

CDP



Research Update -- April 7, 2022

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<https://doi.org/10.4088/JCP.20m14029>

Posttraumatic Stress Disorder in US Military Veterans: Results From the 2019-2020 National Health and Resilience in Veterans Study.

Wisco, B. E., Nomamiukor, F. O., Marx, B. P., Krystal, J. H., Southwick, S. M., & Pietrzak, R. H.

The Journal of Clinical Psychiatry
March/April 2022

Objective:

The US military veteran population is changing rapidly, and contemporary data on the prevalence of DSM-5 posttraumatic stress disorder (PTSD) are lacking. The DSM-5 clarified PTSD Criterion A to delineate direct and indirect trauma exposures, but effects on the conditional probability of PTSD and functional impairment remain unknown. The objectives of this study were to provide contemporary estimates of PTSD prevalence and conditional probabilities in the US military veteran population, determine the likelihood of developing PTSD following direct versus indirect exposures to potentially traumatic events (PTEs), and examine the effects of direct and indirect PTEs and PTSD on functional impairment.

Methods:

Data were analyzed from the 2019–2020 National Health and Resilience in Veterans Study (NHRVS), an online survey of a nationally representative sample of US military veterans conducted from November 2019 to March 2020 (median completion date: November 21, 2019). Trauma exposures were assessed with the Life Events Checklist-5 and PTSD with the PTSD Checklist for DSM-5.

Results:

The weighted prevalence of lifetime PTSD was 9.4% (95% CI, 8.5%–10.3%) and of past-month PTSD was 5.0% (95% CI, 4.3%–5.7%). Direct PTEs were associated with increased odds of lifetime (odds ratio [OR] = 1.36; 95% CI, 1.30–1.42) and past-month PTSD (OR = 1.38; 95% CI, 1.31–1.46), but indirect PTEs were not (lifetime OR = 1.01; 95% CI, 1.00–1.03; past-month OR = 0.99; 95% CI, 0.97–1.00). Both PTSD (unstandardized B = 6.11, SE = 0.35) and direct PTEs (unstandardized B = 0.13,

SE = 0.04), but not indirect PTEs, were significantly associated with functional impairment after adjustment for demographic and psychiatric variables.

Conclusions:

The prevalence of lifetime PTSD in US military veterans (9.4%) is slightly higher than 2016 estimates (6.9%–8.1%). Direct and indirect PTEs are prevalent in US military veterans, with only direct PTEs associated with higher conditional probability of past-month PTSD and greater functional impairment.

<https://doi.org/10.1176/appi.ps.202100523>

Adapting the Cultural Formulation Interview for the Military.

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Psychiatric Services

Published Online: 23 Feb 2022

Objective:

U.S. military service members, veterans, and their families increasingly seek care from providers with limited knowledge of military culture. The 16-item core DSM-5 Cultural Formulation Interview (CFI) was designed to integrate cultural factors into assessment and treatment of mental disorders. Although the CFI was designed for use with all patients, it is unknown whether the CFI adequately assesses military culture. The authors describe a methodology to determine the need for specific CFI versions and how to create a version for use with persons affiliated with the military.

Methods:

Published articles on cultural competence in the military were systematically reviewed. Cultural domains were abstracted from each article, inductively coded, and hierarchically organized for assessment against the core CFI. A military CFI was created with additional implementation instructions, questions, and probes when the core CFI was inadequate for eliciting relevant cultural domains.

Results:

Sixty-three articles were included. Coding revealed 22 military culture domains, of which

only five would be elicited in the core CFI without additional guidance. Twelve of 16 questions in the core CFI required additional instructions, five benefited from question edits, and 10 needed additional probing questions. On the basis of these results, the authors crafted a military version of the CFI for service members, veterans, and their families.

Conclusions:

The military CFI for clinicians assesses aspects of military culture that are not comprehensively evaluated through the core CFI. The development process described in this article may inform the creation of other versions when the core CFI does not comprehensively assess cultural needs for specific populations.

<https://doi.org/10.1080/08995605.2022.2054653>

Piloting the feasibility of delivering cognitive-behavioral conjoint therapy online to military veterans and partners.

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Military Psychology

Published online: 01 Apr 2022

Cognitive-Behavior Conjoint Therapy (CBCT) for PTSD has demonstrated efficacy among military couples in which the veteran is experiencing PTSD. Yet, no studies to date have investigated delivering CBCT online. This brief report aims to describe the feasibility of delivering CBCT online to UK military couples. Six military veterans and their partners received CBCT, delivered using an online video platform. They completed mental health measures at the start and end of treatment as well as 12-weeks follow-up. Data trends suggested reduced psychological distress and trauma symptoms as well as increased wellbeing of veterans and partners. On the individual level, most veterans (83.3%) demonstrated clinically significant reductions in PTSD symptoms. Therapist reflections suggested client acceptability of treatment and highlighted considerations for delivering CBCT online. Clinical implications and the need for further empirical investigation of online-delivered CBCT are discussed.

<https://doi.org/10.1002/jts.22775>

The mental health of Vietnam theater veterans—the lasting effects of the war: 2016–2017 Vietnam Era Health Retrospective Observational Study.

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Journal of Traumatic Stress

First published: 15 March 2022

Mental health data from the 2016–2017 Vietnam Era Health Retrospective Observational Study (VE-HEROeS) were analyzed by cohort, represented by United States Vietnam theater veterans (VTs) who served in Vietnam, Cambodia, and Laos; nontheater veterans (NTs) without theater service; and age- and sex-matched nonveterans (NVs) without military service. The exposure of interest was Vietnam theater service. Surveys mailed to random samples of veterans ($n = 42,393$) and nonveterans ($n = 6,885$) resulted in response rates of 45.0% for veterans ($n = 6,735$ VTs, $Mage = 70.09$, $SE = 0.04$; $n = 12,131$ NTs) and 67.0% for NVs ($n = 4,530$). We examined self-report data on four mental health outcomes: probable posttraumatic stress disorder (PTSD), depression, psychological distress, and overall mental health functioning. Weighted adjusted odds ratios (aORs) between each outcome and cohort were estimated, controlling for covariates in four models: cohort plus sociodemographic variables (Model 1), Model 1 plus physical health variables (Model 2), Model 2 plus potentially traumatic events (PTEs; Model 3), and Model 3 plus other military service variables (Model 4). Mental health outcome prevalence was highest for VTs versus other cohorts, with the largest aOR, 2.88, for PTSD, 95% CI [2.46, 3.37], $p < .001$ (Model 4, VT:NT). Physical health and PTEs contributed most to observed effects; other service variables contributed least to aORs overall. Mental health dysfunction persists among VTs years after the war's end. The present results reaffirm previous findings and highlight the need for continued mental health surveillance in VTs.

<https://doi.org/10.1080/23279095.2020.1763999>

Comparing indices of objective and subjective neuropsychological impairments in service members with mild traumatic brain injury.

Johnstone, B., Ramsey, K. G., & Beydoun, H. A.

Applied Neuropsychology, Adult
May-Jun 2022; 29(3): 397-404

Neuropsychological impairments are evaluated using subjective measures and objective tests, although their relationship remains unclear. This is likely because objective data is interpreted in terms of absolute level of functioning (e.g., high average, average, low average) while subjective complaints are interpreted in terms of relative decline from premorbid levels (e.g., mild, moderate, severe). The current study calculated objective indices of estimated degree of relative decline (i.e., difference between current cognitive ability and estimated premorbid level) to compare objective and subjective indices of relative decline for military service members with mild traumatic brain injury (mTBI). Contrary to hypotheses, more indices of absolute level of functioning were significantly correlated with subjective neuropsychological (i.e., Neurobehavioral Symptom Inventory) and psychological complaints (e.g., Personality Assessment Inventory) than relative decline scores. The results suggest stronger cognitive abilities may be associated with greater cognitive reserve or emotional resilience and, thereby, less subjective complaints for individuals with TBI, regardless of the extent of neuropsychological decline experienced.

<https://doi.org/10.1177/10547738211030602>

Acupuncture for Sleep Disturbances in Post-Deployment Military Service Members: A Randomized Controlled Trial.

Clinical Nursing Research
2022 Feb; 31(2): 239-250

This RCT and mixed-methods study examined the difference between two groups receiving the following interventions: (1) brief manual standardized stress acupuncture (MSSA) combined with an abbreviated Cognitive Behavioral Therapy (ACBT) versus (2) ACBT alone. Three study aims: Aim (1): Insomnia Severity Index (ISI) and Pittsburg Sleep Quality Index (PSQI) scores were analyzed using descriptive summaries, linear regression, and reliable change index (RCI). Aim (2): Journal entries were analyzed using content analysis. Aim (3): Acupuncture Expectancy Scale (AES) scores were analyzed using paired t-test and RCI. Aim (1): Both groups demonstrated similar improvements in the ISI scores ($p = .480$). Aim (2): The ACBT/MSSA group reported greater benefits in sleep and in other life areas including mental, physical, and social

functioning. Aim (3): The AES showed that 21.6% had a clinically meaningful increase in expectations in the effect of acupuncture for stress ($p = .965$). The study was registered in ClinicalTrials.gov (NCT04031365) at <https://clinicaltrials.gov/ct2/show/NCT04031365> on July 24, 2019.

<https://doi.org/10.1016/j.amepre.2021.08.020>

Associations Among Military Sexual Trauma, Opioid Use Disorder, and Gender.

Beckman, K. L., Williams, E. C., Hebert, P. L., Frost, M. C., Rubinsky, A. D., Hawkins, E. J., Littman, A. J., & Lehavot, K.

American Journal of Preventive Medicine
2022 Mar; 62(3): 377-386

Introduction:

Opioid use disorder and high-risk opioid prescription increase the risks for overdose and death. In Veterans, military sexual trauma is associated with increased risk for assorted health conditions. This study evaluates the association of military sexual trauma with opioid use disorder and high-risk opioid prescription and potential moderation by gender.

Methods:

In a national sample of Veterans Health Administration outpatients receiving care from October 1, 2009 to August 1, 2017, logistic regression models were fit to evaluate the associations between military sexual trauma and opioid use disorder and high-risk opioid prescription, adjusting for demographic and clinical covariates. A second set of models included a gender X military sexual trauma interaction. Analyses were conducted in 2020-2021.

Results:

Patients with history of military sexual trauma ($n=327,193$) had 50% higher odds of opioid use disorder diagnosis (AOR=1.50, 95% CI=1.45, 1.54, $p<0.001$) and 5% higher odds of high-risk opioid prescription (AOR=1.05, 95% CI=1.04, 1.07, $p<0.001$) than those without history of military sexual trauma ($n=7,738,665$). The effect of military sexual trauma on opioid use disorder was stronger in men than in women. The predicted probability of opioid use disorder among men with history of military sexual

trauma (1.5%) was nearly double that of women with history of military sexual trauma (0.8%).

Conclusions:

Military sexual trauma was a significant risk factor for opioid use disorder and high-risk opioid prescription, with the former association particularly strong in men. Clinical care for Veterans with military sexual trauma should consider elevated risk of opioid use disorder and high-risk opioid prescription.

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<https://doi.org/10.1186/s13063-022-06183-2>

Can families help veterans get more from PTSD treatment? A randomized clinical trial examining Prolonged Exposure with and without family involvement.

Orazem, R. J., Cutting, A., Hagel Campbell, E. M., Astin, M. C., Porter, K. E., Smith, E., Chuck, C. D., Lamp, K. E., Vuper, T. C., Oakley, T. A., Khan, L. B., ... Polusny, M. A.

Trials

2022 Mar 30; 23(1): 243

Background: Posttraumatic stress disorder occurs in as many as one in five combat veterans and is associated with a host of negative, long-term consequences to the individual, their families, and society at large. Trauma-focused treatments, such as Prolonged Exposure, result in clinically significant symptom relief for many. Adherence to these treatments (i.e., session attendance and homework compliance) is vital to ensuring recovery but can be challenging for patients. Engaging families in veterans' treatment could prove to be an effective strategy for promoting treatment adherence while also addressing long-standing calls for better family inclusion in treatment for posttraumatic stress disorder. This paper describes the methods of a pragmatic randomized controlled trial designed to evaluate if family inclusion in Prolonged Exposure can improve treatment adherence.

Methods: One hundred fifty-six veterans, with clinically significant symptoms of posttraumatic stress disorder, will be randomized to receive either standard Prolonged Exposure or Prolonged Exposure enhanced through family inclusion (Family-Supported Prolonged Exposure) across three different VA facilities. Our primary outcomes are

session attendance and homework compliance. Secondary outcomes include posttraumatic stress disorder symptom severity, depression, quality of life, and relationship functioning. The study includes a concurrent process evaluation to identify potential implementation facilitators and barriers to family involvement in Prolonged Exposure within VA.

Discussion:

While the importance of family involvement in posttraumatic stress disorder treatment is non-controversial, there is no evidence base supporting best practices on how to integrate families into PE or any other individually focused trauma-focused treatments for posttraumatic stress disorder. This study is an important step in addressing this gap, contributing to the literature for both retention and family involvement in trauma-focused treatments.

Trial registration:

ClinicalTrials.gov [NCT03256227](https://clinicaltrials.gov/ct2/show/study/NCT03256227). Registered on August 21, 2017.

<http://hdl.handle.net/10945/68835>

Understanding motivational factors of problematic video gaming in the USMC and US Navy.

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Naval Postgraduate School

December 2021

The overarching aim of the study was to assess attributes and aspects of video gaming in the United States Navy (USN) and Marine Corps (USMC). Data were collected from two USN surface ships (in port) and three commands of the USMC. Sailors completed a cross-sectional survey and a 10-day activity log. Marines completed the survey and participated in semi-structured focus groups. Response rates to the surveys ranged from ~7.5% for Marines to ~22.5% for Sailors. Respondents consisted of 86 Sailors and 927 Marines (age MD=24 years, 92.4% males, 84.2% enlisted). From the 1,013 ADSMs, 91.6% reported playing video games (VGs) (age MD=23 years, 94.3% males, 86.1% enlisted). The information provided in the Marine focus groups along with the survey data of both Marines and Sailors suggest that video gaming is highly prevalent in

the military. Many ADSMs began playing video games at 7 or 8 years of age. In general, self-identified gamers used problem-focused and emotion-focused coping styles more frequently than dysfunctional coping styles. Recreation was the most frequently reported motivational dimension for playing VGs, followed by coping with stress. Respondents reported playing VGs at home/off duty more often than when on duty or when underway/deployed. Sailors seem to be more consistent than Marines in their gaming habits. Depending on the setting, gamers reported playing VGs on average 3.75-6 days in a typical week for ~2-3 hours/day. Gamers reported playing VGs generally later in the day (i.e., after work and before bedtime) with 5% to 18% of gamers sleeping later due to VGs. Most gamers reported playing VGs in their racks or the mess decks/common areas when deployed/underway. Gamers reported symptoms of depression (~23% of ADSMs), generalized anxiety disorder (~19%), excessive daytime sleepiness (~33%), and AUDIT-C scores suggestive of heavy drinking (39%). Also, ~32% of gamers reported dissatisfaction with their life. More excessive gamers tended to be younger, used dysfunctional coping styles more frequently, and played video games more frequently and for more hours. Also, more excessive gamers were more likely to report sleeping later because of playing video games, and exhibited more symptoms of major depression, generalized anxiety, and excessive daytime sleepiness. Depending on the criterion used, the prevalence of disordered gaming in the study samples ranged from 0 to 4.85%. Of those who reported playing VGs, ~50% of Marines and 25% of Sailors were identified as problematic gamers. We developed several recommendations and action items, including suggestions for follow-on research.

Prepared for: Manpower and Reserve Affairs (M&RA), Headquarters Marine Corps (HQMC) and the Office of the Chief of Naval Operations/21st Century Sailor Office (OPNAV/N17). This research is supported by funding from the Naval Postgraduate School, Naval Research Program (PE 0605853N/2098). NRP Project ID: NPS-21-M035-A.

<https://doi.org/10.1093/milmed/usac008>

Adjustment Disorder in U.S. Service Members: Factors Associated With Early Separation.

Maria A Morgan, PhD, MPS, Kevin O’Gallagher, Marija Spanovic Kelber, PhD, Abigail L Garvey Wilson, PhD, MPH, Bradley E Belsher, PhD, Daniel P Evatt, PhD

Introduction

Adjustment disorder (AD) is a time-delimited disorder characterized by excessive emotional distress or impaired functioning in response to an identifiable stressor. Although it is commonly diagnosed in mental health settings, its impact on occupational, social and other areas of functioning is not well understood. As a subthreshold disorder that is frequently diagnosed in conjunction with other physical and mental health disorders, the extent of its contribution to functional impairment may be obscured. During military service, research suggests AD is frequently diagnosed in early-service trainees. To help elucidate the relationship between AD and functional outcome, we explored 2 factors that may be associated with the rate of separation from service in U.S. active duty service members (SMs) with an AD diagnosis: previous mental health diagnoses and time in service when SMs receive an incident AD diagnosis (IADx).

Materials and Methods

Twenty-thousand SMs with an IADx were grouped by whether or not this was their first mental health diagnosis received in the military. To assess functional impairment, the 2 groups were compared on rate of separation. Those without prior diagnoses were then stratified into 5 groups based on length of time from military entrance to receipt of IADx and were further analyzed for separation rates. The Cox model was used to determine hazard ratios and create survival curves. The study was determined to be “not human subjects research.”

Results

Nearly half (46.4%) of SMs with an IADx previously had received a mental health diagnosis and had an increased risk of separation [hazard ratio = 1.25 (95% confidence interval: 1.207-1.286)]. Of SMs with IADx as their first diagnosis, 19.3% were diagnosed during the first 6 months of service and had the highest risk of separating [hazard ratio = 1.48 (1.381-1.589)], with a 60% probability of separating within 2 years of diagnosis. Those receiving it during the second 6 months of service (16.2%), second year (20.1%), or third year (18.2%) had approximately a 47% probability of separating within 2 years.

Conclusions

Previous mental health diagnoses and time in service when diagnosed appear to be important factors associated with functional impairment for SMs with AD. Nearly half of those with an IADx had previously received diagnoses for mood, anxiety, and other disorders and were at higher risk of separation following IADx. Our findings are based

on diagnoses entered in electronic health records, so we cannot identify the nature of the stressor that precipitated AD. Nonetheless, early IADx predicted the fastest rate of separation, and it may be an opportune time for interventions to reduce its impact on functional outcomes.

<https://doi.org/10.1016/j.cpr.2022.102132>

Correlates of therapist drift in psychological practice: A systematic review of therapist characteristics.

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Clinical Psychology Review
Volume 93, April 2022

Therapist drift refers to the tendency for psychologists to move away from the delivery of the evidence-based practices in which they are trained, even when resourced to implement them. When therapists do not provide, or only partially provide, empirically supported treatments their patients may receive interventions that are not effective, or that are harmful. The aim of the current study was to conduct a systematic review of the literature to ascertain the correlates of therapist drift in psychological practice, focusing on therapist characteristics. Relevant articles were identified through a comprehensive search of the literature. Sixty-six studies met the inclusion criteria and nine therapist characteristics that correlate with therapist drift were identified. These characteristics included: (1) therapist knowledge; (2) attitudes toward research; (3) therapist anxiety; (4) clinical experience; (5) therapist age; (6) theoretical orientation; (7) critical thinking; (8) personality traits; and (9) cultural competency. The interrelationships between these factors are explored and the clinical implications of results are discussed. Recommendations are made for future research.

<https://doi.org/10.1177/00343552221077942>

Reducing the Influence of Perceived Stress on Subjective Well-Being of Student Veterans With and Without Disabilities: The Protective Role of Positive Traits and Social Support.

Umucu P, Lee P, Berwick A, O'Neill LE, Chan F, Chen X.

Rehabilitation Counseling Bulletin
February 2022

The transition from the regimented environment of military service to a less structured college lifestyle can be stressful for student veterans with and without disabilities, which highlights the importance of exploring protective person-environmental contextual factors that can help student veterans with and without disabilities manage their stress effectively, leading to enhanced well-being. The purpose of this cross-sectional correlational design study was to examine the role of positive person-environment contextual factors, including hope, resilience, core self-evaluations, and social support, to reduce the influence of perceived stress on the subjective well-being (SWB) of student veterans with and without disabilities. The sample included 205 student veterans (71.7% males; 80.5% White; Mage = 29.32; 39% with service-connected disability). Findings suggested that core self-evaluations and social support partially mediated the relationship between perceived stress and SWB in student veterans with and without disabilities. Implications for clinicians, university counselors, and university staff are also discussed.

<https://doi.org/10.1111/sltb.12846>

Alcohol use and death by suicide: A meta-analysis of 33 studies.

Jason Y. Isaacs BA (Hons), Martin M. Smith PhD, Simon B. Sherry PhD, Martin Seno BSc, Mackenzie L. Moore BSc (Hons), Sherry H. Stewart PhD

Introduction

Decades of research show an association between alcohol use and death by suicide. However, findings on the temporal link between alcohol use and death by suicide are unclear. In the most comprehensive meta-analysis on the topic to date, we analyzed data from longitudinal studies to determine if alcohol use is a risk for death by suicide. We also explored moderators to uncover conditions where the alcohol use-suicide link is strengthened/weakened.

Methods

Our literature search of six databases yielded 33 eligible studies involving 10,253,101 participants (community, psychiatric, and military samples).

Results

Alcohol use was associated with a 94% increase in the risk of death by suicide. Specifically, random-effects meta-analysis revealed alcohol use displayed small-to-large significant risk and odds ratios with suicide for quantity of alcohol use and alcohol use diagnosis/alcohol-related problems. Meta-regression generally indicated larger effect sizes for studies with a higher percentage of women, younger age, unadjusted estimates, longer follow-up periods, military samples, and higher frequencies and quantities of alcohol use (relative to drinker/non-drinker status).

Conclusion

Our study highlights alcohol use as a substantive risk factor for death by suicide and underscores the importance of monitoring alcohol use among suicidal individuals and screening for suicidality among heavier alcohol users.

<https://doi.org/10.1002/jts.22780>

Effectiveness of psychosocial interventions in mitigating adverse mental health outcomes among disaster-exposed health care workers: A systematic review.

Livia Ottisova, Julia A. Gillard, Maximillian Wood, Sarah Langford, Rayanne John-Baptiste Bastien, Aishah Madinah Haris, Jennifer Wild, Michael A.P. Bloomfield, Mary Robertson

Journal of Traumatic Stress

First published: 19 February 2022

Health care workers worldwide are at an increased risk of a range of adverse mental health outcomes, including posttraumatic stress disorder (PTSD), following the unprecedented demand placed upon them during the COVID-19 pandemic. Psychosocial interventions offered to mitigate these risks should be based on the best available evidence; however, limited information regarding the comparative effectiveness of interventions is available. We undertook a systematic review of psychosocial interventions delivered to health care workers before, during, and after disasters. Eight databases were searched, including the Cochrane Central Register of Controlled Trials, PubMed/MEDLINE, EMBASE, and PsycINFO. Our primary outcomes were changes in symptoms of PTSD, anxiety, depression, and sleep. We calculated effect sizes, where unreported, and reliable change indices to appraise intervention

effectiveness. The study was registered with PROSPERO (CRD42020182774). In total, 12,198 papers were screened, 14 of which were included in the present review. Interventions based on evidence-based protocols, including individual and group-based cognitive behavioral therapy (CBT) for PTSD, anxiety, and depression were found to lead to reliable changes in PTSD and anxiety symptoms. Single-session debriefing and psychological first aid workshops showed limited efficacy. There is limited evidence on psychosocial interventions for health care workers faced with disasters, with the strongest evidence base for CBT-based approaches. Future research should include controlled evaluations of interventions and aim to target identified risk factors.

<https://doi.org/10.1007/s40501-021-00253-z>

Stress, PTSD, and COVID-19: the Utility of Disaster Mental Health Interventions During the COVID-19 Pandemic.

Watson, P.

Current Treatment Options in Psychiatry

Published: 21 February 2022

Purpose of review

In the context of an ongoing, highly uncertain pandemic, disaster mental health measures can increase community capacity for resilience and well-being, support formal mental health treatment, and help address the risk for mental health reactions in high-stress occupations. The purpose of this review is to summarize the literature on disaster mental health interventions that have been helpful both prior to and during the pandemic in a broad range of applications, including for use with high-stress occupations in an effort to mitigate risk for post-traumatic stress disorder (PTSD) and other mental health sequelae.

Recent findings

Evidence-based and evidence-informed disaster mental health interventions, frameworks, and treatments have been studied in pilot studies, non-randomized trials, and randomized clinical trials prior to and in the context of the current COVID-19 pandemic. The studies have demonstrated feasibility and acceptability of these modalities and improved perceived support, as well as significant reductions in distress, and mental health symptoms such as depression, anxiety, and PTSD.

Summary

A disaster mental health approach to the COVID-19 pandemic can generate opportunities for prevention and support at multiple levels with timely interventions tailored for different concerns, cultures, and available resources.

<https://doi.org/10.1016/j.jpsychires.2022.02.016>

Characteristics of suicide attempts associated with lethality and method: A latent class analysis of the Military Suicide Research Consortium.

Molly Gromatsky, Emily R. Edwards, Sarah R. Sullivan, Caspar J. van Lissa, ...
Marianne Goodman

Journal of Psychiatric Research
Volume 149, May 2022, Pages 54-61

While suicide prevention is a national priority, particularly among service members and veterans (SMVs), understanding of suicide-related outcomes remains poor. Person-centered approaches (e.g., latent class analysis) have promise to identify unique risk profiles and subgroups in the larger population. The current study identified latent subgroups characterized by prior self-directed violence history and proximal risk factors for suicide among suicide attempt survivors, and compared subgroups on demographics and most-lethal attempt characteristics. Participants included civilians and SMVs reporting lifetime suicide attempt(s) (n = 2643) from the Military Suicide Research Consortium. Two classes emerged from Common Data Elements: suicide attempt and non-suicidal self-injury frequency, suicide attempt method, perceived likelihood of future suicide, suicide disclosure, suicide intent, and perceived and actual lethality of attempt. A Higher-Risk History class was characterized by greater intent to die, certainty about attempt fatality and method lethality, belief injury would be medically unfixable, and likelihood of prior non-suicidal self-injury. A Lower-Risk History class was characterized by greater ambivalence toward death and methods. Higher-Risk class members were more likely to be male, older, SMVs, have less formal education, use firearms as most-lethal attempt method, and require a higher degree of medical attention. Lower-Risk class members were more likely to be female, civilian, use cutting as most-lethal attempt method, and require less medical attention for attempts. Findings have implications for risk assessments and highlight the importance of subjective perceptions about suicidal behavior. Further investigation of real-time individual-level is

necessary, especially for SMVs who may be at greatest risk for potentially lethal suicidal behavior.

<https://doi.org/10.1016/j.jpsychires.2022.02.021>

Factors associated with remission of suicidal thoughts and behaviors in U.S. military veterans with a history of suicide attempt.

Sarah Herzog, Brandon Nichter, Melanie L. Hill, Sonya B. Norman, Robert H. Pietrzak

Journal of Psychiatric Research
Volume 149, May 2022, Pages 62-67

Suicide is a major public health problem in U.S. military veterans, but little is known about factors associated with remission from suicide attempts in this population. We aimed to identify risk and protective correlates of remission from suicidal thoughts and behavior (STB) in U.S. veterans with a prior suicide attempt. Data were analyzed from the 2019–2020 National Health and Resilience in Veterans Study survey. A broad range of sociodemographic, military, physical and mental health, and psychosocial variables were assessed. Purpose in life, dispositional gratitude, and conscientiousness emerged as independent correlates of STB remission (24.3%–40.3% of explained variance), even after accounting for other relevant risk and protective factors. While the cross-sectional nature of the study precludes the ability to determine whether the identified protective factors are causally related to STB remission, results suggest three potentially modifiable targets for suicide prevention efforts in veterans. Longitudinal studies are needed to better understand the role of purpose in life, dispositional gratitude, and conscientiousness in promoting remission from STBs in veterans and other populations at risk for suicide.

<https://doi.org/10.1097/XCS.0000000000000064>

Nationwide Survey of Trauma Center Screening and Intervention Practices for Posttraumatic Stress Disorder, Firearm Violence, Mental Health, and Substance Use Disorders.

Bulger, E. M., Johnson, P., Parker, L., Moloney, K. E., Roberts, M. K., Vaziri, N., Seo, S., Nehra, D., Thomas, P., & Zatzick, D.

Journal of the American College of Surgeons
2022 Mar 1;234(3): 274-287

Background:

Posttraumatic stress disorder (PTSD) symptoms, firearm violence events, alcohol and drug use problems, and major depression and suicidal ideation are endemic among patients admitted to US trauma centers. Despite increasing policy importance, the current availability of screening and intervention services for this constellation of conditions in US trauma centers is unknown.

Study design:

Trauma program staff at all Level I and Level II trauma centers in the US. (N = 627) were contacted to complete a survey describing screening and intervention procedures for alcohol and drug use problems, PTSD symptoms, depression and suicidality, and firearm violence. Additional questions asked trauma centers about the delivery of peer interventions and information technology capacity for screening and intervention procedures.

Results:

Fifty-one percent of trauma centers (n = 322) responded to the survey. More than 95% of responding sites endorsed routinely screening and/or intervening for alcohol use problems. Routine services addressing PTSD were less common, with 28% of centers reporting routine screening. More than 50% of sites that screened for PTSD used previously established trauma center alcohol use services. Programmatic screening and intervention for firearm injury sequelae was occurring at 30% of sites.

Conclusion:

Alcohol screening and intervention is occurring frequently at US trauma centers and appears to be responsive to American College of Surgeons Committee on Trauma verification requirements. Routine screening and intervention services for PTSD and firearm injury were occurring less frequently. Regular national surveys may be a key element of tracking progress in national mental health and substance use screening, intervention, and referral policy.

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<https://doi.org/10.1016/j.beth.2022.02.004>

Feasibility and Acceptability of Group-Facilitated Prolonged Exposure Therapy for PTSD in VA Residential Rehabilitation Treatment Programs.

Rebecca K. Sripada, Jessica L. Rodriguez, Theodore P. Wright, Jessica A. Hyland, ...
Sheila A.M. Rauch

Behavior Therapy

Available online 22 February 2022

Highlights

- Few patients in VA residential PTSD programs receive individual Prolonged Exposure.
- Residential programs deliver most therapy in group instead of individual format.
- This pilot study tested the feasibility of Group-facilitated PE among 39 patients.
- Intent-to-treat analysis showed that the intervention was feasible and acceptable.
- Adapted interventions may improve access and efficiency in the residential setting.

Abstract

Prolonged Exposure therapy (PE) is a first-line treatment for posttraumatic stress disorder (PTSD); however, few VA patients receive this treatment. One of the barriers to PE receipt is that it is only available in an individual (one-on-one) format, whereas many VA mental health clinics provide the majority of their psychotherapy services in group format. In particular, PTSD residential rehabilitation treatment programs (RRTPs) offer most programming in group format. Consequently, strategies are needed to improve the scalability of PE by adapting it to fit the delivery setting. The current study was designed to pilot test a group-facilitated format of PE in RRTPs. Thirty-nine Veterans who were engaged in care in the PTSD RRTP at a Midwestern VA were recruited to participate in a Group-facilitated PE protocol. Participants engaged in twelve 90-minute sessions of Group PE over the course of 6 weeks, plus six 60-minute individual sessions for imaginal exposure. Group treatment followed the PE model and consisted of psychoeducation, treatment rationale, and in vivo exposure to reduce trauma-related avoidance and thereby improve PTSD symptoms. PTSD symptoms were measured via the PTSD Checklist for DSM-5 (PCL-5) and depression symptoms were measured via the Patient Health Questionnaire (PHQ-9) at baseline, endpoint (6 weeks), and at 2-month follow-up. Thirty-nine individuals initiated Group-facilitated PE and 34 completed

treatment. The average number of group sessions attended was 11 out of 12. Acceptability ratings were high. Mean change (improvement) in the intent-to-treat sample at 2-month follow-up was 20.0 points on the PCL-5 (CI 18.1, 21.9; Cohen's $d = 1.1$) and 4.8 points on the PHQ-9 (CI 4.1, 5.5, $d = .8$). These results suggest that adapted evidence-based interventions for PTSD can improve treatment access and efficiency for the RRTP setting. A group-based approach has the potential to improve the scalability of PTSD treatment by reducing required resources. A fully-powered trial is now needed to test the effectiveness of Group-facilitated PE in the RRTP setting.

<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.

Nandan Shastry, Esha Sultana, Mary Jeffrey, Fanny Collado, Jeffrey Kibler, Christian DeLucia, Mary Ann Fletcher, Nancy Klimas & Travis J. A. Craddock

BMC Psychology

Published: 25 February 2022

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.

<https://doi.org/10.1017/S0033291722000332>

Mental health across the early years in the military.

Dell, L., Casetta, C., Benassi, H., Cowlshaw, S., Agathos, J., O'Donnell, M., Crane, M., Lewis, V., Pacella, B., Terhaag, S., Morton, D., McFarlane, A., Bryant, R., & Forbes, D.

Psychological Medicine
2022 Feb 24; 1-9

Background:

The mental health impact of the initial years of military service is an under-researched area. This study is the first to explore mental health trajectories and associated predictors in military members across the first 3-4 years of their career to provide evidence to inform early interventions.

Methods:

This prospective cohort study surveyed Australian Defence personnel (n = 5329) at four

time-points across their early military career. Core outcomes were psychological distress (K10+) and posttraumatic stress symptoms [four-item PTSD Checklist (PCL-4)] with intra-individual, organizational and event-related trajectory predictors. Latent class growth analyses (LCGAs) identified subgroups within the sample that followed similar longitudinal trajectories for these outcomes, while conditional LCGAs examined the variables that influenced patterns of mental health.

Results:

Three clear trajectories emerged for psychological distress: resilient (84.0%), worsening (9.6%) and recovery (6.5%). Four trajectories emerged for post-traumatic stress, including resilient (82.5%), recovery (9.6%), worsening (5.8%) and chronic subthreshold (2.3%) trajectories. Across both outcomes, prior trauma exposure alongside modifiable factors, such as maladaptive coping styles, and increased anger and sleep difficulties were associated with the worsening and chronic subthreshold trajectories, whilst members in the resilient trajectories were more likely to be male, report increased social support from family/friends and Australian Defence Force (ADF) sources, and use adaptive coping styles.

Conclusions:

The emergence of symptoms of mental health problems occurs early in the military lifecycle for a significant proportion of individuals. Modifiable factors associated with wellbeing identified in this study are ideal targets for intervention, and should be embedded and consolidated throughout the military career.

<https://doi.org/10.1037/pha0000554>

Association of therapeutic and recreational reasons for alcohol use with alcohol demand.

Ferguson, E., Fiore, A., Yurasek, A. M., Cook, R. L., & Boissoneault, J.

Experimental and Clinical Psychopharmacology
Advance online publication

Motives for alcohol use and behavioral economic measures of demand are associated with alcohol consumption and alcohol-related problems. However, it is unclear how differences in reasons for alcohol use may affect alcohol demand. Additionally, although alcohol is commonly used to self-manage conditions such as pain and sleep problems,

the impact of these reasons for alcohol use on alcohol demand is not well characterized. The present study addressed this gap. Participants were adults recruited via Amazon Mechanical Turk as part of a larger study investigating health behaviors. Analyses included participants who reported alcohol use in the past year (N = 637). Participants were categorized as having recreational, therapeutic, or both recreational and therapeutic reasons for using alcohol. A brief, three-item measure of alcohol demand was administered. Multivariate analysis of variance (MANOVA) analyses revealed that alcohol drinkers endorsing both recreational and therapeutic reasons for use had significantly higher average intensity, Omax, and breakpoint indices compared to those who only reported recreational or therapeutic drinking motives ($p < .05$; Cohen's $d = .09-.17$). Secondary analyses revealed differences in demand according to therapeutic reason for alcohol use endorsed. Significant main effects were found for use to relieve pain and anxiety/depression/stress, while interactive effects were detected for use to relieve pain and improve sleep and use to relieve pain and anxiety/depression/stress. Overall, results suggest that alcohol demand is highest in drinkers who consume alcohol for both therapeutic and recreational reasons. This group may be at elevated risk for alcohol use disorder and alcohol-related consequences. Continued research is necessary to examine this possibility. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

<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 ≥ 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>

<https://doi.org/0.1097/NMD.0000000000001422>

Characteristics of Posttraumatic Nightmares and Their Relationship to PTSD Severity Among Combat Veterans With PTSD and Hazardous Alcohol Use.

Possemato, Kyle; Silander, Nina; Bellete, Nardos; Emery, J. Bronte; De Stefano, Leigha; Pigeon, Wilfred

The Journal of Nervous and Mental Disease
210(3): 223-226, March 2022

Although nightmares are known to predict the clinical course of posttraumatic stress disorder (PTSD), research on the relationship between specific nightmare characteristics and PTSD severity is sparse. This study conducted a secondary analysis to explore how five nightmare characteristics are cross-sectionally related to PTSD severity in 76 combat veterans with PTSD and at-risk alcohol use. Consistent with emotional processing theory, we hypothesized that more replicative, threatening, realistic, and easily recalled nightmares would be associated with more severe PTSD, whereas those with greater symbolism would predict lower PTSD severity. Nightmares narratives were audio-recorded and rated by multiple coders. Multiple analyses of variance explored the relationship between nightmare characteristics and PTSD clinical indicators. Most nightmares were realistic, easily recalled, and involved significant threat. Greater realism and replication were associated with greater PTSD severity. Realistic and replicative nightmares may be markers of more severe PTSD and may indicate that less emotional processing of the trauma has occurred.

Links of Interest

Women leaving the military face extra challenges — but they don't have to do it alone
<https://www.militarytimes.com/education-transition/2022/03/30/women-leaving-the-military-face-extra-challenges-but-they-dont-have-to-do-it-alone/>

5 ways to make Veterans Affairs more friendly to trans veterans
<https://www.militarytimes.com/opinion/commentary/2022/03/30/5-ways-to-make-veterans-affairs-more-friendly-to-trans-veterans/>

Service Pets: Doggie Do or Doggie Don't
<https://militaryreach.auburn.edu/FamilyStoryDetails?resourceid=0d4e7ca0-f92c-46c7-a758-75a3427e6870>

Your Relationship with Prescribed Medications
<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/Your-Relationship-with-Prescribed-Medications>

Taking Charge of Your Military Readiness during COVID-19

<https://www.health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/Taking-Charge-of-Your-Military-Readiness-during-COVID-19>

Veterans Affairs completes a deep study of how it treats those with post-traumatic stress disorder

<https://federalnewsnetwork.com/veterans-affairs/2022/03/veterans-affairs-completes-a-deep-study-of-how-it-treats-those-with-post-traumatic-stress-disorder/>

Marine Corps body composition standards may be leading to eating disorders

<https://www.marinecorpstimes.com/news/your-marine-corps/2022/03/31/marine-corps-body-composition-standards-may-be-leading-to-eating-disorders/>

Vietnam vets at Army museum share personal stories, artifacts

<https://www.armytimes.com/veterans/2022/03/31/vietnam-vets-at-army-museum-share-personal-stories-artifacts/>

As U.S. Special Ops' Role Has Expanded, So Have Impacts on Servicemembers and Their Families

<https://www.gao.gov/blog/u.s.-special-ops-role-has-expanded-so-have-impacts-servicemembers-and-their-families>

Staff Perspective: Navigating CBTI Treatment Options - Do We Need Providers Anymore?

<https://deploymentpsych.org/blog/staff-perspective-navigating-cbti-treatment-options-do-we-need-providers-anymore>

Army responds to 2021's historically high active duty suicides

<https://www.armytimes.com/news/your-army/2022/04/04/army-responds-to-2021s-historically-high-active-duty-suicides/>

Concussion Care Pathway Streamlined for Better Results

<https://health.mil/News/Articles/2022/04/01/Concussion-Care-Pathway-Streamlined-for-Better-Results>

Spike in veteran calls expected with launch of new three-digit suicide prevention line this summer

<https://www.militarytimes.com/veterans/2022/04/06/spike-in-veteran-calls-expected-with-launch-of-new-three-digit-suicide-prevention-line-this-summer/>

Resource of the Week: [Psych Health Evidence Briefs](#)

The [Psychological Health Center of Excellence](#) (PHCoE) produces expert-reviewed evidence briefs on existing and potential treatments for psychological health conditions that are commonly experienced by service members. Psych Health Evidence Briefs provide summaries of the available scientific evidence and clinical guidance to inform providers, patients and others who may have questions about the effectiveness of these treatments.

Each brief includes:

- An introduction of the treatment or topic, including a brief description of the treatment and the potential mechanisms of action
- Guidance from existing VA/DOD evidence-based clinical practice guidelines (CPGs) when available
- Identification and summaries of reviews conducted by organizations recognized as employing rigorous methodology with similar grading systems as the VA/DOD CPGs
- For treatments with an emerging or inconsistent evidence base, a systematic literature search
- A conclusion that summarizes what is known and what has yet to be determined, as well as guidance about adoption

The screenshot shows the Health.mil website interface. At the top, there is a navigation bar with links for Contact Us, FAQs, Gallery, and TRICARE, along with a site search box and social media icons. Below this is a main navigation menu with categories like About the MHS, Topics, Training, Policies, Reference Center, News & Gallery, and I am a... The breadcrumb trail indicates the current location: MHS Home > Military Health Topics > Centers of Excellence > Psychological Health Center of Excellence. The main content area features a sidebar with 'Centers of Excellence' including Consortium for Health and Military Performance, Extremity Trauma and Amputation Center of Excellence, Hearing Center of Excellence, and the Psychological Health Center of Excellence. The PHCoE section lists resources like Clinician's Corner Blog, Keep in Touch with PHCoE, PHCoE Research and Analytics, PHCoE Clinician Resources, Primary Care Behavioral Health, Psychological Health Readiness, and the Department of Defense Suicide Event Report (DoDSER). The main content area has a heading 'Psychological Health Center of Excellence' followed by icons for PHCoE Research and Analytics, PHCoE Clinician Resources, Primary Care Behavioral Health, Psychological Health Readiness, and Defense Suicide Event Report (DoDSER). A paragraph describes PHCoE as one of the Centers of Excellence within the Research and Development Directorate of the Defense Health Agency (DHA). Below this are sections for 'PHCoE Mission' (improving lives of service members and families), 'PHCoE Vision' (being a trusted source and partner), and 'PHCoE Purpose' (enhancing psychological health). A right-hand sidebar contains 'PHCoE Links' with social media, product ordering, a clinician's corner blog, 'inTransition' logo, a phone number (866-966-1020), and the slogan 'REAL WARRIORS + REAL BATTLES REAL STRENGTH'.

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