

# CDP



## Research Update -- April 14, 2022

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- Substance use and misuse patterns and disability status in the 2020 US National Alcohol Survey: A contributing role for chronic pain.
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- Resource of the Week: Sexual Assault Awareness Month (VA)

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<https://doi.org/10.1080/08995605.2021.1971938>

## **Improving the effectiveness of embedded behavioral health personnel through situational judgment training.**

Laura G. Barron, Alan D. Ogle & Kirk Rowe

Military Psychology

Published online: 07 Apr 2022

Embedding behavioral health (EBH) personnel into operational units has emerged as a major trend within the US military. These positions require skillsets in addition to those needed in a clinic setting. Little or no empirically based training has yet been developed to ensure preparedness to serve in EBH roles. Based on the demonstrated effectiveness of situational judgment tests (SJT) in training for other domains, we developed and evaluated 60 SJT scenarios for use in the US Air Force's formal EBH training course. SJTs were based on real-world experiences of seasoned EBH professionals, and were used for structured, scenario-based discussions during training as well as a 30-item pre- and posttest to assess learning. Use during training was associated with significantly improved scores in six EBH competencies (ethical decision-making, leadership consultation, balancing professional relationships, unit engagement, triage to correct services, and teaming). In a follow-up survey, students reported scenario-based discussions were very helpful, and reported improved abilities and confidence. This study demonstrates the potential utility of the SJT methodology to prepare mental health professionals to serve in EBH positions. Further development and possible applications are discussed, such as expansion to other training venues, job candidate screening, and assessment for readiness for EBH practice.

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## **Mental Health Service Use, Suicide Behavior, and Emergency Department Visits Among Rural US Veterans Who Received Video-Enabled Tablets During the COVID-19 Pandemic.**

Gujral, K., Van Campen, J., Jacobs, J., Kimerling, R., Blonigen, D., & Zulman, D. M.

JAMA Network Open  
2022 Apr 1 ;5(4): e226250

Importance:

Suicide rates are rising disproportionately in rural counties, a concerning pattern as the COVID-19 pandemic has intensified suicide risk factors in these regions and exacerbated barriers to mental health care access. Although telehealth has the potential to improve access to mental health care, telehealth's effectiveness for suicide-related outcomes remains relatively unknown.

Objective:

To evaluate the association between the escalated distribution of the US Department of Veterans Affairs' (VA's) video-enabled tablets during the COVID-19 pandemic and rural veterans' mental health service use and suicide-related outcomes.

Design, setting, and participants:

This retrospective cohort study included rural veterans who had at least 1 VA mental health care visit in calendar year 2019 and a subcohort of patients identified by the VA as high-risk for suicide. Event studies and difference-in-differences estimation were used to compare monthly mental health service utilization for patients who received VA tablets during COVID-19 with patients who were not issued tablets over 10 months before and after tablet shipment. Statistical analysis was performed from November 2021 to February 2022.

Exposure:

Receipt of a video-enabled tablet.

Main outcomes and measures:

Mental health service utilization outcomes included psychotherapy visits, medication management visits, and comprehensive suicide risk evaluations (CSREs) via video and total visits across all modalities (phone, video, and in-person). We also analyzed likelihood of emergency department (ED) visit, likelihood of suicide-related ED visit, and number of VA's suicide behavior and overdose reports (SBORs).

Results:

The study cohort included 13 180 rural tablet recipients (11 617 [88%] men; 2161 [16%] Black; 301 [2%] Hispanic; 10 644 [80%] White; mean [SD] age, 61.2 [13.4] years) and 458 611 nonrecipients (406 545 [89%] men; 59 875 [13%] Black or African American; 16 778 [4%] Hispanic; 384 630 [83%] White; mean [SD] age, 58.0 [15.8] years). Tablets were associated with increases of 1.8 psychotherapy visits per year (monthly coefficient,

0.15; 95% CI, 0.13-0.17), 3.5 video psychotherapy visits per year (monthly coefficient, 0.29; 95% CI, 0.27-0.31), 0.7 video medication management visits per year (monthly coefficient, 0.06; 95% CI, 0.055-0.062), and 0.02 video CSREs per year (monthly coefficient, 0.002; 95% CI, 0.002-0.002). Tablets were associated with an overall 20% reduction in the likelihood of an ED visit (proportion change, -0.012; 95% CI, -0.014 to -0.010), a 36% reduction in the likelihood of suicide-related ED visit (proportion change, -0.0017; 95% CI, -0.0023 to -0.0013), and a 22% reduction in the likelihood of suicide behavior as indicated by SBORs (monthly coefficient, -0.0011; 95% CI, -0.0016 to -0.0005). These associations persisted for the subcohort of rural veterans the VA identifies as high-risk for suicide.

#### Conclusions and relevance:

This cohort study of rural US veterans with a history of mental health care use found that receipt of a video-enabled tablet was associated with increased use of mental health care via video, increased psychotherapy visits (across all modalities), and reduced suicide behavior and ED visits. These findings suggest that the VA and other health systems should consider leveraging video-enabled tablets for improving access to mental health care via telehealth and for preventing suicides among rural residents.

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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/10.1891/RE-21-04>

## **Functional Limitations, Post-Traumatic Stress Disorder, and College Adjustment in Student Veterans: A Mediation Analysis Study.**

Umucu, Emre; Rumrill, Phillip; Chiu, Chung-Yi; Ghosh, Arpita

### Purpose

The purpose of this study was to examine whether functional limitations mediate the relation between PTSD symptoms and college life adjustment in student veterans with PTSD symptoms.

### Methods

A total of 232 student veterans with PTSD symptoms were recruited for this study. Participants were predominantly male (84.5%; females = 15.5%). Participants' ages ranged from 18 to 54 years ( $M = 28.43$ ,  $SD = 5.42$ ). Correlational analyses were conducted to calculate the relationships among study variables. We also conducted a mediation analysis to examine whether functional limitations mediate the relationship between PTSD symptoms and college life adjustment.

### Results

The mediation analysis indicated that the effect of PTSD symptoms on college adjustment can be partially explained by functional limitations.

### Conclusion

Our results have potentially important implications for rehabilitation counseling researchers and clinicians in the COVID-19 era.

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<https://doi.org/10.1002/jts.22812>

### **Evidence-based posttraumatic stress disorder treatment in a community sample: Military-affiliated versus civilian patient outcomes.**

Vanessa M. Jacoby, Casey L. Straud, Jenna M. Bagley, Hannah Tyler, Shelby N. Baker, Anna Denejkina, Lauren M. Sippel, Robert Kaya, David C. Rozek, Brooke A. Fina, Katherine A. Dondanville, for the STRONG STAR Training Initiative

Journal of Traumatic Stress

First published: 24 February 2022

Posttraumatic stress disorder (PTSD) is a significant mental health issue among military service members and veterans. Although the U.S. Department of Veterans Affairs (VA)

provides crucial resources for behavioral health care, many veterans seek mental health services through community clinics. Previous research illustrates that military and veteran patients benefit less from evidence-based treatments (EBTs) for PTSD than civilians. However, most PTSD treatment outcome research on military and veteran populations is conducted in VA or military settings. Little is known about outcomes among military-affiliated patients in community settings. The primary aim of this study was to directly compare civilian versus military-affiliated patient outcomes on PTSD and depression symptoms using the PTSD Checklist for DSM-5 (PCL-5) and the nine-item Patient Health Questionnaire (PHQ-9) in a community setting. Participants (N = 502) included military-affiliated (veteran, Guard/Reservist, active duty) and civilian patients who engaged in cognitive processing therapy (CPT) or prolonged exposure (PE) for PTSD in community clinics. Both groups demonstrated significant reductions on the PCL-5, military-affiliated:  $d = -0.91$ , civilian:  $d = -1.18$ ; and PHQ-9, military-affiliated:  $d = -0.65$ , civilian:  $d = -0.88$ , following treatment. However, military-affiliated patients demonstrated smaller posttreatment reductions on the PCL-5,  $M_{diff} = 5.75$ ,  $p = .003$ , and PHQ-9,  $M_{diff} = 1.71$ ,  $p = .011$ , compared to civilians. Results demonstrate that military-affiliated patients benefit from EBTs for PTSD, albeit to a lesser degree than civilians, even in community settings. These findings also highlight the importance of future research on improving EBTs for military personnel with PTSD.

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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,  $p = .029–.314$ . 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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### **Bidirectional associations between daily PTSD symptoms and sleep disturbances: A systematic review.**

Danica C. Slavish, Madasen Briggs Andrea Fentem, Brett A. Messman, Ateka A. Contractor

Sleep Medicine Reviews  
Volume 63, June 2022, 101623

Sleep disturbances are a core feature of posttraumatic stress disorder (PTSD) and can affect PTSD onset, maintenance, and recovery. However, there is conflicting evidence about the directionality of sleep and PTSD symptoms, particularly at the daily level. The current systematic review summarizes the literature on within-person associations between daily PTSD symptoms and sleep among trauma-exposed adults. We searched four databases using PRISMA 2020 guidelines. Of 2006 screened articles, six met inclusion criteria. Study sample sizes ranged from 30 to 202 participants, and studies assessed PTSD symptoms and sleep for 7–28 days. Two relatively consistent findings emerged: (1) shorter sleep and poorer quality sleep predicted greater next-day PTSD

symptoms, and (2) greater PTSD symptoms predicted nightmares and poorer sleep quality that night. Individual study risk of bias was low to moderate. The current review provides initial support for a bidirectional association between daily self-reported sleep and PTSD symptoms. Potential clinical implications include targeting sleep via evidence-based PTSD interventions and using just-in-time adaptive interventions to disrupt the daily PTSD-sleep cycle. Findings also highlight areas for future research, such as the need to incorporate more objective sleep measures, examine PTSD symptom clusters, justify sample sizes and number of daily observations, and recruit more diverse samples.

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<https://doi.org/10.1177/15210251221086851>

### **Unlocking SSM/V Success: Welcoming Student Service Members and Veterans and Supporting SSM/V Experiences.**

Hodges TJ, Gomes KD, Foral GC, Collette TL, Moore BA.

Journal of College Student Retention: Research, Theory & Practice  
March 2022.

Helping student service members and veterans (SSM/Vs) earn a college degree is central to supporting them post-service. Yet, this generation of SSM/Vs faces challenges in higher education, including problems adapting, poor health, and administrative constraints, contributing to worsened academic outcomes and a sense of isolation on campus. This monograph synthesizes research on the challenges facing SSM/Vs. It also frames common aspects of successful programs aiding SSM/Vs as three areas for intervention: how administrators and faculty can create a welcoming campus for SSM/Vs; ways universities can create support systems for SSM/V social, health, and academic success; and engaging community partnerships to enable these efforts. Whether SSM/Vs overcome their challenges and unlock their strengths is contingent on opportunities provided within the school itself, and by its faculty, administrators, students, and community. Central to these efforts should be the goal of inclusivity enhancement, community building, and reduction of health-related dysfunction among SSM/Vs.

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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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<https://doi.org/10.2196/27791>

## **Implementation of Cognitive Behavioral Therapy in e–Mental Health Apps: Literature Review.**

Denecke K, Schmid N, Nüssli S

Journal of Medical Internet Research  
2022; 24(3): e27791

Background:

To address the matter of limited resources for treating individuals with mental disorders,

e–mental health has gained interest in recent years. More specifically, mobile health (mHealth) apps have been suggested as electronic mental health interventions accompanied by cognitive behavioral therapy (CBT).

#### Objective:

This study aims to identify the therapeutic aspects of CBT that have been implemented in existing mHealth apps and the technologies used. From these, we aim to derive research gaps that should be addressed in the future.

#### Methods:

Three databases were screened for studies on mHealth apps in the context of mental disorders that implement techniques of CBT: PubMed, IEEE Xplore, and ACM Digital Library. The studies were independently selected by 2 reviewers, who then extracted data from the included studies. Data on CBT techniques and their technical implementation in mHealth apps were synthesized narratively.

#### Results:

Of the 530 retrieved citations, 34 (6.4%) studies were included in this review. mHealth apps for CBT exploit two groups of technologies: technologies that implement CBT techniques for cognitive restructuring, behavioral activation, and problem solving (exposure is not yet realized in mHealth apps) and technologies that aim to increase user experience, adherence, and engagement. The synergy of these technologies enables patients to self-manage and self-monitor their mental state and access relevant information on their mental illness, which helps them cope with mental health problems and allows self-treatment.

#### Conclusions:

There are CBT techniques that can be implemented in mHealth apps. Additional research is needed on the efficacy of the mHealth interventions and their side effects, including inequalities because of the digital divide, addictive internet behavior, lack of trust in mHealth, anonymity issues, risks and biases for user groups and social contexts, and ethical implications. Further research is also required to integrate and test psychological theories to improve the impact of mHealth and adherence to the e–mental health interventions.

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<https://doi.org/10.1111/sltb.12819>

**Understanding the clinical characteristics of lesbian, gay, and bisexual military service members and adult beneficiaries within an inpatient psychiatric sample.**

Thompson, M. F., Luk, J. W., LaCroix, J. M., Perera, K. U., Goldston, D. B., Weaver, J. J., Soumoff, A., & Ghahramanlou-Holloway, M.

Suicide & Life-Threatening Behavior  
2022 Apr; 52(2): 268-279

**Background:**

Limited knowledge exists regarding targets for suicide-focused care among high-risk United States (U.S.) civilian and military sexual minorities.

**Purpose:**

This study aimed to understand the demographic and clinical characteristics of a suicidal sexual minority sample, psychiatrically hospitalized in military treatment facilities, to advance future targeted care for this vulnerable subgroup.

**Methods:**

Secondary analysis of baseline data from a multisite psychotherapy randomized controlled trial was performed comparing those who self-identified as lesbian, gay, or bisexual (LGB; n = 39) to heterosexual participants (n = 170).

**Results:**

LGB participants were more likely than heterosexual participants to be younger, female, never married, and enlisted rank. LGB participants reported significantly lower family support, higher perceived burdensomeness, lower acquired capability for suicide, and were twice as likely to report that they could not control their suicidal thoughts. LGB and heterosexual participants reported similar levels of other suicide risk indicators and similar lifetime suicidal ideation and attempt histories.

**Conclusions:**

Compared to heterosexual participants, LGB participants reported increased risk indicators for suicide yet similar lifetime suicidal ideation and attempt histories. Suicide prevention programs should address the unique needs of this vulnerable subgroup. Interventions targeting family support, perceived burdensomeness, and controllability of suicidal thoughts may be promising.

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<https://doi.org/10.1111/sltb.12821>

## **Association of emotion reactivity and distress intolerance with suicide attempts in U.S. Army soldiers.**

Naifeh, J. A., Nock, M. K., Dempsey, C. L., Georg, M. W., Aliaga, P. A., Dinh, H. M., Fullerton, C. S., Mash, H., Kao, T. C., Sampson, N. A., Wynn, G. H., Zaslavsky, A. M., Stein, M. B., Kessler, R. C., & Ursano, R. J.

Suicide & Life-Threatening Behavior  
2022 Apr; 52(2): 289-302

### Introduction:

Emotion reactivity (ER) and distress intolerance (DI) may be associated with increased suicide attempt (SA) risk among U.S. Army soldiers.

### Method:

In this case-control study, 74 soldiers recently hospitalized for SA (cases) were compared with 133 control soldiers from the same Army installations selected based on either propensity score matching (n = 103) or reported 12-month suicide ideation (SI) (n = 30). Controls were weighted to represent the total Army population at the study sites and the subpopulation of 12-month ideators. Participants completed questionnaires assessing ER, DI, and other psychosocial variables. Logistic regression analyses examined whether ER and DI differentiated SA cases from the general population and from 12-month ideators before and after controlling for additional important risk factors (sociodemographic characteristics, stressors, mental disorders).

### Results:

In univariate analyses, ER differentiated SA cases from both the general population (OR = 2.5[95%CI = 1.7-3.6]) and soldiers with 12-month SI (OR = 2.5[95%CI = 1.3-4.6]). DI also differentiated cases from the general population (OR = 2.9[95%CI = 2.0-4.1]) and 12-month ideators (OR = 1.9[95%CI = 1.1-3.5]). These associations persisted after controlling for sociodemographic variables, stressors, and mental disorders.

### Conclusion:

Findings provide evidence that higher ER and DI are associated with increased risk of SA among soldiers, even after adjusting for known risk factors. Prospective research with larger samples is needed.

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<https://doi.org/10.1080/07481187.2020.1802628>

**Those left behind: A scoping review of the effects of suicide exposure on veterans, service members, and military families.**

Peterson, A., Bozzay, M., Bender, A., Monahan, M., & Chen, J.

Death Studies  
2022; 46(5): 1176-1185

Veteran and service member suicide remains a significant public health concern. One factor that may impact suicide risk is suicide exposure-knowing someone who has died by suicide or attempted suicide. However, the majority of the extant literature has focused on nonmilitary samples, which may not generalize to military veterans and service members. The current review synthesizes findings regarding suicide exposure in military veterans, service members, their families, and military systems. Our review suggests that the relationship between suicide exposure, suicide risk, and mental health outcomes remains inconsistent. Future research should further explore this important area.

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<https://doi.org/10.1016/j.jpsychires.2022.01.028>

**Seeking treatment for mental illness and substance abuse: A cross-sectional study on attitudes, beliefs, and needs of military personnel with and without mental illness.**

Bogaers, R., Geuze, E., Greenberg, N., Leijten, F., Varis, P., van Weeghel, J., van de Mheen, D., Rozema, A., & Brouwers, E.

Journal of Psychiatric Research  
2022 Mar; 147: 221-231

Background:

Often, military personnel do not seek treatment for mental illness or wait until they reach

a crisis point. Effective, selective, and indicated prevention is best achieved by seeking treatment early.

#### Aims:

We aimed to examine military personnel's attitudes, beliefs, and needs around seeking treatment for mental illness. We compared those who sought treatment to those who did not and those with and without the intention to seek treatment. Finally, we examined factors associated with intentions of not seeking treatment.

#### Method:

We conducted a cross-sectional questionnaire study of military personnel with (N = 324) and without (N = 554) mental illness. Descriptive and regression analyses (logistic and ordinal) were performed.

#### Results:

The majority of the personnel believed treatment was effective (91.6%); however, most preferred to solve their own problems (66.0%). For personnel with mental illness, compared to those who sought treatment, those who did not had a higher preference for self-management and found advice from others less important. For those without mental illness, those with no intention to seek treatment indicated a higher preference for self-management, stigma-related concerns, denial of symptoms, lower belief in treatment effectiveness and found it less important to be an example, compared to those with treatment-seeking intentions. A clear indication of where to seek help was the most reported need (95.7%). Regression analyses indicated that not seeking treatment was most strongly related to preference for self-management (OR(95%CI) = 4.36(2.02-9.39); no intention to seek treatment was most strongly related to a lower belief that treatment is effective (OR(95%CI) = .41(0.28-0.59) and with not having had positive earlier experiences with treatment seeking (OR(95%CI) = .34(0.22-0.52).

#### Conclusions:

To facilitate (early) treatment seeking, interventions should align with a high preference for self-management, mental illness stigma should be targeted, and a clear indication of where to seek treatment is needed.

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<https://doi.org/10.1016/j.janxdis.2022.102541>

**Emotional induced attentional blink in trauma-exposed veterans: associations with trauma specific and nonspecific symptoms.**



Olatunji, B. O., Liu, Q., Zald, D. H., & Cole, D. A.

Journal of Anxiety Disorders  
2022 Apr; 87: 102541

Although theoretical models suggest that an attentional bias for threat contributes to the development of post-traumatic stress disorder (PTSD) symptoms, this bias has not been consistently observed in the literature. In the present study, trauma exposed veterans (N = 114) performed an emotional attentional blink task in which task-irrelevant combat-related, disgust, positive, or neutral distractor images appeared 200 ms, 400 ms, 600 ms, or 800 ms (i.e., lag 2, 4, 6, and 8, respectively) before the target. Relative to neutral distractors, impaired target detection was observed following combat distractors and disgust distractors, but not positive distractors. However, veterans were less accurate following disgust distractors compared to combat distractors. As predicted, combat distractors and disgust distractors were also associated with a stronger linear increase in trial accuracy reflecting task improvement with increasing lag before the target. However, the linear trend in trial accuracy for combat distractors and disgust distractors did not significantly differ from each other. Contrary to predictions, trauma specific (i.e., PTSD symptoms and diagnosis) and nonspecific processes (i.e., attentional control) were unrelated to trial accuracy. These data suggest that while initial attentional capture by cues of war is observed among trauma exposed veterans independent of individual differences in trauma specific and nonspecific symptoms, this attentional capture is less robust compared to attentional capture by disgust-eliciting stimuli. The implications of these findings for the theorized role of attentional biases for threat in the development and maintenance of PTSD are discussed.

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<https://doi.org/10.1177/0886260520958659>

### **Does Prior Civilian Trauma Moderate the Relationship Between Combat Trauma and Post-deployment Mental Health Symptoms?**

George, B. A., Bountress, K. E., Brown, R. C., Hawn, S. E., Weida, E., McDonald, S. D., Pickett, T., Danielson, C. K., Sheerin, C. M., & Amstadter, A. B.

Journal of Interpersonal Violence  
2022 Apr; 37(7-8): NP4604-NP4625

In addition to combat trauma, childhood and adult non-military, interpersonal trauma exposures have been linked to a range of psychiatric symptoms (e.g., alcohol use problems, posttraumatic stress disorder [PTSD], depression symptoms) in veterans. However, few studies simultaneously explore the associations between these civilian and combat trauma types and mental health outcomes. Using a sample of combat-exposed veterans who were previously deployed to Iraq and Afghanistan (N = 302), this study sought to (a) understand the independent associations of civilian interpersonal trauma (i.e., childhood trauma and non-military adult trauma) and combat-related trauma with post-deployment alcohol use, PTSD symptoms, and depressive symptoms, respectively and (b) to examine the interactive effects of trauma type to test whether childhood and non-military adult trauma moderate the association of combat trauma with these outcomes. A path analytic framework was used to allow for the simultaneous prediction of these associations. In the final model non-military adult trauma and combat trauma were found to be significantly associated with PTSD symptoms and depression symptoms, but not average amount of drinks consumed per drinking day. Childhood trauma was not associated with any outcomes (i.e., PTSD symptoms, depression symptoms, average amount of drinks consumed per day). Only combat trauma was significantly associated with average amount of drinks consumed per day. Results underscore the importance of assessing multiple trauma types and considering trauma as a non-specific risk factor, as different trauma types may differentially predict various mental health outcomes other than PTSD. Further, results highlight the noteworthiness of considering co-occurring outcomes within the veteran community. Limitations, future directions, and implications of diversity are discussed.

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<https://doi.org/10.55460/T7F5-7MMP>

### **Veterans and Suicide: An Integrative Review of Risk Factors and Suicide Reduction Services.**

Crawford, S., Duffey, J. M., & Doss, K. M.

Journal of Special Operations Medicine  
Spring 2022; 22(1): 134-140

Suicide has quickly risen to be among the top threats to humanity the world over, which is most certainly the case for American veterans. Literature has well documented that veterans are at increased suicide risk due to numerous factors associated with military culture. This article examines veterans' suicide reduction services by addressing the

identification of veterans at elevated risk of suicide and assessing public-private partnership models that promote effective collaborative outreach and treatment. Essentially, this work appraises the development and procedures of multi-organization systems collaborating to impart novel and effective processes to eliminate suicide as intended by Past-President Trump's Executive Order No. 13,861.1 The essential risk factors associated with the identification of veterans at elevated risk of suicide are reviewed. Public-private partnership models that encourage collaborative and effective outreach and treatment are examined. The implications of this literature review will support mental health providers, researchers, and policymakers in innovative, collaborative, and effective suicide prevention and intervention practices for veterans. Directions for future research are identified to further contribute to efforts to empower veterans and eliminate suicide.

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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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### **New generation psychological treatments in chronic pain.**

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BMJ

2022; 376: e057212

Chronic pain conditions are common and have a considerable impact on health and wellbeing. This impact can be reduced by cognitive behavioral therapy (CBT), the most commonly applied psychological approach to chronic pain. At the same time, CBT continues to develop, and now includes what is sometimes called “third wave” CBT. In this review, we examine the evidence for application of acceptance and commitment therapy (ACT), a principal example of this new wave or latest generation of treatment approaches, in people with chronic pain. We identified 25 randomized controlled trials of ACT for adults with chronic pain. Across the included trials, small to large effect sizes favoring ACT were reported for key outcomes including pain interference, disability, depression, and quality of life. Evidence from three studies provided some support for the cost effectiveness of ACT for chronic pain. Evidence also supported the mediating role of theoretically consistent processes of change (psychological flexibility) in relation to treatment outcomes. Investigation of moderators and predictors of outcomes was limited and inconsistent. In future, a greater focus on process based treatments is recommended. This should include continued identification of evidence based processes of change, and research methods more suited to understanding the experience and needs of individual people.

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## **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/10.1037/ser0000635>

## **The effect of military sexual trauma on competitive employment status following veterans health administration supported employment services.**

Gross, G. M., Kaczynski, R., & Resnick, S.

Military sexual trauma (MST) is prevalent, and some initial evidence suggests it is associated with impaired employment outcomes. The Veterans Health Administration (VHA) offers supported employment (SE) and Community-Based Employment Services (CBES), which consist of individualized employment support integrated with mental health treatment. The objective of this study was to examine the prevalence and effect of MST on competitive employment outcomes following participation in SE or CBES. Participants were a national set of Veterans who participated in VHA SE or CBES services between 2015 and 2019 and whose medical record contained a completed MST screen (N = 12,689). Data were obtained from clinician-administered SE and CBES admission and discharge forms merged with electronic health records. One thousand five hundred fifteen (11.9%) Veterans reported experiencing MST: 6.2% (n = 676) of men and 47.8% (n = 839) of women. Veterans who experienced MST were significantly less likely to hold competitive employment at discharge, 568 (41.0%) versus 4,702 (47.4%) of those without MST history;  $\chi^2 = 19.79$ ,  $p < .001$ . In adjusted analyses, MST was associated with lower likelihood of competitive employment over and above psychiatric comorbidities and other variables associated with employment status, such as receipt of disability, previous unemployment, homelessness, incarceration, and medical comorbidity. Findings suggest that Veterans seeking employment services may represent a high-risk group for having experienced MST and reinforce the importance of trauma-informed care. Providers should assess for and incorporate MST into treatment planning and job development when indicated. More work is needed to inform employment support for Veterans who have experienced MST. (PsychoInfo Database Record (c) 2022 APA, all rights reserved)

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<https://doi.org/10.1093/milmed/usac035>

### **Occupation and Risk of Traumatic Brain Injury in the Millennium Cohort Study.**

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Military Medicine

Published: 27 February 2022

## Introduction

Traumatic brain injury (TBI) is an occupational health hazard of military service. Few studies have examined differences in military occupational categories (MOC) which take into consideration the physical demands and job requirements across occupational groups.

## Methods

This study was approved by the University of Texas Health Science Center at Houston Institutional Review Board. Data for this cross-sectional study were obtained from the Naval Health Research Center's Millennium Cohort Study, an ongoing DoD study. Univariate analyses were employed to calculate frequencies and proportions for all variables. Bivariate analyses included unadjusted odds ratios (OR) and 95% CI for the association between all variables and TBI. Multivariable logistic regression was used to calculate adjusted ORs and 95% CIs to assess the association between MOC and TBI, adjusted for potential confounders: sex, race/ethnicity, rank, military status, branch of service, before-service TBI, and panel. Logistic regression models estimated odds of TBI for each MOC, and stratified models estimated odds separately for enlisted and officer MOCs.

## Results

Approximately 27% of all participants reported experiencing a service-related TBI. All MOCs were statistically significantly associated with increased odds of service-related TBI, with a range of 16 to 45%, except for "Health Care" MOCs (OR: 1.01, 95% CI 0.91-1.13). Service members in "Infantry/Tactical Operations" had the highest odds (OR: 1.45, 95% CI 1.31-1.61) of service-related TBI as compared to "Administration & Executives." Among enlisted service members, approximately 28% reported experiencing a service-related TBI. Among enlisted-specific MOCs, the odds of TBI were elevated for those serving in "Infantry, Gun Crews, Seamanship (OR: 1.79, 95% CI 1.58-2.02)," followed by "Electrical/Mechanical Equipment Repairers (OR: 1.23, 95% CI 1.09-1.38)," "Service & Supply Handlers (OR 1.21, 95% CI 1.08-1.37)," "Other Technical & Allied Specialists (OR 1.21, 95% CI 1.02-1.43)," "Health Care Specialists (OR 1.19, 95% CI 1.04-1.36)," and "Communications & Intelligence (OR: 1.16, 95% CI 1.02-1.31)," compared to "Functional Support & Administration." Among officer service members, approximately 24% reported experiencing a service-related TBI. After adjustment the odds of TBI were found to be significant for those serving as "Health Care Officers" (OR: 0.65, 95% CI: 0.52-0.80) and "Intelligence Officers" (OR: 1.27, 95% CI: 1.01-1.61).

## Conclusions

A strength of this analysis is the breakdown of MOC associations with TBI stratified by



enlisted and officer ranks, which has been previously unreported. Given the significantly increased odds of service-related TBI reporting within enlisted ranks, further exploration into the location (deployed versus non-deployed) and mechanism (e.g., blast, training, sports, etc.) for these injuries is needed. Understanding injury patterns within these military occupations is necessary to increase TBI identification, treatment, and foremost, prevention.

Results highlight the importance of examining specific occupational categories rather than relying on gross categorizations, which do not account for shared knowledge, skills, and abilities within occupations. The quantification of risk among enlisted MOCs suggests a need for further research into the causes of TBI.

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### **Substance use and misuse patterns and disability status in the 2020 US National Alcohol Survey: A contributing role for chronic pain.**

Reif, S., Karriker-Jaffe, K. J., Valentine, A., Patterson, D., Mericle, A. A., Adams, R. S., & Greenfield, T. K.

Disability and Health Journal  
Available online 2 March 2022, 101290

#### Background

Evidence about substance use and misuse among adults with disabilities is still emerging, despite increased risk of chronic pain and mental health problems, which are in turn risk factors for substance use and misuse.

#### Objective

We examined substance use and misuse among adults with selected self-reported disability (versus without), controlling for sociodemographics, depression/anxiety, physical health, and chronic pain, and assessed whether associations could be attributed to chronic pain.

#### Methods

Data are from the nationally representative 2020 US National Alcohol Survey. Disability indicators included sensory or mobility impairment, receiving Medicare before age 65, and/or unemployment due to disability. Regression analyses determined associations of



disability with past-year substance use and misuse. Mediation analyses examined the role of chronic pain.

## Results

Approximately 18% met 1+ disability criterion, representing 42.8 million adults. Disability was associated with reduced odds of current drinking (OR = 0.77,  $p < 0.01$ ), but greater odds of daily nicotine use (OR = 1.43,  $p < 0.01$ ), any drug use (OR = 1.32,  $p < 0.01$ ), prescription drug misuse (OR = 1.99,  $p < 0.001$ ), and other drug use (OR = 2.02,  $p < 0.001$ ). Disability was not associated with high-intensity drinking or marijuana use. Chronic pain accounted for 17–38% of the association between disability and nicotine use, any drug use, prescription drug misuse, and other drug use.

## Conclusions

Findings indicated higher rates of substance use and misuse among people with disabilities, accounting for depression/anxiety, physical health, and chronic pain, with pain being a significant mediator. Substance use screening, brief intervention, and treatment should include appropriate accommodations for disabilities, inclusive of comprehensive pain management options.

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## Links of Interest

Remote Bases Seeing More Suicide Attempts But Fewer Deaths, Watchdog Says  
<https://www.military.com/daily-news/2022/04/06/remote-bases-seeing-more-suicide-attempts-fewer-deaths-watchdog-says.html>

- [Military Suicide: Preliminary Observations on Actions Needed to Enhance Prevention and Response Affecting Certain Remote Installations](#)

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/>

Mental Health Visits Up, Suicidal Behavior Down for Vets Given iPads During Pandemic, Study Finds

<https://www.military.com/daily-news/2022/04/06/mental-health-visits-suicidal-behavior-down-vets-given-ipads-during-pandemic-study-finds.html>

- [Mental Health Service Use, Suicide Behavior, and Emergency Department Visits Among Rural US Veterans Who Received Video-Enabled Tablets During the COVID-19 Pandemic](#)

The Emerging Science of Suicide Prevention

<https://www.psychologicalscience.org/observer/emerging-science-suicide-prevention>

Military family members, retirees are being priced out of mental health care  
(Commentary)

<https://www.militarytimes.com/opinion/commentary/2022/04/10/military-family-members-retirees-are-being-priced-out-of-mental-health-care/>

Hope Heals

<https://www.maketheconnection.net/read-stories/hope-heals/>

It's now easier for new parents to leave Air Force, Space Force

<https://www.airforcetimes.com/news/your-air-force/2022/03/16/its-now-easier-for-new-parents-to-leave-air-force-space-force/>

What are USU Facility Dogs?

<https://www.dvidshub.net/video/836651/usu-facility-dogs>

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### Resource of the Week: [Sexual Assault Awareness Month](#)

April is Sexual Assault Awareness Month. During SAAM and year-round, VA works to raise awareness of its resources for [survivors of military sexual trauma](#) (MST), which refers to sexual assault or harassment that occurred during military service. VA believes in MST survivors, and we believe there are many paths to healing.

Healing after MST can take time. But no matter how long it's been, VA is here to help.

MST survivors — we believe you, and we believe in you.

Learn more about MST below, explore VA's [MST-related resources](#), and show your support for MST survivors.



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