Thomas C. Motl, Kylie A. George, Brandon J. Gibson, Maria A. Mollenhauer & Lindsay Birke

Military Psychology

Published online: 01 Mar 2022

Studies about the experience of Student Service Members and Veterans (SSM/Vs) at U.S. institutions of higher education have consistently found that SSM/Vs believe that their military status results in stereotyping by peers. This is the first study to use quantitative methods to examine 1) the stereotypes SSM/Vs believe exist about them, and 2) the stereotypes actually displayed by non-SSM/V peers. A survey was administered to 177 students (87 SSM/Vs and 90 non-SSM/Vs) at a large, four-year university in the Midwest United States. Explicit questions and an experimental manipulation were used to address the research questions. Findings suggest that SSM/Vs believe more negative stereotypes exist than do non-SSM/Vs. Further, of 48 attributes used as options, the current methodology uncovered evidence of 6 specific stereotypes that non-SSM/Vs hold about SSM/Vs: disciplined, leader, masculine, mentally ill, stuck in the past, and tense. These results can guide future research about SSM/V transition to higher education, and address specific barriers to the well-being of this population.

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### **Veterans to workplace: Keys to successful transition.**

Fred Mael, Will Wyatt & Uma Janardana Iyer

Military Psychology

Published online: 01 Mar 2022

The purpose of the current research effort was two-fold: (a) determine what behaviors successful veteran job candidates perform during the job application process that distinguish them from less successful ones, and (b) identify the behaviors of successfully employed veterans that distinguish them from those that are less successful or unable to maintain civilian employment. To address these issues, a research initiative was undertaken by the City of Clarksville, TN; Montgomery County, TN; the Tennessee Department of Labor; and the Tennessee Department of Veterans Services. Researchers conducted a qualitative study in the environs of Nashville, TN and Clarksville, TN, where Fort Campbell a United States Army installation, is located. Hiring managers, human resource directors, and veteran employees at 10 private sector companies and 10 public sector organizations in the region participated in focus groups. In addition, spouses of transitioning veterans participated in focus groups. The results of this investigation involving over 300 people are described. Implications for practice are discussed and future directions for research have been presented.

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<https://doi.org/10.1111/jsr.13572>

## **Digital cognitive behaviour therapy for insomnia (dCBT-I): Chronotype moderation on intervention outcomes.**

Patrick Faaland, Øystein Vedaa, Knut Langsrud, Børge Sivertsen, Stian Lydersen, Cecilie L. Vestergaard, Kaia Kjørstad, Daniel Vetthe, Lee M. Ritterband, Allison G. Harvey, Tore C. Stiles, Jan Scott, Håvard Kallestad

Journal of Sleep Research

First published: 27 February 2022

Using data from 1721 participants in a community-based randomized control trial of digital cognitive behavioural therapy for insomnia compared with patient education, we employed linear mixed modelling analyses to examine whether chronotype moderated the benefits of digital cognitive behavioural therapy for insomnia on self-reported levels of insomnia severity, fatigue and psychological distress. Baseline self-ratings on the reduced version of the Horne–Östberg Morningness–Eveningness Questionnaire were used to categorize the sample into three chronotypes: morning type (n = 345; 20%); intermediate type (n = 843; 49%); and evening type (n = 524; 30%). Insomnia Severity Index, Chalder Fatigue Questionnaire, and Hospital Anxiety and Depression Scale were assessed pre- and post-intervention (9 weeks). For individuals with self-reported morning or intermediate chronotypes, digital cognitive behavioural therapy for insomnia was superior to patient education on all ratings (Insomnia Severity Index, Chalder Fatigue Questionnaire, and Hospital Anxiety and Depression Scale) at follow-up (p-values  $\leq 0.05$ ). For individuals with self-reported evening chronotype, digital cognitive behavioural therapy for insomnia was superior to patient education for Insomnia Severity Index and Chalder Fatigue Questionnaire, but not on the Hospital Anxiety and Depression Scale (p = 0.139). There were significant differences in the treatment effects between the three chronotypes on the Insomnia Severity Index (p = 0.023) estimated difference between evening and morning type of  $-1.70$ , 95% confidence interval:  $-2.96$  to  $-0.45$ , p = 0.008, and estimated difference between evening and intermediate type  $-1.53$ , 95% confidence interval:  $-3.04$  to  $-0.03$ , p = 0.046. There were no significant differences in the treatment effects between the three chronotypes on the Chalder Fatigue Questionnaire (p = 0.488) or the Hospital Anxiety and Depression Scale (p = 0.536). We conclude that self-reported chronotype moderates the effects of digital

cognitive behavioural therapy for insomnia on insomnia severity, but not on psychological distress or fatigue.

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**“You’re going to look at me differently”: A qualitative study of disclosure experiences among survivors of military sexual assault.**

Anne K. Rufa, Kathryn K. Carroll, Ashton Lofgreen, Brian Klassen, Philip Held, Alyson K. Zalta

Journal of Traumatic Stress

First published: 26 February 2022

Most survivors of sexual assault who disclose their experience do so within their social network. Prior research on disclosure among individuals who experience sexual trauma has mainly focused on childhood sexual abuse, college-aged women, or disclosure to formal sources of support (e.g., treatment providers). There is limited research on disclosure among veteran survivors of military sexual assault (MSA). The current qualitative study aimed to explore the disclosure experiences of treatment-seeking survivors of MSA. Participants were 17 veterans (n = 13 women, n = 4 men), aged 33–65 years, who reported experiencing MSA. During semistructured interviews, participants were asked about their experiences disclosing MSA to informal support persons (e.g., family members, partners, friends). A narrative thematic analysis identified 11 themes that emerged throughout different aspects of the disclosure, including (a) preparation and reason for disclosure (reactive or spontaneous disclosures, disclosure as an explanation/obligation), (b) expectations about the disclosure experience (no expectations, negative expectations grounded in socialized beliefs, positive expectations based on specific relationships, mismatch between experience and expectation), (c) the actual disclosure experience (negative experiences of personalization, supportive responses, share shame), and (d) military context (disclosing to another member of the military, reporting dynamics). Additional subthemes were nested within these categories. The findings indicated common experiences across participants, particularly regarding disclosure rationale. Key differences were largely influenced by contextual factors (e.g., response of the disclosure recipient). These findings hold implications for clinicians working with survivors of MSA who are preparing for and coping with the consequences of disclosure.

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<https://doi.org/10.1002/jts.22807>

**Gender differences in disorders comorbid with posttraumatic stress disorder among U.S. Sailors and Marines.**

Kristen H. Walter, Jordan A. Levine, Naju J. Madra, Jessica L. Beltran, Lisa H. Glassman, Cynthia J. Thomsen

Journal of Traumatic Stress

First published: 26 February 2022

Psychological comorbidity, the co-occurrence of mental health disorders, is more often the rule than the exception among individuals with posttraumatic stress disorder (PTSD). Research shows that prevalence estimates for specific psychological disorders differ by gender; however, little is known about whether these patterns persist in the presence of a comorbid PTSD diagnosis. This study examined gender differences in prevalence estimates for conditions comorbid with PTSD using medical records for 523,626 active duty U.S. Sailors and Marines who entered the military over an 8-year period. Using chi-square tests of independence, we detected statistically significant gender differences for specific comorbid conditions in the subsample of 9,447 service members with a PTSD diagnosis. Women were more likely than men to have PTSD with comorbid adjustment, OR = 1.35; depressive, OR = 1.71; and generalized anxiety or other anxiety disorders, OR = 1.16, with the largest effects for eating, OR = 12.60, and personality disorders, OR = 2.97. In contrast, women were less likely than men to have a diagnosis of PTSD with comorbid alcohol use, OR = 0.69, and drug use disorders, OR = 0.72, with the largest effects for insomnia, OR = 0.42, and traumatic brain injury, OR = 0.17. No significant gender differences emerged for comorbid bipolar, obsessive–compulsive, panic/phobic, psychotic, or somatoform/dissociative disorders,  $ps = .029–.314$ . The results show gender differences in conditions comorbid with PTSD generally align with internalizing and externalizing dimensions. Differences in comorbidities with PTSD between women and men could have implications for treatment development and delivery.

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<https://doi.org/10.5664/jcsm.9926>

## **Sleep disorder symptoms are associated with greater posttraumatic stress and anger symptoms in U.S. army service members seeking treatment for PTSD.**

Shannon R. Miles, PhD , Kristi E. Pruiksma, PhD , Danica Slavish, PhD , Jessica R. Dietch, PhD , Sophie Wardle-Pinkston, MS , Brett T. Litz, PhD , Matthew Rodgers, MD , Karin L. Nicholson, MD , Stacey Young-McCaughan, RN, PhD , Katherine A. Dondanville, PhD , Risa Nakase-Richardson, PhD , Jim Mintz, PhD , Terence M. Keane, PhD , Alan L. Peterson, PhD , Patricia A. Resick, PhD , Daniel J. Taylor, PhD , on behalf of the Consortium to Alleviate PTSD

Journal of Clinical Sleep Medicine

Published Online: February 25, 2022

### **STUDY OBJECTIVES:**

Characterize associations between sleep impairments and posttraumatic stress disorder (PTSD) symptoms, including anger, in service members seeking treatment for PTSD.

### **METHODS:**

Ninety-three US Army personnel recruited into a PTSD treatment study completed the baseline assessment. State of the science sleep measurements included (1) retrospective, self-reported insomnia, (2) prospective sleep diaries assessing sleep patterns and nightmares, and (3) polysomnography (PSG) measured sleep architecture and obstructive sleep apnea-hypopnea (OSAH) severity. Dependent variables included self-report measures of PTSD severity and anger severity. Pearson correlations and multiple linear regression analyses examined if sleep symptoms, not generally measured in PTSD populations, were associated with PTSD and anger severity.

### **RESULTS:**

All participants met PTSD, insomnia, and nightmare diagnostic criteria. Mean sleep efficiency = 70%, total sleep time = 5.5 hours, obstructive sleep apnea/hypopnea (OSAH index  $\geq 5$ ) = 53%, and clinically significant anger = 85%. PTSD severity was associated with insomnia severity ( $\beta = .58$ ), nightmare severity ( $\beta = .24$ ), nightmare frequency ( $\beta = .31$ ), and time spent in Stage 1 sleep ( $\beta = .27$ , all  $p < .05$ ). Anger severity was associated with insomnia severity ( $\beta = .37$ ), nightmare severity ( $\beta = .28$ ), and OSAH during rapid eye movement ( $\beta = .31$ , all  $p < .05$ ).

### **CONCLUSIONS:**

Insomnia and nightmares were related to PTSD and anger severity, and OSAH was

related to anger. Better assessment and evidence-based treatment of these comorbid sleep impairments in service members with PTSD and significant anger, should result in better PTSD, anger, and quality of life outcomes.

CLINICAL TRIALS REGISTRATION:

Registry: ClinicalTrials.gov; Name: Treatment of Comorbid Sleep Disorders and Post Traumatic Stress Disorder; Identifier: NCT02773693;  
URL: <https://clinicaltrials.gov/ct2/show/NCT02773693>

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<https://doi.org/10.1080/08995605.2022.2040939>

**What is “safety”? Lethal means counseling as a cross-cultural communication.**

Larry D. Pruitt, Jeffrey C. Sung & Kara A. Walker

Military Psychology

Published online: 02 Mar 2022

U.S. suicide rates have risen every year over the past two decades with self-directed firearm use as the method accounting for the highest proportion of deaths. This pattern is particularly pronounced among veterans and members of the U.S. Armed Forces. The numerical burden of firearm-related suicide accompanied by characteristics of self-directed firearm injury have motivated the development of lethal means safety initiatives focused on firearms. Simultaneously, research has sought to characterize patterns of firearm ownership and use among veterans as well as optimal strategies for clinicians to deliver suicide prevention messages to firearm owners. Increasingly, findings from research have been understood as cultural factors that warrant greater attention to improve the quality of lethal means counseling. Here, we review and interpret selected research on cultural aspects of firearm ownership and suggest that cultural differences between health care practitioners and firearm owners may result in health care practitioners delivering clinical interventions that are broadly divergent from perspectives within the cultural frameworks of firearm owners. We follow by organizing these cultural factors into existing frameworks of cultural competency training as a basis for developing curriculum for health care practitioners to improve clinical care.

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<https://doi.org/10.1080/08995605.2022.2040918>

### **The effect of intimate partner violence on treatment response in an intensive outpatient program for suicide-bereaved military widows.**

Allyson M. Blackburn, Bingyu Xu, Lauren Gibson, Edward C. Wright & Bonnie Y. Ohye

Military Psychology

Published online: 02 Mar 2022

Suicide-bereaved military widows can struggle with posttraumatic stress disorder (PTSD) and prolonged grief. Intimate partner violence survivors (IPV) are particularly at risk. We examined whether IPV impacts outcomes in a two-week intensive outpatient program for N = 50 suicide-bereaved military widows. Mixed-model regressions were employed to examine the effects of IPV, time, and their interaction on symptoms. Thirty-four percent experienced IPV perpetrated by their deceased veteran. Symptoms improved at post-treatment ( $ps < .001$ ), one-month ( $ps < .01$ ), and three-month follow-up ( $ps < .001$ ). There was no significant effect of IPV or significant interaction ( $ps > .05$ ), indicating that IPV survivors also benefitted from treatment.

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<https://doi.org/10.1080/08995605.2022.2035643>

### **Contextual dimensions of moral injury: An interdisciplinary review.**

Tine Molendijk, Willemijn Verkoren, Annelieke Drogendijk, Martin Elands, Eric-Hans Kramer, Annika Smit & Désirée Verweij

Military Psychology

Published online: 02 Mar 2022

The concept of moral injury, referring to the psychological impact of having one's moral expectations and beliefs violated, is gaining a firm place in research on military trauma. Yet, although moral injury has the recognized potential to extend the understanding of trauma beyond the individualizing and pathologizing focus of the clinical realm, most studies nevertheless focus on clinical assessment, diagnosis and treatment. This review aims to contribute to a better understanding of contextual dimensions of moral injury. To this end, it complements current theory on moral injury with a systematic review of literature relevant to contextual factors in moral injury. It draws together insights from



psychology, philosophy, theology and social sciences into spiritual/existential, organizational, political and societal dimensions of moral injury. Thus an interdisciplinary theoretical foundation is created for context-sensitive research and interventions.

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<https://doi.org/10.1016/j.sleep.2022.02.018>

## **Advancement in the contemporary clinical diagnosis and treatment strategies of insomnia disorder.**

Soumi Paul, Karavadi Vidusha, Sivasudha Thilagar, Dinesh Kumar Lakshmanan, Guna Ravichandran, Abirami Arunachalam

Sleep Medicine

Available online 1 March 2022

### Highlights

- Recent classifications prioritized specific clinical attention as insomnia disorder.
- Current classifications sub-typed insomnia based only on its frequency and duration.
- It is a hyperarousal state of physiological, cortical, behavioral-cognitive changes.
- Insomnia diagnosis should use subjective-objective tools for diagnostic accuracy.
- Insomnia treatments include non-pharma strategies, pharmacotherapy, phytotherapy.

### Abstract

This review is intended to provide an updated summary of, but not limited to, classification, etiopathogenesis, diagnosis, and treatment strategies for insomnia disorder. The severity of insomnia symptoms irrespective of co-existing primary medical condition/s in the studied patients classified insomnia as 'insomnia disorder' to prioritize the clinical attention on insomnia (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition). The frequency and duration of symptoms further divided insomnia into chronic, short-term, and other insomnia disorder (International Classification of Sleep Disorders, Third Edition). This disorder is a phenomenal state of hyperarousal developed and perpetuated by environmental, behavioral, cognitive, genetic, socioeconomic, preexisting medical factors. Overarching physiological, cortical, behavioral, and cognition changes in hyperarousal manifest insomnia disorder. It, sometimes, leads to the co-occurrence of other chronic medical condition/s. The contemporary diagnosis of insomnia disorder needs to consider modified diagnostic

criteria, growing evidence on insomnia disorder symptoms, associated factors, co-existing medical condition/s (if any) to identify the subjective severity of insomnia disorder and design a treatment plan. The recommended treatment strategies include cognitive-behavioral therapy for insomnia (CBTI) and pharmacotherapy. However, CBTI lacks accessibility, qualified facilitators, and pharmacotherapy has limitations like side effects, physiological tolerance/dependence. The investigation of phytochemicals subdued these drawbacks of existing treatments as some compounds showed anti-insomniac potential. Furthermore, complementary alternative medicines (CAMs) like mindfulness-based practices, acupuncture, listening to music, Yogasanas, Pranayama, digital cognitive behavioral therapy for insomnia (dCBTI) during bedtime proved supportive in insomnia disorder treatment.

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<https://doi.org/10.1186/s40359-022-00752-5>

### **The impact of post-traumatic stress on quality of life and fatigue in women with Gulf War Illness.**

Shastry, N., Sultana, E., Jeffrey, M., Collado, F., Kibler, J., DeLucia, C., Fletcher, M. A., Klimas, N., & Craddock, T.

BMC Psychology

2022 Feb 25; 10(1): 42

#### Background:

Gulf War Illness (GWI) is a chronic, multi-symptomatic disorder characterized by fatigue, muscle pain, cognitive problems, insomnia, rashes, and gastrointestinal issues affecting an estimated 30% of the ~ 750,000 returning military Veterans of the 1990-1991 Persian Gulf War. Female Veterans deployed to combat in this war report medical symptoms, like cognition and respiratory troubles, at twice the rate compared to non-deployed female Veterans of the same era. The heterogeneity of GWI symptom presentation complicates diagnosis as well as the identification of effective treatments. This is exacerbated by the presence of co-morbidities. Defining subgroups of the illness may help alleviate these complications. One clear grouping is along the lines of gender. Our aim is to determine if women with GWI can be further subdivided into distinct subgroups based on post-traumatic stress disorder (PTSD) symptom presentation.

#### Methods:

Veterans diagnosed with GWI (n = 35) and healthy sedentary controls (n = 35) were

recruited through the Miami Veterans Affairs Medical Health Center. Symptoms were assessed via the RAND short form health survey, the multidimensional fatigue inventory, and the Davidson trauma scale. Hierarchical regression modeling was performed on measures of health and fatigue with PTSD symptoms as a covariate. This was followed by univariate analyses conducted with two separate GWI groups based on a cut-point of 70 for their total Davidson trauma scale value and performing heteroscedastic t-tests across all measures.

#### Results:

Based on the distinct differences found in PTSD symptomology regarding all health and trauma symptoms, two subgroups were derived within female GWI Veterans. Hierarchical regression models displayed the comorbid effects of GWI and PTSD, as both conditions had measurable impacts on quality of life and fatigue ( $\Delta R^2 = 0.08-0.672$ ), with notable differences in mental and emotional measures. Overall, a cut point analysis indicated poorer quality of life and greater fatigue within all measures for women with GWI and PTSD symptoms in comparison to those women with GWI without PTSD symptoms and healthy controls.

#### Conclusions:

Our current findings support the understanding that comorbid symptoms of GWI and PTSD subsequently result in poorer quality of life and fatigue, along with establishing the possibility of varying clinical presentations.

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<https://doi.org/10.1093/milmed/usac014>

### **Is Prehospital Ketamine Associated With a Change in the Prognosis of PTSD?**

Ted Melcer, PhD, G Jay Walker, BA, Judy L Dye, NP, Benjamin Walrath, MD, MPH, Andrew J MacGregor, PhD, Katheryne Perez, MPH, Michael R Galarneau, MS, NRERMT

Military Medicine

Published: 01 February 2022

#### Introduction

Ketamine is an alternative to opioids for prehospital analgesia following serious combat injury. Limited research has examined prehospital ketamine use, associated injuries

including traumatic brain injury (TBI) and PTSD outcomes following serious combat injury.

### Materials and Methods

We randomly selected 398 U.S. service members from the Expeditionary Medical Encounter Database who sustained serious combat injuries in Iraq and Afghanistan, 2010-2013. Of these 398 patients, 213 individuals had charted prehospital medications. Clinicians reviewed casualty records to identify injuries and all medications administered. Outcomes were PTSD diagnoses during the first year and during the first 2 years postinjury extracted from military health databases. We compared PTSD outcomes for patients treated with either (a) prehospital ketamine (with or without opioids) or (b) prehospital opioids (without ketamine).

### Results

Fewer patients received prehospital ketamine (26%, 56 of 213) than only prehospital opioids (69%, 146 of 213) (5%, 11 of 213 received neither ketamine nor opioids). The ketamine group averaged significantly more moderate-to-serious injuries, particularly lower limb amputations and open wounds, compared with the opioid group ( $P_s < .05$ ). Multivariable regressions showed a significant interaction between prehospital ketamine (versus opioids) and TBI on first-year PTSD ( $P = .027$ ). In subsequent comparisons, the prehospital ketamine group had significantly lower odds of first-year PTSD (OR = 0.08, 95% CI [0.01, 0.71],  $P = .023$ ) versus prehospital opioids only among patients who did not sustain TBI. We also report results from separate analyses of PTSD outcomes among patients treated with different prehospital opioids only (without ketamine), either morphine or fentanyl.

### Conclusions

The present results showed that patients treated with prehospital ketamine had significantly lower odds of PTSD during the first year postinjury only among patients who did not sustain TBI. These findings can inform combat casualty care guidelines for use of prehospital ketamine and opioid analgesics following serious combat injury.

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<https://doi.org/10.1037/ser0000608>

### **Delivery of written exposure therapy for PTSD in a university counseling center.**

Morissette, S. B., Ryan-Gonzalez, C., Blessing, A., Judkins, J., Crabtree, M., Hernandez, M. F., Wiltsey-Stirman, S., & Sloan, D. M.

Psychological Services  
Advance online publication

Posttraumatic stress disorder (PTSD) occurs at high rates among college students, and there is an urgent need to develop brief and accessible interventions to help these at-risk students achieve academic and career success. This open-trial pilot study tested the feasibility and effectiveness of Written Exposure Therapy (WET; Sloan & Marx, 2019), a brief, five-session exposure-based treatment, when delivered in a real-world Counseling Services Center. Students who met criteria for probable PTSD were assessed at baseline, posttreatment, and 3-month follow-up using self-report assessments of PTSD and depression. Of 28 eligible college students, 22/28 (78.6%) completed at least one treatment session, and of those students, 14/22 (63.6%) completed the full five sessions, 12 of whom completed both the posttreatment assessment and the 3-month follow-up assessment. Data were analyzed using intent-to-treat ( $N = 22$ ) and per-protocol ( $n = 12$ ) samples. As hypothesized, in both samples, PTSD symptoms decreased from baseline to posttreatment ( $\eta^2 = .60-.81$ ; very large effects), and these improvements were maintained at the 3-month follow-up. Similar findings were observed with respect to decreases in self-reported depression, but not with respect to decreases in educational impairment or increases in academic self-efficacy. Qualitative data indicated that both students and therapists found the treatment credible and acceptable. These findings offer preliminary support for the utility of WET for PTSD when delivered in a student counseling services center. Suggestions for adapting WET within a student counseling services environment are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

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<https://doi.org/10.1080/08854726.2022.2032981>

### **A communal intervention for military moral injury.**

Chris J. Antal, Peter D. Yeomans, Kelly Denton-Borhaug & Scott A. Hutchinson

Journal of Health Care Chaplaincy

Published online: 03 Feb 2022

The Moral Injury Group (MIG) at the Corporal Michael J. Crescenz (Philadelphia) VA Medical Center (CMCVAMC) is an example of collaborative care between chaplains and psychologists that engages religious, academic, and not-for-profit communities, as

well as the media and other organizations external to the healthcare context. The intervention is primarily informed by a unique conceptualization: the moral injury (MI) of individual veterans is rooted in the unfair distribution of appropriate moral pain and best addressed through communal intervention that facilitates broader moral engagement and responsibility. MI is a public health issue that arises from the unfair distribution of appropriate moral pain and is sourced by the sedimentary layers of structural violence in US institutions related to war, and US war-culture. Preventing veteran suicide and promoting public health requires a larger social analysis and more broad-based, collective and collaborative understanding of, and response to, US war-culture, extending responsibility for MI care and prevention beyond individual veterans in health care institutions and clinical settings to US society.

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<https://doi.org/10.1037/tra0001206>

**“How can they treat it if they can't identify it?": Mental health professionals' knowledge and perspectives of moral injury.**

Levi-Belz, Y., & Zerach, G.

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

**Objective:**

Moral injury (MI) is a stressor-related phenomenon that may entail long-term ramifications. However, no study to date has examined mental health professionals' (MHPs') knowledge and treatment perspectives regarding patients with MI. This study aims to shed light on MHPs' perspectives in an experimental design using a manipulation concerning a hypothetical patient.

**Method:**

The sample included 846 MHPs who were presented with one of four vignettes of a virtual patient with differential clinical conditions. Participants were then posed several questions regarding the patient's clinical condition, their willingness to treat, and their knowledge regarding MI.

**Results:**

Most participants reported no knowledge regarding MI. MHPs receiving MI-related scenarios were less willing to treat and more willing to refer the patient out than MHPs

receiving non-MI scenarios. Professional seniority and training concerning MI contributed to greater familiarity with MI.

Conclusion:

The findings highlight that MHPs have minimal knowledge of MI, which may relate to their reluctance to treat patients with the psychological manifestations of MI. (Psychnfo Database Record (c) 2022 APA, all rights reserved)

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<https://doi.org/10.1007/s42843-022-00054-9>

### **Building Compassion Fatigue Resilience: Awareness, Prevention, and Intervention for Pre-Professionals and Current Practitioners.**

Melissa L. Paiva-Salisbury & Kerry A. Schwanz

Journal of Health Service Psychology

Published: 03 February 2022

Compassion fatigue (CF), or the extreme stress and burnout from helping others, is widely considered to be harmful to professional well-being. Due to a lack of awareness and education around CF in healthcare professionals, mental health clinicians may feel particularly unsure about how to treat these common symptoms. There is considerable symptom overlap between CF and several other presentations, including posttraumatic stress disorder, depression, insomnias, and substance abuse disorders. Evidenced-based assessments designed to measure symptoms of CF are discussed, as well as screening measures for overlapping presentations. Treating fellow clinicians and pre-professionals comes with unique ethical considerations, most notably privacy concerns that may impact professional development. The culture of training programs does not adequately prepare pre-professionals for psychological well-being. As psychologists, it is our ethical responsibility to advocate for changes in graduate education and at our training sites. By utilizing evidenced-based strategies, such as acceptance and commitment therapy, we can assist professionals and pre-professionals in building resilience as they navigate a career in the helping professions.

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<https://doi.org/10.1055/s-0041-1742143>

## **Neuropsychiatric Treatment for Mild Traumatic Brain Injury: Nonpharmacological Approaches.**

Mollica, A., Dey, A., Cairncross, M., Silverberg, N., & Burke, M. J.

Seminars in Neurology

2022 Feb 3

Postconcussive symptoms following mild traumatic brain injury (mTBI)/concussion are common, disabling, and challenging to manage. Patients can experience a range of symptoms (e.g., mood disturbance, headaches, insomnia, vestibular symptoms, and cognitive dysfunction), and neuropsychiatric management relies heavily on nonpharmacological and multidisciplinary approaches. This article presents an overview of current nonpharmacological strategies for postconcussive symptoms including psychoeducation; psychotherapy; vestibular, visual, and physical therapies; cognitive rehabilitation; as well as more novel approaches, such as neuromodulation. Ultimately, treatment and management of mTBI should begin early with appropriate psychoeducation/counseling, and be tailored based on core symptoms and individual goals.

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<https://doi.org/10.1080/16506073.2021.1996453>

## **Web-based provider training of cognitive behavioral therapy of insomnia: engagement rates, knowledge acquisition, and provider acceptability.**

Allison K. Wilkerson, Sophie Wardle-Pinkston, Jessica R. Dietch, Kristi E. Pruiksma, Richard Oliver Simmons, Brian E. Bunnell & Daniel J. Taylor

Cognitive Behaviour Therapy

Published online: 31 Jan 2022

Insomnia is common but severely underreported and undertreated. One possible reason for this problem is the lack of providers in cognitive behavioral therapy for insomnia (CBT-I). To address this we created CBTIweb.org, an online training platform for providers to learn the basics of sleep, assessing insomnia, and CBT-I. The present study assessed the reach of CBTIweb by examining engagement, knowledge



acquisition, and perceived acceptability. Participants who registered for CBTIweb self-reported their practice setting and personal characteristics (i.e. degree, profession, licensure status). Knowledge acquisition was assessed with pre- and post-tests, and provider acceptability was assessed via a survey. In the first three months after launching CBTIweb, 2586 providers registered and 624 of these completed the training within three months of registering. Chi-square tests of independence revealed no differences in completion rates by education or profession, though trainees were more likely to initiate and complete treatment than licensed providers. Paired t tests revealed significant knowledge acquisition, and most providers positively rated the website navigation, content, aesthetics, and understanding of core CBT-I skills. This study demonstrated CBTIweb is an effective platform for training health professionals to be minimally proficient in the gold standard treatment for insomnia disorder.

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<https://doi.org/10.1177/0095327X211069162>

## **The Culture of Alcohol in the U.S. Military: Correlations With Problematic Drinking Behaviors and Negative Consequences of Alcohol Use.**

Meadows SO, Beckman R, Engel CC, Jeffery DD

Armed Forces & Society

February 2022

Excessive alcohol use, especially binge and heavy drinking, represents a serious threat to force readiness across the Department of Defense. Though these behaviors are a matter of individual service member choice, they are influenced by perceptions of the culture of alcohol use in the military. This paper uses data from the 2018 Health Related Behaviors Survey of Active Duty service members to explore associations between perceived alcohol culture and excessive alcohol use, any serious drinking consequences, risky driving behaviors, productivity loss due to drinking, absenteeism, and presenteeism. Results from multivariate logistic regression reveal a strong, positive correlation between positive perceptions of drinking culture in the military and all outcomes. Targeting perceptions of the drinking culture is one way the military can reduce excessive and unhealthy use of alcohol and negative sequelae.

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<https://doi.org/10.1097/HTR.0000000000000757>

## **Longitudinal Patterns of Alcohol Use Following Traumatic Brain Injury in an Active Duty and Young Veteran Military Sample.**

Steffen-Allen, Faith T. PhD; Marton, Kacey M. PhD; Graves, Lisa V. PhD; Ketchum, Jessica M. PhD; Silva, Marc A. PhD; Loughlin, Jennifer K. PhD; Pawlowski, Carey A. PhD, ABPP; Finn, Jacob PhD; Chung, Joyce S. PhD, MPH

Journal of Head Trauma Rehabilitation  
February 01, 2022

### **Objective:**

To describe alcohol use among younger military active duty service members and veterans (SMVs) in the first 5 years after traumatic brain injury (TBI) and examine whether differential alcohol use patterns emerge as a function of brain injury severity and active duty service at time of injury.

### **Setting:**

Veterans Affairs (VA) Polytrauma Rehabilitation Centers (PRCs).

### **Participants:**

In total, 265 SMVs enrolled in the VA Traumatic Brain Injury Model Systems (TBIMS) PRC national database. Participants sustained a TBI of any severity level; received inpatient care at a PRC within 1 year of injury; were younger than 40 years; and completed survey interviews or questionnaires regarding their pre- and postinjury alcohol use for at least 3 of 4 time points (preinjury, postinjury years 1, 2, and 5).

### **Main Measures:**

Self-reported alcohol use, defined as amount of weekly consumption and endorsement of binge drinking. Participant information related to demographics, injury, TBI severity, active duty status, mental health treatment, and FIM (Functional Independence Measure) total scores was also obtained to examine impact of these as covariates in the analyses.

### **Results:**

Alcohol use generally increased following an initial period of reduced consumption for SVMs with moderate-to-severe TBI. Individuals with mild TBI showed an opposite trend, with an initial period of increased use, followed by a decline and return to baseline

levels in the long term. However, alcohol use did not significantly differ over time within this subsample after adjusting for covariates.

#### Conclusions:

The current study identified longitudinal alcohol use among a young, military/veteran cohort with a history of TBI, an at-risk population for problematic alcohol use. Patterns of self-reported alcohol consumption suggest the time frame of 2 to 5 years postinjury may be a critical window of opportunity for further intervention to maintain lowered levels of alcohol use, particularly among SVMs with moderate-to-severe TBI.

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<https://doi.org/10.1111/sltb.12829>

### **Military mental health professionals' suicide risk assessment and management before and after experiencing a patient's suicide.**

Noam Paz Yunik MA, Miriam Schiff PhD, Shira Barzilay PhD, Nirit Yavnai DMD, MPH, Ariel Ben Yehuda MD MHA, Leah Shelef PhD

Suicide and Life-Threatening Behavior

First published: 04 February 2022

#### Objective

This study examines the association between a patient's suicide and the therapist's suicide risk assessment (SRA) and suicide risk management (SRM) of patients, following the occurrence.

#### Method

SRA values range from “absence of suicidality” to “immediate suicidal intent to die”. SRM consists of therapists' written recommendations. Rates of the various SRA and SRM values in therapists' evaluations were assessed 6-months prior to the suicide and at the two three- and six-month time-points thereafter.

#### Results

Of the 150 soldiers who died by suicides, 30 (20%) visited 50 military therapists in the 6 months preceding their deaths. Using Wilcoxon signed rank test, lower SRA rates of “threatens suicide” were found 2 months after a patient's suicide. Regarding SRM, the mean rates for “recommendations for psychotherapy treatment” were higher at the two ( $p = 0.022$ ) and the 3 month time-points ( $p = 0.031$ ) after a suicide.

## Conclusions

The SRA findings may indicate therapists' fear of treating suicidal patients, causing them to overlook patients' non-prominent suicide-risk indicators. In SRM, the higher rate of recommendations for additional therapy sessions rather than military release or referrals to other therapists may relate to over-caution and attempts to control the patient's therapy ensuring it's done properly.

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## Links of Interest

Naval Health Research Center Study Indicates U.S. Troops Who Saw Combat

<https://news.usni.org/2022/03/04/naval-health-research-center-study-indicates-u-s-troops-who-saw-combat-more-likely-to-experience-mental-health-issues>

Army general shares emotional plea with soldiers: I want to talk to you, 'not attend your funeral'

<https://taskandpurpose.com/news/army-general-suicide-weapon-storage/>

Defense Department to expand gun safety efforts in an attempt to reduce military suicides

<https://www.militarytimes.com/news/pentagon-congress/2022/03/03/defense-department-to-expand-gun-safety-efforts-in-an-attempt-to-reduce-military-suicides/>

Military suicide prevention efforts are falling short, Pentagon concedes

<https://www.militarytimes.com/news/pentagon-congress/2022/03/02/military-suicide-prevention-efforts-are-falling-short-pentagon-concedes/>

Air Force reviewing gender-biased policies affecting airmen, guardians

<https://www.airforcetimes.com/news/your-air-force/2022/03/07/air-force-reviewing-gender-biased-policies-affecting-airmen-guardians/>

Native American veterans encompass resilience, overcome health care challenges

<https://www.militarytimes.com/veterans/2022/03/07/native-american-veterans-encompass-resilience-overcome-health-care-challenges/>

Longer PTSD Treatment Strongly Linked to Beneficial Response for Military Personnel and Veterans

<https://jamanetwork.com/journals/jama-health-forum/fullarticle/2788769>

How are military teens coping? Landmark study will follow them over time to find out <https://www.militarytimes.com/pay-benefits/2022/03/08/how-are-military-teens-coping-landmark-study-will-follow-them-over-time-to-find-out/>

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**Resource of the Week: [Resources available to Veterans experiencing emotional distress due to recent world events](#)**

From the U.S. Department of Veterans Affairs (VA):

Veterans may be experiencing a range of challenging emotions related to the Russian invasion of Ukraine. Veterans who served in U.S. military conflicts may be feeling emotional distress, reminded of their own deployment experiences. The following is a quote from VA Secretary Denis McDonough, and a list of available VA and partner resources.

“I know that many of you, like me, have been deeply affected by the war in Ukraine,” McDonough said. “My heart goes out to the Ukrainian people as they defend themselves from this unprovoked attack, and to everyone impacted by this terrible war. Please know that we at VA are here for you during this difficult time. Whether you want to speak to another Veteran, talk to a therapist, call our crisis line at 1-800-273-8255 (press 1) or text 838255, visit one of our Vet centers, or access any of VA’s mental health services online at [www.MentalHealth.va.gov](http://www.MentalHealth.va.gov), we are standing by and ready to help – today and every day.”



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